

FOSS

ENVIRONMENTAL &
INFRASTRUCTURE

Always Ready

8-2-99

Wayne Milani
Pacific Shops Inc.
1815 Clement Ave.
Alameda, Ca. 94501

RE: Closure Report - Pacific Shops Inc.
1851 Clement Ave. Alameda, California
Foss Environmental Services Inc. Project No. A9190

Mr. Milani:

Foss Environmental Services is pleased to prepare this tank closure report for Pacific Shops Inc. Alameda Marina site located at 1851 Clement avenue in Alameda California (See location map, Figure 1).

This closure report documents the removal activities associated with the closure by removal of two each 1000 gallon double wall steel with fiberglass coating underground fuel storage tanks and associated piping. Prior to removal activities, Foss Environmental Services (FEIS) staff performed the acquisition of required permits through Alameda county health department, and the City of Alameda permit office for a fire permit. FEIS performed underground utilities locate and Cal OSHA excavation notifications. Copies of the permits, notices, and state forms A and B are included in Appendix A.

On 12 July 1999 FEIS staff was on site to prepare the underground tanks for excavation and subsequent removal by evacuating the remaining product from the tanks and disconnecting the power supply to the system. One of the tanks last contained unleaded gasoline, tank number 1B and the second tank number 1C last contained diesel fuel. The tank system was observed to be constructed of double walled steel tanks with overfill protection on the tank fill port. No containment of the in-tank turbine pumps or pipe system was observed. The secondary containment spaces of the tanks were monitored by an electronic monitor system. The fill material surrounding the tanks was clean import sand, although the soil surrounding the tank pit was observed to have some debris as wood and concrete.

FEIS staff pumped approximately 500 gallons of fuel and water from the gasoline and diesel tanks and associated pipelines. The fuel/ water from rinsing the tanks was placed into 55- gallon drums. The tanks and associated lines were then triple rinsed with water and the resulting rinsate placed into drums for transport and recycling at De Meno/ Kerdoon (D/K) located in Compton California.

One drum of solid waste from cleaning supplies and the dispenser hoses was transported and disposed of at D/K Environmental located in Los Angeles California. Copies of the Uniform Hazardous Waste Manifest (No. 00143279,99143278) are included in Appendix B. FEIS staff demolished and removed the concrete slab overlying the tanks

On 13 July 1999 FEIS staff was onsite to perform the excavation and removal of the two underground fuel tanks. A backhoe was used to load the demolished slab of concrete which was then transported to Specialty Crushing located in Emeryville California for recycling as aggregate product. The tanks were then

1605 Ferry Point ■ Alameda, CA 94501

Phone 510.749.1390 ■ 24-HR Hotline 1 800 FE SPILL ■ Fax 510.749.1391

excavated to expose for removal; the excavated sandy material was placed onto 10-mil plastic sheeting. Approximately 50 pounds of dry ice were placed into each tank to purge the atmosphere. The product lines were then cut and grouted.

On 14 July 1999 FEIS staff was onsite to inert the tanks prior to removal placing an additional 50 pounds of dry ice into each tank and then tested for LEL and oxygen content. Upon verification of acceptable LEL and oxygen levels by Alameda County Environmental Health Services inspector Mr. Robert Weston and City of Alameda Fire Department inspector Mr. Michael Edwards, the tanks were removed from the excavation. No holes or other obvious defects in the tank exterior walls were detected by visual inspection. The tanks were placed onto a flatbed truck and transported from the site by FEIS for disposal at the ECI facility in Richmond California. A copy of the Uniform Hazardous Waste Manifest (No. 99143274) is included in appendix C.

Upon removal of the tanks, the sand backfill material was excavated, and placed onto the stockpile of excavated material, to a depth of 8 feet below grade. Samples of the soil from the tank pit were obtained from the south sidewall of the excavation at 7.5 feet below grade (sample GS-1) and the north sidewall at 8 feet below grade (sample GS-2). A sample of the water in the tank pit was obtained from a location approximately center of the pit at 8 feet below grade (sample GW-1).

Four individual grab samples were recovered from the stockpiled soil and then made into a homogenized four point composite sample at the laboratory (sample SP-1,2,3,4) The location of the initial samples are shown on the sample location map, Figure 2. The stockpiled material was covered and fenced along with the excavation upon leaving the site. The three soil samples and a water sample were transported under chain of custody by a courier to Chromalabs Inc. in Pleasanton California. The recovered samples GS-1, GS-2, GW-1, SP-1,2,3,4 were analyzed for total petroleum hydrocarbons as diesel (TPHd) by EPA methods 3510/8015 and 3550/8015. For the fuel components by EPA method 5030 for benzene, toluene, ethyl benzene, xylenes, (BTEX) Sample GW-1 was analyzed for benzene by EPA method 602, and for the fuel additive methyl tert-butyl Ether (MTBE) by EPA method 8020 for total organic lead.

The results of the analytical testing indicated that soil samples GS-1, taken from the floor of the tank pit contained no detectable levels TPHd, gas BTEX, or lead. The results of laboratory analysis for soil sample GS-2 indicated no detectable levels of TPHd, or lead. The analysis indicates that sample GS-2 taken from the tank pit floor, contained detectable levels of gas and BTEX as benzene 26ug/kg, toluene 930ug/kg, ethyl benzene 88ug/kg, xylene 99ug/kg, methyl tert-butyl ether 12ug/kg, gasoline 2.7ug/kg.

Laboratory analysis for soil sample SP1,2,3,4 indicated that no detectable levels of lead or gasoline or BTEX were reported. The results of the analysis indicated that sample SP1,2,3,4 contained detectable levels of TPHd as 18 mg/kg.

Laboratory analysis of water sample GW-1 taken from the water in the bottom of the tank pit indicated that detectable levels of gasoline or BTEX as benzene 3.2ug/L, toluene 13ug/L, ethyl benzene 2.1ug/L, xylene 14ug/L, methyl tert-butyl ether 27ug/L, gasoline 0.1mg/L and TPHd as diesel 8400ug/L and lead 0.39mg/L. The results of the laboratory analysis are contained in Appendix D.

The results of the laboratory analysis were submitted to Mr. Robert Weston of the Alameda County Environmental Health Services. Mr. Weston referred the laboratory results to associate Juliet Shin.

Upon review of the analytical results by Ms. Shin, it was determined by her that additional analysis of the water in the tank pit and the adjoining bay water was to be performed. Additionally the soil excavated from the tank pit not be used as backfill for the excavation.

On 23 July FEIS staff met on site with Juliet Shin and Wayne Milani to perform sample recovery of water from the tank pit and the bay water. A backhoe was used to deepen tank pit excavation at the center to allow water to collect prior to recovery of a water sample. FEIS staff used a disposable bailer to recover a sample of the water that had collected on the tank pit. The sample identified as GWB2 was placed into a

single liter container and a single VOA container. A grab sample of the adjoining bay water identified as BWA1 was collected and placed into a single liter container and a single VOA container. The samples were placed on ice and transported under chain of custody to the Analytical Sciences laboratory located in Petaluma California.

The water samples were analyzed for TPHg, BTEX, and TPHd. The results of the laboratory analysis indicate that the sample of the bay water BWA1 contained no detectable limits of TPHg, BETEX, or TPHd. The laboratory analysis indicates that the water sample GWB2 was non detect for TPHg, MTBE, benzene, and contained levels of toluene 2.9ug/L, ethyl benzene 0.80ug/L, xylenes .4ug/L, diesel 160ug/L. The results of the analytical data and the chain of custody are contained in Appendix E. Analytical results indicate that the levels of fuel constituents detected are below the Salt Water Ecological Protection Zone (SEPZ) levels.

The results of the laboratory analysis were submitted to Ms. Julia Shin for review and comment on 24 July 1999. On 28 July Ms. Shin gave verbal Authorization via telephone to backfill the tank pit excavation.

On 29 July 1999 FEIS staff was onsite to load and transport the stockpiled soil from the site to the Redwood land fill a class 3 facility in Novato California. Prior to acceptance for disposal, the profile analysis of the stockpiled material was submitted and approved by Redwood Landfill. The soil estimated as 45-50 cubic yards was loaded into end dump trucks for transport to the disposal facility as non-hazardous soil material under a straight bill of lading referencing the facility acceptance number 409PC. Copies of the bill of lading are contained in Appendix F.

On 29 July 1999 FEIS staff was on site to perform the backfill of the tank pit. Clean import fill sand was delivered to the site from Tidewater Sand and Gravel Company. The import fill was placed in 1-foot lifts and compacted with a vibratory plate compactor to within 1 foot of finished grade. At 1 foot below finished grade, six to eight inches of class 2 road base was placed and compacted to provide a base for the concrete paving. The surface was replaced and finished to match existing grade.

Based on the results of the confirmatory sample analysis, FEIS feels that additional work at this site is not warranted. A copy of this report should be submitted to the Alameda County Health Department c/o Juliet Shin, Hazardous Materials Specialist.

The opportunity to prepare this report is greatly appreciated. If you have any questions please feel free to contact the undersigned.

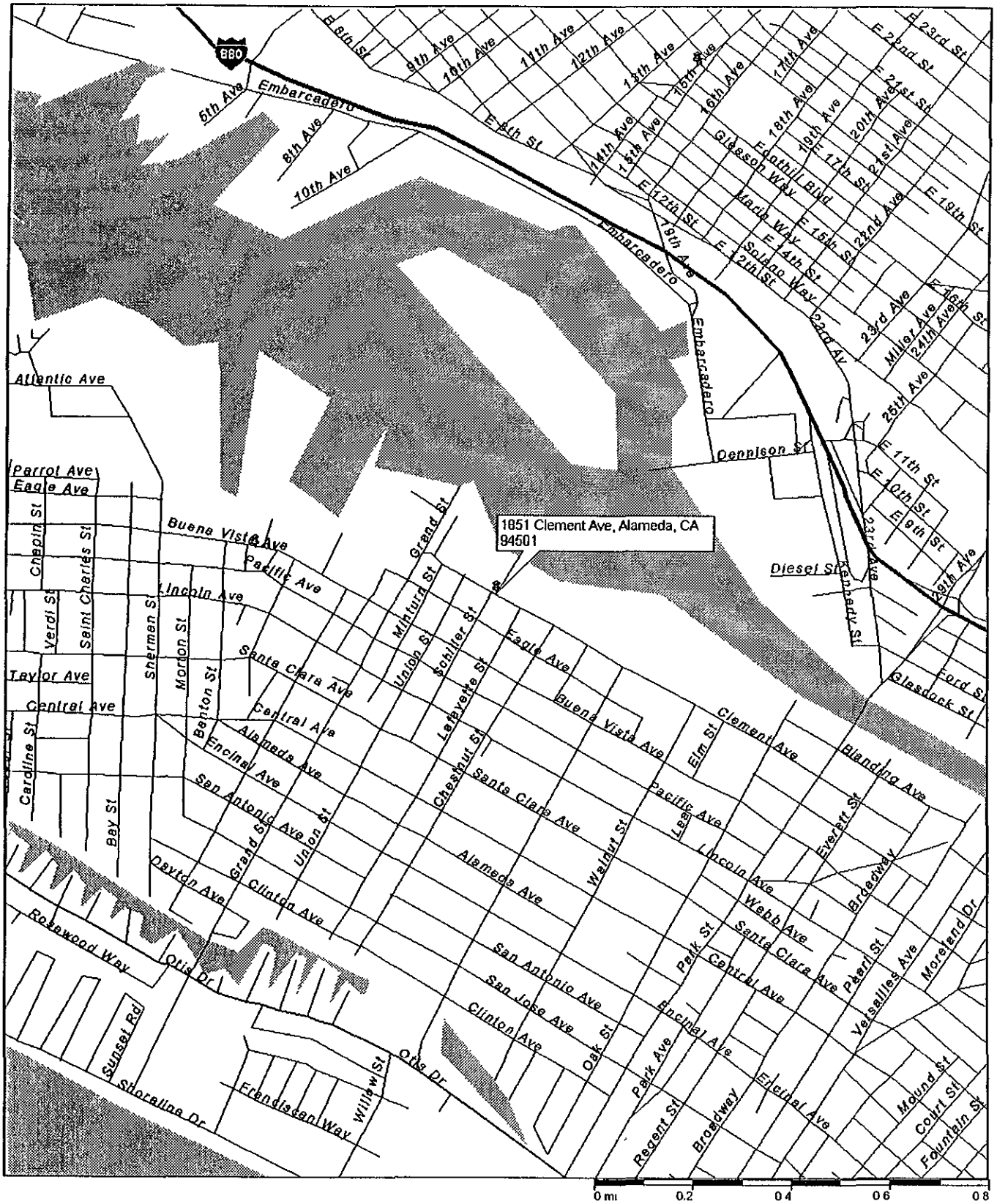
Sincerely,

Foss Environmental and Infrastructure Services Inc.



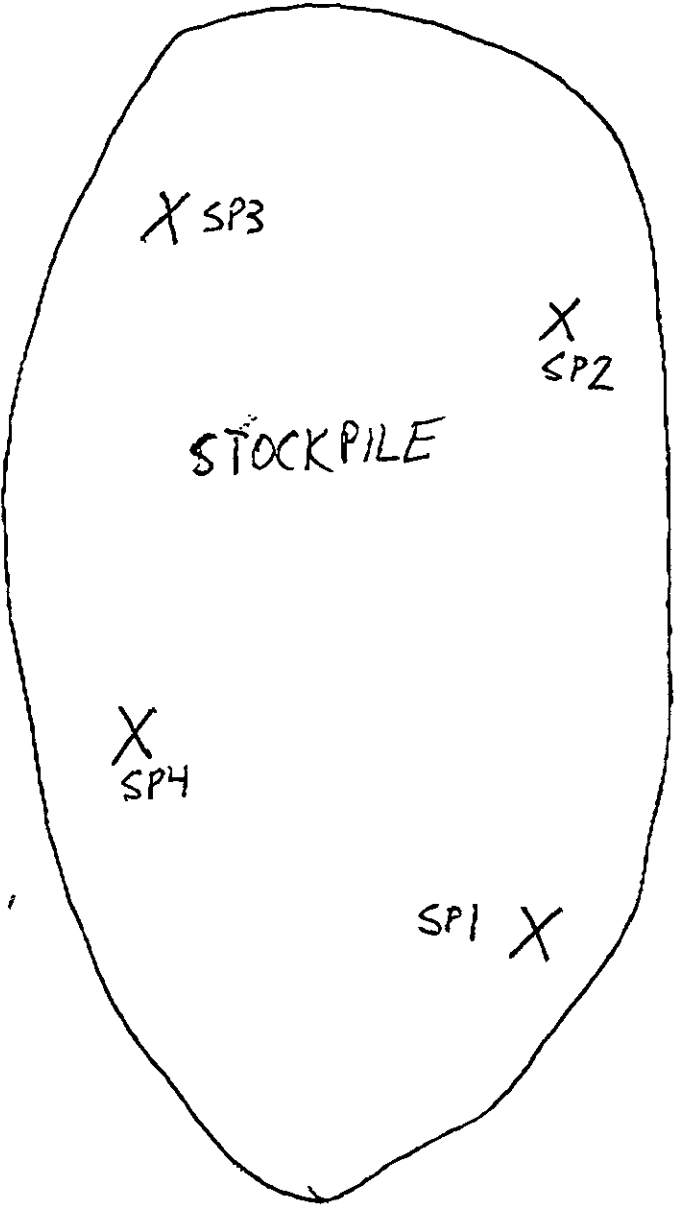
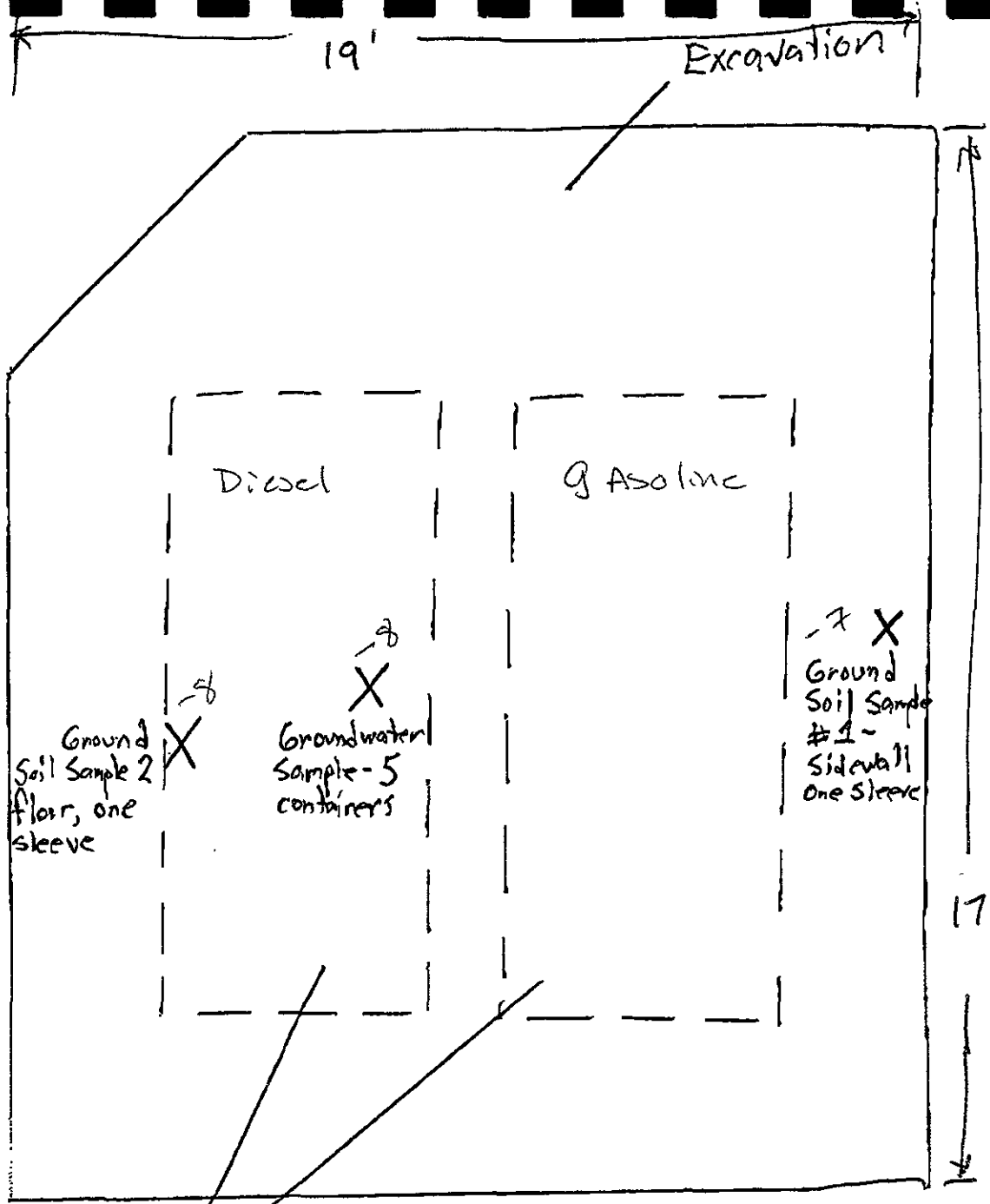
Mark Williams
Project Manager
REA #4183

FIGURE 1



Site Location Map
 1851 Clement Ave.
 Alameda, CA 94501

FIGURE 2



Previous location of UST's

PARKING LOT
↓

APPENDIX A

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 ENVIRONMENTAL HEALTH SERVICES
 1131 HARBOR BAY PARKWAY, RM 250
 ALAMEDA, CA 94502-6577
 PHONE # 510/567-6700

JOB SITE COPY

JUN 22 1999

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/renovation.

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 the Department and to the Fire and Building Inspectors Department to determine if such changes meet the requirements of State and local laws. Notify the 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:

ROBERT WESTON

SEE COMMENTS IN RED INK

UNDERGROUND TANK CLOSURE PLAN

* * * Complete plan according to attached instructions * * *

1. Name of Business Pacific Shops INC DBA Alameda Marina
 Business Owner or Contact Person (PRINT) WAYNE MILAWI
2. Site Address 1815 clement
 City Alameda Zip 94501 Phone 510 521-1133
3. Mailing Address 1815 clement
 City ALAMEDA Zip 94501 Phone 510 521-1133
4. Property Owner Pacific Shops
 Business Name (if applicable) Alameda Marina
 Address 1815 clement
 City, State Alameda Zip 94501
5. Generator name under which tank will be manifested
Svenson's Marina

US EPA ID# under which tank will be manifested CA 4000004409

Fire Department must witness removal of all Under-ground Tanks, and all State and County Requirements must be met.

By [Signature] Date 6/29/99

6. Contractor FOSS ENVIRONMENTAL
Address 1605 Ferry Point
City ALAMEDA CA Phone 510-749-1390
License Type A HAZ ID# 716581 A/7579
7. Consultant (if applicable) N-A
Address _____
City, State _____ Phone _____
8. Main Contact Person for Investigation (if applicable)
Name N-A Title _____
Company _____
Phone _____
9. Number of underground tanks being closed with this plan 2
Length of piping being removed under this plan APPROX 60 feet
Total number of underground tanks at this facility (**confirmed with owner or operator) 2
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 FOSS ENVIRONMENTAL EPA I.D. No. CAL000030114
Hauler License No. 3233 License Exp. Date JUNE 30, 99
Address 1605 Ferry Point
City ALAMEDA State CA Zip 94501

b) Product/Residual Sludge/Rinsate Disposal Site

Name SEAPORT Petroleum EPA ID# CAL 000032058
Address 675 SEAPORT Blvd Port of Redwood city
City REDWOOD city State CA Zip 94063

c) Tank and Piping Transporter

Name FOSS ENVIRONMENTAL EPA I.D. No. CA R000030114
Hauler License No. 3233 License Exp. Date 6-30-99
Address 1605 FERRY POINT
City ALAMEDA State CA Zip 94501

d) Tank and Piping Disposal Site

Name ECT EPA I.D. No. CA D009466392
Address 255 PARR BLVD
City RICHMOND State CA Zip 94801

11. Sample Collector

Name DAVE SADOFF
Company ENVIRONMENTAL BIO SYSTEMS
Address PO BOX 7171
City SAN JOSE State CA Zip 95150 Phone 510 317-1455

12. Laboratory

Name CHROMALAB, INC
Address 1220 QUARRY LANE
City PLEASANTON State CA Zip 94566-4756
State Certification No. 1094

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:

TANKS WILL BE PUMPED OUT AND INTERTED
WITH 25 LB DRY ICE IN EACH TANK. LEL/O2
METER WILL BE USED TO TEST TANK INTERIOR ATMOSPHERE.

Before tanks are pumped out and inerted, all associated piping must be flushed back into the tank(s). All accessible piping must then be removed. Inaccessible piping must be permanently plugged using grout.

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 have a functional combustible gas indicator on-site to verify that the tank(s) is inerted.

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)		
TANK 1 B	Installed 1986 in June in service until December 15 1998 gasoline storage	soil under tank 2 feet into native <u>GROUND WATER</u> IF PRESENT	2 feet into native at fill end of tank + OPPOSITE END
TANK 1 C	Installed 1986 in June in service until December 15 1998 Diesel storage	soil under tank 2 feet into native	2 feet into native at fill end of tank + OPPOSITE END

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) 20 cubic yards	Sampling Plan 4 Point composite Homog. wized

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 this office. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling activities.

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
<p>GAS DIESEL BTEX MTBE</p>	<p>SEE TABLE II FOR METHODS</p>		

18. Submit Worker's Compensation Certificate copy

Name of Insurer Willis Corroon Corporation of Seattle

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

20. Enclose Deposit (See Instructions)

21. Report all 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 FOSS ENVIRONMENTAL

Name of Individual MARK WILLIAMS

Signature [Signature] Date 6-16-99

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Svenson's Marine / PACIFIC SHOPS, INC

Name of Individual Sven SWENSON

Signature [Signature] Date 16 June 1999

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TOTAL LEAD AA	
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	G C F I D (3 5 1 0)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E	8260	CL HC AND BTX&E	8260
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TPH and BTX&E	8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E	8260		
	O & G	5520 D & F	O & G	5520 B & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni			
	METHOD 8270 FOR SOIL OR WATER TO DETECT:			
	PCB*		PCB	
	PCP*		PCP	
	PNA		PNA	
	CREOSOTE		CREOSOTE	

MTBE

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractable, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

10 August 1990

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

ACORD CERTIFICATE OF LIABILITY INSURANCE PAGE 1 OF 1

DATE (MM/DD/YY)
22-SEP-1998

PRODUCER
Willis Corroon Corporation of Seattle
P. O. Box 34201
701 Fifth Avenue
4200 Columbia Center
Seattle WA 98124
(206) 385-7400
Julie Dulles

57041

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 **A** Zurich Insurance Company
- COMPANY **B** American Guarantee & Liability Ins. Co.
- COMPANY **C** Steadfast Insurance Company
- COMPANY **D**

INSURED

Foss Environmental Services Company
1605 Ferry Point
Alameda CA 94501

COVERAGES REPORTED AS OF 01-OCT-1998

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 LTR	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 type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	GLO804568405	01-OCT-1998	01-OCT-1999	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000								
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90 Filing	BAP804568504	01-OCT-1998	01-OCT-1999	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$								
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$								
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC365504802	01-JUL-1998	01-JUL-1999	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>EL DISEASE-POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>EL DISEASE-EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	EL EACH ACCIDENT	\$ 1,000,000	EL DISEASE-POLICY LIMIT	\$ 1,000,000	EL DISEASE-EA EMPLOYEE	\$ 1,000,000
WC STATU-TORY LIMITS	OTH-ER												
EL EACH ACCIDENT	\$ 1,000,000												
EL DISEASE-POLICY LIMIT	\$ 1,000,000												
EL DISEASE-EA EMPLOYEE	\$ 1,000,000												
C	OTHER CONTRACTOR'S POLLUTION AND ERRORS & OMISSIONS	PEC804568304	01-OCT-1998	01-OCT-1999	\$1,000,000 EACH INCIDENT \$1,000,000 TOTAL ALL INCIDENTS								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
RE: Evidence of Insurance

CERTIFICATE HOLDER

To Whom it may concern
 c/o Foss Environmental
 1605 Ferry Point
 Alameda CA 94501

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

Stanley K...

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 type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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	

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

DBA OR FACILITY NAME <i>Svensens Boat Works</i>		NAME OF OPERATOR <i>Svensens Boat Works</i>		
ADDRESS <i>1851 Clement</i>		NEAREST CROSS STREET <i>GRAUD</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Alameda</i>		STATE <i>CA</i>	ZIP CODE <i>94501</i>	SITE PHONE # WITH AREA CODE <i>510</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST				
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 <i>2</i>	E. P. A. I. D. # (optional) <i>CAL 00000 4409</i>	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>McLANE WAYNE</i>		PHONE # WITH AREA CODE <i>510-521-1133</i>		DAYS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>Pacific Shops</i>		CARE OF ADDRESS INFORMATION <i>WAYNE MILANI</i>		
MAILING OR STREET ADDRESS <i>1815 Clement</i>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <i>Alameda</i>		STATE <i>CA</i>	ZIP CODE <i>94501</i>	PHONE # WITH AREA CODE <i>510 521-1133</i>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Pacific Shops INC</i>		CARE OF ADDRESS INFORMATION <i>WAYNE MILANI</i>		
MAILING OR STREET ADDRESS <i>1815 Clement St</i>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <i>Alameda</i>		STATE <i>CA</i>	ZIP CODE <i>94501</i>	PHONE # WITH AREA CODE <i>510 521-1133</i>

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TY (TK) HQ 44-035592

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED

<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input checked="" type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOVT. MECHANISM	<input type="checkbox"/> 99 OTHER			

VI. 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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <i>Pacific Shops Inc. by Wayne Milani</i>	TANK OWNER'S TITLE <i>Vice President</i>	DATE MONTH/DAY/YEAR <i>16 June 1999</i>
--	---	--

LOCAL AGENCY USE ONLY

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

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

OWNER MUST 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 B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Alameda Marina

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>1C</u>	B. MANUFACTURED BY: <u>PERILMS</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>6-86</u>	D. TANK CAPACITY IN GALLONS: <u>1000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input checked="" type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input type="checkbox"/> 6 AVIATION GAS
			<input type="checkbox"/> 7 METHANOL
			<input type="checkbox"/> 8 M85
			<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			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 checked="" 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 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 checked="" type="checkbox"/> 6 UNLINED	<input 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 checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input checked="" type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) <u>86</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	
	DROPP 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	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input checked="" 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 type="checkbox"/> 99 OTHER

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 checked="" type="checkbox"/> 6 ANNUAL TANK TESTING
<input checked="" 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 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 <input type="checkbox"/> NO <input type="checkbox"/>

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) <u>PACIFIC SHOPS, INC</u> <u>by [Signature]</u>	DATE <u>16 June 99</u>
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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 B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM

<input type="checkbox"/> 1 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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Alameda Marina

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>1B</u>	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS:

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input 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 checked="" 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 checked="" 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			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 checked="" 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 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 checked="" type="checkbox"/> 6 UNLINED	<input 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 checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input checked="" type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) <u>86</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	
	DROP TUBE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		STRIKER PLATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			DISPENSER CONTAINMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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

A. SYSTEM TYPE	A U 1 SUCTION	<u>A U</u> 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	<u>A U</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	
	<u>A U</u> 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input checked="" 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 type="checkbox"/> 99 OTHER	

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 checked="" type="checkbox"/> 6 ANNUAL TANK TESTING
<input checked="" 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 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 <input type="checkbox"/> NO <input type="checkbox"/>
---	--	--

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) Acetic Shops, Inc DATE 16 June 1999

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



ENVIRONMENTAL & INFRASTRUCTURE

Always Ready

Site - Specific Health & Safety Plan

Job # A9190

Customer: Pacific Shops INC.

Date: 6-17-99

Business Type (Industry): Marina / Boat Yard

I. Site Information

Address: 1815 Clement St Alameda CA 94501

Contact: WAYNE MILANI Title: HARBOR MASTER Phone: 510 521-1133

II. Emergency Contacts

Regional Foss Office: 510 749-1390

Spill/Release Contact: MARK WILLIAMS

Customer Contact: Name: WAYNE MILANI Phone: 510 521-1133

Nearest Medical Center (Emergency) Telephone & Address: Alameda General

2070 Clinton Ave, Alameda (510) 522-3700

III. Project Summary

Description of Material(s) (Proper shipping name): Diesel fuel #2 / Gasoline

Is the MSDS readily available? No Yes (If so, please attach)

Scope of Work (Check all that apply):

- | | | | |
|-------------------------------------|------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Labpacking | <input type="checkbox"/> Haz. Cat. | <input type="checkbox"/> Overpacking | <input type="checkbox"/> Bulking |
| <input type="checkbox"/> Repacking | <input type="checkbox"/> Sampling | <input type="checkbox"/> T & D | <input type="checkbox"/> ER |

Other UST Removal

Site Hazards (Check all that apply): *- Requires H & S Officer Review

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Corrosive | <input checked="" type="checkbox"/> Flammable | <input type="checkbox"/> Sharps | <input type="checkbox"/> Reactive |
| <input type="checkbox"/> Poor Lighting | <input type="checkbox"/> Poor Ventilation | <input type="checkbox"/> Cold | <input type="checkbox"/> Heat |
| <input type="checkbox"/> Biohazard* | <input type="checkbox"/> Oxygen Deficient* | <input type="checkbox"/> Confined Space* | <input type="checkbox"/> Radioactivity* |
| <input type="checkbox"/> Carcinogens* | <input type="checkbox"/> Explosives* | <input type="checkbox"/> Noise | <input checked="" type="checkbox"/> Electrical |

Other (list) YARD TRAFFIC AND EXCAVATION ACTIVITIES

Site Hazards (Continued):

Exposure Limits: 3000 PPM = IDLH:

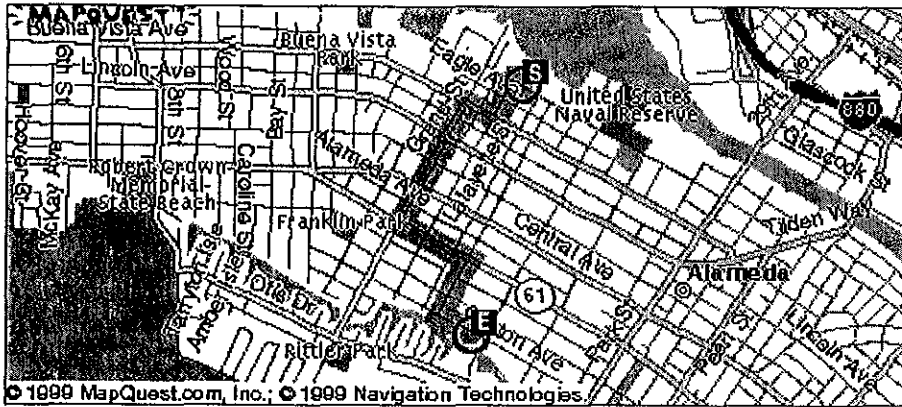
Yes

No



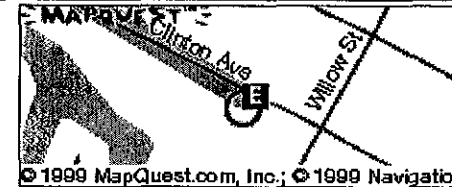
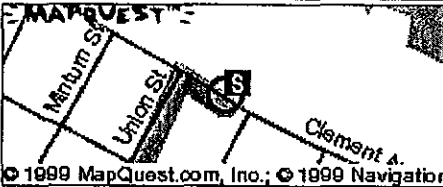
Door to Door Directions

use subject to license/copyright



Tip: You may click on any map to use interactive mapping features.

Sponsors



Start:
1815 Clement St.
Alameda, CA 95401

Destination:
2070 Clinton Ave
Alameda, CA

Directions	Distance
1: Start out going Northwest on CLEMENT AVE towards UNION ST.	0.0 miles (0.1 km)
2: Turn LEFT onto UNION ST.	0.1 miles (0.2 km)
3: Turn RIGHT onto BUENA VISTA AVE.	0.1 miles (0.2 km)
4: Turn LEFT onto GRAND ST.	0.5 miles (0.7 km)
5: Turn LEFT onto ENCINAL AVE/SR-61.	0.3 miles (0.4 km)
6: Turn RIGHT onto CHESTNUT ST.	0.2 miles (0.3 km)
7: Turn LEFT onto CLINTON AVE.	0.1 miles (0.2 km)
Total Distance:	1.3 miles (2.1 km)
Estimated Time:	4 minutes



Locations Along the Way (for Door-to-Door directions only)

Show Me: Denny's Restaurants Holiday Inns within miles of my route

Change Display Type:

Overview Map with Text Turn-by-Turn Maps with Text Text Only

[Redisplay Results](#)

Printable Map
For best printing
results click here

Reverse Route
Flip starting and
ending addresses

Calculate New
Directions

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These directions are informational only. No representation is made or warranty given as to their

5 PPM ppm (TWA unless otherwise noted)

Toxicity by:

- | | | | |
|--|--|--|---------------------------------|
| <input checked="" type="checkbox"/> Inhalation Hazard | <input type="checkbox"/> Slight | <input checked="" type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| <input checked="" type="checkbox"/> Ingestion Hazard | <input checked="" type="checkbox"/> Slight | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| <input checked="" type="checkbox"/> Skin Absorption Hazard | <input type="checkbox"/> Slight | <input checked="" type="checkbox"/> Moderate | <input type="checkbox"/> Severe |

Training Requirements:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Site Orientation | <input checked="" type="checkbox"/> Hazard Communication | <input checked="" type="checkbox"/> Evacuation Procedure |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Confined Space | |
| <input checked="" type="checkbox"/> Other <u>DAILY site safety meeting Before work starts</u> | | |

Work Plan: Remove Residual Fuel from tanks and product lines
flush lines with water, All work over water will require
containment. Breakout concrete tank slab, secure power feed
excavate to expose tanks disconnect lines. inert tanks
prior to removal. Lift tanks from excavation, inspect
photograph, document site conditions, TRANS PORT & dispose
under manifest tanks to ECI facility. Recover samples
Remove pipe runs, sample under pipe runs. Secure
site pending sample analysis results

IV. Safety Control

Safety Equipment Required:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Fixed Eyewash / Shower | <input type="checkbox"/> Portable Eyewash / Shower | <input checked="" type="checkbox"/> First Aid Kit | <input checked="" type="checkbox"/> Spill Kit |
| <input type="checkbox"/> Decon Supplies | <input checked="" type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Non-Sparking Tools | <input type="checkbox"/> Drum Dolly |
| <input type="checkbox"/> Bonding Clips / Grounds / Wires | <input type="checkbox"/> Barrier Shields | <input checked="" type="checkbox"/> Caution Tape | <input checked="" type="checkbox"/> Cones |
| <input type="checkbox"/> Specific Hazard Warning Signs | <input type="checkbox"/> Portable Hood | <input type="checkbox"/> Portable Lights | <input type="checkbox"/> Pallet Jack |

PPE: Level A Level B Level C Level D

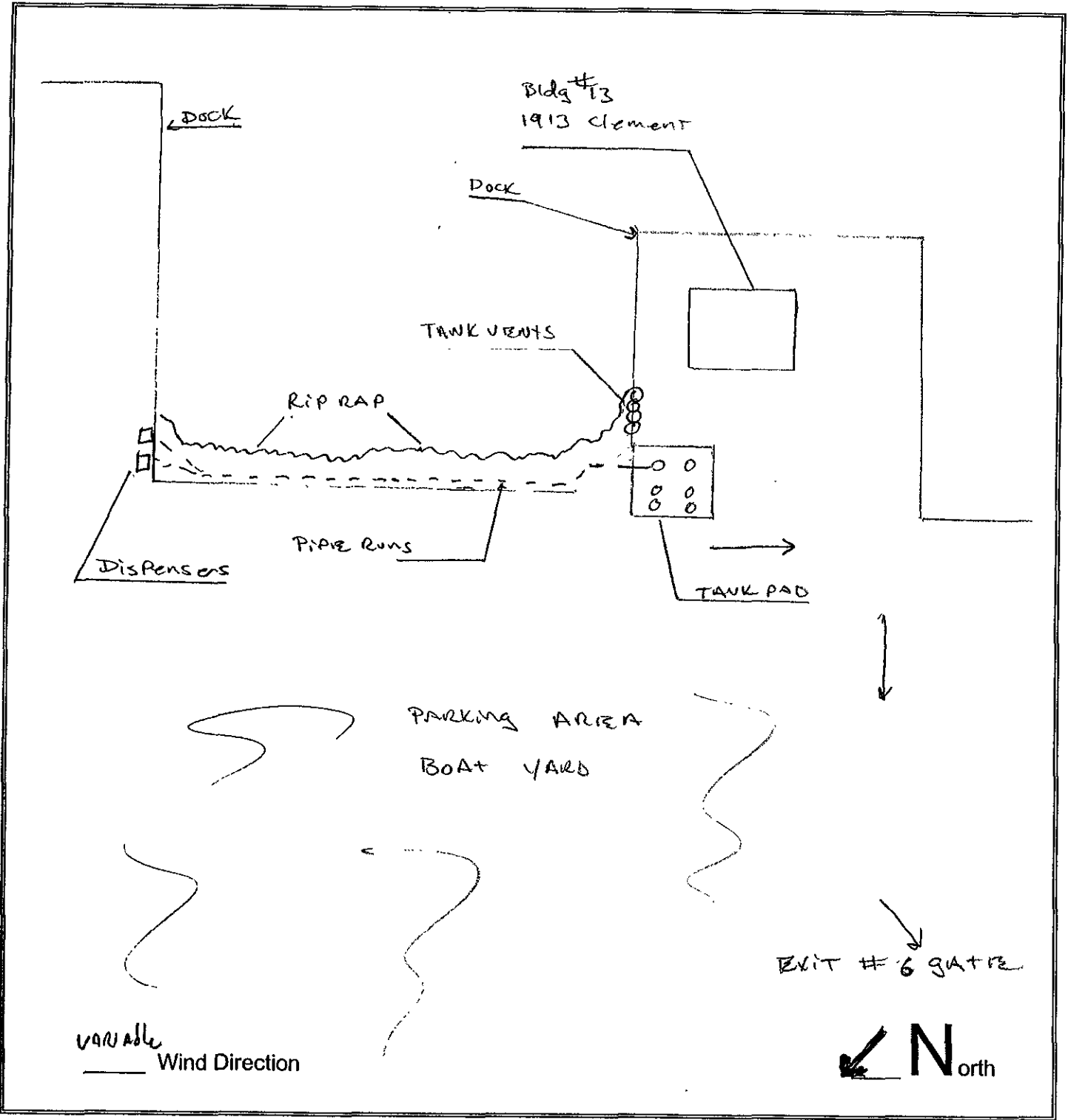
Other Perimeter fence for open excavation, containment boom around
over water work area

Standard Safety Equipment required on all jobs includes Foss Coveralls (or like), Hard Hat, Safety Shoes & Safety Glasses with side shields.

V. Site Diagram:

Sketch the work area or attach a schematic drawing. Please include the following:

- ◆ Evacuation Route
- ◆ Exits / Alarms
- ◆ Telephone
- ◆ Eyewash / Shower
- ◆ Exclusion zone
- ◆ Decontamination Zone
- ◆ Support Zone
- ◆ Fire Extinguisher



VI. Approvals

H & S Officer review needed for this plan (See section 3):

Yes No

H & S Officer Signature *[Signature]*

Date 6-18-99

Permit #: F99-0031

CITY OF ALAMEDA

Inspection Hard Card

Issued: _____

Expires: 7-6-00

Address: 1913 CLEMENT AVE

Contractor: _____

Applicant: FOSS ENVIRONMENTAL

Description: REMOVE 2 UNDERGROUND TANKS

Foundations: _____ Sheetrock/ Interior Lath: _____

Ground Plumbing: _____ (Required before taping or plastering)

Exterior Lath: _____

Rough Electric: _____ (Required before Stucco)

Design Review: (YES) _____ (NO) _____ BY _____

Rough Plumbing: _____ Final Gas Test: _____

Rough Heating and Ventilation: _____ Kelly Test: _____

Sub Floor: _____ Sewer Repair / Replacement: _____

Final Electric: _____

Frame: _____ Final Fire Department: _____

Insulation: _____ Final - Plumbing: _____

*** Comments *** Certificate Final - Heating & Ventilation: _____

Final - Building: _____

Do not occupy structure until Certification of Occupancy has been issued. For Certificate of Occupancy to be issued, a copy of the hard card with all Finals needs to be filed with the Building Services Office, Room 190, City Hall, Alameda, CA.

**** SMOKE DETECTORS REQUIRED -- U.B.C. Section 1210 ****

"When alterations, repairs or additions are made to an existing residence and the valuation of the improvements exceed \$1,000.00, the entire building shall be provided with smoke detectors as required for new residences."

Building: 748-4564 (8:00-10:00 a.m.)
Plumbing & Mechanical: 748-4563 (8:00-10:00 a.m.)
Fire: 749-5885

INSPECTIONS - CALL

Electrical: 748-4634 (8:00-10:00a.m.)
Design Review: 748-4554

2263 Santa Clara Ave
Alameda, CA 94501

CITY OF ALAMEDA

Building Division

(510) 748-4530
Fax (510) 748-4548

Printed: 06-25-1999

Fire Department

Permit #

F99-0031

Applicant
FOSS ENVIRONMENTAL
1605 FERRY POINT
ALAMEDA, CA
94501
510-749-1390

Contractor Information

Owner Information
PACIFIC SHOPS INC
1815 CLEMENT AV
ALAMEDA CA

94501

Project Information

FIRE - Fire Department - PENDING
Sub-Type:

Applied: 6/25/1999
Finaled:

Issued:
Expires:
Valuation: **\$11,000.00**

Job Address: 1913 CLEMENT AVE
Suite / Unit:
Work Description: REMOVE 2 UNDERGROUND TANKS

Parcel Number: 071 028800102

INSPECTIONS

Building: 748-4564 (8:00-10:00 a.m.)
Plumbing & Mechanical: 748-4563 (8:00-10:00 a.m.)

Electrical: 748-4634 (8:00-10:00a.m.)
Fire: 749-5885
Design Review: 748-4554

Total Fees: \$465.20
Total Payments: \$457.20
BALANCE DUE \$8.00

Payments Made: 6/25/1999 10:12 AM
Total Payment: **\$457.20**

RECEIPT

Receipt #: R99003210

Payee: FOSS ENVIRONMENTAL SERVICES CO

Current Payment Made to the Following Items:

Account Code	Description	Amount
4520-37450 (1050)	Permit Filing Fees	19.10
98512-37260 (6200)	Fire Department Fees	433.20
99409-37900 (1464)	Microfiche / Scanning	4.90

Payments Made for this Receipt:

Type	Method	Description	Amount
Payment	Check	1224	457.20

Account Summary for Fees and Payments:

Item#	Description	Account Code	Tot Fee	Paid	Prev. Pmts	Cur. Pmts
250	Permit Filing Fees	4520-37450 (1050)	19.10	19.10	.00	19.10
530	Fire Department Fees	98512-37260 (6200)	433.20	433.20	.00	433.20
620	Microfiche / Scanning	99409-37900 (1464)	12.90	4.90	.00	4.90

Payments Made to the Following Permits:

2263 Santa Clara Ave
Alameda, CA 94501

CITY OF ALAMEDA

Building Division

(510) 748-4530
Fax (510) 748-4548

Printed: 07-06-1999

Fire Department

Permit #

F99-0031

Applicant
FOSS ENVIRONMENTAL
1605 FERRY POINT
ALAMEDA, CA
94501
510-749-1390

Contractor Information
FOSS ENVIRONMENTAL SRV.
1605 FERRY POINT
ALAMEDA, CA
94501

Owner Information
PACIFIC SHOPS INC
1815 CLEMENT AV
ALAMEDA CA
94501

Project Information

FIRE - Fire Department - **APPROVED**
Sub-Type:

Applied: **6/25/1999**
Finaled:

Issued: **7/6/1999**
Expires: **7/5/2000**
Valuation: **\$11,000.00**

Job Address: **1913 CLEMENT AVE**
Suite / Unit:
Work Description: **REMOVE 2 UNDERGROUND TANKS**

Parcel Number: **071 028800102**

INSPECTIONS

Building: 748-4564 (8:00-10:00 a.m.)
Plumbing & Mechanical: 748-4563 (8:00-10:00 a.m.)

Electrical: 748-4634 (8:00-10:00a.m.)
Fire: 749-5885
Design Review: 748-4554

Total Fees: \$505.10
Total Payments: \$505.10
BALANCE DUE: \$0.00

Payments Made: 7/6/1999 02:39 PM
Total Payment: **\$47.90**

RECEIPT

Receipt #: R99003468

Payee: FOSS ENVIRONMENTAL

Current Payment Made to the Following Items:

Account Code	Description	Amount
99409-37900 (1464)	Microfiche / Scanning	47.90

Payments Made for this Receipt:

Type	Method	Description	Amount
Payment	Check	1232	47.90

Account Summary for Fees and Payments:

Item#	Description	Account Code	Tot Fee	Paid	Prev. Pmts	Cur. Pmts
250	Permit Filing Fees	4520-37450 (1050)	19.10	19.10	19.10	.00
530	Fire Department Fees	98512-37260 (6200)	433.20	433.20	433.20	.00
620	Microfiche / Scanning	99409-37900 (1464)	52.80	52.80	4.90	47.90

Payments Made to the Following Permits:

ACTIVITY NOTIFICATION FORM FOR HOLDERS OF ANNUAL PERMITS Scaffolding Falsework Trenches/Excavations

8 CCR 341.1(f) REQUIRES HOLDERS OF ANNUAL PERMITS TO PROVIDE NOTIFICATION TO THE DOSH OFFICE NEAREST THE PROJECT PRIOR TO COMMENCEMENT OF ANY WORK.
THIS FORM IS PROVIDED FOR YOUR CONVENIENCE TO USE FOR SUCH NOTIFICATION.

THIS FORM MAY BE FAXED TO THE NEAREST DOSH OFFICE TO COMPLY WITH THE ABOVE. PLEASE DO NOT MAIL DUPLICATE NOTIFICATION TO FOLLOW-UP FAX NOTIFICATION.

FAX DATA: FAXED TO _____ DOSH DISTRICT OFFICE ON _____
DOSH FAX NO. () BY _____

Company Name: FOSS ENVIRONMENTAL Field Phone: _____
Annual Permit Number: 98903519 Office Phone: 510 749-1390
Issuing Region: _____ Issuing District: _____
Specific Activity Location: BIS Cement Number of Employees: 80
Nearest Major Cross Street: GRAND Starting Date: 7-7-99
City: Alameda Anticipated Completion Date: 8-1-99
County: Alameda High Voltage Lines in Proximity? No Yes _____

INSTRUCTIONS: The appropriate item(s) must be completed and signed by a person knowledgeable about the project for each activity covered by a permit. Please fill in or check off the blanks where appropriate.

Scaffolding: Height _____ Metal _____ Wood _____ Wood over 60 Feet _____ Metal over 125 Feet _____

Metal > 125 Feet or Wood > 60 Feet requires design by California Registered Civil Engineer & Plans at Site. (See 8 CCR 1644(c)(7))

Description: _____

Falsework/Vertical Shoring: Maximum Height _____ Maximum Span _____ Material _____

Description: _____

(See 8 CCR 1717)

Trenches/Excavations: Depth Range (Min/Max) * 10 Width Range (Min/Max) 10 Total Length 10

Ground Protection Method: Shoring _____ Sloping Trench Shield _____ Professional Engineer _____

Underground Services Alert (USA) Number _____ (NORTH 1-800-642-2444/SOUTH 1-800-422-4133)

Soil Analysis to be done? Yes _____ No If No, You Must Slope 1.5 to 1.

Competent Person: The holder of an Annual Permit who is notifying the District of the commencement of a Trench and/or Excavation project shall designate a competent person in accordance with the requirements of 8 CCR Section 1504, 1541, and 1541.1.

Description: UNDERGROUND STORAGE TANK REMOVAL

* Ground protection methods for excavations deeper than 20 feet must be designed by a Registered Professional Engineer. See 8 CCR 1541.1, Appendix F.

I hereby certify that to the best of my knowledge the above information and assertions are true and correct and that I/the applicant have knowledge of and will comply with the foregoing

Signature: _____ Title: SAFETY OFFICER Date: 7-6-99



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

REGULATION 8, RULE 40 NOTIFICATION FORM

Check Removal or Replacement of Tanks
 Excavation of Contaminated Soil

FAKED
7/18/99

SITE INFORMATION

Site Address 1815 CLEMENT AVE.
 City, State ALAMEDA, CALIF. Zip 94501
 Owner Name PACIFIC SHOPS INC.
 Specific location of project BIDG #13

<u>Tank Removal</u>	<u>Contaminated Soil Excavation</u>
Scheduled startup date <u>7/13/99</u>	Scheduled Startup Date _____
Vapors removed by: <input type="checkbox"/> Water wash <input checked="" type="checkbox"/> Vapor freeing (CO ²) <input type="checkbox"/> Ventilation	Stockpiles will be covered? Yes _____ No _____
Indicate below if an A/C was obtained for tank replacement: Yes _____ No <input checked="" type="checkbox"/> If yes, A/C or P/O # _____	Indicate below the method used to comply with Regulation 8, Rule 40, Section 402.4: Check (✓) 8-40-301 <input type="checkbox"/> 8-40-302 <input type="checkbox"/> (permit required) A/C or P/O # _____ A/C = Authority to Construct P/O = Permit to Operate

What other public agency have you notified (e.g., Fire District, Hazardous Materials Department, City or County)?
 Agency ALAMEDA COUNTY HEALTH Contact MICHAEL CROWDS Phone # (570) 45-5885

CONTRACTOR INFORMATION

BAAQMD # _____

Name _____ Contact _____
 Address _____ Phone () _____
 City, State, Zip _____

CONSULTANT INFORMATION (if applicable)

Name _____ Contact _____
 Address _____ Phone () _____
 City, State, Zip _____

FOR OFFICE USE ONLY

Date Received Fax: _____ Date Postmarked: _____
 Inspector No.: _____ Date: _____ By: _____
 Update: Contact Name _____ Date: _____ By: _____
 Update: Contact Name _____ Date: _____ By: _____

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: 51000 FACILITY NAME: WILSON BOAT YARD PG. 1 OF 1

SUPPLEMENTAL FORM

Back on the job today to
witness removal of two 1,000 gal
DW steel fiberglass coated fuel tanks

pit is all sand with various debris
wood, low plastic material, water -
some water entered pit. This H₂O
was sampled into 2 liter amber
HDPE cans 2 soil samples from
edge of water taken.

~~Waste~~ Tanks in excellent condition.
even side containers on both fuel tanks.
RISERS WRAPPED WITH TAPE, TAPE IN
EXCELLENT SHAPE. NO OBVIOUS SOURCES
OF LEAKS NO SPILL OBSERVED.

ONE GLOB OF OILY SUBSTANCE OBSERVED
IN PIT. AREA REMOVED INTO SEPARATE
WASTE PILE.

Container handling done in good habits.

PRINT NAME: Robert Weston
SIGNATURE: Robert Weston

INSPECTED BY: ROBERT WESTON
DATE: 7 14 79

APPENDIX B

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **CAL00000440943278** Manifest Document No.

2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
PACIFIC SHOPS, INC.
1815 CLEMENT STREET
ALAMEDA, CA 94501
 4. Generator's Phone (510) 521-1133

A. State Manifest Document Number **99143278**

5. Transporter 1 Company Name **FOSS ENVIRONMENTAL SERVICES** 6. US EPA ID Number **CAR000030114**

B. State Generator's ID

C. State Transporter's ID (Reserved)

D. Transporter's Phone **(510)749-1390**

7. Transporter 2 Company Name 8. US EPA ID Number

E. State Transporter's ID (Reserved)

F. Transporter's Phone

9. Designated Facility Name and Site Address
DEMENNO/KERDOON
2000 N. ALAMEDA STREET
COMPTON, CA 90221 10. US EPA ID Number **CAD080013352**

G. State Facility's ID

H. Facility's Phone **(310)537-7100**

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)
 a. **WASTE FLAMMABLE LIQUID, N.O.S. (gas, diesel, water), 3, UN1993, PGIII**

12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
010	04300	P

15. Waste Number
State 343
EPA/Other N/A

b. **NON-RCRA HAZARDOUS WASTE LIQUID (RINSEATE)**

001	00400	P
-----	-------	---

State 223
EPA/Other N/A

c.

State
EPA/Other

d.

State
EPA/Other

16. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT IF UNABLE TO DELIVER, RETURN TO GENERATOR
24-HR. EMERGENCY CONTACT:
TODD ROLOFF (510)749-1390 OR (800)FE-SPILL JOB#: A9190 PO#: A9190-10

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name **PACIFIC SHOPS, INC** Signature *[Signature]* Month **07** Day **22** Year **99**

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name **Thomas L. Becker** Signature *[Signature]* Month **07** Day **22** Year **99**

18. Transporter 2 Acknowledgement of Receipt of Materials
 Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
 Printed/Typed Name Signature Month Day Year

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A L 0 0 0 0 0 4 4 0 9 4 3 2 7 9			Manifest Document No		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
Generator's Name and Mailing Address PACIFIC SHOPS, INC. 1815 CLEMENT STREET ALAMEDA, CA 94501						A. State Manifest Document Number 99143279				
4. Generator's Phone (510) 521-1133						B. State Generator's ID				
5. Transporter 1 Company Name FOSS ENVIRONMENTAL SERVICES			6. US EPA ID Number C A R 0 0 0 0 3 0 1 1 4			C. State Transporter's ID (Reserved)				
7. Transporter 2 Company Name						D. Transporter's Phone (510) 749-1390				
8. Designated Facility Name and Site Address D/R ENVIRONMENTAL 3650 E. 26th ST. LOS ANGELES, CA 90023						E. State Transporter's ID (Reserved)				
10. US EPA ID Number C A T 0 8 0 0 3 3 6 8 1						F. Transporter's Phone				
9. Designated Facility Name and Site Address						G. State Facility's ID				
10. US EPA ID Number						H. Facility's Phone (213) 268-5056				
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit		15. Waste Number
a. NON-RCRA HAZARDOUS WASTE SOLID (oily debris)				No. Type		Quantity		Wt/Vol		State
				0 0 1 D M		0 0 2 5 0		P		352
b.										EPA/Other
										N/A
c.										State
										EPA/Other
d.										State
										EPA/Other
11. Additional Descriptions for Materials (1x55)						K. Handling Codes for Wastes Listed Above				
						a.				
						b.				
						c.				
						d.				
15. Special Handling Instructions and Additional Information USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT IF UNABLE TO DELIVER, RETURN TO GENERATOR 24-HR. EMERGENCY CONTACT: TODD ROLOFF (510) 749-1390 OR (800) FE-SPILL JOB#: A9190 PO#: A9190-11										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name Pacific Shops, Inc Agent, Michael Rotman						Signature <i>[Signature]</i>			Month Day Year 07-22-99	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Thomas L. Becker						Signature <i>[Signature]</i>			Month Day Year 07-22-99	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature			Month Day Year	
19. Discrepancy Indication Space										
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name										
Signature						Month Day Year				

DO NOT WRITE BELOW THIS LINE.

APPENDIX C

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550
 GENERATOR
 TRANSPORTER
 FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA10010004409 A 91 90	Manifest Document No. 90	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.				
3. Generator's Name and Mailing Address PACIFIC SHOPS INC. 1815 CLEVELAND ST. ALAMEDA, CA 94501		99143274							
4. Generator's Phone 510 521-1133									
5. Transporter 1 Company Name FOSS ENVIRONMENTAL									
6. US EPA ID Number CA1000030114									
7. Transporter 2 Company Name									
8. US EPA ID Number									
9. Designated Facility Name and Site Address TRUCKS, INC. Ecology Control Industries 255 PARK BLVD. RICHMOND, CA 94801									
10. US EPA ID Number CA10009166392									
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers	13. Total Quantity	14. Unit	
						No.	Type	Quantity	Wt/Vol
a. NON HCL HAZARDOUS WASTE SOLD (WASTE EMPTY STORAGE TANK)		002	TP	02000	P				
b.									
c.									
d.									
15. Special Handling Instructions and Additional Information WEAR PROTECTIVE CLOTHING WHEN HANDLING. 24 HOUR EMERGENCY PHONE 510-745-1390 626-60125 # 171 P.O.# 9190-03									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name John Casey F.E.S.		Signature <i>[Signature]</i>		Month Day Year 01 17 19 99					
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name John Casey F.E.S.		Signature <i>[Signature]</i>		Month Day Year 01 17 19 99					
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name		Signature		Month Day Year					
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name		Signature		Month Day Year					

DO NOT WRITE BELOW THIS LINE.

APPENDIX D

GeoAnalytical Laboratories, Inc.
1405 Kansas Avenue Modesto, CA 95351 Phone (209) 572-0900 Fax (209) 572-0916

CERTIFICATE OF ANALYSIS

Report# K196-01

Date: 7/15/99


ChromaLab
1220 Quarry Lane
Pleasanton CA 94566

Project: 99-07-0204
PO#

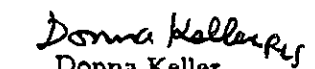
Date Rec'd: 7/15/99
Date Started: 7/15/99
Date Completed: 7/15/99

Date Sampled: 7/14/99
Sampler:

Sample ID	Lab ID	MDL	Method	Analyte	Results	Units
GS-1	K22479	5.0	8020	Benzene	ND	µg/Kg
		5.0	8020	Toluene	ND	µg/Kg
		5.0	8020	Ethyl Benzene	ND	µg/Kg
		5.0	8020	Total Xylenes	ND	µg/Kg
		10	8020	Methyl tert -Butyl Ether	ND	µg/Kg
		1.0	5030	Luft	Gasoline	ND
GS-2	K22480	5.0	8020	Benzene	26	µg/Kg
		50	8020	Toluene	930	µg/Kg
		5.0	8020	Ethyl Benzene	88	µg/Kg
		50	8020	Total Xylenes	990	µg/Kg
		10	8020	Methyl tert -Butyl Ether	12	µg/Kg
		1.0	5030	Luft	Gasoline	2.7
SP1.2.3A <i>Stockpile</i>	K22481	5.0	8020	Benzene	ND	µg/Kg
		5.0	8020	Toluene	ND	µg/Kg
		5.0	8020	Ethyl Benzene	ND	µg/Kg
		5.0	8020	Total Xylenes	ND	µg/Kg
		10	8020	Methyl tert -Butyl Ether	ND	µg/Kg
		1.0	5030	Luft	Gasoline	ND


Sylvia Krerun
Chemist

Certification # 1157


Donna Keller
Laboratory Director

GeoAnalytical Laboratories, Inc.

1405 Kansas Avenue Modesto, CA 95351 Phone (209) 572-0900 Fax (209) 572-0916

CERTIFICATE OF ANALYSIS

Report # K196-01

Date: 7/15/99

ChromaLab
1220 Quarry Lane
Pleasanton CA 94566

Project: 99-07-0204

Date Rec'd: 7/15/99
Date Started: 7/15/99
Date Completed: 7/15/99

PO#

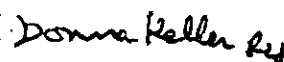
Date Sampled: 7/14/99
Time: 12:00pm
Sampler:

Sample ID: GW-1
Lab ID: K33950

Method	MDL	Analyte	Results	Units
602	0.3	Benzene	3.2	µg/L
8020	0.3	Toluene	13	µg/L
8020	0.3	Ethyl Benzene	2.1	µg/L
8020	0.6	Total Xylenes	14	µg/L
8020	1.0	Methyl tert-Butyl Ether (MTBE)	27	µg/L
5030 Luft	0.05	Gasoline	0.1	mg/L


Sylvia Krenn
Chemist

Certification # 1157


Donna Keller
Laboratory Director

CHROMALAB, INC.
Environmental Services (SDB)

Submission #: 1999-07-0204

Diesel

Foss Environmental Services	✉ 1605 Ferry Point Alameda, CA 94501
Attn: Michael Rothman	Phone: (510) 749-4135 Fax: (510) 749-1391
Project #: A9190	Project: Alameda Marina

Samples Reported

Sample ID	Matrix	Date Sampled	Lab #
GS-1	Soil	07/14/1999 12:00	1
GS-2	Soil	07/14/1999 12:00	2
SP1,2,3,4	Soil	07/14/1999 12:00	3
GW-1	Water	07/14/1999 12:00	4

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: **Foss Environmental Services**
 Attn.: Michael Rothman

Test Method: 8015m
 Prep Method: 3510/8015M
 3550/8015M

Diesel

Sample ID: GS-1	Lab Sample ID: 1999-07-0204-001
Project: A9190 Alameda Marina	Received: 07/14/1999 15:25
Sampled: 07/14/1999 12:00	Extracted: 07/15/1999 09:00
Matrix: Soil	QC-Batch: 1999/07/15-01.10

Compound	Result	Rep.Limit	Units	Dilution	Analyzed	Flag
Diesel	ND	1.0	mg/Kg	1.00	07/15/1999 15:47	
Surrogate(s) o-Terphenyl	81.7	60-130	%	1.00	07/15/1999 15:47	

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: **Foss Environmental Services**
 Attn.: Michael Rothman

Test Method: 8015m
 Prep Method: 3510/8015M
 3550/8015M

Diesel

Sample ID: GS-2	Lab Sample ID: 1999-07-0204-002
Project: A9190 Alameda Marina	Received: 07/14/1999 15:25
Sampled: 07/14/1999 12:00	Extracted: 07/15/1999 09:00
Matrix: Soil	QC-Batch: 1999/07/15-01.10

Compound	Result	Rep.Limit	Units	Dilution	Analyzed	Flag
Diesel	ND	1.0	mg/Kg	1.00	07/15/1999 16:24	
Surrogate(s) o-Terphenyl	76.0	60-130	%	1.00	07/15/1999 16:24	

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: Foss Environmental Services
Attn.: Michael Rothman

Test Method: 8015m
Prep Method: 3510/8015M
3550/8015M

Diesel

Sample ID: SP1,2,3,4	Lab Sample ID: 1999-07-0204-003
Project: A9190 Alameda Marina	Received: 07/14/1999 15:25
Sampled: 07/14/1999 12:00	Extracted: 07/15/1999 09:00
Matrix: Soil	QC-Batch: 1999/07/15-01.10

Compound	Result	Rep.Limit	Units	Dilution	Analyzed	Flag
Diesel	18	1.0	mg/Kg	1.00	07/15/1999 17:02	ndp
Surrogate(s) o-Terphenyl	122.0	60-130	%	1.00	07/15/1999 17:02	

Stock pile

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: **Foss Environmental Services**
 Attn.: Michael Rothman

Test Method: 8015m
 Prep Method: 3510/8015M
 3550/8015M

Diesel

Sample ID: GW-1	Lab Sample ID: 1999-07-0204-004
Project: A9190 Alameda Marina	Received: 07/14/1999 15:25
Sampled: 07/14/1999 12:00	Extracted: 07/14/1999 09:00
Matrix: Water	QC-Batch: 1999/07/14-02.10
Sample/Analysis Flag: shc (See Legend & Note section)	

Compound	Result	Rep.Limit	Units	Dilution	Analyzed	Flag
Diesel	8400	250	ug/L	5.00	07/14/1999 23:37	
Surrogate(s) o-Terphenyl	565.5	60-130	%	5.00	07/14/1999 23:37	

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: **Foss Environmental Services**
 Attn.: Michael Rothman

Test Method: 8015m
 Prep Method: 3510/8015M
 3550/8015M

Batch QC Report
 Diesel

Method Blank	Water	QC Batch # 1999/07/14-02.10
MB: 1999/07/14-02.10-001		Date Extracted: 07/14/1999 09:00

Compound	Result	Rep.Limit	Units	Analyzed	Flag
Diesel	ND	50	ug/L	07/14/1999 17:18	
Surrogate(s) o-Terphenyl	80.0	60-130	%	07/14/1999 17:18	

CHROMALAB, INC.
Environmental Services (SDB)

Submission #: 1999-07-0204

To: **Foss Environmental Services**
Attn.: Michael Rothman

Test Method: 8015m
Prep Method: 3510/8015M
3550/8015M

Batch QC Report
Diesel

Method Blank	Soil	QC Batch # 1999/07/15-01.10
MB: 1999/07/15-01.10-001		Date Extracted: 07/15/1999 09:00

Compound	Result	Rep.Limit	Units	Analyzed	Flag
Diesel	ND	1	mg/Kg	07/16/1999 12:17	
<i>Surrogate(s)</i> o-Terphenyl	78.5	60-130	%	07/16/1999 12:17	

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: Foss Environmental Services

Test Method: 8015m

Attn: Michael Rothman

Prep Method: 3510/8015M
3550/8015M

Batch QC Report

Diesel

Laboratory Control Spike (LCS/LCSD)	Water	QC Batch # 1999/07/14-02.10
LCS: 1999/07/14-02.10-002	Extracted: 07/14/1999 09:00	Analyzed: 07/14/1999 18:06
LCSD: 1999/07/14-02.10-003	Extracted: 07/14/1999 09:00	Analyzed: 07/14/1999 18:53

Compound	Conc. [ug/L]		Exp. Conc. [ug/L]		Recovery [%]		RPD [%]	Ctrl. Limits [%]		Flags	
	LCS	LCSD	LCS	LCSD	LCS	LCSD		Recovery	RPD	LCS	LCSD
Diesel	1670	1770	2500	2500	66.8	70.8	5.8	60-130	25		
Surrogate(s) o-Terphenyl	18.4	19.0	20.0	20.0	92.0	95.0		60-130			

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: Foss Environmental Services
 Attn: Michael Rothman

Test Method: 8015m
 Prep Method: 3510/8015M
 3550/8015M

Batch QC Report

Diesel

Laboratory Control Spike (LCS/LCSD)	Soil	QC Batch # 1999/07/15-01.10
LCS: 1999/07/15-01.10-002	Extracted: 07/15/1999 09:00	Analyzed: 07/15/1999 14:32
LCSD: 1999/07/15-01.10-003	Extracted: 07/15/1999 09:00	Analyzed: 07/15/1999 15:10

Compound	Conc. [mg/Kg]		Exp. Conc. [mg/Kg]		Recovery [%]		RPD [%]	Ctrl. Limits [%]		Flags	
	LCS	LCSD	LCS	LCSD	LCS	LCSD		Recovery	RPD	LCS	LCSD
Diesel	80.3	75.6	83.3	83.3	96.4	90.8	6.0	60-130	25		
Surrogate(s) o-Terphenyl	22.7	21.1	20.0	20.0	113.5	105.5		60-130			

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: Foss Environmental Services
Attn: Michael Rothman

Test Method: 8015m
Prep Method: 3550/8015M
3510/8015M

Legend & Notes

Diesel

Analysis Flags

shc

Surrogate recoveries biased high due to hydrocarbon co-elution

Analyte Flags

ndp

Hydrocarbon reported does not match the pattern of our Diesel standard

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

Lead by Flame AA

Foss Environmental Services

✉ 1605 Ferry Point
Alameda, CA 94501

Attn: Michael Rothman

Phone: (510) 749-4135 Fax: (510) 749-1391

Project #: A9190

Project: Alameda Marina

Samples Reported

Sample ID	Matrix	Date Sampled	Lab #
GS-1	Soil	07/14/1999 12:00	1
GS-2	Soil	07/14/1999 12:00	2
SP1,2,3,4	Soil	07/14/1999 12:00	3

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: **Foss Environmental Services**
 Attn.: Michael Rothman

Test Method: 6010A
 Prep Method: 3050A

Lead by Flame AA

Sample ID: GS-1	Lab Sample ID: 1999-07-0204-001
Project: A9190 Alameda Marina	Received: 07/14/1999 15:25
Sampled: 07/14/1999 12:00	Extracted: 07/15/1999 10:31
Matrix: Soil	QC-Batch: 1999/07/15-03.15

Compound	Result	Rep.Limit	Units	Dilution	Analyzed	Flag
Lead	ND	5.0	mg/Kg	1.00	07/15/1999 18:19	

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: **Foss Environmental Services**
 Attn.: Michael Rothman

Test Method: 6010A
 Prep Method: 3050A

Lead by Flame AA

Sample ID: GS-2	Lab Sample ID: 1999-07-0204-002
Project: A9190 Alameda Marina	Received: 07/14/1999 15:25
Sampled: 07/14/1999 12:00	Extracted: 07/15/1999 10:31
Matrix: Soil	QC-Batch: 1999/07/15-03.15

Compound	Result	Rep.Limit	Units	Dilution	Analyzed	Flag
Lead	ND	5.0	mg/Kg	1.00	07/15/1999 18:23	

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: **Foss Environmental Services**

Test Method: 6010A

Attn.: Michael Rothman

Prep Method: 3050A

Lead by Flame AA

Sample ID: SP1,2,3,4	Lab Sample ID: 1999-07-0204-003
Project: A9190 Alameda Marina	Received: 07/14/1999 15:25
Sampled: 07/14/1999 12:00	Extracted: 07/15/1999 10:31
Matrix: Soil	QC-Batch: 1999/07/15-03.15

Compound	Result	Rep.Limit	Units	Dilution	Analyzed	Flag
Lead	ND	5.0	mg/Kg	1.00	07/15/1999 18:27	

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: Foss Environmental Services
Attn.: Michael Rothman

Test Method: 6010A
Prep Method: 3050A

Batch QC Report
Lead by Flame AA

Method Blank	Soil	QC Batch # 1999/07/15-03.15
MB: 1999/07/15-03.15-056		Date Extracted: 07/15/1999 10:31

Compound	Result	Rep.Limit	Units	Analyzed	Flag
Lead	ND	1.0	mg/Kg	07/15/1999 17:44	

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: **Foss Environmental Services**
 Attn: Michael Rothman

Test Method: 6010A
 Prep Method: 3050A

Batch QC Report

Lead by Flame AA

Laboratory Control Spike (LCS/LCSD)	Soil	QC Batch # 1999/07/15-03.15
LCS: 1999/07/15-03.15-057	Extracted: 07/15/1999 10:31	Analyzed: 07/15/1999 17:48
LCSD: 1999/07/15-03.15-058	Extracted: 07/15/1999 10:31	Analyzed: 07/15/1999 17:53

Compound	Conc. [mg/Kg]		Exp.Conc. [mg/Kg]		Recovery [%]			Ctrl. Limits [%]		Flags	
	LCS	LCSD	LCS	LCSD	LCS	LCSD	RPD [%]	Recovery	RPD	LCS	LCSD
Lead	99.0	101	100.0	100.0	99.0	101.0	2.0	80-120	20		

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

Metals

Foss Environmental Services	✉ 1605 Ferry Point Alameda, CA 94501
Attn: Michael Rothman	Phone: (510) 749-4135 Fax: (510) 749-1391
Project #: A9190	Project: Alameda Marina

Samples Reported

Sample ID	Matrix	Date Sampled	Lab #
GW-1	Water	07/14/1999 12:00	4

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: **Foss Environmental Services**

Test Method: 6010A

Attn.: Michael Rothman

Prep Method: 3010A

Metals

Sample ID: GW-1	Lab Sample ID: 1999-07-0204-004
Project: A9190 Alameda Marina	Received: 07/14/1999 15:25
Sampled: 07/14/1999 12:00	Extracted: 07/15/1999 10:58
Matrix: Water	QC-Batch: 1999/07/15-05.15

Compound	Result	Rep.Limit	Units	Dilution	Analyzed	Flag
Lead	0.39	0.0050	mg/L	1.00	07/15/1999 17:24	

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: **Foss Environmental Services**
Attn.: Michael Rothman

Test Method: 6010A
Prep Method: 3010A

Batch QC Report Metals

Method Blank	Water	QC Batch # 1999/07/15-05.15
MB: 1999/07/15-05.15-049		Date Extracted: 07/15/1999 10:58

Compound	Result	Rep.Limit	Units	Analyzed	Flag
Lead	ND	0.0050	mg/L	07/15/1999 17:12	

CHROMALAB, INC.

Environmental Services (SDB)

Submission #: 1999-07-0204

To: **Foss Environmental Services**
 Attn: Michael Rothman

Test Method: 6010A
 Prep Method: 3010A

Batch QC Report

Metals

Laboratory Control Spike (LCS/LCSD)	Water	QC Batch # 1999/07/15-05.15
LCS: 1999/07/15-05.15-050	Extracted: 07/15/1999 10:58	Analyzed: 07/15/1999 17:16
LCSD: 1999/07/15-05.15-051	Extracted: 07/15/1999 10:58	Analyzed: 07/15/1999 17:21

Compound	Conc. [mg/L]		Exp. Conc. [mg/L]		Recovery [%]		RPD [%]	Ctrl. Limits [%]		Flags	
	LCS	LCSD	LCS	LCSD	LCS	LCSD		Recovery	RPD	LCS	LCSD
Lead	0.520	0.521	0.500	0.500	104.0	104.2	0.2	80-120	20		

090

K196-01

Proj. # 99-070209
Reference #:

CHROMALAB, INC.

1220 Quarry Lane • Pleasanton, California 94566-4756
510/484-1919 • Facsimile 510/484-1096

Chain of Custody

Environmental Services (SDB) (DOHS 1094)

DATE 7/14/99 PAGE 1 OF 1

PROJ MGR Atsarah Salimpour
 COMPANY Chromalab
 ADDRESS 1220 Quarry Ln
Pleasanton CA.

SAMPLERS (SIGNATURE) _____ (PHONE NO.) 925) 484-1919
 (FAX NO.) _____

SAMPLE ID.	DATE	TIME	MATRIX	PRESERV.	TPH (EPA 8015, 8020) BTEX w/ (E) BTEX (M) TB	PURGEABLE AROMATICS BTEX (EPA 8020)	TPH-Diesel (EPA 8015M)	TEPH (EPA 8015M) D Diesel O M.O. O Other	PURGEABLE HALOCARBONS, (BYOCs) (EPA 8010)	VOLATILE ORGANICS (VOCs) (EPA 8260)	SEMIVOLATILES (EPA 8270)	TOTAL OIL AND GREASE (SM 5520 B+F, E+F)	PESTICIDES (EPA 8080) PCB'S (EPA 8080)	PNA's by O 8270 O 8310	Spec Cond. TSS TDS	LUFT METALS: Cd, Cr, Pb, Ni, Zn	CAM 17 METALS (EPA 6010/7470/7471)	TOTAL LEAD	W.E.T. (STLC) DTCLP	Hexavalent Chromium pH (24 hr hold time for H2O)	NUMBER OF CONTAINERS	
OS-1	7/14/99	1200	SOIL	NP	X																K22479	1
OS-2	↓	↓	SOIL	↓	X																K22480	1
SP 1,2,3,4	↓	↓	SOIL	↓	X																K22481	1
OW-1	↓	↓	H2O	HCl	X																K33950	3

PROJECT INFORMATION

PROJECT NAME Alameda Marine DSH
 PROJECT NUMBER #0170 DSH
 P.O. # AA190-05 DSH

SAMPLE RECEIPT

TOTAL NO. OF CONTAINERS _____
 HEAD SPACE _____
 TEMPERATURE _____
 CONFORMS TO RECORD _____

TAT STANDARD 5-DAY _____
ASAP 48 72 OTHER

SPECIAL INSTRUCTIONS/COMMENTS.
 Report: Routine Level 2 Level 3 Level 4 Electronic Report

** Due By 5pm 7/15 **

RUSH

RELINQUISHED BY 1
Denise Harrington
 (SIGNATURE) (TIME) _____
D. Harrington 1750
 (PRINTED NAME) (DATE) _____
Chromalab 7/14/99
 (COMPANY)

RECEIVED BY 1
S. B. J.
 (SIGNATURE) (TIME) _____
M. Cole 1750
 (PRINTED NAME) (DATE) _____
7/14/99
 (COMPANY)

RELINQUISHED BY 2
 (SIGNATURE) (TIME) _____
M. Cole - 1900
 (PRINTED NAME) (DATE) _____
7/14/99
 (COMPANY)

RECEIVED BY 2
Karen Cole 1900
 (SIGNATURE) (TIME) _____
KAREN COLE 7/14/99
 (PRINTED NAME) (DATE) _____
Geo Analytical Labs
 (COMPANY)

RELINQUISHED BY 3
Karen Cole 830A
 (SIGNATURE) (TIME) _____
KAREN COLE 7/15/99
 (PRINTED NAME) (DATE) _____
Geo Analytical Lab
 (COMPANY)

RECEIVED BY (LABORATORY) 3
Judy Ingram 8:30A
 (SIGNATURE) (TIME) _____
Judy Ingram 7/15/99
 (PRINTED NAME) (DATE) _____
Geo Analytical
 (LAB)

APPENDIX E



Report Date: July 23, 1999


Foss Environmental Services
1605 Ferry Point
Alameda, CA 94501
ATTN: Mark Williams

LABORATORY REPORT

Project Name: **Alameda Marina**

Lab Project Number: **9072303**

This 5 page report of analytical data has been reviewed and approved for release.



Mark A. Valentini, Ph.D.
Laboratory Director



TPH Gasoline in Water

Lab #	Sample ID	Analysis	Result (ug/L)	RDL (ug/L)
4151	GW B2	TPH/Gasoline	ND	50
		MTBE	ND	2.5
		Benzene	ND	0.5
		Toluene	2.9	0.5
		Ethyl Benzene	0.80	0.5
		Xylenes	5.4	1.5

Date Sampled: 07/23/99 Date Analyzed: 07/23/99 QC Batch #: 847
Date Received: 07/23/99 Method: EPA 5030/8015M/8020
Holding Time Met: Yes No

Lab #	Sample ID	Analysis	Result (ug/L)	RDL (ug/L)
4152	BW A1	TPH/Gasoline	ND	50
		MTBE	ND	2.5
		Benzene	ND	0.5
		Toluene	ND	0.5
		Ethyl Benzene	ND	0.5
		Xylenes	ND	1.5

Date Sampled: 07/23/99 Date Analyzed: 07/23/99 QC Batch #: 847
Date Received: 07/23/99 Method: EPA 5030/8015M/8020
Holding Time Met: Yes No



TPH Diesel in Water

<u>Lab #</u>	<u>Sample ID</u>	<u>Analysis</u>	<u>Result (ug/L)</u>	<u>RDL (ug/L)</u>
4151	GW B2	TPH/Diesel	160	50

Date Sampled: <u>07/23/99</u>	Date Extracted: <u>07/23/99</u>	QC Batch #: <u>846</u>
Date Received: <u>07/23/99</u>	Date Analyzed: <u>07/23/99</u>	Method: <u>EPA 3510/8015M</u>
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

<u>Lab #</u>	<u>Sample ID</u>	<u>Analysis</u>	<u>Result (ug/L)</u>	<u>RDL (ug/L)</u>
4152	BW A1	TPH/Diesel	ND	50

Date Sampled: <u>07/23/99</u>	Date Extracted: <u>07/23/99</u>	QC Batch #: <u>846</u>
Date Received: <u>07/23/99</u>	Date Analyzed: <u>07/23/99</u>	Method: <u>EPA 3510/8015M</u>
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		



LABORATORY QUALITY ASSURANCE REPORT

QC Batch #: 847

Lab Project #: 9072303

Sample ID	Compound	Result (ug/L)
MB	TPH/Gas	ND
MB	MTBE	ND
MB	Benzene	ND
MB	Toluene	ND
MB	Ethyl Benzene	ND
MB	Xylenes	ND

Sample #	Sample ID	Compound	Result (ug/L)	Spike Level	% Recv.
4146	CMS	TPH/Gas		NS	
	CMS	Benzene	7.26	8.00	90.7
	CMS	Toluene	8.50	8.00	106
	CMS	Ethyl Benzene	8.08	8.00	101
	CMS	Xylenes	22.9	24.00	95.4

Sample #	Sample ID	Compound	Result (ug/L)	Spike Level	% Recv.	RPD
4146	CMSD	TPH/Gas		NS		
	CMSD	Benzene	7.47	8.00	93.4	2.8
	CMSD	Toluene	7.41	8.00	92.6	14
	CMSD	Ethyl Benzene	7.95	8.00	99.4	1.6
	CMSD	Xylenes	23.6	24.00	98.3	3.0

MB = Method Blank; LCS = Laboratory Control Sample; CMS = Client Matrix Spike; CMSD = Client Matrix Spike Duplicate
NS = Not Spiked; OR = Over Calibration Range



QC Batch #: 846

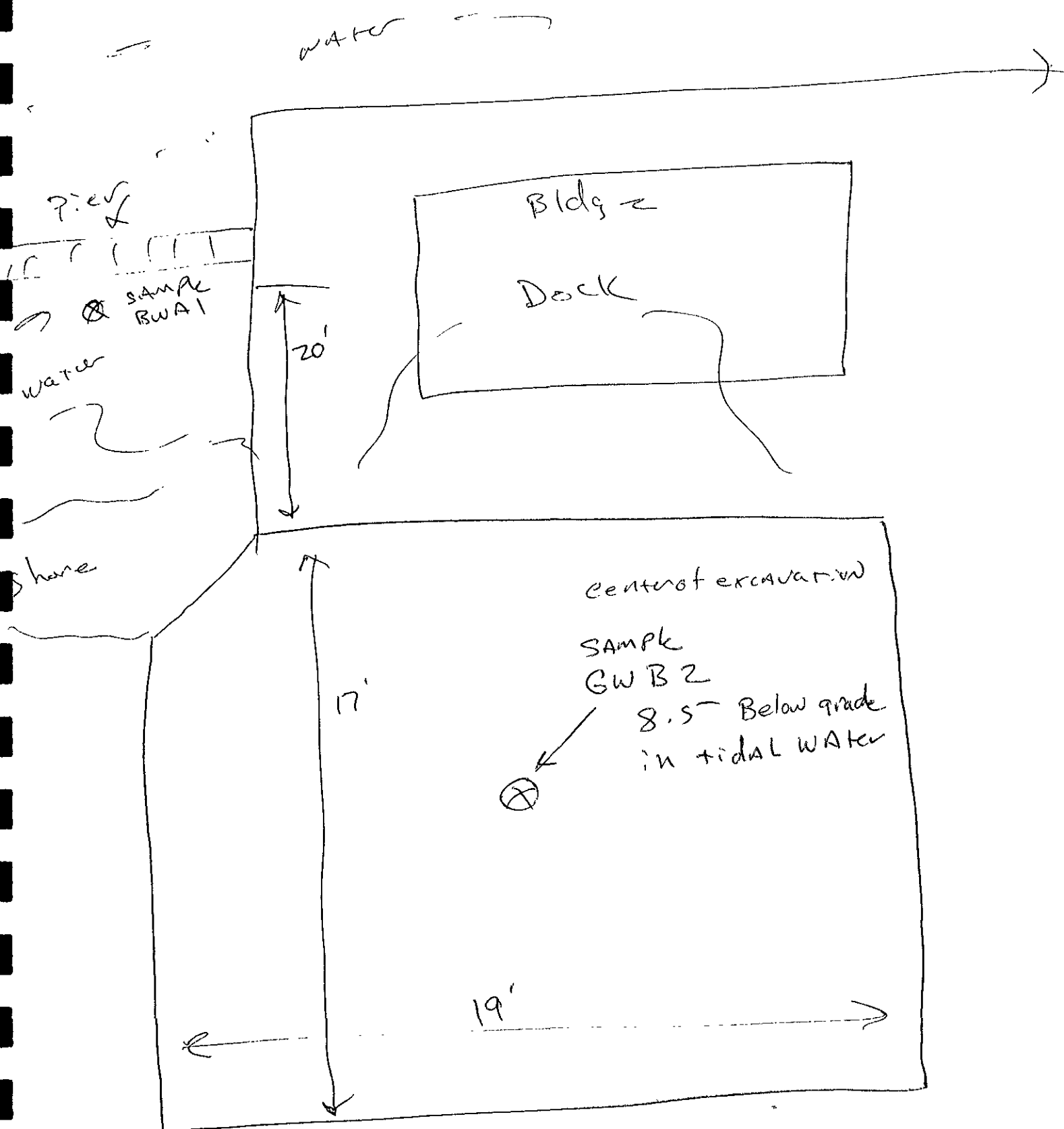
Lab Project #: 9072303

<u>Sample ID</u>	<u>Compound</u>	<u>Result (ug/L)</u>
MB	TPH/Diesel	ND

<u>Sample ID</u>	<u>Compound</u>	<u>Result (ug/L)</u>	<u>Spike Level</u>	<u>% Recv.</u>
LCS	TPH/Diesel	3230	2930	110

<u>Sample ID</u>	<u>Compound</u>	<u>Result (ug/L)</u>	<u>Spike Level</u>	<u>% Recv.</u>	<u>RPD</u>
LCSD	TPH/Diesel	3380	2930	115	4.5

MB = Method Blank; LCS = Laboratory Control Sample; CMS = Client Matrix Spike; CMSD = Client Matrix Spike Duplicate
NS = Not Spiked; OR = Over Calibration Range



TANK PIT excavation

SAMPLE LOCATION MAP

7-23-99

NO SCALE

APPENDIX F

Shipper's No _____

Carrier's Name: Don Beste Transportation 409 PC

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading,

at Alameda Maring (Date) 7/29/99 FROM FOSS Environmental

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in the Uniform Freight Classification in effect on the date hereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned TO Don Beste Transportation (Mail or street address for purposes of notification only)
 On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1
 Destination Redwood Landfill Street Hwy 101 N. City _____
 County Marin State CA Zip _____
 Route 580 W to 101 N Delivery Address _____
 (*To be filled in only when shipper desires and governing tariffs provide for delivery thereat)
 Delivering Carrier Fast Car or Vehicle Initials and No. _____
 Collect on Delivery \$ _____ And Remit to _____

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

 (Signature of consignor)

C. O. D. Charges to be
 Paid by
 Shipper Consignee

If charges are to be prepaid, write or stamp here, "To be Prepaid"

No Packages	HM	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight (Subject to Correction)	Class or Rate	Check Column
22	Y	Non Hazardous Soil	80,000		

Received \$ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier _____

Per _____
 (The signature here acknowledges only the amount prepaid.)

Charges Advanced: _____

\$ _____

! "The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification"
 † Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.
 NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

FOSS Environmental Shipper, Per _____

Agent _____

Permanent post-office address of shipper, _____

Per _____

409 PC

Shipper's No. _____

Carrier's Name: Den Beste Transportation

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of lading.

at Alameda Marina (Date) 7-29 19 99 FROM Foss Environmental

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in the Uniform Freight Classification in effect on the date hereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address for purposes of notification only)

Consigned TO Den Beste Transportation
On Collect on Delivery Shipments, the letters "C.O.D." must appear before consignee's name or as otherwise provided in Item 430, Sec 1
Destination Redwood Land Fill Street Hwy 101 N. City _____
County Marin State CA Zip _____
Route SEW. to 101 N. Delivery Address _____
(*To be filled in only when shipper desires and governing tariffs provide for delivery thereof)

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
[Signature]
(Signature of consignor.)

Delivering Carrier _____ Car or Vehicle Initials and No. _____
Collect on Delivery \$ _____ And Remit to _____

C. O. D. Charges to be Paid by
 Shipper Consignee

Street _____ City _____ State _____

If charges are to be prepaid, write or stamp here, "To be Prepaid"

No Packages	H.M.	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight (Subject to Correction)	Class or Rate	Check Column
23	Y	Non Hazardous Soil	80.00		

Received \$ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier _____

Per _____
(The signature here acknowledges only the amount prepaid)

Charges Advanced \$ _____

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.
NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property

*The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and 5 of the National Motor Freight Classifica
† Shipper's Imp. in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per
Foss Environmental Shipper, Per [Signature] Agent

Permanent post-office address of shipper, 1105 Forest St Alameda, CA.

Per _____

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