

File closed. STN 3820



Peter M. Rooney
Secretary for
Environmental
Protection

State Water Resources Control Board

John P. Caffrey, Chairman



Pete Wilson
Governor

Division of Clean Water Programs

2014 T Street, Suite 130 • Sacramento, California 95814 • (916) 227-4539 FAX (916) 227-4530
Mailing Address: P.O. Box 944212 • Sacramento, California • 94244-2120
Internet Address: <http://www.swrcb.ca.gov/~cwphome/ustci/fundhome.htm>

DEC 17 1998

Curt Bolton
Grand Marina, Inc.
2099 Grand St
Alameda, CA 94501

UNDERGROUND STORAGE TANK CLEANUP FUND, CLAIM NO. 12737, FOR SITE ADDRESS:
2041 GRAND ST, ALAMEDA

The State Water Resources Control Board (State Board) is able to issue, pursuant to applicable regulations, the enclosed Letter of Commitment (LOC) in an amount not to exceed \$32,000. This LOC is based upon our review of the corrective action costs you reported to have incurred to date. The LOC may be modified by the State Board.

It is very important that you read the terms and conditions listed in the enclosed LOC. Claims filed with the Underground Storage Tank Cleanup Fund far exceed the funding available and it is very important that you make use of the funding that has been committed to your cleanup in a timely manner.

You are reminded that you must comply with all regulatory agency time schedules and requirements and you must obtain three bids for any required corrective action. Only corrective action costs *required* by the regulatory agency to protect human health, safety and the environment can be claimed for reimbursement. **Unless waived in writing, you are required to obtain preapproval of costs for all future corrective action work (form enclosed).** If you have any questions on obtaining preapproval of your costs or the three bid requirement, please call David Hallstrom, our Technical Reviewer assigned to claims in your Region, at (916) 227-4519. Failure to obtain preapproval of your future costs may result in the costs not being reimbursed.

The following documents needed to submit your reimbursement request are enclosed:

- "Reimbursement Request Instructions" package. **Retain this package for future reimbursement requests.** These instructions must be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988. Included in the instruction package are samples of completed reimbursement request forms and spreadsheets.
- "Bid Summary Sheet" to list information on bids received which **must be completed and returned.**
- "Reimbursement Request" forms which you must use to request reimbursement of costs incurred
- "Spreadsheet" forms which you must use in conjunction with your reimbursement request

THIS IS IMPORTANT TO YOU, PLEASE NOTE:

You have 90 calendar days from the date of this letter to submit your first reimbursement request for incurred corrective action costs. **NO EXTENSIONS CAN BE GRANTED.** If you fail to do so, your LOC funds will automatically be reduced to zero (deobligated). Once this occurs, any future funds for this site are subject to availability when you submit your first reimbursement request. We continuously review the status of all active claims. You must continue to remain in compliance and submit a reimbursement request every 6 months. Failure to do so will result in the Fund taking steps to withdraw your LOC.

If you have any questions regarding the enclosed documents, please contact Anna Torres at (916) 227-4388.

Sincerely,



Dave Deaner, Manager
UST Cleanup Fund Program

Enclosures

cc: Mr. Thomas Peacock
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577

ENVIRONMENTAL
PROTECTION

98 DEC 29 PM 3:58

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9335 (FAX)

StID 3820

June 24, 1998

Mr. Kurt Bolton
Harbor Master, Grand Marina
2099 Grand Marina
Alameda, CA 94501

RE: Well Decommission at 2099 Grand Street, Alameda, CA

Dear Mr. Bolton:

This office and the San Francisco RWQCB have reviewed the case closure summary for the above referenced site and concur that no further action related to the underground tank release is required at this time. Before a remedial action completion letter is sent, the onsite monitoring wells (MW2 through MW4, MW5a and MW6a) should be decommissioned, if they will no longer be monitored. Please notify this office upon completion of well destruction so a closure letter can be issued.

Well destruction permits may be obtained from Alameda County Public Works. They can be reached at (510) 670-5575.

If you have any questions, I can be reached at (510) 567-6762.

Sincerely,

eva chu
Hazardous Materials Specialist

Ro# 819

RG-closed

SFD# 3996

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE Dec 4, 1998		CASE #		SIGNED: _____ DATE: _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Ashley Pohlmann		PHONE (510) 628-8400		SIGNATURE Ashley Pohlmann	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER <u>Consultant</u>		<input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD		COMPANY OR AGENCY NAME ACC Environmental Consulting	
	ADDRESS 1977 Capwell Dr., Suite 100 Oakland CA 94621					
RESPONSIBLE PARTY	NAME Grand Marina <input type="checkbox"/> UNKNOWN		CONTACT PERSON Madhulla Logan		PHONE ()	
	ADDRESS 2099 Grand Avenue Alameda CA 94501					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Grand Marina, Inc.		OPERATOR Grand Marina		PHONE ()	
	ADDRESS 2099 Grand Ave. Alameda CA 94501					
	CROSS STREET Fortman Way					
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Care		AGENCY NAME Alameda County Health Care		CONTACT PERSON Madhulla Logan	
	REGIONAL BOARD SF Bay Area Regional Quality Control Board				PHONE ()	
SUBSTANCES INVOLVED	(1) 100-gallon UST (gasoline)				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2)				<input type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED Dec 3, 1998		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE: _____					
	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER					
SOURCE/CAUSE	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER					
	CASE TYPE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (T) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)					
	COMMENTS					

SECOR
International Incorporated

January 23, 1998

Mr. Tom Peacock
County of Alameda, Environmental Health Services
1131 Harbor Bay Parkway, Suite No. 250
Alameda, California 94502

Re: Check for Deposit - Project # 483D, Type M at 2099 Grand Street, Alameda

Dear Mr. Peacock:

Enclosed please find a check in the amount of \$3,000.00 to replenish the deposit/refund account for Project #483D (2099 Grand Street, Alameda). In addition, please note our correct mailing address:

SECOR
90 New Montgomery Street, Suite 620
San Francisco, CA 94105-4503

If you require any further information, please feel free to call me at (415) 882-1548. Thanks for your time.

Sincerely,

SECOR International Incorporated

Laura O'Shea

Laura O'Shea
Staff Scientist

H:\CROWLEY\ACEHS.LTR

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, #250
Alameda, CA 94502-6577
(510) 567-6700 FAX (510) 337-9335

October 16, 1996

Jim Ritchie
Secor Corporation
90 New Montgomery Street, #620
San Francisco, CA - 94105

Reference: 2099 Grand Avenue, Alameda, CA

Dear Mr. Ritchie:

I am in receipt of the risk assessment prepared by Secor, dated August 13, 1996 for the referenced site. The risk assessment was reviewed by this Department and the following concerns need to be addressed:

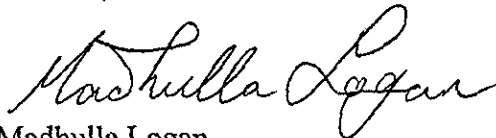
1. Only results of recent subsurface soil samples collected in October 1994 was used to evaluate the risk although investigations conducted by Zaccor in 1992 and Seacor in 1993 identified significant concentrations of diesel, gasoline, oil and grease and other constituents in soil and groundwater around the above-ground storage tank area. Since the monitoring wells, MW-5 to MW-8 were installed in the perimeter of the plume, soil and groundwater samples collected from these borings/well are not representative of the site. Hence, data submitted from previous investigations should be included in the evaluation of the risk.
2. The risk assesment has proposed using PAH's as indicator compounds to evaluate the risk for diesel by using LUFT Manual's recommended percentage of benzopyrene in diesel as 0.07 ug/gm. Since benzopyrene has been identified in the groundwater samples during the March 1996 quarterly groundwater monitoring conducted on-site, the percentage of benzopyrene in diesel should be calculated from the actual site data.
3. Please provide a reference for the site specific value used for the air exchange rate.
4. Since the contaminated soil around the above ground tank, (the source) has not been removed, this Department is concerned about continuous release of petroleum hydrocarbon contamination to the Bay. A detailed investigation and ecological risk assessment was conducted for the San Francisco Airport which is approved by the San Francisco Regional Water Quality Control Board (RWQCB) to identify cleanup levels for diesel, jet fuel, gasoline and BTEX. Attached is a summary of the ecological risk assessment and cleanup levels prepared by the State Regional Water Quality Control Board. Since 1995, RWQCB has adopted an order which includes cleanup criteria based on ecological risk assessments (Order No. 95-136) and hence this issue should be evaluated for the

referenced project. Based on the results of this evaluation, a effective cleanup strategy (source removal should be evaluated as one of the cleanup strategies) may need to be implemented to reduce or prevent migration of petroleum compounds to the Bay.

5. Since exposure to surface contaminants is a pathway that needs to be evaluated for landscaped areas, a site map showing areas of the site that will be landscaped (as opposed to areas that will be capped), and locations of the proposed commerical buildings and restaurant that are to developed on site (for the vapor transport pathway) should be submitted to this Department. If a final plan is not available, then the risk assessment should take a conservative perspective in evaluating the risk, i.e. assuming that the building could be built anywhere on the site, and any area on the site could be potentially landscaped. Also, risk management practices can be implemented if applicable (eg. importing clean fill above the contaminated soil in landscaped areas to eliminate exposure, using vapor barriers to reduce indoor air exposure, etc.).

Submit an amended report addressing the above listed concerns. If you have any questions, you may reach me at (510) 567-6764.

Sincerely,



Madhulla Logan
Hazardous Material Specialist

CC: Joe Gordan, Secor International, Inc, 4900 Pearl East Circle, Suite 200, Boulder, Colorado-80301.

November 27, 1995

Ms. Madhulla Logan
Hazardous Materials Specialist
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, Suite 250
Alameda, California 94502-6577

**PROPOSED ADDITIONAL ACTIVITIES, GRAND STREET AND FORTMANN WAY
PROPERTY, ALAMEDA, CALIFORNIA**

Dear Ms. Logan:


This letter is submitted to describe proposed additional activities by SECOR International Incorporated (*SECOR*) for the above referenced property (the site). As you know, *SECOR* has investigated the site subsurface since October 1993. Our investigatory activities have included: an historical records review, soil boring advancement, monitoring well installation and destruction, underground product line precision testing, soil and groundwater sample collection and chemical analysis, and a tidal influence study. The reports summarizing the results of these activities have been submitted to the Alameda County Health Care Services Agency (ACHCSA) for review and approval.

The analyte concentrations and distribution presented in those reports submitted to you by *SECOR* indicate a lack of significant impact to groundwater, and an apparently limited zone of impacted soils. The primary compounds present in the subsurface are neither mobile nor do they appear to pose a significant risk to human health or the environment. We propose performing a Risk Assessment of the Site and immediate surroundings to more thoroughly evaluate the risks posed by the noted compounds. We believe Risk Assessment is the next logical step toward our goal of closing the site with respect to ACHCSA and other regulatory agency oversight.

We would appreciate your consideration of our proposal as well as a written response to the proposed actions. Should you have any questions, please do not hesitate to contact us at (415) 882-1548.

Sincerely yours,

SECOR International Incorporated



James G. Ritchie, R.G.
Principal Geologist

November 27, 1995

SECOR
International Incorporated

Ms. Madhulla Logan
Hazardous Materials Specialist
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, Suite 250
Alameda, California 94502-6577

REVISION OF GROUNDWATER MONITORING PROGRAM, GRAND STREET AND FORTMANN WAY PROPERTY, ALAMEDA, CALIFORNIA

Dear Ms. Logan:


This letter is submitted to confirm our telephone conversation of November 8, 1995 regarding your receipt of the October 30, 1995 Quarterly Groundwater Monitoring Report prepared by SECOR International Incorporated (*SECOR*) for the above referenced property (the site). As you confirmed during our conversation, the subject report replaces the October 27, 1995 *SECOR* report submitted to the Alameda County Health Care Services Agency (ACHCSA).

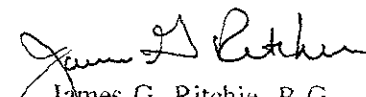
Based upon our discussion, we understand that you agree to our modifying the groundwater monitoring program. Specifically, wells which have exhibited four quarters of non-detectable (or non-reportable) analyte concentrations will no longer be sampled for those analytes. Thus, oil and grease will be eliminated as an analyte from each of the six monitored wells. Well MW-1 will be the sole location for analysis of benzene, toluene, ethylbenzene, and xylenes (BTEX) compounds, and wells MW-1, MW-4, and MW-5 will be sampled and analyzed for total petroleum hydrocarbons as gasoline (TPHg).

Should you have any questions, please do not hesitate to contact us at (415) 882-1548.

Sincerely yours,

SECOR International Incorporated


Terri Plunkett-Kalmey
Project Geologist


James G. Ritchie, R.G.
Principal Geologist

RECEIVED
MAY 24 PM 1:19



May 15, 1995

Ms. Madhulla Logan
Hazardous Materials Specialist
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, Suite 250
Alameda, California 94502-6577

SUMMARY REPORT - ADDITIONAL SUBSURFACE INVESTIGATION, 2099 GRAND STREET, ALAMEDA, CALIFORNIA.

Dear Ms. Logan:

SECOR International Incorporated (*SECOR*) is pleased to submit this Summary Report for your review. The report summarizes the results of our Additional Subsurface Investigation of property located at 2099 Grand Street in Alameda, California (the Site). We performed the investigation in accordance with our Work Plan Addendum dated October 11, 1994.

We look forward to answering any questions you may have regarding our report or other related matters. Please do not hesitate to call us at (415) 882-1548.

Sincerely yours,

SECOR International Incorporated

Terri J. Plunkett-Kalmey
Project Geologist

James G. Ritchie, R.G.
Principal Geologist

August 12, 1994

Ms. Madhulla Logan
Hazardous Materials Specialist
Alameda County Health Care Services Agency
80 Swan Way
Alameda, California 94621

LETTER OF COMMENT - FOLLOW-UP LETTER FROM ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY REGARDING INVESTIGATION OF 2099 GRAND AVENUE, ALAMEDA, CALIFORNIA

Dear Ms. Logan:

This letter is submitted to comment upon your August 2, 1994 letter regarding the Additional Investigation performed by Science & Engineering Analysis Corporation (*SEACOR*) for the above referenced property (the site). As you know, our meeting of June 8, 1994 included discussion of the results of our Additional Investigation. Our discussion and tentative agreements were not completely described in your letter, nor was some significant background information as discussed.

During our meeting, we agreed that *SEACOR* had adequately and properly responded to the August 16, 1993 request of the ACHSA regarding investigation of the former on-site above ground storage tank (AST) area. In particular, our recently-completed investigation focused on laterally characterizing the extent of hydrocarbon-impacted soils. You agreed during the June 8, 1994 meeting that no further assessment of impacted soils would be required. Thus, it was agreed that quarterly groundwater monitoring could be performed using several existing and several proposed monitoring wells.

The monitoring data could be used to assess the need for and/or type of soil or groundwater remediation. While our investigation did not reveal widespread impacted groundwater, groundwater monitoring and reporting was proposed due to the fact that the investigation used "grab" groundwater samples in lieu of installation and sampling of groundwater monitoring wells. The proposed well "network" would be designed to more completely surround the site.

Your letter mentions that additional soils investigation and/or cleanup could be evaluated and possibly required by the ACHSA in the future. We reiterate that the nature and distribution of the hydrocarbons (i.e. low volatile content, slow-moving hydrocarbons in a covered or capped setting) would typically be addressed by simple remedial actions such as capping, monitoring, and/or excavation. These solutions, when implemented, are generally the most cost-effective.

Per your request, we will submit a Work Plan as an Addendum to the previously-approved Work Plan for the above-described additional work. The Work Plan will be provided to you within 30 working days of the date of this letter. We also request an accounting of the costs incurred by the ACHSA against the \$750 previously submitted for the Additional Site Investigation. Should you have any questions or concerns regarding this letter, please do not hesitate to contact me at (415) 882-1548.

Sincerely yours,

Science & Engineering Analysis Corporation

A handwritten signature in black ink, appearing to read "James G. Ritchie". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

James G. Ritchie, R.G.
Principal Geologist

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

August 2, 1994

Mr. James Ritchie
Seacor Corporation
90 New Montgomery Street #620
San Francisco, CA 94105

Reference: 2099 Grand Avenue, Alameda, California

Dear Mr. Ritchie:

This letter is sent as a follow-up to our meeting on June 8, 1994 regarding additional work to be done on the above mentioned site. As per the decisions made during our meeting, I have listed the following investigations/work that is required on the above mentioned property:

1. Groundwater monitoring should be conducted at quarterly intervals for a period of one year at a minimum. The need for additional investigation will be re-evaluated by this Department in conjunction with the Regional Water Quality Control Board.
2. The four existing monitoring wells MW-1 to MW-4 and four proposed wells (MW-5 to MW-8) should be used for monitoring to get representative samples. Four additional monitoring wells are needed since the existing monitoring wells are not adequate to characterize the extent of contamination in the downgradient direction. The locations for the four proposed monitoring wells as described in your July 13, 1994 letter is acceptable to this Department.
3. The need for additional soil investigation and cleanup work will be evaluated in the near future. Hence, please be aware that additional soil investigation/cleanup may be required on the site.

A workplan should be submitted to this office for approval prior to initiating any field work on the site. Also the deposit submitted to this office for oversight of investigation has been exhausted. The deposit/refund mechanism is authorized in Alameda County Ordinance Code Section 3-140.6. Please submit an additional deposit of \$900 to cover future costs pertaining to this case (the hourly rate is \$90/hour). Any unused portion of these funds will be returned to you at the completion of this project provided no further funds are needed.

If you have any questions please call me at (510) 567-6764

Sincerely,

Madhulla Logan

Madhulla Logan
Hazardous Materials Specialist

CC: Files

HAZMAT

SEACOR

SCIENCE & ENGINEERING ANALYSIS CORPORATION

July 13, 1994

94 JUL 19 11 09:55

Ms. Madhulla Logan
Hazardous Materials Specialist
Alameda County Health Care Services Agency
80 Swan Way
Alameda, California 94621

**LETTER OF CONFIRMATION - DISCUSSION OF ADDITIONAL INVESTIGATION OF ABOVE
GROUND STORAGE TANKS, 2099 GRAND AVENUE, ALAMEDA, CALIFORNIA**

Dear Ms. Logan:

This letter is submitted to confirm our discussions regarding the Additional Investigation performed by Science & Engineering Analysis Corporation (*SEACOR*) for the above referenced property (the site). As you confirmed during our meeting of June 8, 1994 and subsequent conversations, the work performed to date by *SEACOR* has adequately and properly responded to the requests of the Alameda County Health Care Services Agency (ACHCSA). The recently-completed Additional Investigation sufficiently characterized the extent of hydrocarbons in subsurface soils in the vicinity of the former on-site above ground tank (AGT) farm.

During our conversations, we agreed that assessment of groundwater quality would be the next step in characterizing site subsurface conditions. The attached Site Plan includes proposed additional monitoring well locations, in addition to specifying those existing monitoring wells proposed for abandonment and those proposed for incorporation into a quarterly groundwater monitoring program. The groundwater monitoring data would be used in conjunction with existing data to assess the need for and/or type of remediation at the site. We agreed that one year of quarterly monitoring and reporting would be conducted; *SEACOR* additionally proposes to perform a tidal study, consisting of extended water level measurements in on-site wells to assess the influence of tides upon the water table elevation beneath the site.

We would appreciate your verification of these items in writing. Should you have any questions or concerns regarding this letter or our request, please do not hesitate to contact me at (415) 882-1548.

Sincerely yours,

Science & Engineering Analysis Corporation



James G. Ritchie, R.G.
Principal Geologist

June 4, 1993

SEACOR
Science & Engineering
Analysis Corporation

Mr. Kevin Tinsley
Hazardous Materials Specialist
Alameda County Health Care Services Agency
Department of Environmental Health
80 Swan Way, Room 200
Oakland, California 94521

WORK PLAN TO CONDUCT ADDITIONAL SITE INVESTIGATION, GRAND MARINA FACILITY, 2099 GRAND STREET, ALAMEDA, CALIFORNIA

Dear Mr. Tinsley:

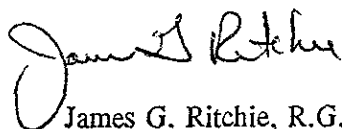
The attached Work Plan is submitted by Science & Engineering Analysis Corporation (SEACOR) in response to your written request of March 30, 1993. SEACOR is authorized to implement this Work Plan upon approval by the Alameda County Health Care Services Agency (ACHCS).

Please note that the attached Work Plan is submitted in partial fulfillment of the requests made in your March 30, 1993 letter. The information gained from implementation of the Work Plan is necessary to fully address your requests.

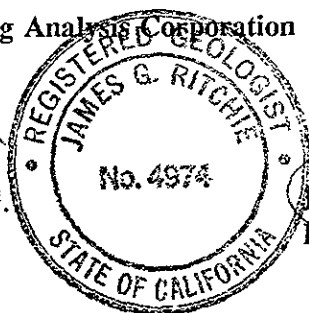
We would appreciate your review of and comment on the Work Plan. Please do not hesitate to contact us at (415) 882-1548 with any questions or comments.

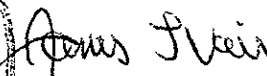
Sincerely yours,

Science & Engineering Analysis Corporation



James G. Ritchie, R.G.
Principal Geologist




James L. Vais, P.E.
Principal-in-Charge

attachment

cc: Mr. Edgar Howell - ACHCS, Hazardous Materials Division
Mr. Richard Hiatt - RWQCB, San Francisco Bay Region

white -env health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

Call Gary about
 with visit on
 Monday
 80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Division Inspection Form

Site ID# _____ Site Name Grand Marina Today's Date 4/3/91
 Site Address 2407 Grand ST. EPA ID# _____
 City Alameda CA Zip 94 Phone 38

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

IA GENERATOR (Title 22)

1. Waste ID	66471
2. EPA ID	66472
3. > 90 days	66508
4. Label dates	66508
5. Biennial	66493
Manifest	
6. Records	66492
7. Correct	66484
8. Copy sent	66492
9. Exception	66484
10. Copies Rec'd	66492
Misc.	
11. Treatment	66371
12. On-site Disp. (H.S.&C.)	26189.5
13. Ex Haz. Waste	66570
Prevention	
14. Communications	67121
15. Aisle Space	67124
16. Local Authority	67126
17. Maintenance	67120
18. Training	67105
Contin. gency	
19. Prepared	67140
20. Name List	67141
21. Copies	67141
22. Emg. Coord. Tmg.	67144
Containers, Tanks	
23. Condition	67241
24. Compatibility	67242
25. Maintenance	67243
26. Inspection	67244
27. Buffer Zone	67246
28. Tank Inspection	67259
29. Containment	67245
30. Safe Storage	67261
31. Freeboard	67257

Comments:

Arrived on site at ~ 2:00 p.m.
 Mr. Zaccor took the walker and marked off sampling points for all three pipelines (gasoline, diesel, and bilge water). Sampling points were separated by approximately 20 feet. Sometimes one could not be sampled exactly w/in 20 feet due to utility lines or walk ways. Sample locations were definitely marked off for all known joints. The walker would be run along the pipeline from each known joint, 20 feet when possible, since pipes generally run 20 feet in length.

IB TRANSPORTER (Title 22)

32. Applic./Insurance	66428
33. Comp. Cert./CHP Insp.	66448
34. Containers	66465
Manifest	
35. Vehicles	66465
36. EPA ID #s	66531
37. Correct	66541
38. HW Delivery	66543
39. Records	66544
Cont'n's	
40. Name/ Covers	66545
41. Recyclables	66800

Rev 6/88

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: _____

LOP - RECORD CHANGE REQUEST FORM

printed:
04/13/98

Mark Out What Needs Changing and Hand to LOP Data Entry
(Name/Address changes go to Annual Programs Data Entry)

Insp: ML

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 3820 LOC: -0-
 SITE NAME: Grand Marina DATE REPORTED : 05/24/88
 ADDRESS : 2099 -0 Grand St DATE CONFIRMED: 05/24/88
 CITY/ZIP : Alameda 94501 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: O CONTRACT STATUS: 4 PRIOR CODE:1B4 EMERGENCY RESP: -0-
 RP SEARCH: S DATE COMPLETED: 03/20/92
 PRELIMINARY ASMNT: U DATE UNDERWAY: 11/18/87 DATE COMPLETED: -0-
 REM INVESTIGATION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REMEDIAL ACTION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 POST REMED ACT MON:- DATE UNDERWAY: -0- DATE COMPLETED: -0-

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 03/20/92
 LUFT FIELD MANUAL CONSID: 3HSCAW
 CASE CLOSED: - DATE CASE CLOSED: -0-
 DATE EXCAVATION STARTED : 11/18/87 REMEDIAL ACTIONS TAKEN: ED-

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Manager
 COMPANY NAME: Grand Marina
 ADDRESS: 2099 Grand St.
 CITY/STATE: Alameda, Ca 94501

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANNPGMS _____ LOP _____ DATE _____ LOP _____ DATE _____

HCSA BI-WEEKLY TIME RECORD

PAY PERIOD 97-09 FROM 4/06/97 TO 4/19/97 DEPT/COST CENTER: _____

SHOW ALL TIME IN HOURS AND TENTHS ONLY (SEE MINUTES TABLE BELOW).

DATE	DAY	REGULAR TIME	OWN SICK LEAVE:			VACATION	PLTC HOLIDAY	COUNTY HOLIDAY	PAID LEAVE	OTHER TIME:				EACH DAY'S TOTAL TIME
			MED/DENT APPOINT.	ILL/INJURY						(SHOW APPROPRIATE TIME CODES. SEE TABLE AT BOTTOM)				
		(81)	(51)	(55)	(61)	(62)	(66)	(76)	()	()	()	()		
4/06	SUN													
4/07	MON													
4/08	TUE													
4/09	WED													
4/10	THU													
4/11	FRI													
4/12	SAT													
1ST WEEK TOTAL														

4/13	SUN												
4/14	MON												
4/15	TUE												
4/16	WED												
4/17	THU												
4/18	FRI												
4/19	SAT												
2ND WEEK TOTAL													

PAY PERIOD TOTALS													
	(81)	(51)	(55)	(61)	(62)	(66)	(76)	()	()	()	()		

ADDITIONAL TIME CODES TABLE: SEE SUPERVISOR/PAYROLL CLERK FOR CODES NOT SHOWN.	MINUTES TABLE
11 = STRAIGHT O/T WORKED * 12 = PREMIUM O/T WORKED * 31 = STRAIGHT COMP TIME WORKED * 32 = PREMIUM COMP TIME WORKED * 65 = JURY DUTY/SUBPOENA 71 = COMP TIME TAKEN * 81 = LEAVE WITHOUT PAY *	0 - 3 MIN = 0.0 HR 4 - 9 MIN = 0.1 HR 10 - 15 MIN = 0.2 HR 16 - 21 MIN = 0.3 HR 22 - 27 MIN = 0.4 HR 28 - 33 MIN = 0.5 HR
52 = SICK LEAVE: MATERNITY ** 53 = SICK LEAVE: FAMILY MEDICAL EMERGENCY ** 54 = SICK LEAVE: DEPENDENT CHILD'S ROUTINE APPT ** 58 = BEREAVEMENT * = REQUIRES PRIOR DEPT APPROVAL ** = SUBJECT TO DEPT APPROVAL	34 - 39 MIN = 0.6 HR 40 - 45 MIN = 0.7 HR 46 - 51 MIN = 0.8 HR 52 - 57 MIN = 0.9 HR 58 - 60 MIN = 1.0 HR

FORMULA FOR TIME ALLOCATION TO MULTIPLE COST CENTERS			
COST CENTER NUMBER	PERCENT TIME	TOTAL HOURS	TIME CODE DISTRIBUTION

TO THE BEST OF MY KNOWLEDGE, I HEREBY CERTIFY THAT I HAVE CORRECTLY REPORTED ALL TIME FOR THIS PAY PERIOD ON THIS TIME SHEET.

EMPLOYEE'S SIGNATURE _____

DATE _____ SOCIAL SEC. NO. _____

EMPLOYEE'S NAME _____

REVIEWED AND APPROVED:

DATE _____

LOP - RECORD CHANGE REQUEST FORM

printed:
10/21/98

Mark Out What Needs Changing and Hand to LOP Data Entry
(Name/Address changes go to Annual Programs Data Entry)

Insp: ML

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 3820 LOC:
 SITE NAME: Grand Marina DATE REPORTED : 05/24/88
 ADDRESS : 2099 Grand St DATE CONFIRMED: 05/24/88
 CITY/ZIP : Alameda 94501 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: O CONTRACT STATUS: 4 PRIOR CODE:1B4 EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 03/20/92
 PRELIMINARY ASMNT: C DATE UNDERWAY: 11/18/87 DATE COMPLETED: 03/05/98
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 03/20/92
 LUFT FIELD MANUAL CONSID: 3HSCAW
 CASE CLOSED: Y DATE CASE CLOSED: 10/21/98
 DATE EXCAVATION STARTED : 11/18/87 REMEDIAL ACTIONS TAKEN: ED-

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Manager
 COMPANY NAME: Grand Marina
 ADDRESS: 2099 Grand St.
 CITY/STATE: Alameda, Ca 94501

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANNPMS _____ LOP _____ DATE _____ LOP _____ DATE _____

LOP - RECORD CHANGE REQUEST FORM

printed:
03/16/99

Mark Out What Needs Changing and Hand to LOP Data Entry
(Name/Address changes go to Annual Programs Data Entry)

Insp: CL

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 3820 LOC: 12/17/98
 SITE NAME: Grand Marina DATE REPORTED : 05/24/88
 ADDRESS : 2099 Grand St DATE CONFIRMED: 05/24/88
 CITY/ZIP : Alameda 94501 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: O CONTRACT STATUS: 4 PRIOR CODE:1B4 EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 03/20/92
 PRELIMINARY ASMNT: C DATE UNDERWAY: 11/18/87 DATE COMPLETED: 03/05/98
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 03/20/92
 LUFT FIELD MANUAL CONSID: 3HSCAW
 CASE CLOSED: Y DATE CASE CLOSED: 03/16/99
 DATE EXCAVATION STARTED : 11/18/87 REMEDIAL ACTIONS TAKEN: ED-

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Manager
 COMPANY NAME: Grand Marina
 ADDRESS: 2099 Grand St.
 CITY/STATE: Alameda, Ca 94501

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANNPGMS _____ LOP _____ DATE _____ LOP _____ DATE _____

Storm Goranson
Hazardous Materials Specialist



DIVISION OF HAZARDOUS MATERIALS
DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th St., Rm. 322, Oakland, CA 94612 • (415) 874-7237

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

470 - 27TH ST., RM. 322
OAKLAND, CA 94612
PHONE (415) 874-7237

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, CA 94612
Telephone: (415) 874-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction. One copy of these accepted plans must be on the job and available to all contractors and craftsmen involved in the removal. Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to following required inspections:

- _____ Removal of Tank and Piping
- _____ Sampling
- _____ Final Inspection

Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

*COMPLETE CLOSURE FORM.
- PROVIDE MISSING INFO
- PROVIDE PROOF OF WORKING COMP
- HAVE FORM SIGNED BY OWNER*

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name Encinal Marina
Business Owner _____
2. Site Address 2051 Grand Street
City Alameda Zip 94501 Phone 865-1200
3. Mailing Address same
City _____ Zip _____ Phone _____
4. Land Owner _____
Address _____ City, State _____ Zip _____
5. EPA I.D. No. CAC 0000 78269
6. Contractor Zaccor Companies, Inc
Address 791 Hamilton Avenue
City Menlo Park Phone 363-2181
License Type A ID# 478799
7. Other (Specify) _____
Address _____
City _____ Phone _____

*TANK DISPOSED SITE
ADDRESS _____*

AC
DRAFT

8. Contact Person for Investigation

Name Gary Zaccor Title President
Phone 363-2181

9. Total No. of Tanks at facility 1

10. Have permit applications for all tanks been submitted to this office? Yes [] No []

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name H & H Ship Service EPA I.D. No. CAD 004771168
Address 220 China Basin
City San Francisco State CA Zip 94107

b) Rinsate Transporter

Name see above EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

c) Tank Transporter

Name Zaccor Companies EPA I.D. No. _____
Address Hydroblasting & rinsing on site render tank
City unregulated State _____ Zip _____

d) Contaminated Soil Transporter

Name _____ EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

12. Sample Collector

Name Blaine Tech Services
Company _____
Address 1370 Tully Rd. Suite 505
City San Jose State CA Zip 95150 Phone 408)723-3974

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		

14. Have tanks or pipes leaked in the past? Yes [] No []
 If yes, describe. _____

15. NFPA methods used for rendering tank inert? Yes [] No []
 If yes, describe. _____

16. Laboratories
 Name _____
 Address _____
 City _____ State _____ Zip _____
 State Certification No. _____

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number

18. Site Safety Plan submitted? Yes [] No []

19. Workman's Compensation: Yes [] No []

 Copy of Certificate enclosed? Yes [] No []

 Name of Insurer _____

20. Plot Plan submitted? Yes [] No []

21. Deposit enclosed? Yes [] No []

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) in advance to schedule any required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Signature of Contractor

Name (please type) _____

Signature _____

Date _____

Signature of Site Owner or Operator

Name (please type) _____

Signature _____

Date _____

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. A copy of your approved plan must be sent to the landowner.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A
SAMPLING RESULTS

Tank or Area	Contaminant	Location & Depth	Results (specify units)

INSTRUCTIONS

2. SITE ADDRESS

Address at which closure or modification is taking place.

5. EPA I.D. NO.

This number may be obtained from the State Department of Health Services, 916/324-1781.

6. CONTRACTOR

Prime contractor for the project.

7. OTHER

List professional consultants here.

12. SAMPLE COLLECTOR

Persons who are collecting samples.

13. SAMPLING INFORMATION

Historic contents - the principal product(s) used in the last 5 years.

Material sampled - i.e., water, oil, sludge, soil, etc.

16. LABORATORIES

Laboratories used for chemical and geotechnical analyses.

17. CHEMICAL METHODS:

All sample collection methods and analyses should conform to EPA or DHS methods.

Contaminant - Specify the chemical to be analyzed.

Sample Preparation Method Number - The means used to prepare the sample prior to analyses - i.e., digestion techniques, solvent extraction, etc. Specify number of method and reference if not an EPA or DHS method.

Analysis Method Number - The means used to analyze the sample - i.e., GC, GC-MS, AA, etc. Specify number of method and reference if not a DHS or EPA method.

NOTE:

Method Numbers are available from certified laboratories.

18. SITE SAFETY PLAN

A plan outlining protective equipment and additional specialized personnel in the event that significant amount of hazardous materials are found. The plan should consider the availability of respirators, respirator cartridges, self-contained breathing apparatus (SCBA) and industrial hygienists.

19. ATTACH COPY OF WORKMAN'S COMPENSATION

20. PLOT PLAN

The plan should consists of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale
- b) North Arrow
- c) Property Line
- d) Location of all Structures
- e) Location of all relevant existing equipment including tanks and piping to be removed
- f) Streets
- g) Underground conduits, sewers, water lines, utilities
- h) Existing wells (drinking, monitoring, etc.)
- i) Depth to ground water
- j) All existing tanks in addition to the ones being pulled

PLEASE TYPE OR PRINT

OWNER

TRACT BLOCK PAGE LOT PARCEL
Encinal Marina
 NAME
2051 Grand Street 865-i200
 ADDRESS PHONE
Alameda, CA 94501
 CITY STATE ZIP

ARCHIT./ENGR.

NAME LICENSE
 ADDRESS PHONE
 CITY STATE ZIP

CONTRACTOR

I hereby affirm that I am licensed under provisions of Chapter 9 commencing with section 7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect.

LICENSE No. A 478799 CITY BUSINESS 1776
 AND CLASS LICENSE No.
Zaccor Companies, Inc
 CONTRACTOR
 NAME 791 Hamilton Ave
 ADDRESS
Menlo Park, CA 94025 363-2181
 CITY STATE/ZIP PHONE

SIGNATURE _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 — commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.):

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code. The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law).

I am exempt under Sec _____
 B&P.C. for this reason, _____

Owner's Signature _____ Date _____

WORKERS' COMP. INSURANCE DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab C.).
 Policy No 0801858 Company State Fund

Certified copy is hereby furnished.
 Certified copy is filed with the city Central Permit Office

Applicant Gary Zaccor Date 4/15/88

(This section need not be completed if the permit is for one hundred dollars (\$100) or less).

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Applicant _____ Date _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LENDER

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)

Lender's Name _____
 Lender's Address _____

APPLICANT

I certify that I have read this application and state that the information given is true and correct. I agree to comply with all local ordinance and state laws relating to building construction and I make this statement under penalty of law. I hereby authorize representatives of the city/county to enter upon the above mentioned property for inspection purposes. NOTICE: This permit will expire by limitation on if work is not started in 180 days or if work is abandoned for more than 180 days. Do not conceal or cover any construction until the work is inspected and the inspection is recorded on the Building Inspection Card. All inspection requests are required 24 hours in advance of the inspection. 522-4100 X279, 8:30AM to 10AM

Contractor _____
 Owner _____
 Agent _____
 Signature of Contractor/Owner or Agent _____

LOG NO. 40387 COMM. CODE 088 PERMIT NO. _____

JOB ADDRESS 2051 Grand Street

APPLICATION FOR PLUMBING/MECHANICAL PERMIT
 CITY OF ALAMEDA
 Central Permit Office
 2263 Santa Clara Avenue
 Alameda, CA 94501
 (415) 522-4100 X236

DESCRIPTION OF WORK
removal of underground tanks

VALUATION OF WORKS: _____
 CONTACT NAME: _____
 CONTACT PHONE: _____

ITEMS	NO.	FEE	TOTAL
PLUMBING			
Basins		\$ 6.00	
Baths		6.00	
Catch Basin		6.00	
Closets		6.00	
Dishwasher		6.00	
Drinking Fountain		6.00	
Fire Sprinklers		30.00	
Floor Drain		6.00	
Floor Sinks		6.00	
Garbage Disposal		6.00	
Gas Lines/Meters		6.00	
Gas Outlets		2.00	
Gas Range		6.00	
Gas Test		4.00	
Hot Tub/Spa		60.00	
Lawn Sprinklers		10.00	
Leaders Rain Water		6.00	
Sewer Abandonment		14.00	
Sewer Extension/Replacement		20.00	
Sewer Repair		10.00	
Showers		6.00	
Sinks		6.00	
Solar System		38.00	
Sumps		30.00	
Storage Tanks		20.00	
Toilet		6.00	
Vault Toilet		20.00	
Washing Machine/Dryer		6.00	
Water Heater Res/Comm		6.00/10.00	
Water Lines/Meters		6.00	
MECHANICAL			
Air Conditioning Equip.		10.00/20.00	
Boiler		20.00	
Control Change		6.00	
Convectors		4.00	
Dryer Res/Comm.		6.00/10.00	
Fans and Blowers		10.00	
Fireplace		4.00	
Flues		4.00	
Furnace		10.00	
Heaters		10.00	
Hoods Res./Comm		4.00/30.00	
Panels and Coils		4.00	
Registers		2.00	
Vents Bath/Kitchen		4.00	
ISSUANCE FEE	1	6.00	6.00

Sub Total Fees \$ 26.00
 AB 941 Fee 5.00

Total Fees \$ 31.00

APPLICATION RECEIVED
 DATE _____ SIGNED _____

APPROVAL
 DATE 4-25-88 SIGNED Donald J. Rodriguez

ISSUED
 DATE _____ SIGNED _____

i-cc-see sign

OK in Orange

BLOCK PAGE Marina LOT PARCEL
and Street 865-1200 PHONE
CA 94501 STATE ZIP
 LICENSE
 PHONE
 STATE ZIP

NO. H-35 CODE U88 NO.
 JOB ADDRESS 2051 Grand Street
 APPLICATION FOR PLUMBING/MECHANICAL PERMIT
 CITY OF ALAMEDA
 Central Permit Office
 2263 Santa Clara Avenue
 Alameda, CA 94501
 (415) 522-4100 X236

DESCRIPTION OF WORK
removal of underground tanks

VALUATION OF WORKS
 CONTACT NAME
 CONTACT PHONE

CONTRACTOR
 I hereby affirm that I am licensed under provisions of Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect.
 LICENSE No. A 478799 CITY BUSINESS LICENSE No. 1776
 AND CLASS Zaccor Companies, Inc
 CONTRACTOR NAME 791 Hamilton Ave
 ADDRESS Menlo Park, CA 94025 363-2181
 CITY STATE/ZIP PHONE
 SIGNATURE

OWNER-BUILDER DECLARATION
 I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 — commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).
 I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law).
 I am exempt under Sec. _____
 B&P.C. for this reason, _____
 Owner's Signature _____ Date _____

WORKERS' COMP. INSURANCE DECLARATION
 I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab C.).
 Policy No. 0801858 Company State Fund
 Certified copy is hereby furnished.
 Certified copy is filed with the city Central Permit Office
 Applicant Gary Zaccor Date 4/15/88
 (This section need not be completed if the permit is for one hundred dollars (\$100) or less).
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.
 Applicant _____ Date _____
 NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LENDER
 I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).
 Lender's Name _____
 Lender's Address _____

APPLICANT
 I certify that I have read this application and state that the information given is true and correct. I agree to comply with all local ordinance and state laws relating to building construction and I make this statement under penalty of law. I hereby authorize representatives of the city/county to enter upon the above mentioned property for inspection purposes. NOTICE: This permit will expire by limitation if work is not started in 180 days or if work is abandoned for more than 180 days. Do not conceal or cover any construction until the work is inspected and the inspection is recorded on the Building Inspection Card. All inspection requests are required 24 hours in advance of the inspection. 522-4100 X236, 8:30AM to 10AM.
 Contractor
 Owner
 Agent
 Signature of Contractor, Owner or Agent _____

ITEMS	NO.	FEE	TOTAL
PLUMBING			
Basins		\$ 6.00	
Baths		6.00	
Catch Basin		6.00	
Closets		6.00	
Dishwasher		6.00	
Drinking Fountain		6.00	
Fire Sprinklers		30.00	
Floor Drain		6.00	
Floor Sinks		6.00	
Garbage Disposal		6.00	
Gas Lines/Meters		6.00	
Gas Outlets		2.00	
Gas Range		6.00	
Gas Test		4.00	
Hot Tub/Spa		80.00	
Lawn Sprinklers		10.00	
Leaders Rain Water		6.00	
Sewer Abandonment		14.00	
Sewer Extension/Replacement		20.00	
Sewer Repair		10.00	
Showers		6.00	
Sinks		6.00	
Solar System		38.00	
Sumps		30.00	
Storage Tanks		20.00	20-
Toilet		6.00	
Vault Toilet		20.00	
Washing Machine/Dryer		6.00	
Water Heater Res/Comm		6.00/10.00	
Water Lines/Meters		6.00	
MECHANICAL			
Air Conditioning Equip.		10.00/20.00	
Boiler		20.00	
Control Change		6.00	
Convectors		4.00	
Dryer Res/Comm.		6.00/10.00	
Fans and Blowers		10.00	
Fireplace		4.00	
Flues		4.00	
Furnace		10.00	
Heaters		10.00	
Hoods Res./Comm		4.00/30.00	
Panels and Coils		4.00	
Registers		2.00	
Vents Bath/Kitchen		4.00	
ISSUANCE FEE			
	1	6.00	6.00

Sub-Total Fees \$ 26-
 AB 941 Fee 5.00
 Total Fees \$ 31.00

APPLICATION RECEIVED
 DATE _____ SIGNED _____
 APPROVAL
 DATE 4/25/88 SIGNED Donald A. Rodriguez
 ISSUED
 DATE _____ SIGNED _____

White: Office Copy Yellow: Applicant's Copy
 ck in Drawer

2041 GRAND

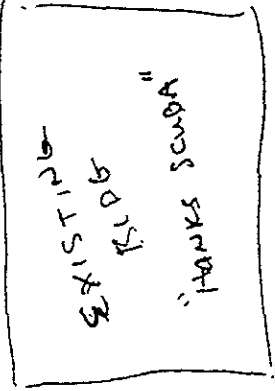
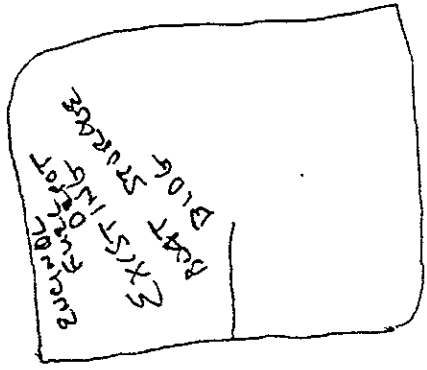
1 2000 GAL GAS TANK
TOTAL REMOVAL/NO. PIPING
CAR OFF.

Alameda Fire Dept. Preliminary Approval

FOR FINAL APPROVAL ALL NECESSARY INFORMATION IS PROVIDED UPON COM-
PLETION OF THE REMOVAL AND NO. PIPING IS OCCURRED.

BY CTA [Signature] DATE 4-21-88

#103067



2041 GRAND

GRAND ST.

FORTRAN V

PLUMBING & MECHANICAL PLANS
APPROVED

DATE 4-25-88

BY [Signature]
Donald J. Rodriguez
Sr Plb & Mech Insp.

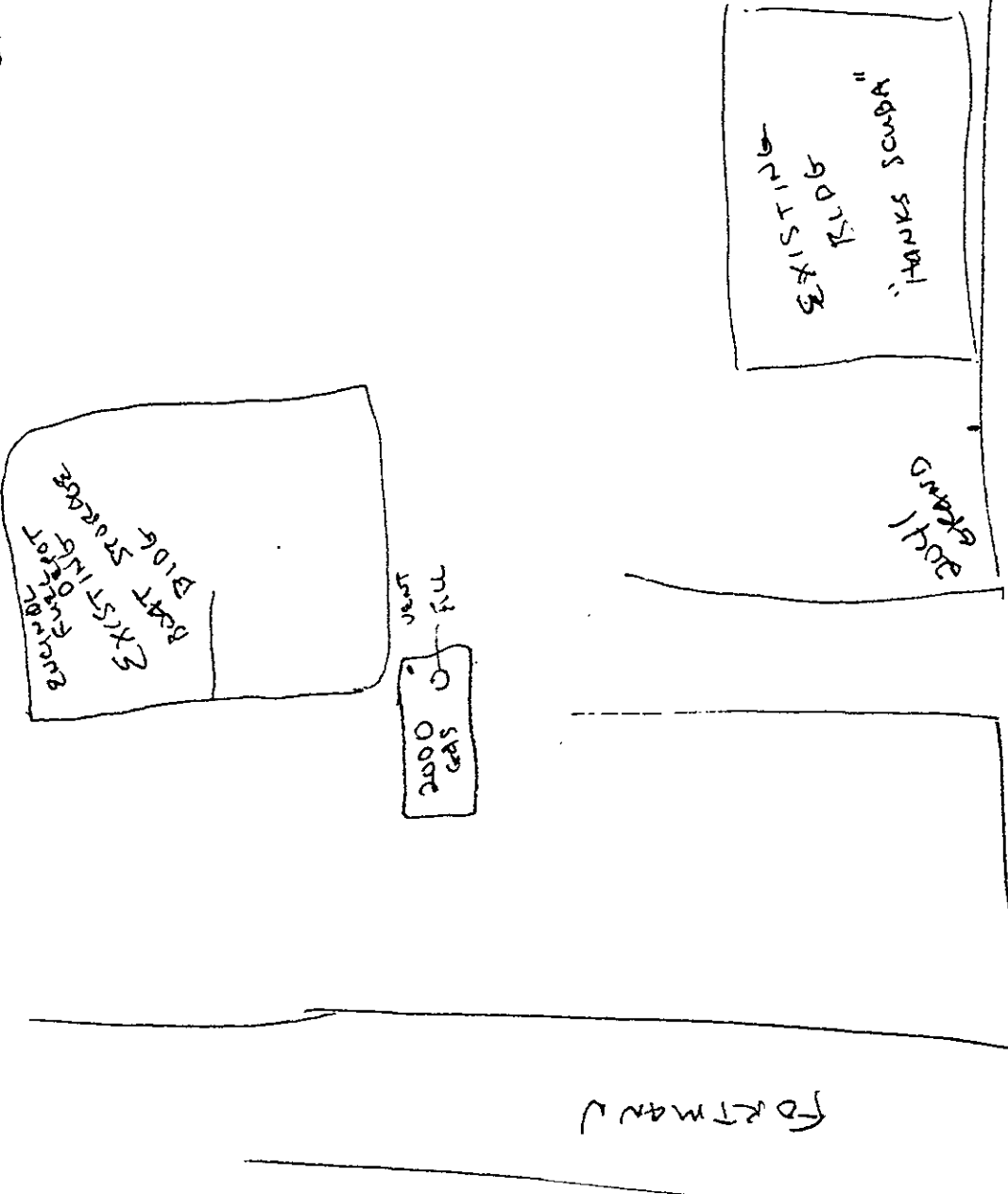
2041 411

1 2000 GAL GAS TAX
TOTAL REMOVAL/NO PIP
CAR OFF!

10383

Alameda Fire Dept. Preliminary Approval
FOR FINAL APPROVAL AN INSPECTION IS REQUIRED FROM COM.
PLEASANTON OF ALL WORK DONE TO BE DONE ACCORDING TO SPECIFICATIONS

REMOVED
BY AD [Signature] DATE 4-21-88



GRAND ST.

Office Copy

PLUMBING & MECHANICAL PLANS
APPROVED

DATE: 4-25-88
BY: [Signature]
Donald J. Rodriguez
Sr Plbr & Mech Insp

FORTMAN V

2000 GAS TANK

EXISTING BOAT STORAGE

2001 GRAND

EXISTING "HAWK SCUBA"

GRAND ST.

1 2000 GAL GAS TANK
TOTAL REMOVAL/NO RINSE
CAR OFF!

REMOVED
DATE 4-27-88
H3387