



Cal/EPA

**State Water
Resources
Control Board**

Division of
Clean Water
Programs

Mailing Address:
P.O. Box 944212
Sacramento, CA
94244-2120

2014 T Street,
Suite 130
Sacramento, CA
95814
(916) 227-4307
FAX (916) 227-4530

World Wide Web
<http://www.swrcb.ca.gov/~cwphome/fundhome.htm>

5305

CL



Pete Wilson
Governor

09/16/07

Scott P. Barde
Owens Mortgage Investment Fund
2221 Olympic Blvd
Walnut Creek, CA 94595

UNDERGROUND STORAGE TANK CLEANUP FUND, CLAIM NO. 10921, FOR SITE
ADDRESS: 3623 ADELIN ST, EMERYVILLE 94608

The State Water Resources Control Board (State Board) is able to issue, pursuant to applicable regulations, the enclosed Letter of Commitment (LOC) in an amount not to exceed \$40,000. This LOC is based upon our review of the corrective action costs you reported to have incurred to date. The LOC may be modified by the State Board.

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

Consequently, if you do not submit your first reimbursement request for corrective action costs which you have incurred within ninety (90) calendar days from the date of this letter, your funds will automatically be deobligated. Once deobligated, any future funds for this site will be obligated subject to availability of funds at such time when we receive your reimbursement request.

You are reminded that you must comply with all regulatory agency time schedules and requirements and you must obtain three bids for any required corrective action. Only corrective action costs *required* by the regulatory agency to protect human health, safety and the environment can be claimed for reimbursement. **Unless waived in writing, you are required to obtain preapproval of costs for all future corrective action work (form enclosed).** If you have any questions on obtaining preapproval of your costs or the three bid requirement, please call Steve Marquez, our engineer assigned to claims in your Region, at (916) 227-0746. Failure to obtain preapproval of your future costs may result in the costs not being reimbursed.

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

- "Reimbursement Request Instructions" package. **Retain this package for future reimbursement requests.** These instructions must be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988. Included in the instruction package are samples of completed reimbursement request forms and spreadsheets.



Recycled Paper

Our mission is to preserve and enhance the quality of California's water resources, and ensure their proper allocation and efficient use for the benefit of present and future generations.

OCT 16 1997

OWENS MORTGAGE INVESTMENT FUND

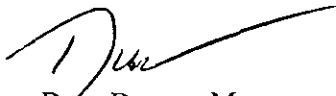
Page 2

- "Bid Summary Sheet" to list information on bids received which **must be completed and returned.**
- "Reimbursement Request" forms which you **must use to request reimbursement of costs incurred.**
- "Spreadsheet" forms which you **must use in conjunction with your reimbursement request.**
- "Claimant Data Record" (Std. Form 204) which **must be completed and returned with your first reimbursement request.**

We continuously review the status of all active claims. If you do not submit a reimbursement request or fail to proceed with due diligence with the cleanup, we will take steps to withdraw your LOC.

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

Sincerely,



Dave Deaner, Manager
UST Cleanup Fund Program

Enclosures

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



Recycled Paper

Our mission is to preserve and enhance the quality of California's water resources, and ensure their proper allocation and efficient use for the benefit of present and future generations.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



January 7, 1997

Mr. Scott Barde
Owens Mortgage Investment Fund
2221 Olympic Blvd.
Walnut Creek, California 94595

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

**RE: Case Closure - Owens Financial Group Property (STID# 5305)
3623 Adeline Street, Emeryville, California 94608**

Dear Mr. Barde:

The Alameda County Department of Environmental Health, Environmental Protection Division has recently received concurrence from the Regional Water Quality Control Board regarding this office determination that no further action is required concerning the removal of a 2,500 gallon diesel / heating oil underground storage tank at the above referenced site.

Please be advised that the groundwater monitoring well (EW-1) at the site must be properly decommissioned before our agency will issue the "Remedial Action Completion Certification" (closure letter) for the subject site. A report must be submitted documenting the abandonment of the monitoring well. Additionally, you will need to notify this office 72 hours in advance of the well abandonment field activities.

If you have any questions concerning this letter, please contact me at (510) 567-6780.

Sincerely,

Susan L. Hugo
Senior Hazardous Materials Specialist

c: Mee Ling Tung, Director, Environmental Health
Kevin Graves, San Francisco Bay RWQCB
Gordon Coleman, Acting Chief, Environmental Protection Division
Daniel Carroll, Kleinfelder, 7133 Koll Center Parkway, Suite 100, Pleasanton, CA 94566
SH / files

January 7, 1997

Mr. Scott Barde
Owens Mortgage Investment Fund
2221 Olympic Blvd.
Walnut Creek, California 94595

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3623 Adeline Street, Emeryville, California 94608**

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Susan L. Hugo
Senior Hazardous Materials Specialist

c: Mee Ling Tung, Director, Environmental Health
Kevin Graves, San Francisco Bay RWQCB
Gordon Coleman, Acting Chief, Environmental Protection Division
Daniel Carroll, Kleinfelder, 7133 Koll Center Parkway, Suite 100, Pleasanton, CA 94566
SH / files

white -env. health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

1131 Harbor Bay Pkwy
Alameda CA 94502
510/567-6700

II, III

Site ID # 5305 Site Name OLIVE'S FINANCIAL GROUP Today's Date 3/8/96
Site Address 3623 Ardmore St.
City Yerwood Zip 94608 Phone _____

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

Inspection Categories:

- ____ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
____ II. Hazardous Materials Business Plan, Acutely Hazardous Materials
____ III. Under ground Storage Tanks

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

Comments:

On site, met with Mr. Scott Bardey,
Alan Carroll (RF).

Sampling one well MW-1; two free product
water sample must be analyzed for
11Hx, TMS, BTEX & PNAS.

Contact _____
Title _____
Signature _____

Inspector _____
Signature [Signature]

II, III

COM No.	REMOTE STATION	START TIME	DURATION	PAGES	RESULT	USER ID	REMARKS
571	+5104845838	11-08 09:14	00' 35	01/01	OK		

7499402046

**ALAMEDA COUNTY
 HEALTH CARE SERVICES
 AGENCY**



DAVID J. KEARS, Agency Director

November 8, 1995
 STID# 5305

Mr. Scott Barde
 Owens Mortgage Investment Fund
 P.O. Box 2308
 Walnut Creek, California 94595

Post-It™ brand fax transmittal memo 7671		# of pages ▶ 1
To CURTIS PAYTON	From SUSAN HUGO	
Co. KLEINFELDER	Co. ACDEM	
Dept. INC.	Phone #	
Fax # 484-5838	Fax # 337-9335	

(510) 567-6700

RE: Subsurface Investigation For the Former Underground Storage Tank - 3623 Adeline Street, Emeryville, CA 94608

Dear Mr. Barde:

This office has recently reviewed the Revised Proposal for Subsurface Investigation dated October 25, 1995 and prepared by Kleinfelder for the referenced site.

The proposal related to the release associated with the former 2,500 gallon underground storage tank removed at the subject site is acceptable to this department provided the following issues are addressed:

- 1) Submit a copy of the site health and safety plan prior to implementing the workplan.
- 2) At a minimum, one soil sample must be collected at the soil / water interface for laboratory analyses.
- 3) Permit requirements from other regulatory agencies (Zone 7) must be followed.

All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project.

Additionally, I have discussed the contents of this letter with Mr. Curtis Payton of Kleinfelder during our phone conversation today.

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, DIRECTOR

November 8, 1995
STID# 5305

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700

Mr. Scott Barde
Owens Mortgage Investment Fund
P.O. Box 2308
Walnut Creek, California 94595

RE: Subsurface Investigation For the Former Underground Storage
Tank - 3623 Adeline Street, Emeryville, CA 94608

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Please contact me at (510) 567-6780 if you have any questions concerning this letter.

Sincerely,

Handwritten signature of Susan L. Hugo in cursive.

Susan L. Hugo
Senior Hazardous Materials Specialist

c: ^{YH} Jun Makishima, Interim Director, Environmental Health
Gordon Coleman, Acting Chief, Environmental Protection / files
Kevin Graves, San Francisco Bay RWQCB
Curtis Payton, Kleinfelder, Inc. 7133 Koll Center Parkway,
Suite 100, Pleasanton, CA 94566-3101

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 10/01/95		CASE #		SIGNED: <i>Mam J. Hugo</i> DATE: 10/23/95		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT SCOTT P. BARDE		PHONE (510) 935-3840		SIGNATURE <i>Scott Barde</i>	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME OWENS MORTGAGE INVESTMENT FUNDS			
	ADDRESS 2221 OLYMPIC BLVD WALNUT CREEK, CA 94595					
RESPONSIBLE PARTY	NAME <input checked="" type="checkbox"/> UNKNOWN		CONTACT PERSON		PHONE ()	
	ADDRESS					
SITE LOCATION	FACILITY NAME (IF APPLICABLE)		OPERATOR OWENS MORTGAGE INV. FUNDS		PHONE (510) 935-3840	
	ADDRESS 3623 ADELHE ST. EMERYVILLE, CA ALAMEDA 94608					
	CROSS STREET 36TH ST.					
IMPLEMENTING AGENCIES	LOCAL AGENCY DEPT OF ENVIRON. / HEALTH - ALAMEDA COUNTY		AGENCY NAME		CONTACT PERSON SUSAN HUGO	
	REGIONAL BOARD SF BAY RWQCB		CONTACT PERSON KEVIN GRAVES		PHONE (510) 567-6700	
SUBSTANCES INVOLVED	(1) NAME FUEL OIL		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2)		<input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 08/18/95		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER SAW FILL CAP			
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 08/18/95					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input checked="" type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)					
COMMENTS	COMMENTS					



Owens
Financial
Group, Inc.

ENVIRONMENTAL
PROTECTION
95 OCT 20 PM 1:53

STD 5305

October 19, 1995

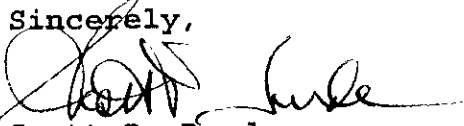
Ms. Susan Hugo
Senior Hazardous Materials Specialist
Department of Environmental Health
UST Local Oversight Program
1131 Harbor Bay Parkway
Alameda, CA 94502-6577

Re: 3623 Adeline Street; Emeryville, CA

Dear Ms. Hugo:

I am enclosing the Underground Storage Tank Unauthorized Release (Leak)/Contamination Site Report. Our workplan should be available shortly. It appears that we will be using the services of the Kleinfelder firm. Thanks for your assistance to date.

Sincerely,


Scott P. Barde
Vice President, Special Assets



2221 Olympic Blvd.
P.O. Box 2308
Walnut Creek, Ca 94595
(510) 935-3840
Fax (510) 935-1486



Owens
Financial
Group, Inc.

October 2, 1995

Ms. Susan L. Hugo
Senior Hazardous Materials Specialist
Department of Environmental Health
UST Local Oversight Program
1131 Harbor Bay Parkway
Alameda, CA 94502-6577

Re: 3623 Adeline St., Emeryville, CA; UST Removal

Dear Ms. Hugo:

I am confirming our telephonic discussion in which we discussed how to reach our mutual objectives for further testing and possible remediation of our site. I asked you if you would approve a work plan that provides for two "hydro punches" ten feet from the former tank site. This would allow us to remove two water samples for testing and might allow us to avoid the cost and complexity related to monitoring wells.

In confirming this approach, I need to obtain your thoughts as to direction. Will you permit the site to be closed if the water samples are within acceptable analytical limits? Are you going to want monitoring wells no matter what the ground water analytical results indicate? Are we done with soil testing and, as a result, focusing just on water testing? Of course, we prefer to deal with this problem in a practical way and would like your guidance before we begin to incur further costs.

I appreciate your assistance and look forward to your response.

Sincerely,

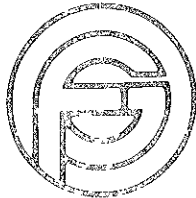
Scott P. Barde
Vice President, Special Assets



2221 Olympic Blvd.
P.O. Box 2308
Walnut Creek, Ca 94595
(510) 935-3840
Fax (510) 935-1486

Owens
Financial
Group, Inc

221 Olympic Boulevard
P.O. Box 2308
Walnut Creek, CA 94595



Ms. Susan L. Hugo
Senior Hazardous Materials Specialist
Department of Environmental Health
UST Local Oversight Program
1131 Harbor Bay Parkway
Alameda, CA 94502-6577

94502-6577 39



ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

September 27, 1995
STID# 5305

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700

Mr. Scott Barde
Owens Mortgage Investment Fund
P.O. Box 2308
Walnut Creek, California 94595

RE: **Underground Storage Tank Removal at - 3623 Adeline Street,
Emeryville, CA 94608**

Dear Mr. Barde:

This office has recently reviewed the analytical results of the confirmation soil samples collected following the removal of the 2500 gallon underground storage tank on August 30, 1995 at the referenced site. The usage of the former tank is not known (may have been used to store heating fuel). Additional information was provided that a commercial laundry service used to operate at the site.

The tank's north end bottom had an opening which appeared to be associated with piping connections. Strong soil staining/dicoloration and hydrocarbon odor were observed during the removal of the tank.

The confirmation soil samples (bottom & sidewalls) collected at depths ranging from 7 feet to 9 feet revealed contamination as high as 21,000 ppm TPH diesel, 81 ppb benzene, 800 ppb toluene, 190 ppb ethyl benzene, and 1700 ppb xylene. Due to site constraints (former tank was inside the extended building), limited overexcavation was conducted. Subsequently, the excavation was allowed to be backfilled with cleanfill.

Clearly, a release associated with the former underground storage tank had occurred at the referenced site. The vertical and lateral extent of the soil and /or groundwater contamination must be determined. At a minimum, one groundwater monitoring well must be installed within ten feet of the former tanks in the verified downgradient direction. A work plan must be submitted to this office no later than November 27, 1995.

Additionally, please submit a copy of the tank removal report which should include the disposal records for the former tank and the stockpiled soil. You may incorporate this submittal with your work plan.

Enclosed is a blank copy of the Underground Storage Tank Unauthorized Release (Leak)/Contamination Site Report which must be completed and submitted to this office within 5 days upon receipt of this letter.

Mr. Scott Barde
RE: 3623 Adeline Street, Emeryville, CA 94608
September 27, 1995
Page 2 of 2

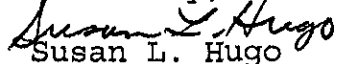
Until cleanup is complete, you will need to submit reports to this office every three months (or at a more frequent interval, if specified at any time by this agency). In addition, the following items must be incorporated in your future reports or workplans:

- a cover letter from the responsible party or tank owner stating the accuracy of the report and whether he/she concurs with the conclusions and recommendations in the report or workplan
- site map delineating contamination contours for soil and groundwater based on recent data should be included and the status of the investigation and cleanup must be identified
- proposed continuing or next phase of investigation / cleanup activities must be included to inform this department of the responsible party or tank owner's intention
- any changes in the groundwater flow direction and gradient based on the measured data since the last sampling event must be explained
- historical records of groundwater level in each well must be tabulated to indicate the fluctuation in water levels
- tabulate analytical results from all previous sampling events; provide laboratory reports (including quality control/quality assurance) and chain of custody documentation

All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project.

Please contact me at (510) 567-6780 if you have any questions concerning this letter.

Sincerely,


Susan L. Hugo

Senior Hazardous Materials Specialist

enclosure

cc: Jun Makishima, Interim Director, Environmental Health
George Young, Acting Chief, Environmental Protection Div /files
Kevin Graves, San Francisco Bay RWQCB
George Warren, Emeryville Fire Dept., 2333 Powell St.,
Emeryville, CA 94608
Chuck Kiper, Semco, 1741 Leslie St., San Mateo, CA 94402

Mr. Scott Barde
RE: 3623 Adeline Street, Emeryville, CA 94608
September 27, 1995
Page 2 of 2

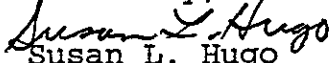
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Susan L. Hugo
Senior Hazardous Materials Specialist

enclosure

cc: Jun Makishima, Interim Director, Environmental Health
George Young, Acting Chief, Environmental Protection Div /files
Kevin Graves, San Francisco Bay RWQCB
George Warren, Emeryville Fire Dept., 2333 Powell St.,
Emeryville, CA 94608
Chuck Kiper, Semco, 1741 Leslie St., San Mateo, CA 94402

ALAMEDA COUNTY, DEPARTMENT OF
 ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

II, III

white -env.health
 yellow -facility
 pink -files

Site ID # 5305 Name Civens Financial Today's Date 9/5/95

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|---|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
| | 4) Monthly Gndwater
One time soils |
| | 5) Daily inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily inventory |
| | 9) Other _____ |
| New Tanks | <input type="checkbox"/> 7. Precip Tank Test 2643
Date: _____ |
| | <input type="checkbox"/> 8. Inventory Rec. 2644 |
| | <input type="checkbox"/> 9. Soil Testing. 2646 |
| | <input type="checkbox"/> 10. Ground Water. 2647 |

Site Address 3623 Adeline Street
 City Emeryville Zip 94608 Phone _____

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

Inspection Categories:

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

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

Comments:

On site GR sampling:
 Limited over excavation
 around the tank area;
 4 soil samples collected;
 east & west wall; 1 bottom sample
 & one sample underneath the
 piping; analyze for TPH/diesel
 & BTEX.
 All piping associated with the
 tank must be removed or
 properly abandoned.
 Excavation pit must be
 backfilled with clean fill.

Contact: _____
 Title: _____ Inspector: _____
 Signature: _____ Signature: _____

TANK REMOVED 8/3/95 *Stugo*



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		NAME OF OPERATOR		
ADDRESS 3623 ADELINE STREET		NEAREST CROSS STREET 36TH STREET	PARCEL # (OPTIONAL)	
CITY NAME CANTON EMERYVILLE		STATE CA	ZIP CODE 94608	SITE PHONE # WITH AREA CODE -
<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		
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE 1	E. P. A. I. D. # (optional) CAC 000935400	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) BARDE, SCOTT	PHONE # WITH AREA CODE (510) 935-3840	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) SAME	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME OWENS MORTGAGE INVESTMENT FUND		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS P.O. BOX 2308		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME WALNUT CREEK		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
		<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
STATE CA	ZIP CODE 94595	PHONE # WITH AREA CODE (510) 935-3840		

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER OWENS MORTGAGE INVESTMENT FUND		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS P.O. BOX 2308		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME XXXXXXXX WALNUT CREEK		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
		<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
STATE CA	ZIP CODE 94595	PHONE # WITH AREA CODE (510) 935-3840		

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

TY (TK) HQ **44-037162**

V. LEGAL NOTIFICATION AND BILLING ADDRESS

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) BONNE TITUS <i>Bonne Titus</i>	APPLICANT'S TITLE -	DATE MONTH-DAY-YEAR 8-15-95
---	------------------------	---------------------------------------

LOCAL AGENCY USE ONLY

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<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: **3623 ADELINE STREET, ~~XXXXXXX~~ EMERYVILLE**

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# UNKNOWN	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN	D. TANK CAPACITY IN GALLONS: 5000

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input checked="" 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"/> 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"/> 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 type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<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"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
		<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE			
A. SYSTEM TYPE	A <u>U</u> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY
	A U 99 OTHER		
B. CONSTRUCTION	A <u>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>U</u> 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 4 FIBERGLASS PIPE
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING
			<input checked="" type="checkbox"/> 99 OTHER UNKNOWN

V. TANK LEAK DETECTION				
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION		
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

APPLICANT'S NAME (PRINTED & SIGNATURE) BONNE TITUS <i>Bonne Titus</i>	DATE 8-15-95
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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

* Transfer to top
need UR

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

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

II, III

Site ID # 5305 Site Name Owens Financial Today Date 8/31/95

Site Address 3623 Adeline Street
City Emeryville Zip 94608 Phone _____

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

Inspection Categories:
 I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 II. Business Plans, Acute Hazardous Materials
 III. Underground Tanks Erickson - fogles disposal tanks manifest # 92863888 site.

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

George Warren - Emeryville Fire Dept on site.

Comments:
 1- 12,500 gal steel tank removed at the site inside the bldg. Per Mr. Scott Parde of Owens Financial, the site used to be a commercial laundry. The tank may have been used to store heating oil. The north end tank bottom had an opening (approx 3-4 inches in diameter) which appeared to be exiting connection.

LEL = 3% O2 = 8%
 Strong HC odor; need to ventilate & circulate the air, monitor air for vapors; heavy soil staining; produce saturated soil at the bottom of the excavation.
 Piping associated with the tank must be removed/capped.

Stockpiled soil must be removed & disposed of properly. Heavy soil staining & produce saturated soil at the bottom of the excavation.

- II.A BUSINESS PLANS (Title 19)
- ___ 1. Immediate Reporting 2703
 - ___ 2. Bus. Plan Stds 25503(b)
 - ___ 3. RR Cars > 30 days 25503.7
 - ___ 4. Inventory Information 25504(a)
 - ___ 5. Inventory Complete 2730
 - ___ 6. Emergency Response 25504(b)
 - ___ 7. Training 25504(c)
 - ___ 8. Deficiency 25505(a)
 - ___ 9. Modification 25505(b)

- II.B ACUTELY HAZ MATLS
- ___ 10. Registration Form Filed 25533(a)
 - ___ 11. Form Complete 25533(b)
 - ___ 12. RMPP Contents 25534(c)
 - ___ 13. Implement Sch. Req'd? (Y/N)
 - ___ 14. OffSite Conseq. Assess. 25524(c)
 - ___ 15. Probable Risk Assessment 25534(d)
 - ___ 16. Persons Responsible 25534(g)
 - ___ 17. Certification 25534(f)
 - ___ 18. Exemption Request? (Y/N) 25536(b)
 - ___ 19. Trade Secret Requested? 25538

- III. UNDERGROUND TANKS (Title 23)
- General
- ___ 1. Permit Application 25284 (H&S)
 - ___ 2. Pipeline Leak Detection 25292 (H&S)
 - ___ 3. Records Maintenance 2712
 - ___ 4. Release Report 2651
 - ___ 5. Closure Plans 2670

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

- ___ 7. Precis Tank Test Date 2643
- ___ 8. Inventory Rec. 2644
- ___ 9. Soil Testing 2646
- ___ 10. Ground Water 2647

- New Tanks
- ___ 11. Monitor Plan 2632
 - ___ 12. Access Gauge 2634
 - ___ 13. Plans Submit Date 2711
 - ___ 14. As Bui Date 2635

Rev 6.88

Contact _____
 Title _____
 Signature _____

Inspector SUSAN L HEDGE
 Signature Susan L Hedge

II, III

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # 5305 Site Name Quens Financial Today's Date 8/31/95

Site Address 3623 Adeline Street.
 City Emeryville Zip 94608 Phone _____

- II.A BUSINESS PLANS (Title 19)
- ___ 1. Immediate Reporting 2703
 - ___ 2. Bus. Plan Stds. 25503(b)
 - ___ 3. RR Cars > 30 days 25503.7
 - ___ 4. Inventory Information 25504(a)
 - ___ 5. Inventory Complete 2730
 - ___ 6. Emergency Response 25504(b)
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 - ___ 8. Deficiency 25505(a)
 - ___ 9. Modification 25505(b)

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

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|---|
| General | ___ 1. Permit Application 25284 (H&S) |
| | ___ 2. Pipeline Leak Detection 25292 (H&S) |
| | ___ 3. Records Maintenance 2712 |
| | ___ 4. Release Report 2651 |
| | ___ 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | ___ 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
| | 4) Monthly Gndwater
One time soils |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily Inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank teting |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other _____ |
| | ___ 7. Precis Tank Test 2643 |
| | Date: _____ |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing 2646 |
| | ___ 10. Ground Water 2647 |
| New Tanks | ___ 11. Monitor Plan 2632 |
| | ___ 12. Access Secure 2634 |
| | ___ 13. Plans D.D. "Y"
Date: _____ 2711 |
| | ___ 4. As Built 2636
Date: _____ |

- ___ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?
- Inspection Categories:
- ___ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 - II. Business Plans, Acute Hazardous Materials
 - ___ III. Underground Tanks

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

Comments:
 On site for sampling; tank removed
 this morning.
 2 soil samples collected - one from
 each end of the tank
 North end sample collected at approx 9 ft b
 South end sample collected at approx 4 ft b
 One bottom sample (middle) collected
 (on hold).
 Soil appeared to be tight clay

II, III

Contact: _____
 Title: _____ Inspector: _____
 Signature: _____ Signature: _____

Stad
5305

TANK REMOVED 8/3/95

St Hugo

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 XXXXXXXX Owens Mortgage Investment Fund		NAME OF OPERATOR		
ADDRESS 3623 ADELINIE STREET		NEAREST CROSS STREET 36 th STREET	PARCEL # (OPTIONAL)	
CITY NAME XXXXXXXX EMERYVILLE		STATE CA	ZIP CODE 94608	SITE PHONE # WITH AREA CODE -
<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	
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 0	E. P. A. I. D. # (optional) CAC 000935400

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) BARDE, SCOTT	PHONE # WITH AREA CODE (510) 935-3840	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) SAME	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME OWENS MORTGAGE INVESTMENT FUND	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS P.O. BOX 2308	<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME WALNUT CREEK	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
STATE CA	ZIP CODE 94595	PHONE # WITH AREA CODE (510) 935-3840	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER OWENS MORTGAGE INVESTMENT FUND	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS P.O. BOX 2308	<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME XXXXXXXX WALNUT CREEK	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
STATE CA	ZIP CODE 94595	PHONE # WITH AREA CODE (510) 935-3840	

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

TY (TK) HQ 44 - 037162

V. LEGAL NOTIFICATION AND BILLING ADDRESS

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

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

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

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

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	FACILITY #
LOCAL AGENCY CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPERVISOR - DISTRICT CODE - OPTIONAL

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<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: **3623 ADELINE STREET, ~~XXXXXX~~ EMERYVILLE**

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

A. OWNER'S TANK I.D.# UNKNOWN	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN	D. TANK CAPACITY IN GALLONS: 5000

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED		<input checked="" type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <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 checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____		

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

A. SYSTEM TYPE	<input checked="" type="checkbox"/> 1 SUCTION	<input checked="" type="checkbox"/> 2 PRESSURE	<input checked="" type="checkbox"/> 3 GRAVITY	<input checked="" type="checkbox"/> 99 OTHER
B. CONSTRUCTION	<input checked="" type="checkbox"/> 1 SINGLE WALL	<input checked="" type="checkbox"/> 2 DOUBLE WALL	<input checked="" type="checkbox"/> 3 LINED TRENCH	<input checked="" type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="checkbox"/> 1 BARE STEEL	<input checked="" type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	<input checked="" type="checkbox"/> 4 FIBERGLASS PIPE <input checked="" type="checkbox"/> 5 ALUMINUM <input checked="" type="checkbox"/> 6 CONCRETE <input checked="" type="checkbox"/> 7 STEEL W/ COATING <input checked="" type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP <input checked="" type="checkbox"/> 9 GALVANIZED STEEL <input checked="" type="checkbox"/> 10 CATHODIC PROTECTION <input checked="" type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER UNKNOWN

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING GALLONS	3. WAS TANK FILLED WITH HAZARDOUS WASTE? YES NO
---	--	---

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

APPLICANT'S NAME PRINTED & SIGNATURE	DATE
--------------------------------------	------

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

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

SUSAN L. HUGO

Project Specialist

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PARKWAY, RM 250

STID 5305

ACCEPTED

Underground Storage Tank Closure Permit Application
Alameda County Division of Hazardous Materials
80 Swan Way, Suite 200,
Oakland, CA 94621
Telephone: (510) 271-4320

These closure/removal plans have been received and found to be complete and essentially meet the requirements of State and Federal Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws and regulations. Permits for construction/destruction of any required liquid permits for construction/destruction. A copy of the approved plans must be submitted to the permittee and to all contractors and construction involved with the removal. Any changes to the approved plans must be submitted to the permittee and to all contractors and construction involved with the removal. Notify this Department at least 72 hours prior to the required inspection.

ALAMEDA, CA 94502-6477
PHONE # 510/567-6700
FAX # 510/337-9300

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 applicable laws and regulations.

*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist:

Susan L. Hugo
8/18/95

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business OWENS FINANCIAL GROUP, INC.
Business Owner or Contact Person (PRINT) SCOTT BARDE (510) 935-3840

2. Site Address 3623 ADELINE STREET
City EMERYVILLE Zip 94608 Phone -

3. Mailing Address OWENS FINANCIAL GROUP, INC., P.O. BOX 2308
City WALNUT CREEK Zip 94595 Phone (510) 935-3840

4. Property Owner OWENS MORTGAGE INVESTMENT FUND
Business Name (if applicable) N/A
Address P.O. BOX 2308
City, State WALNUT CREEK CA Zip 94595

5. Generator name under which tank will be manifested
OWENS MORTGAGE INVESTMENT FUND

EPA ID# under which tank will be manifested C A C 0 0 0 9 3 5 4 0 0

6. Contractor SEMCO
Address 1741 LESLIE STREET
City SAN MATEO, CA 94402 Phone (415) 572-8033
A, B, C-61/D-40
License Type* HAZ MAT ID# 449864

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

7. Consultant (if applicable) N/A
Address _____
City, State _____ Phone _____

8. Main Contact Person for Investigation (if applicable)
Name CHUCK KIPER Title VICE PRESIDENT
Company SEMCO
Phone (415)572-8033

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

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name ALLIED PETROLEUM EPA I.D. No. CAL 000112314
Hauler License No. 1168 License Exp. Date 4-30-96
Address 1217 S. 7TH STREET
City MODESTO State CA Zip 95351

b) Product/Residual Sludge/Rinsate Disposal Site
Name ENVIROPUR WEST EPA ID# CAD 083166728
Address 13331 WEST HIGHWAY 33
City PATTERSON State CA Zip 95363

c) Tank and Piping Transporter

Name RICH HAMILTON TRUCKING EPA I.D. No. CAL 000112413
Hauler License No. 2753 License Exp. Date 4-30-96
Address 1217 S. 7TH STREET
City MODESTO State CA Zip 95351

d) Tank and Piping Disposal Site

Name ERICKSON, INC. EPA I.D. No. CAD 009466392
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

11. Sample Collector

Name CHUCK KIPER
Company SEMCO
Address 1741 LESLIE STREET
City SAN MATEO State CA Zip 94402 Phone (415) 572-8033

12. Laboratory

Name NORTH STATE ENVIRONMENTAL
Address 90 W. SOUTH SPRUCE AVENUE
City SOUTH SAN FRANCISCO State CA Zip 94080
State Certification No. 1735

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

If yes, describe. _____

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

HIGH PRESSURE HOT WATER DETERGENT WASH, 20 LBS PER

1000 GALLONS DRY ICE

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
5000 GALLON	DIESEL UNKNOWN	SOIL/WATER IF ENCOUNTERED	2 FEET BELOW TANK IN NATIVE SOIL

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

<p>Stockpiled Soil Volume (estimated)</p> <p>UNKNOWN UNTIL TANK IS REMOVED</p>	<p align="center">Sampling Plan</p> <p>SOIL SAMPLES TAKEN FROM THE TANK EXCAVATION WILL BE COLLECTED, PLACED IN BRASS TUBES, SEALED WITH FOIL, TEFLON CAPS, SEALED WITH APPROVED TAPE, PLACED ON ICE, TRANSPORTED TO STATE CERTIFIED LAB UNDER CHAIN OF CUSTODY AND ANALYZED FOR CONSTITUENTS OF TANK.</p>
---	---

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 [x] no [] unknown

If yes, explain reasoning _____

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

16. Chemical methods and associated detection limits to be used for analyzing samples:
 The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed.
 See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
<p>Diesel, </p>		<p>TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260.</p>	<p>TPH D GCFID(3510) BTX&E 602, 624 or 8260</p>

18. Submit Worker's Compensation Certificate copy

Name of Insurer GOLDEN EAGLE INSURANCE COMPANY

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

20. Enclose Deposit (See Instructions)

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

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

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

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

I declare that to the best of my knowledge and belief that the statements and information provided above are correct and true.

I understand that information, in addition to that provided above, may be needed in order to obtain approval from the Environmental Protection Division and that no work is to begin on this project until this plan is approved.

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

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

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

CONTRACTOR INFORMATION

Name of Business SEMCO

Name of Individual CHUCK KIBER

Signature *Chuck Kiber*

Date 8-15-95

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business OWENS MORTGAGE INVESTMENT FUNDS

Name of Individual BY: ~~Scott~~ SCOTT P BARDE, VP

Signature *Scott Barde*

Date 8/15/95

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and a deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- * State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

Line Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION
Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS
See attached Table 2.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels or physical conditions;
- e) Description of the work habit changes triggered by the above action levels or physical conditions;
- f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, etc.);
- j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- l) A page for employees to sign acknowledging that they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4), Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

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

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

20. DEPOSIT

A deposit, payable to "County of Alameda" for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Bay Regional Water Quality Control Board (510/286-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Detailed description of sampling methods; i.e. backhoe bucket, drive sampler, bailer, bottle(s), sleeves
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Documentation of the disposal of/and volume and final destination of all non-manifested contaminated soil disposed offsite.

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION
DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

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

SITE INFORMATION:

Site ID Number
(if known)

Name of Site

3623 ADELINE STREET

Street Address

OAKLAND, CA 94608

City, State & Zip Code

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

SESCO


Name

1741 LESLIE STREET

Street Address

SAN MATEO, CA 94402

City, State & Zip Code

* 
Signature of Payor

SCOTT BARDE

Name of Payor
(PLEASE PRINT CLEARLY)

8/15/95
Date

OWENS
OWENS FINANCIAL GROUP
Company Name of Payor

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

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	
	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	GCFID(3510)
	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	

* 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 extractible, respectively) are to be analyzed and characterized by GC/FID 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

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.

LOP - RECORD CHANGE REQUEST FORM

printed:
02/16/95

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

Insp: SH

AGENCY # : 10000 SOURCE OF FUNDS: - SUBSTANCE: -0-
 StID : 5305 LOC: -0-
 SITE NAME: Ambassador Property DATE REPORTED : 01/01/01
 ADDRESS : 3623 -0 Adeline St DATE CONFIRMED: -0-
 CITY/ZIP : Emeryville 94608 MULTIPLE RPs : -

SITE STATUS

CASE TYPE: - CONTRACT STATUS: - PRIOR CODE:-0- EMERGENCY RESP: -0-
 RP SEARCH: - DATE COMPLETED: -0-
 PRELIMINARY ASMNT: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REM INVESTIGATION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REMEDIAL ACTION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 POST REMED ACT MON:- DATE UNDERWAY: -0- DATE COMPLETED: -0-
 ENFORCEMENT ACTION TYPE: - DATE ENFORCEMENT ACTION TAKEN: -0-
 LUFT FIELD MANUAL CONSID: -0-
 CASE CLOSED: Y DATE CASE CLOSED: 02/15/95
 DATE EXCAVATION STARTED : -0- REMEDIAL ACTIONS TAKEN: -0-

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: -0-
 COMPANY NAME: -0-
 ADDRESS: -0-
 CITY/STATE: -0-

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only			Case Progress Changes	
ANPPGMS	LOP	DATE	LOP	DATE

2/16/95

bin,

*The 8,000 gal tank was removed in 11/94. No contamination
 was found at the site. The tank was
 removed by the contractor. The site
 was inspected on 2/16/95.*

LOP - RECORD CHANGE REQUEST FORM

printed:
02/14/95

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

Insp: SH

AGENCY # : 10000 SOURCE OF FUNDS: - SUBSTANCE: -0-
 StID : 5305 LOC: -0-
 SITE NAME: Ambassador Property DATE REPORTED : 01/01/01
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 CITY/ZIP : Emeryville 94608 MULTIPLE RPs : -

SITE STATUS

 CASE TYPE: - CONTRACT STATUS: - PRIOR CODE:-0- EMERGENCY RESP: -0-
 RP SEARCH: - DATE COMPLETED: -0-
 PRELIMINARY ASMNT: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REM INVESTIGATION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REMEDIAL ACTION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 POST REMED ACT MON:- DATE UNDERWAY: -0- DATE COMPLETED: -0-
 ENFORCEMENT ACTION TYPE: - DATE ENFORCEMENT ACTION TAKEN: -0-
 LUFT FIELD MANUAL CONSID: -0-
 CASE CLOSED: Y DATE CASE CLOSED: 02/15/95
 DATE EXCAVATION STARTED : -0- REMEDIAL ACTIONS TAKEN: -0-

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: -0-
 COMPANY NAME: -0-
 ADDRESS: -0-
 CITY/STATE: -0-

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only			Case Progress Changes	
ANNPMS _____	LOP _____	DATE _____	LOP _____	DATE _____

PROJECT # U505244

ALAMEDA COUNTY HEALTH
ENVIRONMENTAL HEALTH DEPT.

SERVICE REQUESTED: tank removal

NAME OF SITE: Ambassador Partners ^{LTH} STID

ADDRESS: 3623 Adeline St.
Emeryville 94608

CONTRACTOR: Property Contamination

ADDRESS: 1601 N. GA. Blvd. Ste 200 ^{W.C. 94521} TELE. # 932-2422

CONTACT PERSON: Ron Richmond TELE. # 932-2422

AMOUNT OF DEPOSIT: \$ 300.00 DATE: 4/20/88

DATE:	ACTION TAKEN	TIME	HRS IN	OUT	X \$53.	BALANCE
	OVERHEAD 25%					\$ 300.00
4/20/88	Reviewed plan	5:00	5:20	0.5	26.50	273.50
5/17/88	telephone call	11:10	11:15	0.3	15.90	257.60
11/22/88	TD marry for accounting					
2/14/85	Case Closed					

PROJECT COMPLETED BY Susan L. Hays TOTAL COST \$ _____

DATE: 2/14/85 REFUND: \$ _____

SENT TO ACCOUNTING: DATE: _____

TO BE REPORTED WEEKLY TO ACCOUNTING FOR CASH FLOW
ADJUSTMENT

242.⁰⁰
OK

FILE NO

ENVELOPE

PLAN REVIEW

By Date

PER NO

No. of

Rec'd

OWNER

Imperial Valley Water

Address

*3000 State St
Imperial, CA 92503*

Phone

Contractor

Property Development

Address

1401 W. Orange Ave

Phone

OTHER (Specify)

Address

Phone

CONTACTED INVESTIGATION

11/1/95

No.

Plans Rec'd

Plans Approved

Layout Made

Rejected

Applicant Notified

Plans Returned

Permit Issued

CONSTRUCTION PROGRESS ACCEPTANCE

No Plans/Crywall

No Final

Final

XR

REM

REMARKS

Date By

1/21/95 *11/1/95*
11/1/95
11/1/95
11/1/95
11/1/95
11/1/95
11/1/95

2/14/95 *Case Closed:*
STID 530
WGI removal application
rec'd 9/12/94 under # 119B

2/11/95
another
Do you have a worksheet
for this site? Rept #
505649 opened
1/18/88 removal of
1 tank w/ your initials
149-c
Hestie
I don't have any worksheet
other than this one I wasn't
here on 1/18/88 during the site
7/88. Hestie 2/16/95

3-3-95
Susan,
I got this
worksht from
Candice.
pls close out.
Thank you
Hestie

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
470 - 27TH ST., RM. 322
OAKLAND, CA 94612
PHONE NO. 415/874-7237**

LEAD

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

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to the plans indicated by this Department are for compliance with State and local laws. The permit issued by this agency is now subject for issuance of any other permits as applicable for construction.

One copy of the permit shall be on file on the job and a copy of all construction and equipment involved with the removal.

By signing these plans of these plans and specifications, you are certifying that the plans are in compliance with the fire and building laws of the City of Oakland and that you are not aware of any other laws, rules, regulations, orders of the State and local laws which may apply to the project at least 48 hours prior to the issuance of the permit.

Contract of Tank and Piping

Substation

Fire Department

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

THIS IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

J. Lopez
5/17/88

RECEIVED
MAY 12 1988

HAZARDOUS MATERIALS/
WASTE PROGRAM

Project # 0505049

Fee Paid \$ 300.00

Date 4/20/88

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name AMBASSADOR PARTNERS, LTD.
Business Owner GORDON ARNOLD
2. Site Address 3623 ADELINE STREET
City EMERYVILLE Zip 94608 Phone _____
3. Mailing Address 3619 SAN PABLO AVENUE
City EMERYVILLE Zip 94608 Phone (415) 420-8620
4. Land Owner AMBASSADOR PARTNERS, LTD
Address 3619 SAN PABLO AVENUE City, State EMERYVILLE, CA Zip 94608
5. EPA I.D. No. CAC 0000 74645
6. Contractor LINDSEY BACKHOE SERVICE
Address 2959 SAN PABLO AVENUE
City BERKELEY, CA Phone (415) 848-5559
License Type 271610 CLASS A
7. Other (Specify) PROPERTY CONTAMINATION CONTROL, INC.
Address 1601 N CALIFORNIA BLVD #200
City WALNUT CREEK, CA Phone (415) 934-2422

CONFIDENTIAL

13. Sampling Information for each tank or area

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

14. Have tanks or pipes leaked in the past? Yes [] No [X]

If yes, describe. _____

15. NFPA methods used for rendering tank inert? Yes [X] No []

If yes, describe. 25 POUNDS DRY ICE PER 1000 GALLONS OF TANK CAPACITY
PURGE TANK 4 HOURS BEFORE REMOVAL AND TRANSPORTATION

16. Laboratories

Name ALPHA CHEMICAL & BIOMEDICAL LABORATORIES

Address 245 KENTUCKY STREET

City PETALUMA State CA Zip 94952

State Certification No. 127

DRAFT

8. Contact Person for Investigation

Name RON RICHMOND Title CONSULTANT
Phone (415) 934-2422

9. Total No. of Tanks at facility 1

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

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Transporter

Name ERICKSON, INC. EPA I.D. No. CAD 009466392
Address 255 PARR BLVD
City RICHMOND State CA Zip 94801

b) Rinsate Transporter

Name ERICKSON, INC EPA I.D. No. CAD 009466392
Address 255 PARR BLVD
City RICHMOND State CA Zip 94801

c) Tank Transporter

Name ERICKSON, INC EPA I.D. No. CAD 009466392
Address 255 PARR BLVD
City RICHMOND State CA Zip 94801

d) Contaminated Soil Transporter

Name ERICKSON, INC EPA I.D. No. CAD 009466392
Address 255 PARR BLVD
City RICHMOND State CA Zip 94801

12. Sample Collector

Name VARIOUS QUALIFIED EMPLOYEES
Company ALPHA CHEMICAL & BIOMEDICAL LABORATORIES
Address 245 KENTUCKY STREET
City PETALUMA State CA Zip 94592 Phone (707) 778-8607

DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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

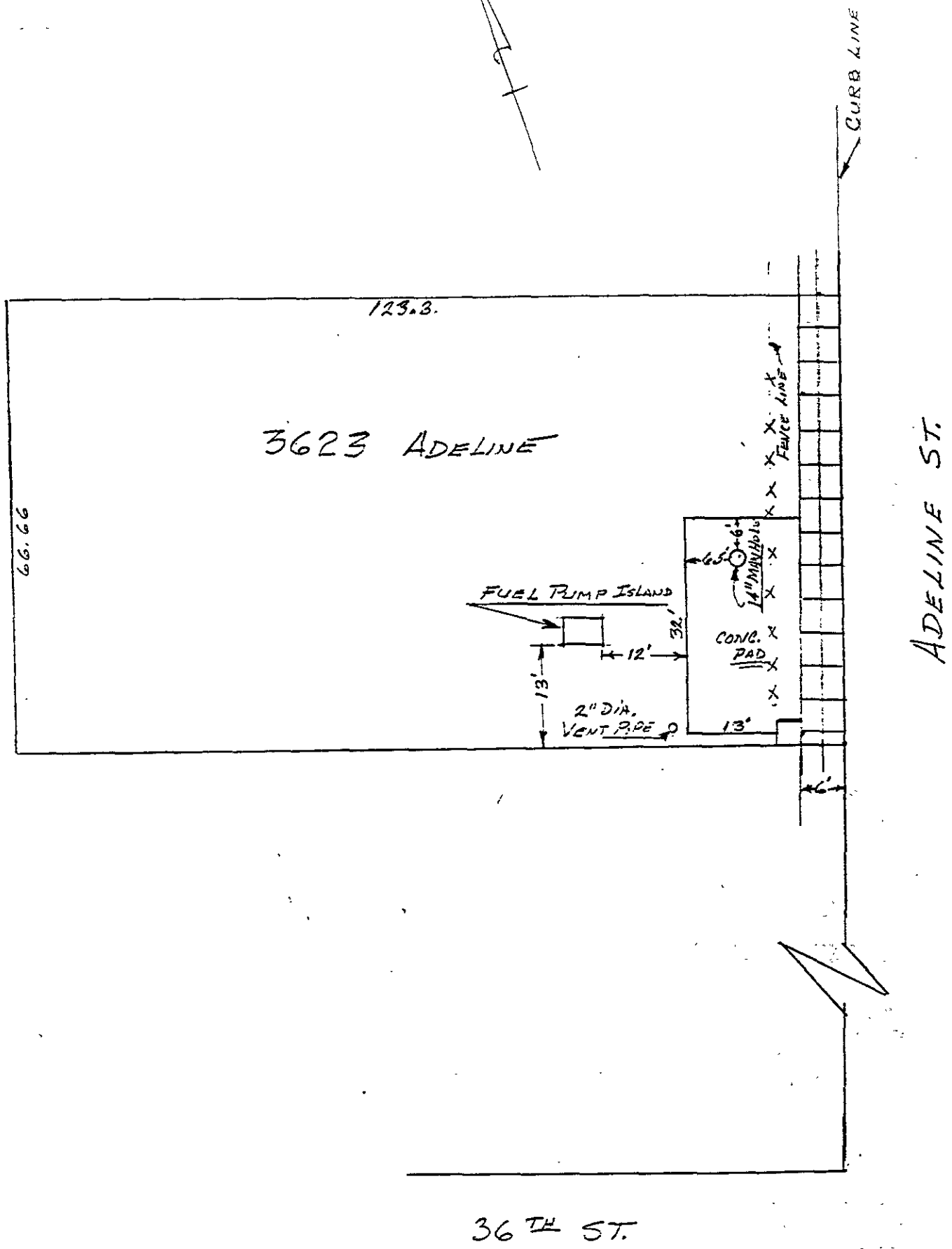
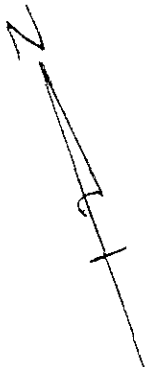
I will notify the Department of Environmental Health at least two (2) working days (48 hours) in advance to schedule any required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed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

Signature of Contractor
Name (please type) PROPERTY CONTAMINATION CONTROL, INC
Signature [Handwritten Signature]
Date 4-15-88

Signature of Site Owner or Operator
Name (please type) AMBASSADOR PARTNERS, LTD.
Signature [Handwritten Signature]
Date 4-15-88

NOTES:

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



CAL-T-80915

Rich Hamilton Trucking

HAZARDOUS MATERIAL HAULING AND GENERAL FREIGHT

SCOTT R. MELLOR
OPERATIONS MANAGER
OFFICE 209-578-4100
HOME 209-571-0510

1336 PAULINE AVE.
MODESTO, CA 95351

**Owens
Financial
Group, Inc.**



SCOTT P. BARDE
Vice President
Special Assets

2221 Olympic Boulevard
Walnut Creek, CA 94595
(510) 935-3840
(510) 935-1486 FAX