

**UNDERGROUND TANK REMOVAL
AND SITE REMEDIATION REPORT**

**SANTA RITA REHABILITATION CENTER
AT OLD BOILER PLANT
TANKS 2942 - 1,2 & 3**

PREPARED FOR:

**COUNTY OF ALAMEDA
GENERAL SERVICES AGENCY**

PREPARED BY:

**GREGG & ASSOCIATES, INC.
MARTINEZ, CALIFORNIA**

MAY 1988

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SCOPE OF WORK

The first phase of the project required the removal of three (3000, 5000, and 5,000 gallon) underground tanks from Santa Rita Rehabilitation Center in Pleasanton, California. The work site is shown in Figures 2942-1. The tanks contained a mixture of Bunker C oil and water. The water content appeared to be from rainwater runoff into open fill pipes and supply lines rather than high groundwater.

The second phase of the project requires the removal of contaminated soil and its treatment on-site. The excavation will be filled using on-site clean fill and contaminated soil after it has been treated to an acceptable level.

HISTORY

The tanks were removed on March 17, 1988 by Environmental Technology. The tanks did not appear to have any leaks; however, the site did have some surface and sub-surface contamination caused by tank overflow due to water inflow. The surface contamination is about 12 inches deep and has created an asphalted conditions over part of the surface. The subsurface contamination was present at the fill ends of tanks 2942-1 and 2942-2 and along one supply line. Some of the discolored soils were excavated and stockpiled before soil samples were collected. Additional soil samples were collected on March 18th. The samples were refrigerated until delivered to the laboratory on March 22, 1988. The sampling locations are shown in Figure 2942-2. The underground tank closure plan is included in the Appendix.

The analytical results indicated that TPH levels in excess of 1,000 ppm Diesel were present at two sampling locations, 1A and 3A; however, no BTEX contamination was found. The results are summarized in Table 2942-1. A copy of the Underground Storage Tank Un- authorized Release / Contamination Site Report is included in the Appendix.

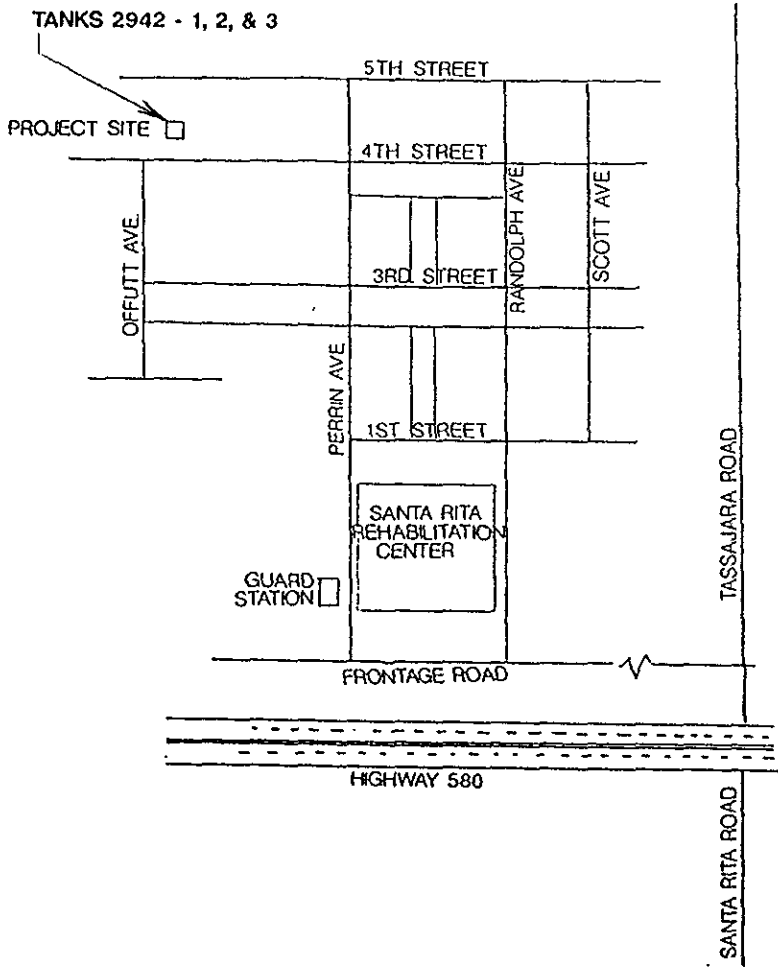
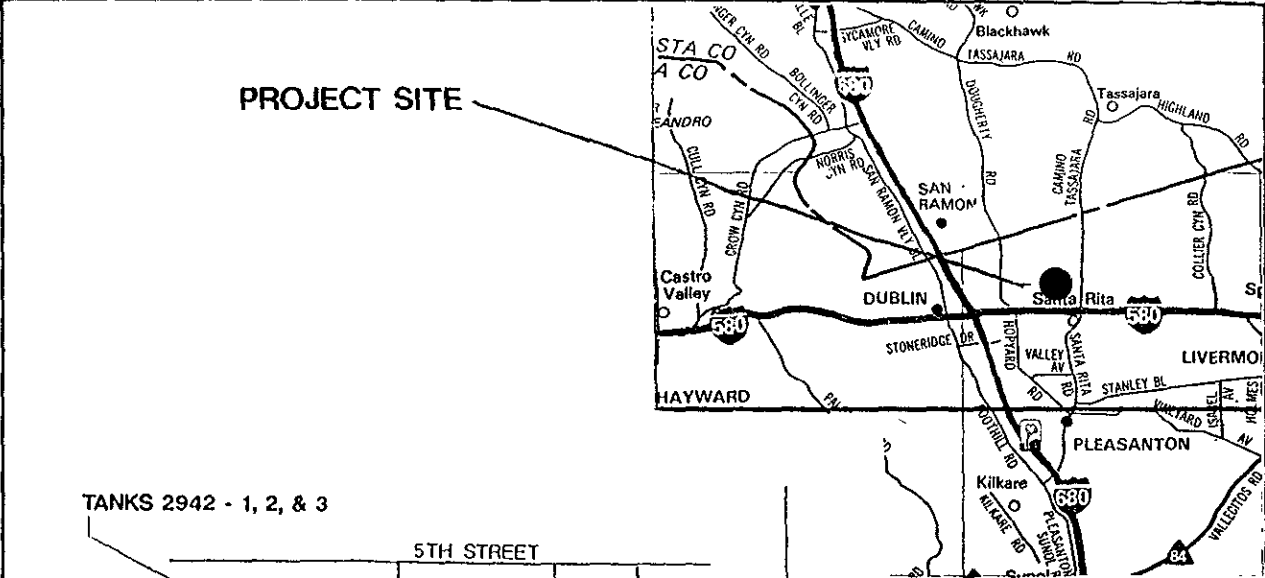
none was sought!

To determine the extent of contamination, additional borings were collected. These samples were delivered to the laboratory on March 31, 1988. The second set of samples were clean and indicated the limits of the necessary excavation. These results are also shown in Table 2942-1. The chain of custody forms and laboratory data sheets are included in the Appendix.

EXCAVATION PLAN

The approximate limits of the soil excavation are shown in Figure 2942-3. Additional soil samples will be collected as necessary to assure compliance with site remediation requirements.

were they ever collected?

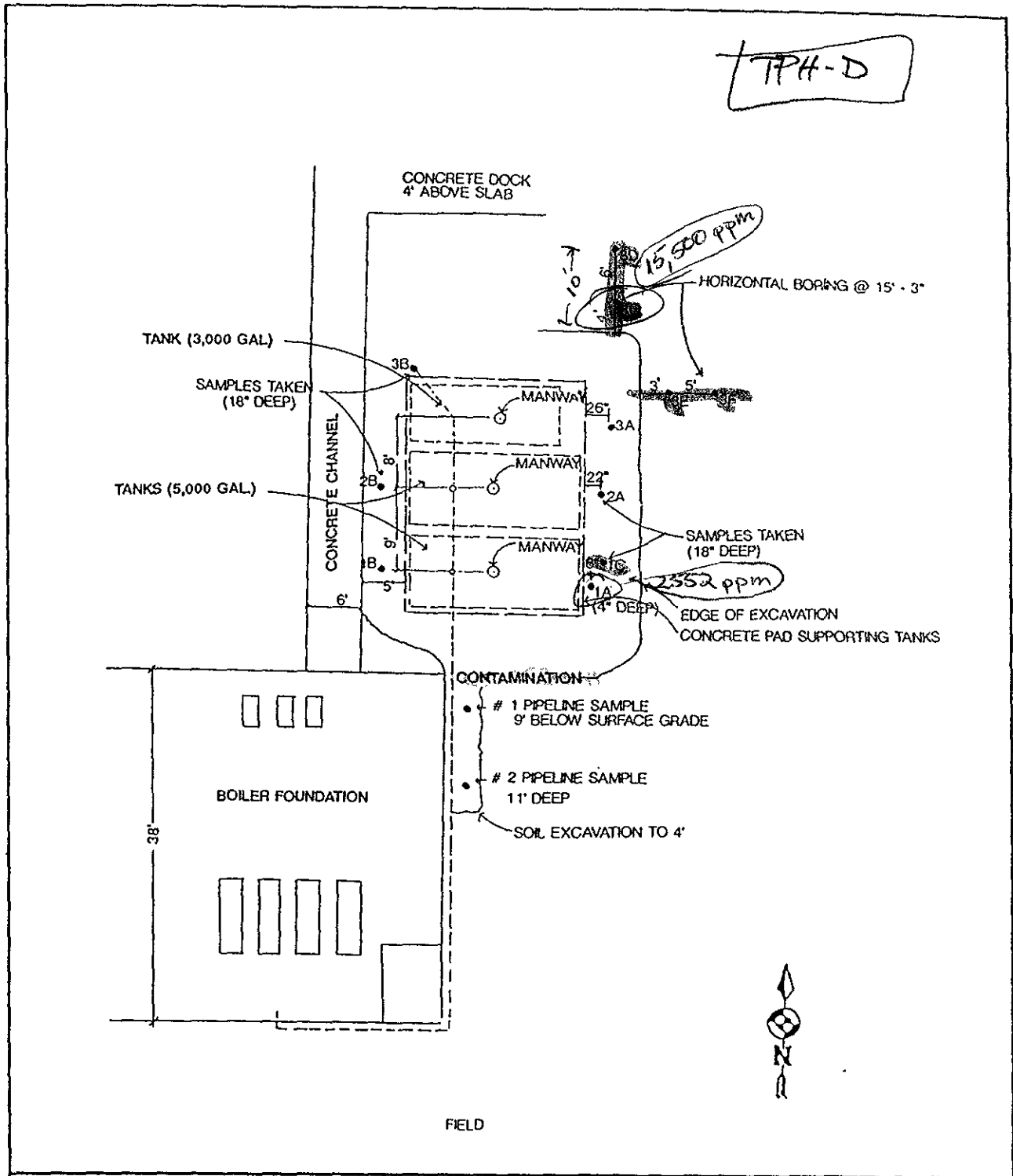


A HUNTER ENVIRONMENTAL SERVICES COMPANY

GREGG & ASSOCIATES, INC.
 597 Center Avenue, Suite 350
 Martinez, CA 94553
 (415) 372-3637

Figure 2942-1
LOCATION OF TANKS 2942-1, 2, AND 3 AT
SANTA RITA REHABILITATION CENTER

TPH-D



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Figure 2942-2
SAMPLING LOCATIONS FOR TANKS 2942-1, 2 & 3
AT SANTA RITA REHABILITATION CENTER

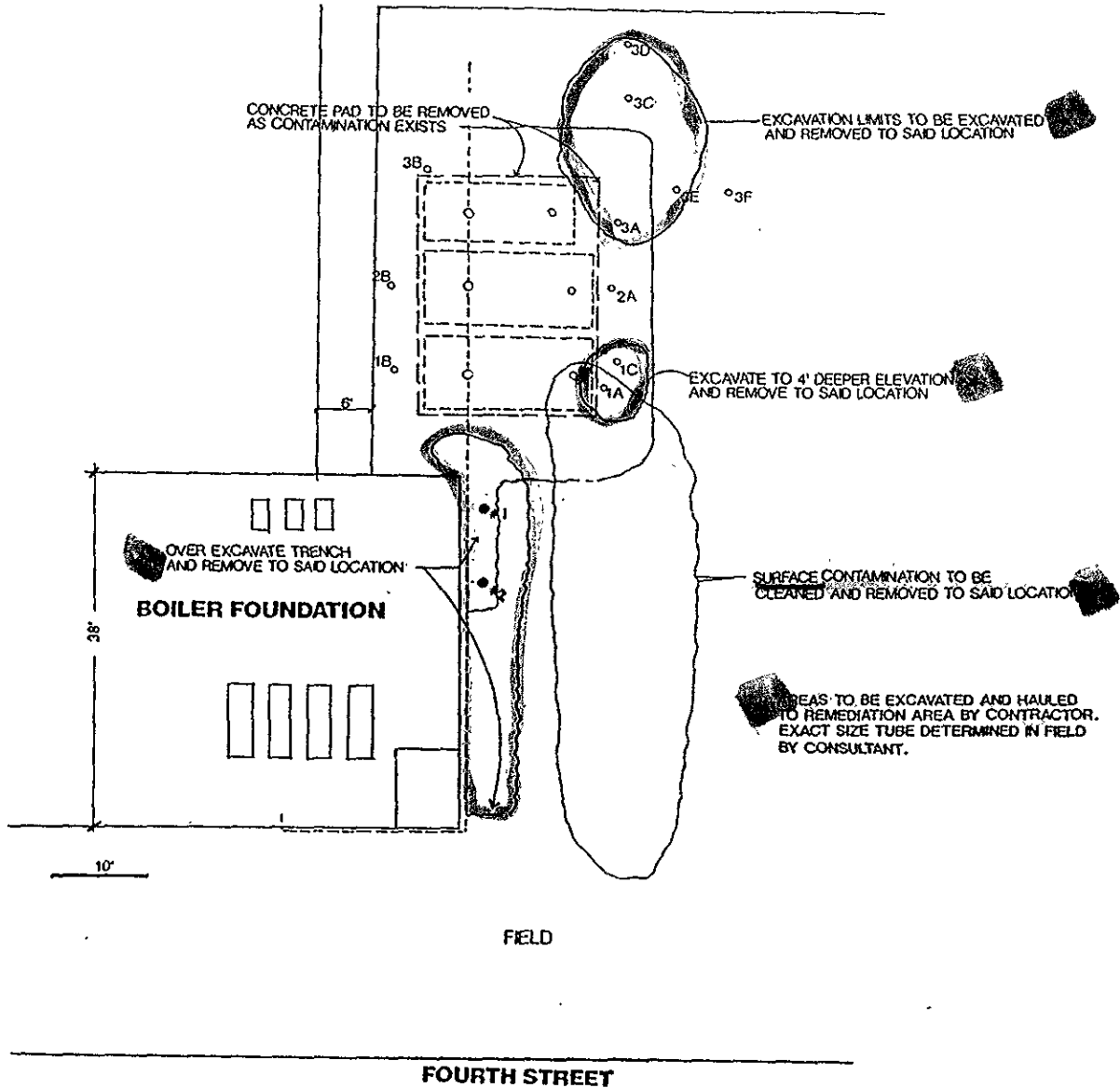
Table 1
SUMMARY OF ANALYTICAL RESULTS OF SOIL SAMPLES
FOR TANKS 2942-1,2 & 3 AT SANTA RITA REHABILITATION CENTER

<u>Sample</u>	<u>Concentration (ppm)</u>		
	<u>Gasoline Range</u>	<u>Diesel Range</u>	<u>Oil & Grease</u>
1A	50	2552	174
1B	ND	ND	6
1C		ND	22
2A	ND	ND	8
2B	ND	ND	22
3A	ND	25	37
3B	ND	36	46
3C	195	15,500	1097
3D		ND	42
3E		ND	35
3F		ND	34
Pipeline	ND	ND	18

Notes:

1. Analysis for Total Petroleum Hydrocarbons by Modified EPA SW-846 Method 8015.
2. Analysis for Oil & Grease (Hydrocarbons) by Standard Methods Method 503E.
3. ND = Non-Detectable or mg/kg TPH.

CONTAMINATED AREAS THAT NEED FURTHER EXCAVATION AT SANTA RITA FACILITY. TANKS #1 AND #3 AND ADJOINING TRENCH



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Figure 2942-3
EXCAVATION PLAN FOR TANKS 2942-1,2 & 3
AT SANTA RITA REHABILITATION CENTER

The excavated soil will be carried to the on-site treatment site, placed on top of a plastic sheet, and covered, as required by the weather. The excavation will be filled using clean on-site soils.

The stockpiled contaminated soil will be treated using a mobile treatment unit or another approved method of treatment. The reconditioned soil will be placed back in the excavation or at another on-site location.

SOIL PURIFICATION ALTERNATIVE

The contaminated soil may be treated by Earth Purification using a mobile soil heating unit and a vapor recovery and treatment system. The soil contaminants are vaporized as the soil is passed through the equipment. The vapors are treated to meet the requirements of the Bay Area Air Quality Management District. Since this is still in the demonstration phase, Earth Purification has obtained tentative approval from the AQMD to perform the work at Santa Rita.

The soil treatment and vapor purification system is carried on two semi-trailers. One pilot study was completed in California by Earth Purification and another is scheduled for Caltrans in mid-May. The details will be discussed after the site excavation has been completed.

OTHER TREATMENT ALTERNATIVES

The soil has been contaminated with a slightly volatile heavy fuel oil. No BTEX was detected in any of the samples. One sample had a TPH of 15,500 ppm as Diesel and another sample had a TPH of 2552 ppm as Diesel. All of the other samples were below 100 ppm or non-detectable. Since the heavy fuel oil is closely related to non-volatile asphaltic oils, it is possible that the contaminated soil could be spread on a gravel road surface or on an asphalt paving surface and left in place without further treatment.

BTEX was not sought - see lab report / chain of custody forms.

APPENDIX

- **Underground Tank Closure Plan**
- **Underground Storage Tank Unauthorized Release / Contamination Site Report**
- **Chain of Custody**
- **Laboratory Results**

PROTECTIVE EQUIPMENT NEEDED:

<input checked="" type="checkbox"/> hard hats	<input checked="" type="checkbox"/> safety goggles	<input type="checkbox"/> dredger tubes
<input checked="" type="checkbox"/> gloves	<input type="checkbox"/> boots	<input type="checkbox"/> radiation meter
<input type="checkbox"/> coveralls (disposable)	<input checked="" type="checkbox"/> respiration	<input type="checkbox"/> others (specify):
<input type="checkbox"/> OVA	<input checked="" type="checkbox"/> explosimeter	_____

DISPOSAL OF CONTAMIANATED MATERIAL:

	Type of Contamination	Method of Disposal
<input type="checkbox"/> protective clothing	_____	_____
<input checked="" type="checkbox"/> ground water and soils	_____	<u>Class 1 Landfill</u>
<input checked="" type="checkbox"/> equipment	_____	Steam or TSP
<input checked="" type="checkbox"/> rinse water	_____	<u>Solididfed- Class 1 Landfill</u>
<input type="checkbox"/> other: _____	_____	_____

METHODS OF DISPOSAL:

1. Put into waste drums
2. Rinse thoroughly and re-use
3. Not applicable

Field safety officer is responsible for determining proper disposal methods.

EMERGENCY EQUIPMENT:

<input checked="" type="checkbox"/> first aid kit (mandatory)	<input type="checkbox"/> welding equipment
<input type="checkbox"/> others (specify) _____	<input checked="" type="checkbox"/> spill containment kit
_____	<input type="checkbox"/> repair kits (specify) _____
_____	_____

POSSIBLE EMERGENCIES:

<input checked="" type="checkbox"/> fire	<input checked="" type="checkbox"/> contamination
<input checked="" type="checkbox"/> spills	<input checked="" type="checkbox"/> ruptured lines

MATERIAL SAFETY DATA SHEETS (MSDS);

Available (please attach) Not Available

Dear Customer: This Bulletin contains important environmental, health and toxicology information for your employees who recently ordered this product. Please make sure this information is given to them. If you resell this product, this Bulletin should be given to the Buyer. This Form may be reproduced without permission

Chevron U.S.A. Inc.

?

Material Safety Data Sheet

Prepared According to the OSHA Hazard Communication Standard (29 CFR 1910.1200).
(Formerly Called MATERIAL INFORMATION BULLETIN)

CHEVRON Diesel Fuel No. 2

DANGER! HARMFUL OR FATAL IF SWALLOWED
PROLONGED OR REPEATED CONTACT WITH SKIN MAY BE HARMFUL
MAY CAUSE SKIN IRRITATION
COMBUSTIBLE
KEEP OUT OF REACH OF CHILDREN

TYPICAL COMPOSITION

Petroleum mid-distillate (CAS 68476-34-6)

100%

EXPOSURE STANDARD

No Federal OSHA exposure standard or ACGIH TLV has been established for this material.

PHYSIOLOGICAL & HEALTH EFFECTS

Expected to cause no more than minor eye irritation.

May cause skin irritation. Application of a similar material onto the skin of rabbits produced moderate to severe skin irritation. Prolonged or repeated skin contact may be harmful. See Additional Health Data.

Prolonged breathing of high vapor concentrations can cause central nervous system effects. See Additional Health Data.

Not expected to have acute systemic toxicity by ingestion. Note to Physician: Ingestion of this product or subsequent vomiting can result in aspiration of light hydrocarbon liquid which can cause pneumonitis.

EMERGENCY & FIRST AID PROCEDURES

Eyes

Flush eyes immediately with fresh water for at least 15 minutes while holding the eyelids open. If irritation persists, see a doctor.

Skin

Remove contaminated clothing. Wash skin thoroughly with soap and water. See a doctor if irritation occurs. Launder contaminated clothing.

Inhalation

If there are signs or symptoms due to breathing this material as described in this MSDS, move the person to fresh air. If any of these effects continue, see a doctor.

Ingestion

If swallowed, give water or milk to drink and telephone for medical advice. DO NOT make person vomit unless directed to do so by medical personnel. If medical advice cannot be obtained, then take the person and product container to the nearest medical emergency treatment center or hospital.

SANTA RITA
ALAMEDA COUNTY

ENVIRONMENTAL INCIDENT NOTIFICATION LIST

<u>AGENCY</u>	<u>PHONE NUMBER</u>	<u>TIME NOTIFIED</u>	<u>NAME OF PERSON REPORTED TO</u>
Fire Department	911 or (415) 447-6611		
State Office of Emergency Services	(800) 852-7550		
National Response Center	(800) 424-8802		
Water Quality Board	(415) 464-1255		
Fish & Game (day) (night & weekends)	(415) 326-0324 (415) 557-0220		
Client Phone Number(s)*	(415) 828-5400 (ext. 306) Harvey Knight		
Bay Area Air Quality Management**	(415) 771-6000		
Department of Health (Alameda County)	(415) 874-7237 or (415) 874-6794		
Department of Health (California)	(415) 540-2043		
Coast Guard	(415) 437-3073		
Environmental Protection Agency	(415) 974-8131		
Alameda County Water District	(415) 659-1970		
Environmental Technology Phone Numbers	(408) 723-3837 (408) 995-2683		

* Notify Client IMMEDIATELY

** For releases or threatened releases to air from any type of an incident.

ADDITIONAL HEALTH DATA

See Page 3

SPECIAL PROTECTIVE INFORMATION

Eye Protection: Do not get in eyes. Eye contact can be avoided by wearing chemical safety goggles.

Skin Protection: Avoid contact with skin or clothing. Skin contact can be minimized by wearing impervious protective clothing including gloves.

Respiratory Protection: This material may be an inhalation hazard, and unless ventilation is adequate, the use of an approved respirator is recommended.

Ventilation: Use this material only in well ventilated areas.

FIRE PROTECTION

Liquid evaporates and forms vapor (fumes) which can catch fire and burn with explosive violence. Invisible vapor spreads easily and can be set on fire by many sources such as pilot lights, welding equipment, and electrical motors and switches. Fire hazard is greater as liquid temperature rises above 85°F.

Flash Point: (P-M)125°F(52°C)

Autoignition Temp.: NDA

Flammability Limits: n/a

Extinguishing Media: CO₂, Dry Chemical, Foam, Water Fog.

Special Fire Fighting Procedures: For fires involving this material, do not enter any enclosed or confined fire space without proper protective equipment. This may include self-contained breathing apparatus to protect against the hazardous effects of normal products of combustion or oxygen deficiency. Read the entire MSDS.

SPECIAL PRECAUTIONS

See Page 3.

ENVIRONMENTAL PROTECTION

X-110021 104-R5

Environmental Impact: This material is not expected to present any environmental problems other than those associated with oil spills.

Precautions if Material is Released or Spilled: Eliminate all open flame in vicinity of spill or released vapor. Stop the source of the leak or release. Clean up releases as soon as possible, observing precautions in Special Protective Information. Contain liquid to prevent further contamination of soil, surface water or groundwater. Clean up small spills using appropriate techniques such as sorbent materials or pumping. Where feasible and appropriate, remove contaminated soil. Follow prescribed procedures for reporting and responding to larger releases.

Waste Disposal Methods: Place contaminated materials in disposable containers and dispose of in a manner consistent with applicable regulations. Contact local environmental or health authorities for approved disposal of this material.

REACTIVITY DATA

Stability (Thermal, Light, etc.): Stable.

Incompatibility (Materials to Avoid): May react with strong oxidizing materials.

Hazardous Decomposition Products: Normal combustion forms carbon dioxide and water vapor; incomplete combustion can produce carbon monoxide.

PHYSICAL PROPERTIES

Solubility: Miscible with hydrocarbons; insoluble in water.

Appearance (Color, Odor, etc.): Pale yellow liquid

Boiling Point: 157-371°C (315-700°F)

Melting Point: n/a

Specific Gravity: 0.82 @ 15.6/15.6°C (Typical)

Vapor Pressure: 0.04 psia @ 40°C

Vapor Density (Air=1): NDA

Percent Volatile (Volume %): NDA

Evaporation: NDA

Viscosity: 1.9 @ 40°C (Min.)

n/a = Not Applicable

NDA = No Data Available

The above information is based on data of which we are aware and is believed to be correct as of the date hereof. Since the information contained herein may be applied under conditions beyond our control and with which we may be unfamiliar and since data made available subsequent to the date hereof may suggest modifications of the information, we do not assume any responsibility for the results of its use. This information is furnished upon the condition that the person receiving it shall make his own determination of the suitability of the material for his particular purpose.

No. 525

Diesel Fuel Pa 2

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

470 - 27TH ST., RM. 322
 OAKLAND, CA 94612
 PHONE NO. 415/874-7214

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
 470 - 27th Street 3rd Floor
 Oakland CA 94612
 Telephone: 415 874 7214

These plans must be approved by the State and local health officials. The Department is now releasing for public review. The project requires a permit for construction. One copy of these accepted plans must be on file with the contractor and craftsman involved in the construction. Any changes or alterations to these plans and specifications must be submitted to this Department and to the Fire Department. Building Inspector must determine if such changes comply with State and local laws.

Notify the Department at least 48 hours prior to the following requirements: *permeable*
 Department of Tank and Piping

Historical records shall be dependent on compliance with applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Solomon

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name ENVIRONMENTAL TECHNOLOGY
 Business Owner STUART SOLOMON AND DAVID WHITMAN
2. Site Address SANTA RITA REHABILITATION CTR
 City PLEASANTON Zip 94566 Phone 415 828-5400
3. Mailing Address PO Box 87
 City Pleasanton Zip 94566 Phone same
4. Land Owner ALAMEDA COUNTY
 Address 4400 MAC ARTHUR BLVD City, State OAKLAND Zip 94619
5. EPA I.D. No. CAD981397060
6. Contractor ENVIRONMENTAL TECHNOLOGY
 Address 4606 MERIDIAN AVE G
 City SAN JOSE, CA 95124 Phone 408 723-3837
 License Type C61D40 ID# 52227
7. Other (Specify) _____
 Address _____
 City _____ Phone _____

8. Contact Person for Investigation

Name STUART SOLOMON / MARY-KAY BURGESS Title PROPRIETOR
ADMINISTRATOR
Phone 408 723-3837

9. Total No. of Tanks at facility 2

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

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name ALLIED OIL & PUMPING EPA I.D. No. CAT 080014277
Address PO BOX 399
City ALVISO State CA Zip 95002

b) Rinsate Transporter

WASTE TRANSPORTED TO REFINERY SERVICES, PATTERSON
Name _____ EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

c) Tank Transporter

Name H & H SHIP SERVICE EPA I.D. No. CAD004771168
Address 220 CHINA BASIN
City SAN FRANCISCO State CA Zip 94107

d) Contaminated Soil Transporter

Name BAUERLE TRUCKING EPA I.D. No. CAD 980585780
Address 1468 Oak Canyon Place
City SAN JOSE State CA Zip 95120

12. Sample Collector

Name MICHAEL PRINCEVALLE / ALAMEDA COUNTY PREFERS CONSULTANT TO WITNESS SAMPLES
Company ENVIRONMENTAL TECHNOLOGY
Address 4606 MERIDIAN AVE STE
City San Jose State CA Zip 95124 Phone 408 723-3837

13. Sampling Information for each tank or area: SOIL SAMPLES TO BE TAKEN ONE FOOT BELOW EACH TANK. ONE AT FILL END AND ONE AT OPPOSITE END OF TANK. PIPING: SAMPLE TO BE TAKEN EVERY 20 FT. AND/OR AT JOINTS. TOTAL SAMPLES: FOUR

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
3,000 gal.	BUNKER C		
3,000 gal.	BUNKER C		
TESTS PROVED CONTENT TO BE 98% WATER.			

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

If yes, describe. _____

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

If yes, describe. INERTING THE TANK; INSTALL A MINIMUM OF 15 LBS. OF DRY ICE PER 100 GAL. TANK CAPACITY, AT LEAST 2 HOURS PRIOR TO INSPECTION OF LEL AND REMOVAL OF TANK.

16. Laboratories

Name GROUNDWATER TECHNOLOGY LABS Superior Analytical
 Address 4080 PIKE LANE Ste C 1385 Fairfax, Santa
 City CONCORD SF State CA Zip 94520 94124
 State Certification No. 194 220

17. Chemical Methods to be used for Analyzing Samples :

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
BUNKER C	TPH - HIGH BOILING POINT HC'S	

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

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

Copy of Certificate enclosed? Yes [x] No []

Name of Insurer FARMERS INSURANCE GROUP

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

21. Deposit enclosed? Yes [x] No []

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

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

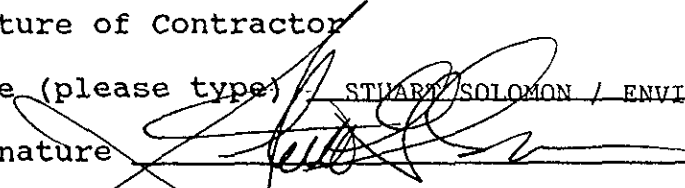
I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin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

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

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

Signature of Contractor


Name (please type) STUART SOLOMON / ENVIRONMENTAL TECHNOLOGY

Signature 

Date MARCH 14, '88

Signature of Site Owner or Operator

Name (please type) COUNTY OF ALAMEDA / MR. PAUL LE CHEMINANT

Signature 

Date 3/17/88

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.



TRUCK INSURANCE EXCHANGE

INTERIM CERTIFICATE AS TO EVIDENCE OF INSURANCE

THIS IS NOT AN INSURANCE POLICY. THIS IS ONLY A VERIFICATION OF INSURANCE. IT DOES NOT IN ANY WAY AMEND, EXTEND OR ALTER THE COVERAGE PROVIDED BY THE POLICIES LISTED BELOW.

Named Insured **STUART SOLOMON & DAVID WHITMANB**
Address **DBA: ENVIRONMENTAL TECHNOLOGY**
4606 MERIDIAN AVENUE, SUITE G
SAN JOSE, CA 95124

96 62 380	Policy # - Gen. Liab.
Agent	Policy # - Auto Liab.
	Policy # - CARGO
	N05 08 36 44
	Policy # - Work Comp.

This is to certify that policies for the above named insured are in force as follows:

This Interim Certificate As To Evidence of Insurance shall expire sixty days from 12:01 a. M., 3/1, 1988, unless cancelled prior to such date by written notice to the named insured.

Please issue a Permanent Certificate

COVERAGE	COMBINED LIMITS OF LIABILITY																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">COVERED</td> <td style="width: 15%; text-align: center;">NOT COVERED</td> <td style="width: 70%;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>AUTO LIABILITY</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Owned</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Hired</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Non-Owned</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Employer's Non-Ownership</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Contingent Liability</td> </tr> </table>	COVERED	NOT COVERED		<input type="checkbox"/>	<input checked="" type="checkbox"/>	AUTO LIABILITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Owned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hired	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-Owned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employer's Non-Ownership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contingent Liability	<p>Bodily Injury \$ _____,000 each person \$ _____,000 each occurrence</p> <p>Property Damage \$ _____,000 each occurrence</p> <hr/> <p>Single Limit Liability for Coverages checked <input checked="" type="checkbox"/> above \$ _____,000 each occurrence</p>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	M&C - OLT																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Owners & Contractors																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contractual*																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elevators																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Products and/or																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Completed Operations																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 70%;">CARGO</td> </tr> </table>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CARGO	<p>\$ _____,000 each vehicle \$ _____,000 each occurrence</p>																		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CARGO																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 15%; text-align: center;"><input type="checkbox"/></td> <td style="width: 70%;">WORKERS' COMPENSATION</td> </tr> </table>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WORKERS' COMPENSATION	<p style="text-align: center;">Statutory</p>																		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WORKERS' COMPENSATION																				

* Includes Goods or Products Warranty, Written Lease of Premises, Easement Agreement, Municipal Ordinance Agreement, Sidetrack Agreement, Elevator or Escalator Maintenance Agreement only, unless accompanied by specific endorsement providing additional Contractual Coverage.

Described below Description waived

OWNED AUTO-MOBILES, IF COVERED	YEAR, MAKE, TYPE OF BODY, LOAD CAPACITY	IDENTIFICATION NUMBER
		LAST 3 DIGITS SHOWN

_____ Umbrella Liability <small>POLICY NUMBER</small>	\$ _____,000 retained limit \$ _____ each occurrence \$ _____ aggregate
----------------------------------------------------------	-------------------------------------------------------------------------------

If this Interim Certificate As To Evidence Of Insurance is to be cancelled prior to the expiration date, we shall provide 10 days advance notice in writing to whom this certificate is issued.

Certificate issued to:

Name And Address **COUNTY OF ALAMEDA**
GENERAL SERVICE AGENCY BUILDING
MAINTENANCE DEPT.
4400 MAC ARTHUR BLVD
OAKLAND, CA 94619

Countersigned
 Authorized Representative

** Not Applicable in Texas.

*** In Texas the aggregate also applies to owners and contractors protective, contractual and/or completed operations.

SAFETY PLAN

The following Safety Plan should be completed by the Project Manager and must be approved by the Health Safety Officer and Field Safety Officer prior to the performance of all work related to the handling, transport or disposal of hazardous materials.

Project Manager to fill in the following:

Job No: 020881 Project Name: Gregg and Associates

Project Manager: Mr. David Whitman

Project Personnel: Dave Whitman, Greg Evertt, Damon Bush

Others: Rex Shipman, Gino/Quitán Feyling

SITE LOCATION: Santa Rita State Jail, Plesanton, CA

WORK DESCRIPTION:

Objectives: Closure of Underground storage tanks, believed to have contained diesel fuel.

Methods: Removal (pumping out) of contents found in the tanks; exposing of the tanks for excavation; excavation of the tanks; collection of soils samples; provide for the proper disposal of the tanks; removing soils materials that appear to be contaminated; backfill excavation.

ANTICIPATED CHEMICAL CONTAMINANTS:

<u>Chemical</u>	<u>Max. Concentrations (ppm/ppb)</u>
<u>Diesel Fuel (Bunker 6)</u>	<u>1000 ppm</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HAZARD ASSESSMENT:

<u>Chemical</u>	<u>TWA</u>	<u>STEL</u>
<u>Diesel Fuel</u>	<u>No level</u>	<u>established</u>

Notes: TWA: 8 hour time-weighted average.

STEL: Short-term exposure limit (usually 15 minutes) as established by American Conference of Governmental Industrial Hygenists (ACGIH).

NR: Denoted not regulated.

SERVICE LINES AND PIPES (include location as necessary): Briefly describe any piping in the work area, including a description of markings on the pipes. Attach diagrams of immediate work area.

BE SURE TO INDICATE ON A SITE MAP !!

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 type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.	
REPORT DATE M 3 D 20 Y 8 V 18		CASE #		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Norm Nelson		PHONE (415) 372-3637	SIGNATURE Norm Nelson	
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Gregg & associates Inc		
	ADDRESS 597 STREET Center Ave CITY Martinez STATE Ca ZIP 94553				
RESPONSIBLE PARTY	NAME Alameda County <input type="checkbox"/> UNKNOWN		CONTACT PERSON Paul hecheminant	PHONE (415) 530-4660	
	ADDRESS 4400 STREET Mac Arthur Blvd CITY Oakland STATE Ca ZIP 94619				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Santa Rita Rehabilitation center		OPERATOR Harvey Knight	PHONE (415) 828-5400	
	ADDRESS 4847 STREET Alta moreno ave CITY Alhambra COUNTY Alameda ZIP 94566				
	CROSS STREET Jasahara	TYPE OF AREA <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> OTHER Jail area	TYPE OF BUSINESS <input checked="" type="checkbox"/> FARM <input type="checkbox"/> OTHER rehabilitation center		
ALLEGING AGENCIES	LOCAL AGENCY Alameda County Health agency		CONTACT PERSON Storm Garanson	PHONE (415) 871-7237	
	REGIONAL BOARD Calif Regional Water Quality Control		CONTACT PERSON Tom Calihan	PHONE (415) 464-1255	
SUBSTANCES INVOLVED	(1) NAME Bunker S oil		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2) _____ <input type="checkbox"/> UNKNOWN				
DISCOVERY/ABATEMENT	DATE DISCOVERED M 3 D 19 Y 8 V 18	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN M M D D Y Y <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE M M D D Y Y				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		TANKS ONLY/CAPACITY 5,000 5,000 3,000 GAL AGE 30? YRS <input type="checkbox"/> UNKNOWN	MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER	CAUSE(S) <input checked="" type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER open train set
	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 checked="" type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)				

COMMENTS: underground Tanks were mounted on a concrete pad which contained most of the product loss. Tests on Soil samples are being run to determine extent of contamination.



GREGG & ASSOCIATES, INC.
A Hunter Company

597 Center Avenue, Suite 350, Martinez, CA 94553 / (415) 372-3637

CHAIN OF CUSTODY RECORD

DATE 3/22/88 PAGE 1 OF 1

NAME		PARAMETERS										OTHER					PARAMETER KEY:			
ADDRESS		1	2	3	④	⑤	6	7	8	9	10	11	12	13	14	15	16	17	18	10-TOC
Alameda County																				
Santa Rita																				
02-216-002																				
PROJECT																				
TAKE PERIODIC SAMPLES																				
SAMPLER'S NAME																				
(print) Norm Nelson																				
(signature) Norm Nelson																				
sample #	date	time	location																	
1A	3/15	5:00	Santa Rita			X	X						X							1
1P	3/15	1:25	Santa Rita			X	X													1
2A	3/15	6:00	Santa Rita			X	X													1
2P	3/15	2:00	Santa Rita			X	X						X							1
3A	3/15	6:00	Santa Rita			X	X													1
3P	3/15	2:00	Santa Rita			X	X													1
3C	3/15	3:20	Santa Rita			X	X						X							1
1p/1c/1e	3/22	4:00	Santa Rita			X	X													1

RELINQUISHED BY: (signature)	RECEIVED BY: (signature)	date	time	TOTAL NUMBER OF CONTAINERS THIS SHEET:	
Norm Nelson	Michael J. ...	3/22	11:20	8	
METHOD OF SHIPMENT:					
SPECIAL SHIPMENT/HANDLING OR STORAGE REQUIREMENTS:					
DISPATCHED BY: (signature)	date	time	RECEIVED FOR LAB BY: (sig)	date	time

PARAMETER KEY:

- T 1-CAM METALS (18) 0-
- O 2-PR. POLLUTANT METALS (13) 0-
- T 3-GENERAL MINERALS 0-
- A 4-OIL & GREASE 0-
- L 5-PETROLEUM HYDROCARBONS 0-
- S 6-BASE/NEU/ACIDS (ORGANICS) 0-
- 1 7-PESTICIDES 0-
- 1 8-VOLATILE ORGANICS (601/602) 0-
- 1 9-VOLATILE ORGANICS (624) 0-
- 1 10-TOC 0-

HSE PERMIT
 OK 3/22/88

OBSERVATION/COMMENTS

4-(method same)

SUPERIOR ANALYTICAL LABORATORY, INC.

1385 FAIRFAX ST., STE D • SAN FRANCISCO, CA 94124 • PHONE (415) 647-2081

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO. 50150
CLIENT: Gregg & Associates
CLIENT ID: Santa Rita

DATE RECEIVED: 3/22/88
DATE REPORTED: 3/30/88
JOB NO. N/A

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS
by Modified EPA SW-846 Method 8015

Sample	Concentration (mg/kg)		
	Gasoline Range	Diesel Range	O & G
1A	50	2552	174
1B	ND <10	ND <10	6
2A	ND <10	ND <10	8
2B	ND <10	ND <10	22
3A	ND <10	25	37
3B	ND <10	36	46
3C	195	15,500	1097
1 Pipeline	ND <10	ND <10	18

Richard F. Srna, Ph.D.

Richard F. Srna
Laboratory Manager

OUTSTANDING QUALITY AND SERVICE



GREGG & ASSOCIATES, INC.
A Hunter Company

597 Center Avenue, Suite 350, Martinez, CA 94553 / (415) 372-3637

CHAIN OF CUSTODY RECORD

DATE MARCH 31, 1988 PAGE 1 OF 1

NAME <u>GREGG & ASSOCIATES</u>				PARAMETERS										OTHER						PARAMETER KEY:		
ADDRESS <u>ALAMEDA COUNTY</u>				1	2	3	4	5	6	7	8	9	10	0	0	0	0	0	0	T	1-CAM METALS (18)	10-TOC
PROJECT <u>SANTA RITA</u>																		O	2-PR. POLLUTANT METALS (13)	0-		
SAMPLER'S NAME (print) <u>NORM NELSON</u>																		T	3-GENERAL MINERALS	0-		
(signature) <u>[Signature]</u>																		O	4-OIL & GREASE	0-		
sample #	date	time	location															T	5-PETROLEUM HYDROCARBONS	0-		
1C	3/31	9:30					X	X										A	6-BASE/NEU/ACIDS (ORGANICS)	0-		
3D	3/31	9:45					X	X										L	7-PESTICIDES			
3E	3/31	10:00					X	X										S	8-VOLATILE ORGANICS (601/602)			
3F	3/31	10:15					X	X											9-VOLATILE ORGANICS (624)			
RELINQUISHED BY: (signature)				RECEIVED BY: (signature)				date	time	TOTAL NUMBER OF CONTAINERS THIS SHEET:												
1. <u>[Signature]</u>				1. <u>[Signature]</u>				3/31	1250													
2.				2.						METHOD OF SHIPMENT:												
3.				3.						SPECIAL SHIPMENT/HANDLING OR STORAGE REQUIREMENTS:												
4.				4.																		
DISPATCHED BY:(signature)		date	time	RECEIVED FOR LAB BY:(sig)		date	time															

SUPERIOR ANALYTICAL LABORATORY, INC.

1385 FAIRFAX ST., STE D • SAN FRANCISCO, CA 94124 • PHONE (415) 647-2081

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO. 50153
CLIENT: Gregg & Associates
CLIENT ID: Santa Rita

DATE RECEIVED: 3/31/88
DATE REPORTED: 4/4/88
JOB NO. N/A

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS
by Modified EPA SW-846 Method 8015

Sample Identification -----	Concentration (ppM) -----
1C 3/31 9:30	ND<10
3D 3/31 9:45	ND<10
3E 3/31 10:00	ND<10
3F 3/31 10:15	ND<10

Richard F. Srna, Ph.D.

Richard F. Srna
Laboratory Manager

OUTSTANDING QUALITY AND SERVICE

SUPERIOR ANALYTICAL LABORATORY, INC.

1385 FAIRFAX ST., STE D • SAN FRANCISCO, CA 94124 • PHONE (415) 647-2081

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO. 50153
CLIENT: Gregg & Associates
CLIENT ID: Santa Rita

DATE RECEIVED: 3/31/88
DATE REPORTED: 4/4/88
JOB NO. N/A

ANALYSIS FOR OIL & GREASE (HYDROCARBONS)
by Standard Methods Method 503E

Sample Identification -----	Concentration (ppM) -----
1C 3/31 9:30	22
3D 3/31 9:45	42
3E 3/31 10:00	35
3F 3/31 10:15	34

Richard F. Srna, Ph.D.

Richard F. Srna RFS
Laboratory Manager

OUTSTANDING QUALITY AND SERVICE