

RB# 01-0913

# FUEL LEAK CASE FORM

ENTERDATE 10 / 8 / 92  
 REVIEWDATE 10 / 8 / 92  
 CORRESDATE 09 / 10 / 92  
 REPORTDATE 09 / 10 / 92

UPDATE STATUS N  
 REVIEW STATUS C  
 EVALUATOR JRW

SITENAME LINCOLN AIR 3 REFRIGERATION  
 STREETNO 2850  
 STREET POPLAR ST  
 CITY OAKLAND  
 ZIP 94608  
 COUNTY 01  
 LOCLAGENCY 01000

MOPNO \_\_\_\_\_  
 PRIMARY SUBSTANCE 8006619  
 SECONDARY SUBSTANCE 12034  
 MAXSOIL CONC. (ppm) 3000  
 MAXGW IMPACT (ppb) 99998888888  
 MAXBENZENE CONC. (ppb) 5500

CASETYPE S G D D  
 GROUNDWATER DEPTH ~ 10'

STATUS D  
 DATE3A \_\_\_\_\_  
 DATE3B \_\_\_\_\_  
 DATE5C \_\_\_\_\_  
 DATE5R \_\_\_\_\_  
 DATE7 \_\_\_\_\_  
 DATE8 \_\_\_\_\_  
 DATE9 \_\_\_\_\_

INTERIM Y

INTERMDATE \_\_\_\_\_  
 ABATEMETHD ALT

LEADAGENCY L R LI (RI)  
 DIVISION UST

ENFRCTYPE 0 1 2 3  
 ENFRCDATE \_\_\_\_\_  
 RPSEARCH S I R N

COMMENT (80 characters)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LOP - RECORD CHANGE REQUEST FORM

printed:  
04/20/99

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

Insp: EC

AGENCY # : 10000      SOURCE OF FUNDS: F      SUBSTANCE: 8006619  
 StID : 4048      LOC: 08/11/98  
 SITE NAME: Lindford Air & Refrigeration      DATE REPORTED : 07/28/92  
 ADDRESS : 2850 Poplar St      DATE CONFIRMED: 07/28/92  
 CITY/ZIP : Oakland      94608      MULTIPLE RPs : N

SITE STATUS

-----  
 CASE TYPE: O      CONTRACT STATUS: 4      PRIOR CODE:      EMERGENCY RESP:  
 RP SEARCH: S      DATE COMPLETED: 12/16/92  
 PRELIMINARY ASMNT:      DATE UNDERWAY:      DATE COMPLETED:  
 REM INVESTIGATION:      DATE UNDERWAY:      DATE COMPLETED:  
 REMEDIAL ACTION:      DATE UNDERWAY:      DATE COMPLETED:  
 POST REMED ACT MON:      DATE UNDERWAY:      DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1      DATE ENFORCEMENT ACTION TAKEN: 12/16/92  
 LUFT FIELD MANUAL CONSID:  
 CASE CLOSED:      DATE CASE CLOSED:  
 DATE EXCAVATION STARTED :      REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

-----  
 RP#1-CONTACT NAME: Mr. Robert Lindford  
 COMPANY NAME: Lindford Air & Refrigeration  
 ADDRESS: 2850 Poplar Street  
 CITY/STATE: Oakland, California 94608

INSPECTOR VERIFICATION:					
NAME _____	SIGNATURE _____	DATE _____			
DATA ENTRY INPUT:					
Name/Address Changes Only			Case Progress Changes		
ANNPMS _____	LOP _____	DATE _____		LOP _____	DATE _____

## ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION

04/20/99

## UNDERGROUND STORAGE TANK CLEANUP SITE

AGENCY#: 10000 SOURCE OF FUNDS: F-FEDERAL INSPECTOR: EC  
 StID: 4048 SUBSTANCE: 8006619 -Gasoline  
 SITE NAME: Lindford Air & Refrigeration DATE REPORTED : 07/28/92  
 ADDRESS : 2850 Poplar St DATE CONFIRMED: 07/28/92  
 CITY/ZIP : Oakland, CA 94608 MULTIPLE RP's : N

CASE TYPE: O CONTRACT STATUS: 4 PRIOR: EMERGENCY RESPONSE:

RP SEARCH	: S	DATE END:	12/16/92
PRELIM ASSESSMENT	:	DATE BEGIN:	DATE END:
REMEDIAL INVESTIG	:	DATE BEGIN:	DATE END:
REMEDIAL ACTION	:	DATE BEGIN:	DATE END:
POST REMED MONITOR:	DATE BEGIN:	DATE END:	

TYPE ENFORCEMENT ACTION TAKEN: 1 DATE OF ENFORC. ACTION: 12/16/92

## UNDERGROUND STORAGE TANK CLEANUP SITE - SCREEN #2

LUFT FIELD MANUAL CONSIDERATION: CASE CLOSED: on:

DT EXC START: REMEDIAL ACTIONS TAKEN:

RP #1: CONTACT: Mr. Robert Lindford RP COST:  
 RP COMPANY NAME: Lindford Air & Refrigeration Ph:  
 ADDRESS: 2850 Poplar Street  
 CITY/STATE: Oakland, California 94608

△MaMENT:

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



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

February 18, 1999

Mr. Robert Linford  
The Linford Company  
2850 Poplar Street  
Oakland, California 94608

Post-It™ brand fax transmittal memo 7671		# of pages ▶ 2
To FRANCIS RUSH	From SUSAN HUGO	
Co.	Co. ACDEM	
Dept.	Phone #	
Fax # 763-8844	Fax # 337-9335	

**Subject: Linford Property – 2850 Poplar Street, Oakland, CA 94608**

Dear Mr. Linford:

This agency has reviewed the case file for the above referenced property including the recent "Groundwater Monitoring Report" dated January 15, 1999, prepared and submitted by Aqua Science Engineers, Inc. for the subject site.

Elevated levels of petroleum hydrocarbon contamination (up to 6,000 ppb Total Petroleum Hydrocarbon (TPH) as gasoline; 1,800 ppb TPH as diesel; 1,100 ppb benzene; 1,000 ppb toluene; 140 ppb ethyl benzene and 1,300 ppb xylenes) are still detected in the groundwater beneath the site. These concentrations were evaluated using the ASTM's Risk Based Corrective Action (RBCA) methodology. Benzene concentration found in groundwater did not pass the Tier 1 Risk-Based Screening Level (RBSL) for groundwater to indoor air exposure pathway (using the commercial scenario).

Before closure can be pursued for this site, the following items should be addressed:

- 1) The groundwater flow direction beneath the site should be verified. It appears that groundwater flow direction change from south to southwest to southeast.
- 2) Groundwater monitoring should be conducted on a quarterly basis. Please submit a revised monitoring program.
- 3) Monitoring wells MW-1, MW-2 and MW-3 appeared to be screened below the water table. Please provide the rationale for the construction of these three wells and how it affects the results (if any) collected from the three wells.
- 4) Following the removal of the two tanks in 1992, a groundwater extraction well was installed in each of the tank pits. Please verify the status of these extraction wells, its accessibility and integrity.
- 5) In order to facilitate site closure, a RBCA Tier 2 evaluation has to be conducted or remediation to meet the RBCA Tier 1 Risk Based Screening Levels should be implemented at the subject property.

Mr. Robert Linford  
RE: 2850 Poplar Avenue, Oakland, CA 94608  
February 18, 1999  
Page 2 of 2

Please submit a work plan to address the following issues mentioned above. Your work plan should be submitted to this office no later than April 1, 1999.

If you have any questions concerning this letter or the subject site, please call me at (510) 567-6780.

Sincerely,



Susan L. Hugo  
Hazardous Materials Specialist

C: Chuck Headlee, San Francisco Bay Regional Water Quality Control Board  
Robert Kitay, ASE, 208 W. El Pintado, Danville, CA 94526  
SH / files

R.P. Robert Lindford

DATE: 12/16/92

TO : Local Oversight Program

FROM: Susan

SUBJ: Transfer of Eligible Oversight Case

Site name: Lindford Air & Refrigeration Co.

Address: 2850 Taylor St City Oakland Zip 94608

Closure plan attached?  Y  N DepRef remaining \$ \_\_\_\_\_

DepRef Project # \_\_\_\_\_ STID #(if any) 4048

Number of Tanks: 2 removed?  Y  N Date of removal 7/27/92

Leak Report filed?  Y  N Date of Discovery 7/27/92 of P during personal

Samples received?  Y  N Contamination: gasoline in soil groundwater

Petroleum Y N Types: Avgas Jet leaded unleaded Diesel fuel oil waste oil kerosene solvents

Monitoring wells on site none Monitoring schedule?  Y  N

Briefly describe the following:

Preliminary Assessment \_\_\_\_\_

Remedial Action \_\_\_\_\_

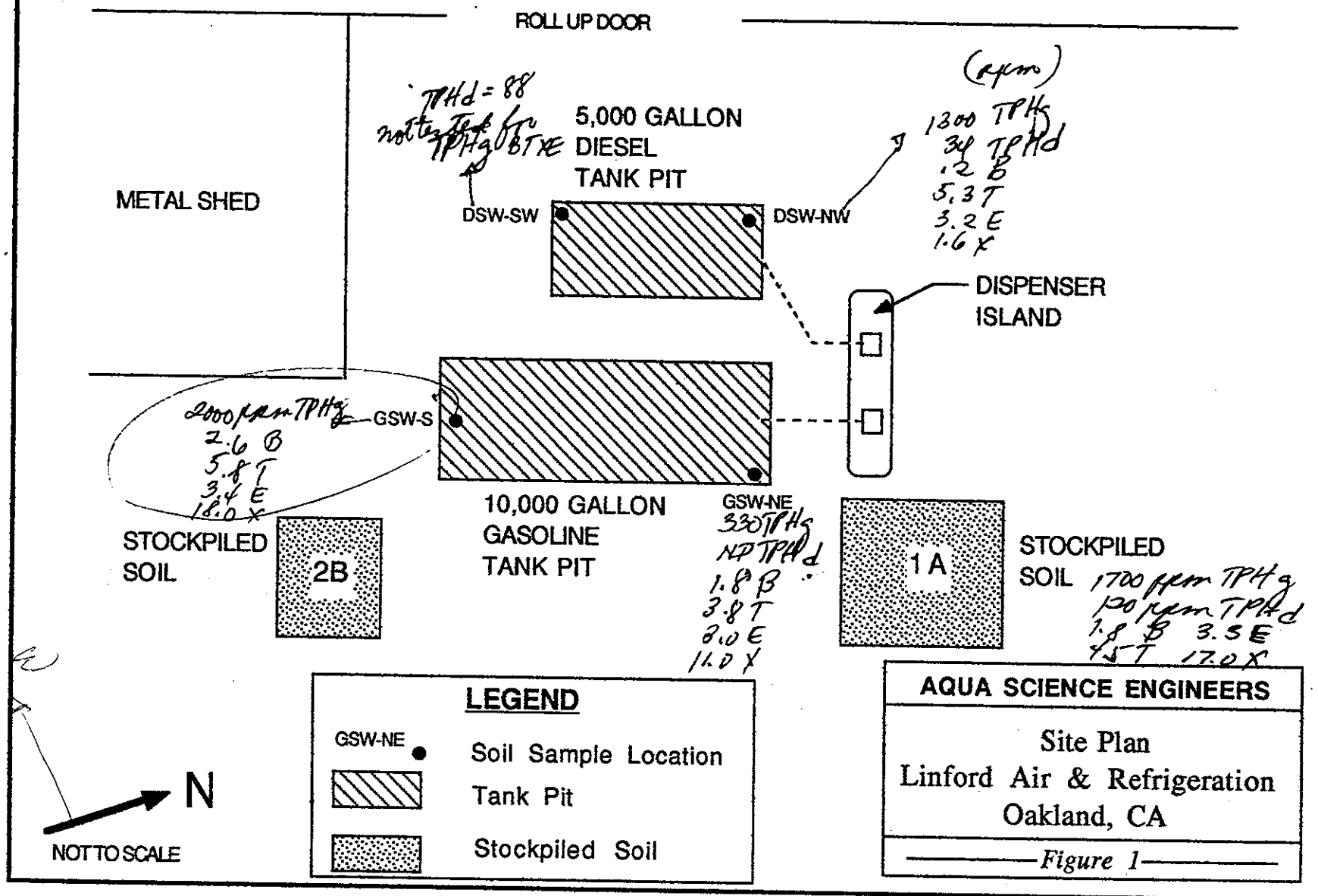
Post Remedial Action Monitoring \_\_\_\_\_

Enforcement Action \_\_\_\_\_

Comments:

2,000 ppm TPHg in soil

# LINFORD AIR & REFRIGERATION WAREHOUSE



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

124 (01) 01-0913

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		STATE TANK ID #							
REPORT DATE 07 M   20 D   89 Y   2 Y		LOCAL CASE #		REGIONAL BOARD CASE #							
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Steve Lehops		PHONE (510) 685-6700		SIGNATURE						
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD		COMPANY OR AGENCY NAME Aqua Science Engineers, Inc.								
	ADDRESS 1041 STREET Shary Circle CITY Concord STATE CA ZIP 94515										
RESPONSIBLE PARTY	NAME Robert Lindford <input type="checkbox"/> UNKNOWN		CONTACT PERSON Jack Barkin		PHONE (510) 834-2430						
	ADDRESS 2850 STREET Poplar CITY Oakland STATE CA ZIP 94608										
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Lindford Air & Refrigeration		OPERATOR Robert Lindford		PHONE (510) 834-2430						
	ADDRESS 2850 STREET Poplar CITY Oakland COUNTY Alameda ZIP 94608										
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Health Care Services		CONTACT PERSON Brian Oliva		PHONE (510) 571-4320						
	REGIONAL BOARD San Francisco Bay Regional Water Quality Control Board		TSCD								
SUBSTANCES INVOLVED	CAS # (ATTACH EXTRA SHEET IF NEEDED)		NAME		QUANTITY LOST (GALLONS)						
	(1)		Unleaded Gas		<input checked="" type="checkbox"/> UNKNOWN						
DISCOVERY/ABATEMENT	DATE DISCOVERED 07 M   20 D   89 Y   2 Y		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> ROUTINE MONITORING <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> NUISANCE CONDITIONS <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 checked="" 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 PROCEDURES <input type="checkbox"/> OTHER								
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 07 M   20 D   89 Y   2 Y										
SOURCE/CAUSE	SOURCE(S) OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER (SPECIFY) <u>Overfill</u>		TANKS ONLY/CAPACITY _____ GAL AGE _____ YRS. <input type="checkbox"/> UNKNOWN MATERIAL <input checked="" type="checkbox"/> STEEL <input checked="" type="checkbox"/> FIBERGLASS <input type="checkbox"/> OTHER _____		CAUSE(S) <input checked="" type="checkbox"/> OVERFILL <input type="checkbox"/> CORROSION <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER <u>Pipng</u>						
	RESOURCES AFFECTED		WATER SUPPLIES AFFECTED								
RESOURCES AFFECTED/AT RISK	AIR (VAPOR)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	THREATENED <input checked="" type="checkbox"/>	UNKNOWN <input type="checkbox"/>	PUBLIC DRINKING WATER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	THREATENED <input type="checkbox"/>	UNKNOWN <input checked="" type="checkbox"/>	# OF WELLS _____
	SOIL (VADOSE ZONE)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	THREATENED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	PRIVATE DRINKING WATER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	THREATENED <input type="checkbox"/>	UNKNOWN <input checked="" type="checkbox"/>	# OF WELLS _____
	GROUNDWATER	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	THREATENED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	INDUSTRIAL	YES <input type="checkbox"/>	NO <input type="checkbox"/>	THREATENED <input type="checkbox"/>	UNKNOWN <input checked="" type="checkbox"/>	# OF WELLS _____
	SURFACE WATER OR STORM DRAIN	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	THREATENED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	AGRICULTURAL	YES <input type="checkbox"/>	NO <input type="checkbox"/>	THREATENED <input type="checkbox"/>	UNKNOWN <input checked="" type="checkbox"/>	# OF WELLS _____
	BUILDING OR UTILITY VAULT	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	THREATENED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	OTHER (SPECIFY)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	THREATENED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	# OF WELLS _____
	OTHER (SPECIFY)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	THREATENED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>						
COMMENTS:		GROUNDWATER BASIN NAME <input checked="" type="checkbox"/> UNKNOWN									

AUG 9 1989  
QUALITY CONTROL BOARD