

ARTESIAN ENVIRONMENTAL
PROTECTION

99 MAY -5 PM 2:29

Transmittal Letter

From: Paul Jones

Date: 5/3/99

To: Ms. Eva Chu
Alameda County Health Agency
Department of Environ. Health
1131 Harbor Bay Pkwy, 2nd Floor
Alameda, CA 94502

Via: First Class
 UPS
 Fed - Ex
 Courier

Subject: Preliminary Site
Assessment

Job: Albany High School

As: We discussed on the telephone on _____
 You requested _____
 We believe you may be interested
 Is required

We Are Sending: Enclosed
 Under Separate Cover Via _____

For: Your information
 Your use
 Your review & comments
 Return to you

Please: Keep this material
 Return within 2 weeks
 Acknowledge Receipt

Message:

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

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

StID 4602

March 12, 1999

Mr. Rich Vila
Albany Unified School District
590 South 33rd Street
Richmond, CA 94804

RE: **Work Plan Approval for 603 Key Route, Albany, CA**

Dear Mr. Vila:

I have completed review of Artesian Environmental's March 1999 *Preliminary Site Assessment Workplan* prepared for the above referenced site. To assess subsurface conditions, Artesian proposes to drill 5 to 12 borings to collect soil and groundwater samples. The workplan is acceptable with the following additions/changes:

- Borings should be advanced to at least 20' bgs to ensure collection of a "good" groundwater sample.
- A filter pack should be provided around the screened PVC.
- Groundwater should be purged before a water sample is collected. It may be best to collect water samples after the top of each casing is surveyed and groundwater flow direction has been determined.
- MTBE should also be quantified in soil and groundwater samples. If MTBE is detected, the soil and water sample with the highest concentration of MTBE should be analyzed using EPA Method 8260 to confirm its presence. Also the soil and water samples with the highest TPH as diesel concentration should be analyzed for PNAs, using Method 8270.
- A "clean" soil sample should be collected from the vadose zone for total organic carbon content, bulk density, porosity, and water content quantification.

The approved workplan should be implemented within 60 days of the date of this letter, or **by May 17, 1999**. Please notify me at least 72 hours prior to the start of field activities. If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

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 4602

February 17, 1999

Mr. Rich Vila
Albany Unified School District
590 South 33rd Street
Richmond, CA 94804

RE: PSA for Albany High School, 603 Key Route, Albany, CA

Dear Mr. Vila:

I have completed review of Artesian Environmental's February 1999 *Underground Storage Tank Removal/Soil Remediation Report*, prepared for the above referenced site. This report summarized activities related to the removal of a 2,000-gallon heating oil tank, overexcavation of petroleum-impacted soil, and sampling of soil and groundwater at the site. Analytical results of soil samples collected from the tank excavation and from the exploratory trenches dug revealed residual hydrocarbon contamination at up to 2,500ppm TPHd and 14,000ppm TOG. Low levels of TPHd were also identified in the grab groundwater sample collected.

At this time, additional investigations are required to determine the lateral and vertical extent of the soil and groundwater contamination at the site. Such an investigation shall be in the form of a **Preliminary Site Assessment**, or PSA. The information gathered by the PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The PSA must be conducted in accordance with the RWQCB Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and Article 11 of Title 23, California Code of Regulations. The major elements of such an investigation are summarized in the attached Appendix A.

Artesian Environmental had recommended that 8 to 12 soil borings be advanced at the site to collect soil and groundwater samples. This seems to be a logical next step to delineate the extent of contamination at the site. This recommendation can be incorporated into the PSA proposal, which is due within 60 days of the date of this letter, or by **April 23, 1999**.

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

eva chu
Hazardous Materials Specialist

enclosure

LOP - RECORD CHANGE REQUEST FORM

printed:
10/20/98

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

Insp: EC

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 12034
 StID : 4602 LOC: -0-
 SITE NAME: Albany High School DATE REPORTED : 10/19/98
 ADDRESS : 603 -0 Key Route DATE CONFIRMED: 10/19/98
 CITY/ZIP : Albany 94706 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: O CONTRACT STATUS: 2 PRIOR CODE:2A4 EMERGENCY RESP: -0-
 RP SEARCH: S DATE COMPLETED: 10/19/98
 PRELIMINARY ASMNT: - DATE UNDERWAY: -0- 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: 10/19/98
 LUFT FIELD MANUAL CONSID: -0-
 CASE CLOSED: - DATE CASE CLOSED: -0-
 DATE EXCAVATION STARTED : -0- REMEDIAL ACTIONS TAKEN: -0-

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Rich Vila
 COMPANY NAME: Albany Unified School District
 ADDRESS: 590 S. 33rd Street
 CITY/STATE: Richmond, C A 94804

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANNPGMS _____ LOP _____ DATE _____ LOP _____ DATE _____

LOP - RECORD CHANGE REQUEST FORM

printed:
07/02/99

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

Insp: EC

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 12034
 StID : 4602 LOC:
 SITE NAME: Albany High School DATE REPORTED : 10/19/98
 ADDRESS : 603 Key Route DATE CONFIRMED: 10/19/98
 CITY/ZIP : Albany 94706 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: O CONTRACT STATUS: 4 PRIOR CODE:2A4 EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 10/19/98
 PRELIMINARY ASMNT: C DATE UNDERWAY: DATE COMPLETED: 05/14/99
 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: 10/19/98
 LUFT FIELD MANUAL CONSID: 3HASC
 CASE CLOSED: Y DATE CASE CLOSED: 07/02/99
 DATE EXCAVATION STARTED : 10/14/98 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Rich Vila
 COMPANY NAME: Albany Unified School District
 ADDRESS: 590 S. 33rd Street
 CITY/STATE: Richmond, C A 94804

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANNPGMS _____ LOP _____ DATE _____ || LOP _____ DATE _____

LOP - RECORD CHANGE REQUEST FORM

printed:
10/19/98

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

Insp: EC

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 12034
 StID : 4602 LOC: -0-
 SITE NAME: Albany High School DATE REPORTED : -0-
 ADDRESS : 603 -0 Key Route DATE CONFIRMED: -0-
 CITY/ZIP : Albany 94706 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: 0 CONTRACT STATUS: 2 PRIOR CODE:-0- EMERGENCY RESP: -0-
 RP SEARCH: S DATE COMPLETED: 10/19/98
 PRELIMINARY ASMNT: - DATE UNDERWAY: -0- 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: 10/19/98
 LUFT FIELD MANUAL CONSID: -0-
 CASE CLOSED: - DATE CASE CLOSED: -0-
 DATE EXCAVATION STARTED : -0- REMEDIAL ACTIONS TAKEN: -0-

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Rich Vila
 COMPANY NAME: Albany Unified School District
 ADDRESS: 590 S. 33rd Street
 CITY/STATE: Richmond, C A 94804

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANNPGMS _____ LOP _____ DATE _____ || LOP _____ DATE _____

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 10/15/98		CASE #		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Paul E. Jones		PHONE (510) 307-9943		SIGNATURE 	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Artesian Environmental			
	ADDRESS 229 Tewksbury Avenue, Point Richmond, CA 94801					
RESPONSIBLE PARTY	NAME <input type="checkbox"/> UNKNOWN		CONTACT PERSON Steve Richards		PHONE (510) 236-9111	
	ADDRESS 590 South 33rd Street, Richmond, CA 94804					
SITE LOCATION	FACILITY NAME (IF APPLICABLE)		OPERATOR Albany Unified School Dist.		PHONE (510) 559-6600	
	ADDRESS 603 Key Route Blvd., Albany, CA 94706					
	CROSS STREET Thousand Oaks Boulevard					
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Dept. of Env. Health		AGENCY NAME		CONTACT PERSON Scott Seery	
	REGIONAL BOARD				PHONE (510) 567-6783	
SUBSTANCES INVOLVED	(1) NAME Heating Oil				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2)				<input type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 10/14/98		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 10/14/98					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		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 CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input 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 checked="" type="checkbox"/> CLEANUP UNDERWAY					
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS): <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)					
COMMENTS						

RECEIVED
 10/19/98
 11:11 AM

ARTESIAN ENVIRONMENTAL

General Engineering Contracting License 622461: A, B, C-57, Haz., Asb.
229 Tewksbury Ave., Pt. Richmond, CA 94801
Telephone (510) 307-9943 • Facsimile (510) 232-2823 • e-mail: augerpro@aol.com

Phase I Environmental Assessments • Limited Access Drilling • Asbestos and Lead Inspections
Remediations Tank Removals • Potentially Responsible Party Studies • Subsurface Investigations • EIRs

FACSIMILE TRANSMISSION

TO: Mr. Scott Seery FAX: (510) 337-9335

DATE: 10/15/98 JOB #: 378-002-01

FROM: Paul Jones TOTAL SHEETS: 2

MESSAGE: Per our discussion
this morning

[Signature]

[Signature]


VIA FAX ONLY

NOTES: If you did not receive the complete transmission, please call. This fax is privileged and confidential. If you are not an intended recipient, you are notified that any disclosure, dissemination or duplication of this fax is not authorized, and no waiver of any privilege or confidentiality is intended by your receipt of this transmission

ARTESIAN ENVIRONMENTAL

October 15, 1998

VIA FAX



Mr. Scott Seery
Alameda County Department of Environmental Health
1131 Harbor Bay Parkway, Second Floor
Alameda, CA 94502
FAX (510) 337-9335

Re: **Intent to Proceed with Remedial Action**
Albany Unified School District
603 Key Route Boulevard
Albany, California

Dear Mr. Seery:

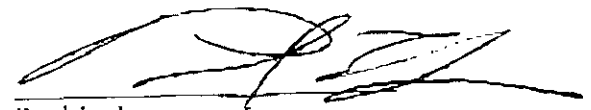
Artesian Environmental (Artesian) has been retained by Vila Construction Company (Vila) on behalf of the Albany Unified School District (AUSD) to provide underground storage tank (UST) removal and necessary remediation services at the referenced site. Following removal of one 2,200 gallon heating oil underground storage tank (UST) on October 14, 1998, an unauthorized release of petroleum was confirmed which appears to require remedial action. Due to the time-sensitive nature of this project, Vila and the AUSD would like to remediate site soils as quickly as possible by excavation and landfill disposal. Per our telephone conversation of October 15, 1998, I have prepared this letter to document that conversation as well as to outline the intended course of remedial action.

The primary purpose of the work described is the removal, transportation, and disposal of petroleum contaminated soil which was discovered during UST removal activities at the referenced site. Beginning on October 16, 1998, Artesian will excavate exploration trenches outward from the UST excavation to determine the horizontal and vertical extent of soil contamination. When the extent of impacted soils has been determined according to visual and odor indications, Artesian will collect confirmation soil samples for laboratory analysis. When the extent of impacted soil has been determined, Artesian will immediately excavate impacted soils and stockpile them at the surface between layers of plastic sheeting. Soils will remain at the site pending receipt of laboratory analytical results of stockpile sampling activities so that those soils may be profiled for disposal.

Per our telephone conversation of October 15, 1998, Artesian will analyze one of the excavation floor soil samples for Poly-Aromatic Hydrocarbons by Method 8270 in addition to the suite of analytes outlined in a UST Closure Plan prepared by Artesian and approved by the ACDEH on September 29, 1998.

If you have any questions or comments regarding this site, please do not hesitate to contact me at (510) 307-9943-230.

Sincerely,
Artesian Environmental



Paul E. Jones
Project Geologist
Date: 10/15/98

ARTESIAN ENVIRONMENTAL

General Engineering Contracting License 622461: A, B, C-57, Haz., Asb.
229 Tewksbury Ave., Pt. Richmond, CA 94801
Telephone (510) 307-9943 • Facsimile (510) 232-2823 • e-mail: augerpro@aol.com

Phase I Environmental Assessments • Limited Access Drilling • Asbestos and Lead Inspections
Remediations Tank Removals • Potentially Responsible Party Studies • Subsurface Investigations • EIRs

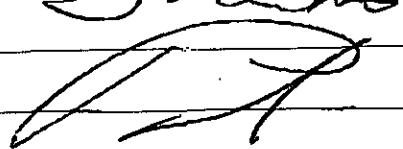
FACSIMILE TRANSMISSION

TO: Scott Seery | FAX: (510) 337-9335

DATE: 10/15/98 | JOB #: 378-002-01

FROM: Paul Jones | TOTAL SHEETS: 2

MESSAGE: Unauthorized Release Report
for 603 Key Route Blvd., Albany.
Original is in the mail

Thanks


NOTES: If you did not receive the complete transmission, please call. This fax is privileged and confidential. If you are not an intended recipient, you are notified that any disclosure, dissemination or duplication of this fax is not authorized, and no waiver of any privilege or confidentiality is intended by your receipt of this transmission.

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 10/15/98		CASE #		SIGNED: _____ DATE: _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Paul E. Jones		PHONE (510) 307-9943		SIGNATURE 	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Artesian Environmental			
	ADDRESS 229 Tewksbury Avenue, Point Richmond, CA 94801					
RESPONSIBLE PARTY	NAME <input type="checkbox"/> UNKNOWN		CONTACT PERSON Steve Richards		PHONE (510) 236-9111	
	ADDRESS 590 South 33rd Street, Richmond, CA 94804					
SITE LOCATION	FACILITY NAME (IF APPLICABLE)		OPERATOR Albany Unified School Dist.		PHONE (510) 559-6600	
	ADDRESS 603 Key Route Blvd., Albany, CA 94706					
	CROSS STREET Thousand Oaks Boulevard					
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Dept. of Env. Health		AGENCY NAME Scott Seery		PHONE (510) 567-6783	
	REGIONAL BOARD					
SUBSTANCES INVOLVED	(1) Heating Oil				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) _____ <input type="checkbox"/> UNKNOWN					
DISCOVERY/ABATEMENT	DATE DISCOVERED 10/14/98		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL		<input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <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 10/14/98					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		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 checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input 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 checked="" type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <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	_____					

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Albany High School Today's Date 11/19/98

Site Address 603 Key Route Blvd

City Albany Zip 94706 Phone _____

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

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

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Stds. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N) _____
- 14. OffSite Conseq. Assess 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(h)
- 18. Exemption Request? (Y/N) _____
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General
- 1. Permit Application 25284 (H&S)
 - 2. Pipeline Leak Defection 25292 (H&S)
 - 3. Records Maintenance 2712
 - 4. Release Report 2651
 - 5. Closure Plans 2670

- Monitoring for Existing Tanks
- 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose Semi-annual groundwater One time sols
 - 3) Daily Vadose One time sols Annual tank test
 - 4) Monthly Gndwater One time sols
 - 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/gndwater mon.
 - 6) Daily inventory Annual tank testing Cont pipe leak det
 - 7) Weekly Tank Gauge Annual tank testing
 - 8) Annual Tank Testing Daily Inventory
 - 9) Other _____

- 7. Precip Tank Test 2643
Date: _____
- 8. Inventory Rec. 2644
- 9. Soil Testing. 2646
- 10. Ground Water. 2647

- New Tanks
- 11. Monitor Plan 2632
 - 12. Access Secure 2634
 - 13. Plans Submit 2711
Date: _____
 - 14. As Bu* 2635
Date: _____

Comments:

GW not encountered in pit.
 The pit cavity was excavated ~2' below UST & soil spled from east & west ends.
 East sple: blue gray sandy silt - only veins approx original tank depth ~13', full taken ~16' bgs
 West end sple - blue gray sandy, gravelly silt w/ oil-pockets which ooze from soil ~16' bgs, called as deep.
 Will excavate laterally (N+S) approx 2-3' down to same depth as sple. Site is obviously impacted & will want to see if additional excavation warranted given proximity to G-W (anticipated)
 N well sple taken ~16' bgs, w/ slickensides & clay pits
 S well sple ~13' bgs, taken from bucket, blue gray gravelly silt w/ fine ooze.
 PLS. run initial E+W sple for T.H.d., g, BTEX & TOC.
 ~50-100cy addnl soil excavated from the overpass of sidewalks. Stockpiles will be sampled in the future due to potential of addnl OX.
 PLS contact Scott Seery for followup inspection/ questions - another sple from west end ~16' west; only blue gray gravelly silt.

III, IIII

Contact: Paul Jones
 Title: Antesian Project Manager
 Signature: [Signature]

Inspector: B. Chan
 Signature: [Signature]

1131 Harbor Bay Pkwy.
Suite 250
Alameda, CA 94502-6577
(510) 567-6700

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

II, III

white -env.health
yellow -facility
pink -files

Site ID # _____ Site Name Albany High School Today Date 10/14/98

Site Address 603 Key Route

City Albany Zip 94706 Phone _____

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

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

Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

1000 Gal steel

↑ N

II.A BUSINESS PLANS (Title 19)

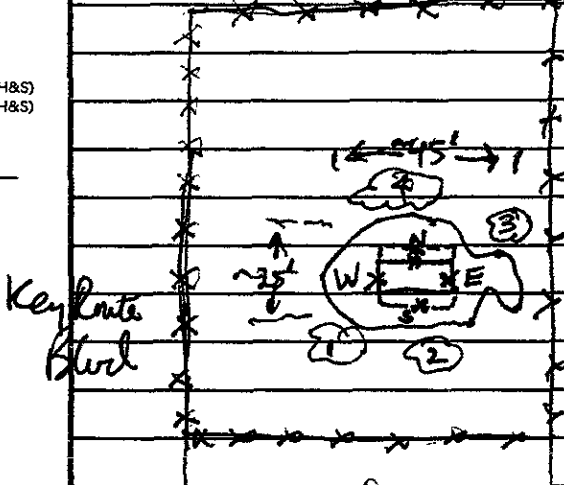
- 1. Immediate Reporting 2703
- 2. Bus Plan Stds. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MAT'S

- 10 Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch Req'd? (Y/N)
- 14. OffSite Conseq. Assess 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General
- 1. Permit Application 25284 (H&S)
 - 2. Pipeline Leak Detection 25292 (H&S)
 - 3. Records Maintenance 2712
 - 4. Release Report 2651
 - 5. Closure Plans 2670
- Monitoring for Existing Tanks
- 6 Method
 - 1) Monthly Test
 - 2) Daily Vadose Semi-annual groundwater One time soils
 - 3) Daily Vadose One time soils Annual tank test
 - 4) Monthly Gndwater One time soils
 - 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/gndwater mon.
 - 6) Daily Inventory Annual tank testing Cont pipe leak det
 - 7) Weekly Tank Gauge Annual tank testing
 - 8) Annual Tank Testing Daily Inventory
 - 9) Other _____
 - 7. Precip Tank Test 2643
 - Date: _____
 - 8. Inventory Rec. 2644
 - 9. Soil Testing 2646
 - 10. Ground Water. 2647
- New Tanks
- 1. Monitor Plan 2632
 - 2. Access Sec sep 2634
 - 3. Plans Subm' 2631
 - Date: _____
 - 4. As Bui 2635
 - Date: _____



Present to witness the removal of 1-2000 gal UST single wall steel - no obs ^{three}

3% O₂, 0% LEL

Contractor: V.I.A Construction Steve Richards

Artesian Env - Paul Jones

Albany Fire: Bryan Credo

Fast Tech Sampling Service

Tank Provider: Dexarona -> Enckson

Tank has some staining & only soils taken on it, possibly from overfilling

Orig Stockpiles: (1) ≈ 10x25x5 ≈ 50cy

(2) 15x25x6 ≈ 90cy

(3) 15x18x6 ≈ 80cy - generated from explosives, exc for possible older UST - may not

(7) 25x30x6 ≈ 150cy

The tank is believed to have been a leaking be contain.

1st tank for the school's border

Soils are a sandy silt

Contact: Paul Jones

Title: Artesian Project Manager

Signature: [Signature]

Inspector: BCHAN

Signature: [Signature]

II, III

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

10-14-98

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME <i>Albany High School</i>		NAME OF OPERATOR		
ADDRESS <i>603 Key Route Blvd.</i>		NEAREST CROSS STREET <i>Thousand Oaks</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Albany</i>		STATE <i>CA</i>	ZIP CODE <i>94706</i>	SITE PHONE # WITH AREA CODE <i>(707) 715-0881</i>
<input type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS		# OF TANKS AT SITE <i>1</i>
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		E. P. A. L. D. # (optional) <i>CAL000002358</i>		

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Richards, Steven</i>	PHONE # WITH AREA CODE <i>(510) 715-0881</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>Richards, Steven</i>	PHONE # WITH AREA CODE <i>(510) 715-0881</i>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>Albany Unified School District</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>904 Talbot Ave</i>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <i>Albany</i>		STATE <i>CA</i>	ZIP CODE <i>94706</i>	PHONE # WITH AREA CODE

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Albany Unified School District</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>904 Talbot Ave</i>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <i>Albany</i>		STATE <i>CA</i>	ZIP CODE <i>94706</i>	PHONE # WITH AREA CODE

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 739-2582 if questions arise.

TY (TK) HQ -

V. LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I. II. III.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>David Dell'Osso</i>	APPLICANT'S TITLE <i>Project Manager</i>	DATE MONTH/DAY/YEAR <i>09/10/98</i>
--	---	--

LOCAL AGENCY USE ONLY

COUNTY # <input type="text" value=""/> <input type="text" value=""/>	JURISDICTION # <input type="text" value=""/> <input type="text" value=""/>	FACILITY # <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY TANK CLOSURE 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED 10/14/98

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **ALBANY H.S.**

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# **unk** B. MANUFACTURED BY: **unk**

C. DATE INSTALLED (MO/DAY/YEAR) **unk** D. TANK CAPACITY IN GALLONS. **2200 gallon**

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

A. 1 MOTOR VEHICLE FUEL 4 OIL 2 PETROLEUM 80 EMPTY 3 CHEMICAL PRODUCT 95 UNKNOWN

B. 1 PRODUCT 2 WASTE

C. 1a REGULAR UNLEADED 3 DIESEL 6 AVIATION GAS
 1b PREMIUM UNLEADED 4 GASAHOL 7 METHANOL
 1c MIDGRADE UNLEADED 5 JET FUEL 8 M85
 2 LEADED 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED **Heating Oil** C.A.S.#:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN 99 OTHER

B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC 5 CONCRETE 6 POLYVINYL CHLORIDE 7 ALUMINUM 8 100% METHANOL COMPATIBLE W/FRP 9 BRONZE 10 GALVANIZED STEEL 95 UNKNOWN 99 OTHER

C. INTERIOR LINING OR COATING 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING 5 GLASS LINING 6 UNLINED 95 UNKNOWN 99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 99 OTHER

E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR)
 DROP TUBE YES ___ NO STRIKER PLATE YES ___ NO DISPENSER CONTAINMENT YES ___ NO

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE A (U) 1 SUCTION A U 2 PRESSURE A (U) 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER

B. CONSTRUCTION A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A (U) 95 UNKNOWN A U 99 OTHER

C. MATERIAL AND CORROSION PROTECTION A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE W/FRP A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A (U) 95 UNKNOWN A U 99 OTHER

D. LEAK DETECTION 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER **NONE**

V. TANK LEAK DETECTION

1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING 7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1 ESTIMATED DATE LAST USED (MO/DAY/YR) **unk none** 2 ESTIMATED QUANTITY OF SUBSTANCE REMAINING **2200** GALLONS 3 WAS TANK FILLED WITH INERT MATERIAL? YES ___ NO

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

TANK OWNER'S NAME (PRINTED & SIGNATURE) **David Dell'Ossio for Albany School District** DATE **09/10/98**

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.# COUNTY # JURISDICTION # FACILITY # TANK #

PERMIT NUMBER PERMIT APPROVED BY/DATE PERMIT EXPIRATION DATE

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

10-14-98

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME Albany High School		NAME OF OPERATOR		
ADDRESS 603 Key Route Blvd.		NEAREST CROSS STREET Thousand Oaks	PARCEL # (OPTIONAL)	
CITY NAME Albany		STATE CA	ZIP CODE 94706	SITE PHONE # WITH AREA CODE (510) 715-0886
<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> LOCAL-AGENCY DISTRICTS
	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
	<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 1
				E. P. A. I. D. # (optional) CAL000002358

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Richards Steven	PHONE # WITH AREA CODE (510) 715-0886	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) Richards Steven	PHONE # WITH AREA CODE (510) 715-0886	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Albany Unified School District		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 904 Talbot Ave		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LOCAL-AGENCY
CITY NAME Albany		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
		<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
	STATE CA	ZIP CODE 94706	PHONE # WITH AREA CODE	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Albany Unified School District		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 904 Talbot Ave		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LOCAL-AGENCY
CITY NAME Albany		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
		<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
	STATE CA	ZIP CODE 94706	PHONE # WITH AREA CODE	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 739-2582 if questions arise.

TY (TK) HQ **44** - [] [] [] [] [] [] [] []

V. LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I. II. III.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) [Signature]	APPLICANT'S TITLE	DATE	MONTH/DAY/YEAR
--	-------------------	------	----------------

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	FACILITY #
LOCAT ON CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

Sho-
#4602

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED 10/14/98
DBA OR FACILITY NAME WHERE TANK IS INSTALLED: ALBANY H.S.				

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# UNK	B. MANUFACTURED BY: UNK
C. DATE INSTALLED (MO/DAY/YEAR) UNK	D. TANK CAPACITY IN GALLONS: 2200 galler

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Heating Oil			<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)		
			C. A. S. #:		

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____				
DROPTUBE YES ___ NO <input checked="" type="checkbox"/> STRIKER PLATE YES ___ NO <input checked="" type="checkbox"/> DISPENSER CONTAINMENT YES ___ NO <input checked="" type="checkbox"/>				

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A <input checked="" type="checkbox"/> 1 SUCTION	A U <input type="checkbox"/> 2 PRESSURE	A <input checked="" type="checkbox"/> 3 GRAVITY	A U <input type="checkbox"/> 4 FLEXIBLE PIPING	A U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A U <input type="checkbox"/> 1 SINGLE WALL	A U <input type="checkbox"/> 2 DOUBLE WALL	A U <input type="checkbox"/> 3 LINED TRENCH	A <input checked="" type="checkbox"/> 95 UNKNOWN	A U <input type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U <input type="checkbox"/> 1 BARE STEEL	A U <input type="checkbox"/> 2 STAINLESS STEEL	A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="checkbox"/> 4 FIBERGLASS PIPE	
	A U <input type="checkbox"/> 5 ALUMINUM	A U <input type="checkbox"/> 6 CONCRETE	A U <input type="checkbox"/> 7 STEEL W/ COATING	A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP	
	A U <input type="checkbox"/> 9 GALVANIZED STEEL	A U <input type="checkbox"/> 10 CATHODIC PROTECTION	A <input checked="" type="checkbox"/> 95 UNKNOWN	A U <input type="checkbox"/> 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
<input checked="" type="checkbox"/> 99 OTHER NONE					

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1 ESTIMATED DATE LAST USED (MO/DAY/YR)	2 ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3 WAS TANK FILLED WITH INERT MATERIAL? YES ___ NO ___
--	---	---

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

TANK OWNER'S NAME (PRINTED & SIGNATURE)	DATE
---	------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PARKWAY, RM 250
ALAMEDA, CA 94502-6577
PHONE # 510/567-6700
FAX # 510/337-9335

Project Specialist
SCOTT SEERY

550 S. 33rd St.
Richmond CA
94804

505-22-98
9-22-98
*
ACCEPTED

Underground Storage Tank Closure Permit Application
Alameda County Division of Hazardous Materials
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this 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/destruction.

One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal. Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspectors Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
- Sampling
- Final Inspection

issuance of a) permit to operate, b) permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:

Contact Specialist

* SEE CHANGES

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

- Name of Business Albany Unified School District
Business Owner or Contact Person (PRINT) Dale Hudson
- Site Address Albany High School - 603 Key Route Blvd.
City Albany Zip 94706 Phone (510) 715-0886
- Mailing Address 603 Key Route Blvd.
City Albany Zip 94706 Phone (510) 715-0886
- Property Owner Albany Unified School District
Business Name (if applicable) Albany High School
Address 603 Key Route Blvd.
City, State Albany, CA Zip 94706
- Generator name under which tank will be manifested
Albany High School

EPA ID# under which tank will be manifested CA 4000603758

6. Contractor Artesian Environmental
Address 247 B Tenksburg Ave
City PT. Richmond, CA Phone (510) 232-2728
License Type* Gen. Engineering, C-57, HAZ. ID# 6 244 61

*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board.

7. Consultant (if applicable) Vila Construction
Address 590 South 33rd Street
City, State Richmond, CA Phone (510) 236-9111

8. Main Contact Person for Investigation (if applicable)
Name _____ Title _____
Company _____
Phone _____

9. Number of underground tanks being closed with this plan 1
Length of piping being removed under this plan 50 ft.
Total number of underground tanks at this facility (**confirmed with owner or operator) 1

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

** Underground storage tanks must be handled as hazardous waste **

a) Product/Residual Sludge/Rinsate Transporter

Name Cleanwater EPA I.D. No. CA2000007013
Hauler License No. 3515 License Exp. Date 12/15/98
Address P.O. Box 7400
City Fremont State CA Zip 94537-7420

b) Product/Residual Sludge/Rinsate Disposal Site

Name Alviso Independent Oil EPA ID# CA2000161743
Address 5002 Archer Street
City Alviso State CA Zip 95002

c) Tank and Piping Transporter

Name ECT EPA I.D. No. CAD 982 030173
Hauler License No. 1533 License Exp. Date 3-31-99
Address 255 PARR Blvd.
City Richmond State CA zip 94801

d) Tank and Piping Disposal Site

Name ECT EPA I.D. No. CAD 982 030173
Address 255 PARR Blvd.
City Richmond State CA zip 94801

11. Sample Collector

Name David DellOso
Company Artesian Environmental
Address 247 B Tewksbury Ave
City RT Richmond State CA zip 94801 Phone (570) 272-2728

12. Laboratory

Name Cal coast Analytical
Address 4072 Watts Street
City Emeryville State CA zip 94608
State Certification No. 1236 exp 7/31/00

13. Have tanks or pipes leaked in the past? Yes[] No[] Unknown[]

If yes, describe. _____

14. Describe methods to be used for rendering tank(s) inert:

Tank will be Pumped and rendered inert with 30-50 lbs
of Dry Ice and monitored with a Tank
Detector (LEL, O₂ meter) PER FIRE DEPT REQUIREMENTS

Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be permanently plugged.

The Bay Area Air Quality Management District, 415/771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert.

15. Tank History and Sampling Information *** (see instructions) ***

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
2200 gallon	<p>Installed in 1939 last used unknown (Abandoned Tank)</p> <p>In 1939, the Tank was moved 20 feet westward due to construction of a new Auditorium the tank was abandoned in the 50's - 60's.</p>	<p>- Soils: All four sides of the excavation</p> <p>- Soils: 2 samples beneath Tank</p> <p>- ground water is expected at 20 ft.</p>	<p>Side wall Samples \approx 7-9 feet below grade</p> <p>Bottom Samples \approx 10-12 feet below grade</p> <p>- No water sample, unless it is affected.</p>

One soil sample must be collected for every 20 linear feet of piping that is removed. A ground water sample must be collected if any ground water is present in the excavation.

Excavated/Stockpiled Soil

Stockpiled Soil Volume (estimated)

100 yds of Soil to be excavated and stockpiled

Sampling Plan

A composite sample for every 25 yds of soil removed. impacted soil will be tested off-site.

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

Will the excavated soil be returned to the excavation immediately after tank removal? yes no unknown

If yes, explain reasoning _____

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling operations.

16. Chemical methods and associated detection limits to be used for analyzing samples:

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. See attached Table 2.

17. Submit Site Health and Safety Plan (See Instructions)

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPH-diesel	Soil - stainless steel liner /w Teflon cap.	8015; SW 846	GC ≤ 0.1 mg/kg
TEPH	Soil - stainless steel liner /w Teflon cap	3550/8015 SW 846	GC/ extraction ≤ 0.1 mg/kg
BTEX	Soil - stainless steel liner /w Teflon cap	8070; SW 846	GC
Oil & Grease	Soil - stainless steel liner /w Teflon cap	5530	≤ 0.1 mg/kg
TPH-diesel	Water	S/A	GC 50 mg/l
TEPH	VGA bottle	S/A	S/A
BTEX			
Oil & Grease			

18. Submit Worker's Compensation Certificate copy

Name of Insurer ENV. Eng. & Ins. Svcs. - STATE FUND

19. Submit Plot Plan ***** (See Instructions) *****

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery.

The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.

22. Submit a closure report to this office within 60 days of the tank removal. The report must contain all information listed in item 22 of the instructions.

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

I declare that to the best of my knowledge and belief that 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 approval from the Environmental Protection Division 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 understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. 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.

Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

CONTRACTOR INFORMATION

Name of Business Artesian Environmental

Name of Individual David DeL'Osso

Signature [Signature] Date 9/10/98

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Alameda County

Name of Individual John Hudson

Signature [Signature] Date 9/10/98



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **624461** **GEN CORP**

Business Name **THE AUGER GROUP INC DBA
ARTESIAN ENVIRONMENTAL**

Classification **A CS7 HAZ ASB B**

Expiration Date **08/31/1999**



Any change of business address/name must be reported to the Registrar within 90 days.

This license is not transferrable, and shall be returned to the Registrar upon demand when suspended, revoked or invalidated for any reason. This pocket card is valid through the expiration date only.

If found, please drop in any mail box.
Postage guaranteed by:
Contractors State License Board
P.O. Box 26000
Sacramento, CA 95826

Licensee Signature

ACCORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

2/18/1998

PROVIDOR

Env. Eng. & Ins. Svcs.
7011 Sylvan Road Suite D
Citrus Heights, CA 95610
(916)723-4447 FAX 723-1174

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER A CREDIT GENERAL INSURANCE CO.
- COMPANY LETTER B CENTURY NATIONAL INS. CO.
- COMPANY LETTER C UNITED NATIONAL INS. CO.
- COMPANY LETTER D c/o BLACK/WHITE
- COMPANY LETTER E STATE FUND

INSURED

FAST-TEK ENGINEERING SUPPORT SERVICES
229 TEWKSBURY AVENUE
POINT RICHMOND, CA 94901

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LET	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR OWNERS & CONTRACTORS PROT. <input checked="" type="checkbox"/> PROF LIAB INC	EOC 800-700-00	12/31/95	12/31/98	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 1,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FREE DAMAGE (Any one trial) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	BAP 82479	09/24/97	09/24/98	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ EACH OCCURRENCE \$ AGGREGATE \$
E	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				
E	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	GROUP 92, UNIT 187	02/01/98	02/01/99	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE - POLICY LIMIT \$ 1,000,000 DISEASE - EACH EMPLOYEE \$ 1,000,000
C	OTHER AUTO EXCESS LIABILITY	XTP56097	12/02/97	09/24/98	1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ALL CALIFORNIA OPERATIONS - INCLUDING POLLUTION LIABILITY

CERTIFICATE HOLDER

INFORMATION AND BID PURPOSES ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Paul A. Newley

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.

SITE INFORMATION:

4602

Site ID Number
(if known)

Albany High School

Name of Site

603 Key Route Blvd.

Street Address

Albany, CA 94706

City, State & Zip Code

I designate the following person or business to receive any refund due at the completion of all deposit/refund projects:

Artesian Environmental

Name

229 Tewksbury Avenue

Street Address

PT Richmond, CA 94801

City, State & Zip Code

Signature of Payor

Date

Name of Payor
(PLEASE PRINT CLEARLY)

Company Name of Payor

RETURN FORM TO:

County of Alameda, Environmental Protection
1131 Harbor Bay Parkway, Rm 250
Alameda CA 94502-6577
Phone#(510) 567-6700



JOB SAFETY PLAN

1. Site: Albany High School
2. Job No.: 378-002-01
3. Location: 607 Key Route Blvd, Albany
4. Plan Prepared: David Dell'Ossu 10 Sept. 98
Name Date
5. Plan Approved: _____ 15 Sept. 98
Name Date
6. Plan Revised: _____
Name Date
7. Revision Approved: _____
Name Date
8. Facility Description: Construction site
9. Status (active, inactive, unknown): Active
10. Surroundings (location with respect to residences, businesses, natural features, etc.): High School = Construction of New High School
11. Site map (attach map showing salient features, including location of work and location of contaminated areas). See Permit
12. Climate N/A
 - 12a. Average wind speed and direction: _____
 - 12b. Mean High Temperature _____
Mean Low Temperature _____
13. Site history (origin of contamination and history of injuries, exposure, or complaints, etc.):
Heating Oil Tank installed in the 70s
Last used unknown

17. Procedures to mitigate hazards

List all tasks with corresponding numbers identified in item 16 in the task summary below. Identify procedures to mitigate all hazards listed in item 16 by placing the task number next to the appropriate mitigating measure. Listing of standard procedures is not inclusive. A specific procedure must be entered to mitigate each hazard identified in item 16. If personal protective equipment is to be used, enter "PPE" and select equipment in section 18.

TASK SUMMARY

<u>Task Number</u>	<u>Task Name</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mechanical Hazards

- Follow standard safety procedures for working around heavy equipment.
- Stand out of reach of backhoe buckets, etc.
- Verify that all equipment is in good condition.

backhoe = rental equipment

Transportation = sub-contract

18. REQUIRED PERSONAL PROTECTIVE EQUIPMENT

Place the task number from Section 17 next to each item of personal protective equipment required for that task:

LEVEL: ___ A ___ B ___ C D

HEAD

EYE/FACE

Hardhat

Safety Glasses

___ Face Shield

___ Goggles

HAND

___ Neoprene

___ Nitrile

___ PVC

___ Viton

Underglove

Other leather work glove

BODY

___ Full Encapsulating Suit: _____

___ Two Piece rainsuit, material = _____

___ One Piece Splash Suit, material = _____

Tyvek suit *if needed* ___ Tyvek/Saranax suit ___ Tyvek/polyethylene suit

LUNG

___ SCBA (open circuit, pressure demand): _____

Full Face Respirator, cartridge = organic acid vapor / HFA if needed

___ Half Mask Respirator, cartridge = _____

___ Other: _____

EAR

Earplug, type = As needed

Earmuff, type = As needed

FOOT

Boots, type = steel toe work boots

Disposable Overboots, type = Rubber As needed

Electrical Hazards

- Locate and mark buried utilities before drilling.
 - Utilities located by: _____ on _____
 - Maintain at least 10 foot clearance from overhead power lines.
 - Contact PG&E for minimum clearance from high voltage power lines.
 - If unavoidably close to buried or overhead power lines, have power turned off, with circuit breaker locked and tagged.
 - Properly ground all electrical equipment.
 - Avoid standing in water when operating electrical equipment.
 - If equipment must be connected by splicing wires, make sure all connections are taped.
 - Be familiar with specific operating instructions for each piece of equipment.
- utilities identified and removed from*
site
-
-
-
-
-

Chemical Hazards

- Use personal protective equipment indicated in section 18.
 - Conduct air monitoring to evaluate respiratory and explosion hazards (list instrument action level, monitoring location, and action to be taken in section 19).
- LEL / Tank meter, O₂ monitoring*
-
-
-
-
-

Temperature Hazards

- ✓ When temperature exceeds 70° F, take frequent breaks in shaded area. Unzip or remove coveralls during breaks. Have water or electrolyte replenishment solution available in squeeze bottles. Drink small amounts frequently to avoid dehydration. If pulse does not return to normal by end of break, reduce length of work periods and increase frequency of breaks.

Acoustical Hazards

- ✓ Use earplugs or earmuffs when noise level prevents conversation in normal voice at distance of three feet.

O₂ Deficiency - Confined Space Hazards

Confined spaces include trenches, pits, sumps, elevator shafts, tunnels, or any other area where circulation of fresh air is restricted or ability to readily escape from the area is restricted:

- ✓ Monitor O₂ and organic vapors before entering. If following values are exceeded, do not enter:
 - O₂ less than 19.5 percent.
 - total hydrocarbons greater than 5 ppm above background, if all air contaminants have not been identified.
 - concentrations of specific contaminants exceeding action level in Section 19 if all air contaminants are identified.

Monitor O₂ and organic vapors continuously while inside confined space. If values cited in item 1 are exceeded, evacuate immediately.

- If respirator is required, workers must wear safety lines.
- At least one person must be on standby outside the confined space who is capable of pulling workers from confined space in an emergency.
- Use portable fans or blowers to introduce fresh air to confined spaces whenever use of respirator is required.
- Do not enter unshored excavation greater than five feet deep.

excavation will be sloped back to appropriate levels

Radiation Hazards

N/A

Biohazards

N/A

Action Levels

A. Respiratory protection *ON-site safety meeting*

<u>Instrument (and Calibration)</u>	<u>Reading</u>	<u>Location</u>	<u>Action</u>
		breathing zone	Don respirator (level C)
		breathing zone	Leave area (level C)
		breathing zone	Upgrade to level B
		breathing zone	Upgrade to level A

Explosion Hazard *ON-site*

<u>Instrument (and Calibration)</u>	<u>Reading</u>	<u>Location</u>	<u>Action</u>
Combustible gas indicator	20% LEL	ambient air	Leave area

C. Oxygen Deficiency *ON-site*

<u>Instrument (and Calibration)</u>	<u>Reading</u>	<u>Location</u>	<u>Action</u>
O ₂ meter	<19.5% O ₂	ambient air	Do not enter area

D. Other

<u>Instrument (and Calibration)</u>	<u>Reading</u>	<u>Location</u>	<u>Action</u>

20. Site Control/Work Zones

Describe location of exclusion zone, hot line, contamination reduction zone, and decontamination area. Show location on site plan.

Tank Removal

21. Decontamination Procedures for Heating oil

21a. Equipment Decontamination:
wiped Down: contaminated material will be properly disposed of.

21b. Personnel Decontamination:

22. Investigation-Derived Material Disposal

drill cuttings/well water: N/A
decontamination solutions: ↓
protective clothing: _____

23. Site Resources

drinking water supply: on-site
telephone: on-site (510) 610-3174
radio: _____
other: _____

24. Emergency Equipment Location

safety shower/eyewash: support vehicle
first aid kit: ↓
other: _____

25. Emergency Telephone Numbers

ambulance: 911
police: 911
fire department: 911
hospital: Memorial Hospital, 2001 Douglas Hwy, Astoria
client contact: Stavros Richards

26. Emergency Routes: Attach map showing route to nearest hospital.

27. Contingency Plans: Describe contingency plans for emergencies, including emergency signals and evacuation routes. If formal contingency plan document has been prepared, attach a copy.

N/A

28. Project Personnel List and Safety Plan Distribution Record

28a. Employees

All project staff must sign, indicating receipt of copy of approved safety plan.

Name	Responsibility	Signature and Date
David DeLusso	Project manager	D. DeLusso 10 Sept 09

28b. Subcontractors

Copy of safety plan must be distributed to all subcontractors.

Firm Name	Responsibility	Date Distributed
ECI	Transportation	

JOB SAFETY PLAN APPENDIX 1
HAZARDOUS PROPERTY INFORMATION

This appendix contains hazardous property information for selected compounds. Place a check mark next to each compound identified in Section 15, and review the hazardous property information for those compounds. If you have identified compounds in Section 15 that are not listed in the appendix, you must list the compounds and enter the appropriate information.

(Include copies of Material Safety Data Sheets for selected compounds in addition to or in lieu of completion of Appendix 1.)

HAZARDOUS PROPERTY INFORMATION

CHECK IF PRESENT	MATERIAL	WATER SOLUBILITY ^a	SPECIFIC GRAVITY	VAPOR DENSITY	FLASH POINT of	VAPOR PRESSURE ^e	LEL UEL	LD 50 mg/kg	TLV-TWA ^g	IDLH LEVEL	ODOR THRESHOLD OR WARNING CONCENTRATION	HAZARD PROPERTY	DERMAL TOXICITY	ACUTE EXPOSURE SYMPTOMS
	1,1 Dichloroethylene (DCE)	2250mg/l 277of	..	3.4	3	591mm	7.3% 16.0%	200	5ppm	none specified		BCD		BHM
	Trans 1,2 Dichloroethylene	slightly soluble	1.2565	..	36	400mm	9.7% 12.8%		none established	none specified	.0043mg/l	BCD		ABFILOQ
	1,2 Dichloropropane	0.26%	1.1583	3.9	60	40mm	3.4% 14.5%	1900	75ppm	2,000ppm	50	BCD		ABGKIHMO
	Cis-1,3 Dichloropropane	insoluble	1.2	3.8	83	28mm	5% 14.5%		1ppm	none specified		BCD		ABGKILMHP
	Trans 1,3 Dichloropropane	insoluble	1.2	3.8	83	28mm	5% 14.5%		1ppm	none specified		BCD		ABGKILMHP
	Ethylbenzene	0.015g	0.867	3.7	59	7.1mm	1.0% 6.7%	3500	100ppm	2,000ppm		BCD	CIF	ABFNKLMHPOR
	Methylene Chloride	slightly soluble	1.335	2.9	none	350mm	12% unavailable	167	100ppm	5,000ppm	25-320 (200)	CEG	CIF	BCIKLMRPR
	1,1,2,2 Tetrachloroethane	0.19%	1.5953	5.8	none	5mm	non flam		1ppm	150ppm	3-5	CD		ABCFNIKLMHOQ
	Tetrachloroethylene	0.15g/ml	1.6227	5.8	none	15.8mm	non flam	8850	50ppm	500ppm	4.68%-50 (160-690)	CD		ACFNKILMHP
	1,1,1 Trichloroethane (TCA)	0.7g	1.3390	4.6	none	100mm	8.0% 10.5%	10300	350ppm	1,000ppm	20-400 (500-1000)	BCED		ABEFNIKLMOP
	1,1,2 Trichloroethane	0.45	1.4397	4.6	none	19mm	6% 15.5%	1140	10ppm	500ppm	0-	C		BEFGHIKLMOP Q
	Trichloroethylene (TCE)	0.1%	1.4642	4.5	90d	58mm	12.5% 90%	4920	50ppm	1,000ppm	21.4-400	BC		BFKLMOPQ
	Trichlorofluoromethane	0.11g	1.494	..	none	0.91atm	non flam		1000ppm	10,000ppm	135-209	CD		BFKLG
	Toluene	0.05g	0.866	3.2	40	22mm	1.3% 7.1%	5000	100ppm	2,000ppm	0.17-40 fatigue (300-400)	BC	BHE	BEFNKLMHOPQ
	Vinyl Chloride	negligible	0.9100	2.24	-108	3.31atm	3.6% 33%	500	1ppm	none specified	260	BCED	DJQ	ABFNKLMR

HAZARDOUS PROPERTY INFORMATION

CHECK IF PRESENT	MATERIAL	WATER SOLUBILITY ^m	SPECIFIC GRAVITY	VAPOR DENSITY	FLASH POINT of	VAPOR PRESSURE ^e	LEL UEL	LD 50 mg/kg	TLV-TWAg	IDLH LEVEL	ODOR THRESHOLD OR WARNING CONCENTRATION	HAZARD PROPERTY	DERMAL TOXICITY	ACUTE EXPOSURE SYMPTOMS
VOLATILE ORGANIC PRIORITY POLLUTANTS														
	Acrolein	22X	0.8410	1.9	-15	214mm	2.8X 31X	46	0.1ppm	5ppm	0.1-16.6 (0.21-0.5)	BCD	BJ	ABDIGHKLMNO PQR
	Acrylonitrile	7.1X	0.8060	1.8	30	83mm	3X 17X	82	2ppm	4,000ppm	19-100	BCEGD	DIG	FGIKLMNOR
	Benzene	820ppm	0.8765	2.8	12	75mm	0.339X 7/1X	3800	11ppm	2,000ppm	4.68	BCEGD	CIG	BCDFHIKLMNO R
	Bromomethane	0.1g	1.732	3.3	none	1.88atm	13.5Xc 14.5X		5ppmh	2,000ppm	no odor	CD		BCEFIJKLMNO R
	Bromodichloromethane	insoluble	1.980	--	none	n/a	non flam	916	none established	none specified		CGD		GHM
	Bromoform	0.01g	2.887	--	none	5mm	non flam	1147	0.5ppm	n/a	530	CEG		BCEIHM
	Carbon Tetrachloride	0.08X	1.5967	5.3	none	91mm	non flam	2800	5ppmh	300ppm	21.4-200	CD	JGH	ABCFGHNO
	Chlorobenzene	0.01g	1.1058	3.9	84	8.8mm	1.3X 9.6X	2910	75ppm	2,400ppm	0.21-60	BCD	CIF	BCFIKLMNOPQR
	Chloroethane	0.6g	0.8978	2.2	-58	1.36atm	3.8X 15.4X		1000ppm	20,000ppm		BCD		BFHIKMP
	2 Chloroethylvinyl Ether	insoluble	1.0475	3.7	80	30mm	--	250	none established	none specified		BCD		NIM
	Chloroform	0.6g	1.4832	4.12	none	160mm	non flam	800	10ppmh	1,000ppm	50-307 fatigue (>4096)	CD		BCEGIKLM
	Chloromethane	0.74X	0.9159	1.8	32	50atm	7.6X 19X		50ppmh	10,000ppm	10-100 no odor (500-1000)	BCD	DNF	ABCEFGIJKLO QR
	Dibromochloromethane	insoluble	2.451	--	--	--	--	848	none established	none specified		BCD		BFHIMNPQ
	1,1 Dichloroethane (DCA)	0.1g	1.1757	8.4	22	182mm	6X 16X	725	100ppm	4,000ppm	5ppm	BCD		ABHIMNO
	1,2 Dichloroethane	0.8X	1.2554	3.4	55	87mm	6.2X 16X	670	10ppmh	1,000ppm	6ppm	BCEG		BCFGOLMNO

HAZARDOUS PROPERTY INFORMATION

CHECK IF PRESENT	MATERIAL	WATER SOLUBILITY ^a	SPECIFIC GRAVITY	VAPOR DENSITY	FLASH POINT OF	VAPOR PRESSURE ^a	LEL UEL	LD 50 mg/kg	TLV-TWA ^g	IDLH LEVEL	DOOR THRESHOLD OR WARNING CONCENTRATION	HAZARD PROPERTY	DERMAL TOXICITY	ACUTE/EXPOSURE SYMPTOMS
MISCELLANEOUS														
	Asbestos	insoluble	2.5	n/a	none	n/a	non flam		0.2-2 fibers/cc	none specified		CG		MN
	Cyanides	50-72%		n/a	none	n/a	non flam		5mg/m3	50mg/m3		CE		FKLNPO
	PCB (Generic)	slightly	..	n/a	none	n/a	non flam		1.0ug/m3i	none specified		CG		ENLPO
	Phenol	6.4%	1.0576	3.2	175	0.36mm	1.0% 8.6%	414	5ppm	100ppm	0.47-5 (48)	C		ABCOGHIKMOOR
	Xylene	0.00003%	0.8642	3.7	84	9mm	1.1% 7%	5000	100ppm	10,000ppm	0.5-200 (200)	BCD		ABFHKLWPO
	Acetone	soluble	0.8	2.0	-4	400mm	2.6% 12.8%	9750	750ppm	10,000ppm	100	BCD	DI	R
	Chromic Acid	soluble	1.67-2.82	n/a	none	n/a	non flam		none established	none specified		ACEG		GIN
	Diesel fuel	insoluble	0.81-0.90	..	130	..	0.6-1.3 6-7.5		none established	none specified	0.08	BC	ABC	IN
	Gasoline	insoluble	0.72-0.76	3-4	-45	variable	1.4% 7.6%		300ppm	none specified	0.005-10 x 0.25	CD	AB	IN
	Kerosene	insoluble	0.81-1.0	..	100-165	5	0.7% 5.0%		none established	none specified	1.0	BCD	AB	IN

HAZARDOUS PROPERTY INFORMATION

CHECK IF PRESENT	MATERIAL	WATER SOLUBILITY ^a	SPECIFIC GRAVITY	VAPOR DENSITY	FLASH POINT OF	VAPOR PRESSURE ^e	LEL UEL	LD 50 mg/kg	TLV-TWA ^g	IDLH LEVEL	ODOR THRESHOLD OR WARNING CONCENTRATION	HAZARD PROPERTY	DERMAL TOXICITY	ACUTE EXPOSURE SYMPTOMS
	METALS													
	Arsenic	b	5.727	n/a	none	n/a	f		10ug/m3	none specified		C ₂	C ₁	ACDQJHOOR
	Beryllium	b	1.85	n/a	none	n/a	f		2ug/m3	none specified		C		IJHNR
	Cadmium	b	8.642	n/a	none	n/a	f	225	0.5mg/m3	40/mg3		C		ABCHIKLPHOR
	Chromium	b	7.20	n/a	none	n/a	f		0.5mg/m3h	500/mg3		C		FHWG
	Copper	b	8.92	n/a	none	n/a	f		0.1mg/m3	none specified		C		FGLPHOOR
	Lead	b	11.3437	n/a	none	n/a	f		50ug/m3	none specified		C		ACD/CROOR
	Mercury	b	13.5939	7.0	none	0.0012mm	f		50ug/m3h	28mg/m3		C		AGLPHWQ
	Nickel	b	8.9	n/a	none	n/a	f		1mg/m3	none specified		C		DGHLPHWQ
	Silver	b	10.5	n/a	none	n/a	f		0.01mg/m3	none specified		C		IN
	Thallium	b	11.85	n/a	none	n/a	f		0.01mg/m3	20mg/m3		C	B ₂	ADGLHOQ
	Zinc	b	7.14	n/a	none	n/a	f		none established	none specified		C		DF

k. Dermal Toxicity data is summarized in the following three categories:

Skin Penetration

- A - negligible penetration (solid-polar)
- + B - slight penetration (solid-nonpolar)
- ++ C - moderate penetration (liquid/solid-nonpolar)
- +++ D - high penetration (gas/liquid-nonpolar)

Systemic Potency

- E - slight hazard - $LD_{50} = 500-15,000$ mg/kg
lethal dose for 70 kg man = 1 pint-1 quart
- F - moderate hazard - $LD_{50} = 50-500$ mg/kg
lethal dose for 70 kg man = 1 ounce-1 pint
- G - extreme hazard - $LD_{50} = 10-50$ mg/kg
lethal dose for 70 kg/man = drops to 20 ml

Local Potency

- H - slight - reddening of skin
- I - moderate - irritation/inflammation of skin
- J - extreme - tissue destruction/necrosis

l. Acute Exposure Symptoms

- A - abdominal pain
- B - central nervous system depression
- C - comatose
- D - convulsions
- E - confusion
- F - dizziness
- G - diarrhea
- H - drowsiness
- I - eye irritation
- J - fever
- K - headache
- L - nausea
- M - respiratory system irritation
- N - skin irritation
- O - tremors
- P - unconsciousness
- Q - vomiting
- R - weakness

HAZARDOUS PROPERTY INFORMATION
EXPLANATIONS AND FOOTNOTES

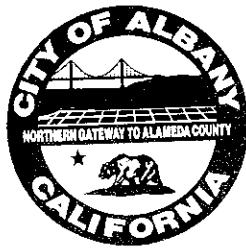
Water solubility is expressed in different terms in different references. Many references use the term "insoluble" for materials that will not readily mix with water, such as gasoline. However, most of these materials are water soluble at the part per million or part per billion level. Gasoline, for example, is insoluble in the gross sense, and will be found as a discreet layer on top of the ground water. But certain gasoline constituents, such as benzene, toluene, and xylene will also be found in solution in the ground water at the part per million of part per billion level.

- a. Water solubility expressed as 0.2g means 0.2 grams per 100 grams water at 20°C.
- b. Solubility of metals depends on the compound in which they are present.
- c. Several chlorinated hydrocarbons exhibit no flash point in conventional sense, but will burn in presence of high energy ignition source or will form explosive mixtures at temperatures above 200°F.
- d. Practically non-flammable under standard conditions.
- e. Expressed as mm Hg under standard conditions.
- f. Explosive concentrations of airborne dust can occur in confined areas.
- g. Values for Threshold Limit Value-Time Weighted Average (TLV-TWA) are OSHA Permissible Exposure Limits except where noted in h and i.
- h. TLV-TWA adopted by the American Conference of Governmental Industrial Hygienists, which is lower than the OSHA PEL.
- i. TLV-TWA recommended by the national Institute for Occupational Safety and Health (NIOSH). A TLV or PEL has not been adopted by ACGIH or OSHA.
- j.
 - A - corrosive
 - B - flammable
 - C - toxic
 - D - volatile
 - E - reactive
 - F - radioactive
 - G - carcinogen
 - H - infectious

SAFETY AND HEALTH COMPLIANCE PROCESS

Disciplinary measures are progressive and involve four steps:

1. Should a safety and health violation be noted, the supervisor is to informally discuss the behavior with the employee, stating the potential dangerous result and outlining the correct procedure, then retrain the employee to ensure understanding.
2. A second violation should generate either a formal verbal warning or a written warning to the employee, depending on the severity.
3. The third infraction results in a formal written warning or suspension of the employee.
4. A fourth violation may lead to employee termination.



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