



Peter M. Rooney
Secretary for
Environmental
Protection

State Water Resources Control Board

John P. Caffrey, Chairman



Pete Wilson
Governor

Division of Clean Water Programs

2014 T Street, Suite 130 • Sacramento, California 95814 • (916) 227-4539 FAX (916) 227-4530
Mailing Address: P.O. Box 944212 • Sacramento, California • 94244-2120
Internet Address: <http://www.swrcb.ca.gov/~cwphome/ustcf/fundhome.htm>

98 SEP 24 PM 2:55
ENVIRONMENTAL
PROTECTION

September 22, 1998

John Douglas
Clementina Ltd.
P O Box 7680
San Francisco, CA 94120

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, NOTICE OF ELIGIBILITY DETERMINATION: CLAIM NUMBER 13259; FOR SITE ADDRESS: 5521 DOYLE ST, EMERYVILLE

Your claim has been accepted for placement on the Priority List in Priority Class "C" with a deductible of \$5,000.

Compliance Review: After adoption of the Priority List, staff will review, verify, and process applications based on their priority and rank within a priority class. During this Compliance Review, staff may request additional information needed to verify eligibility. Once review of the application is complete and the claim is determined to be valid, a Letter of Commitment will be issued obligating funds toward the cleanup. After the compliance review, your claim may be rejected if Division staff determine that you have not complied with regulations governing site cleanup, you have not supplied necessary information or documentation, or your claim application contains a material error. In such event, you will be issued a Notice of Intended Removal from the Priority List, informed of the basis for the proposed removal of your claim, and provided an opportunity to correct the condition that is the basis for the proposed removal. Your claim will be barred from further participation in the Fund, however, if the claim application contains a material error resulting from fraud or intentional or negligent misrepresentation.

Record keeping: During your cleanup project you should keep complete and well organized records of all corrective action activity and payment transactions. If you are eventually issued a Letter of Commitment, you will be required to submit: (1) copies of detailed invoices for all corrective action activity performed (including subcontractor invoices), (2) copies of canceled checks used to pay for work shown on the invoices, (3) copies of technical documents (bids, narrative work description, reports), and (4) evidence that the claimant paid for the work performed (not paid by another party). These documents are necessary for reimbursement and failure to submit them could impact the amount of reimbursement made by the Fund. *It is not necessary to submit these documents at this time; however, they will definitely be required prior to reimbursement.*

Compliance with Corrective Action Requirements: In order to be reimbursed for your eligible costs of cleanup incurred after December 2, 1991, you must have complied with corrective action requirements of Article 11, Chapter 16, Division 3, Title 23, California Code of Regulations. Article 11 categorized the corrective action process into *phases*. In addition, Article 11 requires the responsible party to submit an *investigative workplan/Corrective Action Plan* (CAP) before performing any work. This phasing process and the workplan/CAP requirements were intended to:

1. help the responsible party undertake the necessary corrective action in a cost-effective, efficient and timely manner;

California Environmental Protection Agency

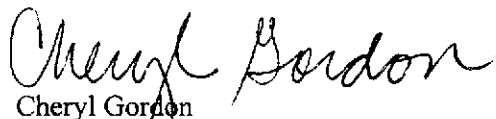
2. enable the regulatory agency to review and approve the proposed cost-effective corrective action alternative before any corrective action work was performed; and
3. ensure the Fund will only reimburse the most cost-effective corrective action alternative required by the regulatory agency to achieve the minimum cleanup necessary to protect human health, safety and the environment.

In some limited situations *interim cleanup* will be necessary to mitigate a demonstrated immediate hazard to public health, or the environment. Program regulations allow the responsible party to undertake interim remedial action after: (1) notifying the regulatory agency of the proposed action, and; (2) complying with any requirements that the regulatory agency may set. Interim remedial action should only be proposed when necessary to mitigate an immediate demonstrated hazard. ***Implementing interim remedial action does not eliminate the requirement for a CAP and an evaluation of the most cost-effective corrective action alternative.***

Three bids and Cost Preapproval: Only corrective action costs required by the regulatory agency to protect human health, safety and the environment can be claimed for reimbursement. You must comply with all regulatory agency time schedules and requirements and you must obtain three bids for any required corrective action. Unless waived in writing, you are required to obtain preapproval of costs for all future corrective action work. ***If you do not obtain three bids and cost preapproval, reimbursement is not assured and costs may be rejected as ineligible.***

If you have any questions, please contact me at (916) 227-4539.

Sincerely,



Cheryl Gordon
Claim Review Unit
Underground Storage Tank Cleanup Fund

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



Peter M. Rooney
Secretary for
Environmental
Protection

State Water Resources Control Board

John P. Caffrey, Chairman



Pete Wilson
Governor

Division of Clean Water Programs

2014 T Street, Suite 130 • Sacramento, California 95814 • (916) 227-4539 FAX (916) 227-4530
Mailing Address: P.O. Box 944212 • Sacramento, California • 94244-2120
Internet Address: <http://www.swrcb.ca.gov/~cwphome/ustcf/fundhome.htm>

99 AUG 10 AM 12:01

CALIFORNIA
ENVIRONMENTAL
PROTECTION

#1686
CL

August 11, 1998

Victoria Berjes
Clementina Ltd.
P O Box 7680
San Francisco, CA 94120

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, REQUEST FOR FURTHER DOCUMENTATION DURING INITIAL REVIEW: CLAIM NUMBER 13259; FOR SITE ADDRESS: 5521 DOYLE ST, EMERYVILLE 94608

After reviewing your claim application to the Cleanup Fund, we find that the following additional information is needed to determine your eligibility for placement on the Priority List:

- A copy of the tank removal report for the tanks removed in 1992.
- A copy of a letter from the local regulatory agency naming you a responsible party and directing you to clean up the contamination at the subject site.
- A copy of the permit to own or operate the UST from the local implementing agency dated between January 1, 1984 and January 1, 1990 (pursuant to Chapter 6.7 of the Health and Safety Code).

If you were not subject to the permit requirement, submit documentation to confirm this claim. Situations where the permit was not required by January 1, 1990, can include: a) you removed all USTs prior to January 1, 1990; and not replaced; b) you decommissioned all USTs pursuant to the direction of the regulatory agency prior to January 1, 1984; c) you sold the property and tanks by January 1, 1990.

If you were subject to the permit requirement but failed to comply by January 1, 1990, you can request the State Board to waive the requirement as a condition for eligibility. To request a waiver, complete the enclosed "Permit Waiver Request" form and return with any additional information requested below.

NOTE: Failure to respond to this request within thirty (30) calendar days from the date of this letter may result in an ineligibility determination of your claim.

If you have any questions, please contact me at (916) 227-4539.

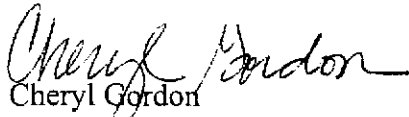
California Environmental Protection Agency

Clementina Ltd.

-2-

August 11, 1998

Sincerely,



Cheryl Gordon

Claim Review Unit

Underground Storage Tank Cleanup Fund

Enclosure

cc: Mr. Thomas Peacock

Alameda County EHD

1131 Harbor Bay Pkway, 2nd Fl.

Alameda, CA 94502-6577



LOP - RECORD CHANGE REQUEST FORM

printed:
03/02/95

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: F SUBSTANCE: 12034
 StID : 1686 LOC: -0-
 SITE NAME: Clementina Ltd DATE REPORTED : 12/21/92
 ADDRESS : 5521 -0 Doyle St DATE CONFIRMED: 12/21/92
 CITY/ZIP : Emeryville 94608 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: G CONTRACT STATUS: 4 PRIOR CODE:2B5 EMERGENCY RESP: -0-
 RP SEARCH: S DATE COMPLETED: 02/03/93
 PRELIMINARY ASMNT: C DATE UNDERWAY: 04/29/93 DATE COMPLETED: 02/16/94
 REM INVESTIGATION: C DATE UNDERWAY: 04/29/93 DATE COMPLETED: 02/16/94
 REMEDIAL ACTION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 POST REMED ACT MON:- DATE UNDERWAY: -0- DATE COMPLETED: -0-

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 02/03/93
 LUFT FIELD MANUAL CONSID: 3HSCA
 CASE CLOSED: Y DATE CASE CLOSED: 11/04/94
 DATE EXCAVATION STARTED : 12/10/92 REMEDIAL ACTIONS TAKEN: ED-

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Mr. Alfred Cleary
 COMPANY NAME: Clemco Properties
 ADDRESS: 1657 Rolling Road
 CITY/STATE: Burlingame, California 94010

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

02/16/95

WATER RESOURCES CONTROL BOARD
LUSTIS FINANCIAL TRACKING
UPDATE SITES

FIN210S1

**** LEAVE AGENCY NAME BLANK TO EXIT ****

AGENCY Name: ALAMEDA	01000		
CONTRACT NO: 0179550	SOURCE OF FUNDS (S/F):F	SUBSTANCE: 12034	
SITE NO: 1686			
SITE NAME: CLEMENTINA LTD		DATE REPORTED: 12/21/92	
STREET ADDR:5521 DOYLE ST		DATE CONFIRMED:12/21/92	
CITY/ZIP: EMERYVILLE 94608-		MULTIPLE RP'S: N	

CASE TYPE (U/S/G/D/)	G	CONTRACT STATUS #	4	EMERGENCY RESP	/ /
RP SEARCH (I/R/S/Y/)	S			DATE COMPLETED	02/03/93
PRELIMINARY ASMNT (U/C/)	U	DATE UNDERWAY	/ /	DATE COMPLETED	/ /
REM INVESTIGATION (U/C/)		DATE UNDERWAY	/ /	DATE COMPLETED	/ /
REMEDIAL ACTION (U/C/I/)		DATE UNDERWAY	/ /	DATE COMPLETED	/ /
POST RA MON (Y/N/U/C/)		DATE UNDERWAY	/ /	DATE COMPLETED	/ /
ENFORCEMENT ACTION		TYPE (1/2/3/4/5/6)	1	DATE TAKEN	02/03/93
LUFT FIELD MANUAL CONSID		1-3 + H,S,C,A,R,W,G or O		3HSCA	
CLOSED (Y/R/C/L/)	Y			DATE CLOSED	11/04/94
DATE EXCAVATION STARTED	/ /			REMEDIAL ACTIONS TAKEN	

closed date discrepancy
sj

ALCOO
HAZMAT
55 FEB 24 AM 10:36

Ms. Christiana Chung
Pacific Rim International School
5521 Doyle Street
Emeryville, California 94608

Subject: Ground Water Monitoring Destruction, 5521 Doyle Street, Emeryville, CA

Dear Ms. Chung:

This letter confirms our discussion regarding the proposed well destruction to facilitate site closure through Alameda County Department of Environmental Health and the State of California Regional Water Quality Control Board. As discussed, one ground water monitoring well was installed at the subject site following removal of two underground fuel storage tanks and the well was sampled to verify that ground water was not impacted. The planned well destruction is the concluding activity connected with final regulatory agency acceptance.

The proposed work includes bringing a drill rig on-site and setting up over the existing monitoring well. The drill rig would auger through, and ultimately remove, the existing traffic/utility box covering the well and overdrill the entire well casing. The casing and sand filter pack will be recovered and contained on-site in 55-gallon containers (which will ultimately be removed from the property by Clementina personnel). Once the well casing and sand pack are removed, the resulting boring will be backfilled with an 11-sack sand slurry and the ground surface will be finished with a concrete patch (black coloring will be added to match the existing asphalt material).

As agreed, we will be on-site on Monday, March 13, 1995 at 8:00 AM. Please assure that someone is present to open the sliding gate along Doyle Street to allow access into the playground area. It is anticipated that the well destruction process (including clean-up) will take less than 4-hours. We appreciate your cooperation during this final closure process. Questions regarding the proposed work should be addressed to the undersigned or to Mr. Tad Tassone with Clementina.

Respectfully submitted,

Geo Plexus, Incorporated

David C. Glick, CEG 1338
Director, Geological and
Environmental Services

cc:

Mr. Tad Tassone, Clementina, Ltd.

Ms. Susan Hugo, Alameda Co. Health Care Svcs., Hazardous Materials Division

**STATE WATER RESOURCES CONTROL BOARD
DIVISION OF CLEAN WATER PROGRAMS**

2014 T STREET, SUITE 130
P.O. BOX 944212
SACRAMENTO, CA 94244-2120

(916) 227-4325
FACSIMILE (916) 227-4349



ALCO
HAZMAT
94 NOV -9 AM 8:10

NOV 7 1994

Alfred J. Cleary, III
President
Clementina Ltd.
PO Box 7680
San Francisco, CA 94120

Dear Mr. Cleary:

UNDERGROUND STORAGE TANK (UST) LOCAL OVERSIGHT PROGRAM, SITE NO.
1686, 5521 DOYLE STREET, EMERYVILLE, ALAMEDA COUNTY

In response to your October 31, 1994 letter, the sale of the property does not relieve you of your responsibility for cleanup costs. Please contact Susan Hugo of the County at (510) 567-6700 to inform her of the new owner's name. If appropriate, Ms. Hugo will identify the new owner as jointly responsible with you for the cleanup costs. Please be aware that any indemnity agreement which may exist between you and the new owner is a civil matter and separate from the Local Oversight Program.

If you have any questions, please telephone me at (916) 227-4325.

Sincerely,

Lori Casias
Local Oversight Program

Enclosure

cc: ✓ Susan Hugo
Hazardous Materials Division
Department of Environmental Health
County of Alameda
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

Clementina

Clementina Ltd.
2177 Jerrold Avenue • San Francisco, CA 94124

ALCO
HAZMAT

(415) 282-7290

94 OCT -6 AM 9:10

Alameda County Health Care Services Agency September 29, 1994
Division of Hazardous Materials
Department of Environmental Health
1131 Harbor Bay Parkway, Room 250
Alameda, Ca 94502-6577

Attention: Ms. Susan Hugo
Senior Hazardous Materials Specialist

Re: 5521 Doyle Street, Emeryville
Closure Status

Dear Ms. Hugo:

I have attempted to contact you by phone during the last two weeks to receive an update regarding the above-referenced property. You have not been unavailable to receive my calls.

When I spoke to you in March of this year, you advised that you had received all of the appropriate documents. You said that you would review them and let me know if there were any problems relating to closure being obtained.

Please let me know the status of this situation at your earliest convenience.

Thank you for your assistance.

Sincerely,



Tad Tassone
Equipment Manager

Attention: Ms. Susan Hugo
Senior Hazardous Materials Specialist

Re: 5521 Doyle Street, Emeryville
Closure Status

Dear Ms. Hugo:

I have attempted to contact you by phone during the last two weeks to receive an update regarding the above-referenced property. You have not been unavailable to receive my calls.

When I spoke to you in March of this year, you advised that you had received all of the appropriate documents. You said that you would review them and let me know if there were any problems relating to closure being obtained.

Please let me know the status of this situation at your earliest convenience.

Thank you for your assistance.

Sincerely,


Tad Tassone
Equipment Manager

Contractors' Equipment Rentals

FAX TRANSMITTAL

CELENTINA LTD.
2177 JERROLD AVENUE
SAN FRANCISCO, CA 94124

FAX # (415) 282-7297

TEL # Equip. Dept. (415) 282-7729
Rental Dept. 282-7290

ALAMEDA COUNTY HEALTH CARE

FROM: TAD TASSONE

Clementina

Clementina Ltd.
2177 Jerrold Avenue • San Francisco, CA 94124

(415) 282-7290

Alameda County Health Care Services Agency
Division of Hazardous Materials
Department of Environmental Health
1131 Harbor Bay Parkway, Room 250
Alameda, Ca 94502-6577

September 29, 1994

Attention: Ms. Susan B... ..

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

May 27, 1993

STID# 1686

Mr. Tad Tassone
Clementina Ltd.
2177 Jerrold Avenue
San Francisco, California 94124

**RE: Investigation / Remediation Related to the Two Former
Underground Storage Tanks at Clementina Ltd. -
5521 Doyle Street, Emeryville, California 94608**

Dear Mr. Tassone:

Per your request, this letter documents the stockpiled soil generated from the removal of the two former underground tanks had been approved by this department to be used as backfill for the former tank excavation. The stockpiled soil exhibited non detectable levels of the following contaminants: TPH as gasoline, TPH as diesel, benzene, and ethyl benzene. Toluene (5 ppb) and xylene (7 ppb) were detected at very low concentration.

Please contact me at (510) 271-4530 if you have any questions concerning this letter.

Sincerely,

Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Edgar B. Howell, Chief, Hazardous Materials Division / file
George Warren, Emeryville Fire Department
Rich Hiett, San Francisco Bay RWQCB
David Glick - Geo Plexus, Inc.
1900 Wyatt Drive, Suite 1
Santa Clara, California 95054

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

April 26, 1993
STID# 1686

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

Mr. Tad Tassone
Clementina Ltd.
2177 Jerrold Avenue
San Francisco, California 948124

**RE: Investigation / Remediation Related to the Two Former
Underground Storage Tanks at Clementina Ltd. -
5521 Doyle Street, Emeryville, California 94608**

Dear Mr. Tassone:

The Alameda County Department of Environmental Health, Hazardous Materials Division has recently reviewed the Work Plan for Monitoring Well Installation (March 16, 1993) and Amendment to Work Plan (April 23, 1993) prepared by Geo Plexus, Inc. for the referenced site.

Based on this review, this department concurs with the basic elements of the workplan. The work plan is acceptable and can be implemented with the following conditions:

- * Construction and placement of the well must adhere to the requirements specified in "Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites", August, 1990. Monitoring wells must be screened to intercept free floating product and accommodate seasonal water table fluctuations.
- * Soil samples must be collected every five feet as per RWQCB's guidelines. Field instruments are acceptable as a screening tools only. Any evidence of soil contamination such as odor, visual staining or field instrument readings must be verified by analysis from a state certified laboratory.
- * Groundwater monitoring wells must be sampled on a quarterly basis and analyzed for the following target compounds: TPH gasoline, THP diesel, benzene, toluene, ethyl benzene and xylene. Groundwater elevation readings must be included in the quarterly monitoring program. After four quarters of non detectable levels have been achieved, the frequency of sampling events will be evaluated and/or a recommendation for signoff/case closure by RWQCB will be determined.

Mr. Tad Tassone
RE: 5521 Doyle Street, Emeryville, CA 94608
April 26, 1993
Page 2 of 3

- * Groundwater flow gradient should be calculated based on a three (3) point measurement of the water level in the wells. If there are one or two wells installed on the site, every effort should be made to evaluate the groundwater flow gradient and direction. The location of the monitoring well must be positively verified to be in the downgradient direction.
- * Please submit a time schedule for all phases of the investigation and remediation activities and the anticipated time when cleanup will be completed at the site.
- * Please notify this office at least 48 hours in advance for the start up of work plan implementation so a site visit can be arranged by a representative from this office.

A report must be submitted within 45 days after completion of this investigation. Until cleanup is complete, you will need to submit reports to this office and to RWQCB every three months (or at a more frequent interval, if specified at any time by either 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 or the RWQCB 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

Mr. Tad Tassone
RE: 5521 Doyle Street, Emeryville, CA 94608
April 26, 1993
Page 3 of 3

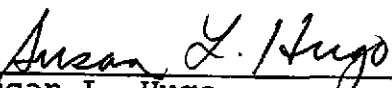
All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project. Copies of reports must also be submitted to :

Rich Hiatt
RWQCB, San Francisco Bay Region
2101 Webster Street, Fourth Floor
Oakland, California 94612

Because we are overseeing this site under the designated authority of the Regional Water Quality Control Board, this letter constitutes a formal requests for technical reports pursuant to California Water Code Section 13267 (b). Any extensions of stated deadlines or changes in the workplan must be confirmed in writing and approved by this agency or RWQCB.

Please contact me at (510) 271-4530 if you have any questions concerning this letter.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Rich Hiatt, San Francisco Bay RWQCB
Gil Jensen, Alameda County District Attorney's Office
~~Roger B. [redacted]~~ Chief, Hazardous Materials Division - files
David Glick - Geo Plexus, Inc.
1900 Wyatt Drive, Suite 1
Santa Clara, California 95054

GeoPlexus, Inc.

Health & Safety Training • Geo/Environmental Personnel • Engineering Geology Consultants • Environmental Management Consultants

FAX TRANSMITTAL COVER SHEET

DATE: 4-24-93

NUMBER OF PAGES INCLUDING THIS COVER SHEET: 2

VERIFICATION OF RECEIPT REQUIRED? YES NO

TO: MS. SUSAN HUGO

COMPANY: Alameda County Dept. of Env. Health

BUSINESS PHONE: _____

FAX PHONE: 510 569 4757

SPECIAL FAX INSTRUCTIONS: _____

FROM: David Glick

PROJECT: CLEMENTINA SITE 5521 DOYLE ST. EMERYVILLE

BUSINESS PHONE: _____ FAX PHONE: _____

REMARKS: SUSAN - ATTACHED IS A LETTER ANNOUNCING OUR WORK PLAN TO INCORPORATE YOUR COMMENTS. WE TRUST THIS WILL ALLOW THE PROJECT TO PROGRESS. THANK YOU
David Glick

IF THERE WERE ANY PROBLEMS WITH THIS TRANSMISSION PLEASE CALL: _____



Clementina Ltd.
2177 Jerrold Avenue • San Francisco, CA 94124

(415) 282-7290

Alameda County Health Care Services Agency February 19, 1993
Division of Hazardous Materials
Department of Environmental Health
80 Swan Way, Room 350
Oakland, Ca 94621

Attention: Ms. Susan L. Hugo
Senior Hazardous Materials Specialist

Re: 5521 Doyle Street, Emeryville
Meeting 2-18-93

Dear Ms. Hugo:

Thank you for taking time to meet with David Glick and me yesterday.

As we discussed, Semco was to send you a letter with the lab results regarding the use of the stockpiled soil as backfill. Since this has been done, please send me confirmation that this has your approval.

We agreed that despite the fact that there was only an apparent leak in the diesel tank, I would fill out an "Underground Storage Tank Unauthorized Release(Leak) Contamination Site Report". This form was completed and mailed yesterday.

I will continue to explore options for the water being stored on-site. Please let me know your findings regarding its disposal as soon as is convenient.

We are soliciting bids for the well(s) and have retained Geo Plexus, Inc. (David Glick) to complete the requested work plan and submit it to your office by March 22, 1993.

Thank you again for your time and assistance.

Sincerely,


Tad Tassone

XC: David Glick, Geo Plexus, Inc.

Contractors' Equipment Rentals

CLEMENTINA LTD.
2177 JERROLD AVE.
SAN FRANCISCO, CA 94124

DATE: _____

FAX # Equipment Dept. (415)282-7297

TEL # Equip. (415)282-7295
282-7725

TO: Alameda County
Company Name

FROM: Fal Tassone

ATTENTION: Susan L. Hugo
Name and/or Department

FAX#: 1510 569 4757

of Pages including this sheet

2

Letter recapping our meeting follows.

Please call if any questions.

Thank you,
Fal Tassone

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 02/18/93		CASE #		SIGNED: <i>Susan L. Hugo</i> 2/19/93 DATE	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT TAD TASSONE		PHONE (415) 282-7725		SIGNATURE <i>Tad Tassone</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 CLEMENTINA LTD.		
	ADDRESS P.O. Box 7680 SAN FRANCISCO CA 94120 <small>STREET CITY STATE ZIP</small>				
RESPONSIBLE PARTY	NAME CLEMENTINA LTD. <input type="checkbox"/> UNKNOWN		CONTACT PERSON TAD TASSONE		PHONE (415) 282-7725
	ADDRESS P.O. Box 7680 SAN FRANCISCO CA 94120 <small>STREET CITY STATE ZIP</small>				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) CLEMENTINA LTD		OPERATOR		PHONE ()
	ADDRESS 5521 DOYLE STREET EMERYVILLE ALAMEDA 94609 <small>STREET CITY COUNTY ZIP</small>				
	CROSS STREET STANFORD				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME ALAMEDA COUNTY HEALTH AGENCY		CONTACT PERSON SUSAN L. HUGO		PHONE (510) 271-4530
	REGIONAL BOARD SF Bay Regional Water Quality Control Board		CONTACT PERSON Rick Hiett		PHONE (510) 286-4359
SUBSTANCES INVOLVED	(1) NAME GASOLINE		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2) NAME DIESEL		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 1/21/09		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input 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 checked="" type="checkbox"/> OTHER REMOVE TANKS		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE				
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 type="checkbox"/> SOIL ONLY <input checked="" 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 checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input 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 checked="" type="checkbox"/> OTHER (OT) TO BE DETERMINED				
COMMENTS	COMMENTS				

INSTRUCTIONS

EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (SES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the SES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the SES report has been filed as of the date of this report.

LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety Code Section 25180.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

IMPERVIOUS AGENCIES

Enter names of the local agency and National Water Quality Control Board involved.

SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

DISCOVERY/AVAILMENT

Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptors of options follow:

- No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.

Preliminary Site Assessment, Nonplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.

Preliminary Site Assessment Underway - implementation of workplan. Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan. Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.

Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSIDERED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY.

REMEDIATION ACTION

Indicate which actions have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical curb to block horizontal movement of containment.

Excavate and Dispose - removes contaminated soil and dispose in approved site.

Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).

Remove Free Product - remove floating product from water table.

Pump and Treat Groundwater - generally employed to remove dissolved contaminants.

Managed Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties.

Installation at Hookup - install water treatment devices at each dwelling or other place of use.

Vacuum Extract - use pumps or blowers to draw air through soil.

Vent Soil - bore holes in soil to allow volatilization of contaminants.

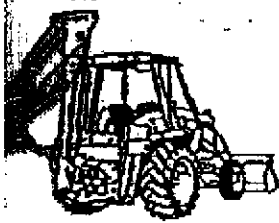
No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

DISTRIBUTION - If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

- 1. Original - Local Tank Permitting Agency
- 2. State Water Resources Control Board, Division of Clean Water Programs, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244-2120
- 3. Regional Water Quality Control Board
- 4. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
- 5. Owner/responsible party.



WORKING TO PRESERVE YOUR ENVIRONMENT

(415) 572-8033

FAX (415) 572-9734

(800) 831-2344

DATE: <i>2-18-93</i>	TIME: <i>10:45</i>
----------------------	--------------------

FAX TO: <i>Alameda County</i>
ATTN: <i>Susan Hugo</i>

FAX NUMBER: <i>(510) 569-4757</i>
OF PAGES FOLLOWING COVER: <i>4</i>

COMMENTS: <i>Letter - Analytical</i>

SENDER: <i>Jali</i>

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL (415) 572-8033

CLEMENTINA LTD.
2177 JERROLD AVE.
SAN FRANCISCO, CA 94124

DATE: 3-29-93

FAX # Equipment Dept. (415)282-7297

TEL # Equip. (415)282-7295
282-7725

TO: Alameda County
Company Name

FROM: Ted Tassone

ATTENTION: Susan Hugo
Name and/or Department

FAX#: 510 569 4757

of Pages including this sheet

2

Please reference letter regarding 3521 Doyle Street,
Emeryville which follows.

Regards,
Ted Tassone



Clementina Ltd.
2177 Jerrold Avenue • San Francisco, CA 94124

(415) 282-7290

5077147 03 29 93

Alameda County Health Care Services Agency
Division of Hazardous Materials
Department of Environmental Health
80 Swan Way, Room 350
Oakland, Ca 94621

March 29, 1993

Attention: Ms. Susan L. Hugo
Senior Hazardous Materials Specialist

Re: 5521 Doyle Street, Emeryville
Disposal of Groundwater from Excavation

Dear Ms. Hugo:

We received permission from the California Regional Water Quality Control Board and the Emeryville Department of Public Works to discharge the above-referenced water into the storm drainage system. I left this information on your voice mail on 3-25-93.

We discharged the water into the storm drain on 3-26-93.

The holding tanks were removed today.

There is now nothing on site from the excavation.

Upon approval of the work plan mailed to you on 3-19-93, we will arrange for the installation of the required monitoring well.

Thank you for your continued assistance.

Sincerely,

Tad Tassone

XC: David Glick, Geo Plexus, Inc.
Contractors' Equipment Rentals

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 02/18/93		CASE #		SIGNED <u>Susan L. Hugo</u> DATE <u>2/19/93</u>		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT TAD TASSONE		PHONE (415) 282-7725		SIGNATURE <u>Tad Tassone</u>	
	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 CLEMENTINA LTD.			
	ADDRESS P.O. BOX 7680 STREET SAN FRANCISCO CITY CA STATE 94120 ZIP					
RESPONSIBLE PARTY	NAME CLEMENTINA LTD. <input type="checkbox"/> UNKNOWN		CONTACT PERSON TAD TASSONE		PHONE (415) 282-7725	
	ADDRESS P.O. BOX 7680 STREET SAN FRANCISCO CITY CA STATE 94120 ZIP					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) CLEMENTINA LTD		OPERATOR		PHONE ()	
	ADDRESS 5521 DOYLE STREET STREET EMERYVILLE CITY ALAMEDA COUNTY CA 94609 ZIP					
	CROSS STREET STANFORD					
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA COUNTY HEALTH AGENCY		AGENCY NAME ALAMEDA COUNTY HEALTH AGENCY		CONTACT PERSON SUSAN L. HUGO	
	REGIONAL BOARD SF Bay Regional Water Quality Control Board		CONTACT PERSON Rich Hiatt		PHONE (510) 286-4359	
SUBSTANCES INVOLVED	(1) NAME GASOLINE		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2) NAME DIESEL		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 1/21/09		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input 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 checked="" type="checkbox"/> OTHER REMOVE TANKS			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE					
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 type="checkbox"/> SOIL ONLY <input checked="" 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 checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	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 type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT) TO BE DETERMINED					
COMMENTS	COMMENTS					

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

February 4, 1993
STID# 1686

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

Mr. Alfred Cleary III
Clemco Properties
1657 Rolling Road
Burlingame, California 94010

**RE: Two Underground Storage Tanks Removals at Clementina Ltd.
5521 Doyle Street, Emeryville, California 94608**

Dear Mr. Cleary:

The Alameda County Department of Environmental Health, Hazardous Materials Division has reviewed the files concerning the removal of two underground storage tanks (6,000 gallons gasoline & 6,000 gallons diesel) on December 10, 1992 at the referenced site. We are in receipt of the "Tank Removal Activity Report" prepared by Semco.

Soil samples collected beneath both tanks at thirteen feet depth showed no detectable level of petroleum hydrocarbon contaminants. However, during the tank removal activity, the diesel tank appeared to have a pin hole at the reinforced ribs. Sheen was also observed in the groundwater at the excavation pit. The groundwater in the pit was pumped out and stored in two holding tanks (10,000 gallons and 8,000 gallons capacity). The recharged groundwater was sampled and elevated levels of Total Petroleum Hydrocarbon as diesel (1,200 ppb) was detected. Because of the degree of contamination found at the site which exceeded regulatory threshold levels, further environmental assessment is required. Enclosed is a copy of "Underground Storage Tank Unauthorized Release (Leak) / Contamination Site Report" which must be completed and returned to this office within five working days.

This office will be the lead agency overseeing the environmental investigation and cleanup activities at the site. The RWQCB has delegated this authority to our office. However, you must keep the Water Board apprised of all actions taken to characterize and remediate contamination at the site, because the Board retains the ultimate responsibility for ensuring protection of the waters of the state.

A preliminary assessment should be conducted to determine the extent of soil and/or groundwater contamination that has resulted from the former leaking tanks. The information gathered by this investigation will be used to assess the need for additional actions at the site. The preliminary assessment should be designed to provide all of the information in the format shown in the attachment at the end of this letter, which is based on the RWQCB's guidelines. You should be prepared to install at a minimum, three

Mr. Alfred Cleary III
RE: 5521 Doyle Street, Emeryville CA 94608
February 4, 1993
Page 2 of 3

monitoring wells to establish gradient direction of the groundwater at the site. One of the wells should be installed within 10 feet downgradient of the former tank location. Monthly water elevation reading for twelve months is necessary to determine groundwater flow direction and quarterly sampling must occur to determine extent of the groundwater contamination.

Until cleanup is complete, you will need to submit reports to this office and to RWQCB every three months (or at a more frequent interval, if specified at any time by either agency). This reports must include information pertaining to further investigative results; the methods of cleanup actions implemented to date; and the method and disposal of any contaminated material. Copies of manifests for such disposal must be sent to this office. Stockpiled soil from the pit may not be used to backfill these holes without authorization from this office. Only clean fill can be used to backfill the excavation pit. Please provide our office with documentation of the disposal of the stockpiled soil and the groundwater stored in the two holding tanks.

Your work plan must be submitted to this office no later than **March 22, 1993**. 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. Copies of the reports and proposals must also be submitted to:

Rich Hiett
RWQCB, San Francisco Bay Region
2101 Webster Street, Fourth Floor
Oakland, California 94612

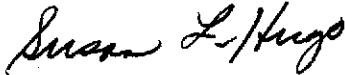
Because we are overseeing this site under the designated authority of the Regional Water Quality Control Board, this letter constitutes a formal requests for technical reports pursuant to California Water Code Section 13267(b). Any extensions of stated deadlines or changes in the workplan must be confirmed in writing and approved by this agency or RWQCB.

Enclosed is a copy of Appendix A (Workplan for Initial Subsurface Investigation (August 20, 1991) for your reference.

Mr. Alfred Cleary III
RE: 5521 Doyle Street, Emeryville CA 94608
February 4, 1993
Page 3 of 3

Should you have any questions regarding this letter, please contact me at (510) 271-4530.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

Enclosures

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Rich Hiatt, San Francisco Bay RWQCB
Gil Jensen, Alameda County District Attorney's Office
Edgar B. Howell, Chief, Hazardous Materials Division / file *EDH*
George Warren, Emeryville Fire Department

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Division Inspection Form

10/1

Site ID# _____ Site Name Clementine Ltd Today's Date 12/15/92
 Site Address Doyle St EPA ID# _____
 City Emeryville Zip 94 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

Inspection Categories:

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

LA GENERATOR (Title 22)

- | | | |
|-------|-----------------------------|---------|
| ___ | 1. Waste ID | * 66471 |
| ___ | 2. EPA ID | 66472 |
| ___ | 3. > 90 days | 66508 |
| ___ | 4. Label dates | 66508 |
| ___ | 5. Biennial | 66493 |
| <hr/> | | |
| ___ | 6. Records | 66492 |
| ___ | 7. Correct | 66484 |
| ___ | 8. Copy sent | 66492 |
| ___ | 9. Exception | 66484 |
| ___ | 10. Copies Rec'd | 66492 |
| <hr/> | | |
| ___ | 11. Treatment | 66371 |
| ___ | 12. On-site Disp. (H.S.&C.) | 26189.5 |
| ___ | 13. Ex Haz. Waste | 66570 |
| <hr/> | | |
| ___ | 14. Communications | 67121 |
| ___ | 15. Aisle Space | 67124 |
| ___ | 16. Local Authority | 67126 |
| ___ | 17. Maintenance | 67120 |
| ___ | 18. Training | 67105 |
| <hr/> | | |
| ___ | 19. Prepared | 67140 |
| ___ | 20. Name List | 67141 |
| ___ | 21. Copies | 67141 |
| ___ | 22. Emg. Coord. Trng. | 67144 |
| <hr/> | | |
| ___ | 23. Condition | 67241 |
| ___ | 24. Compatibility | 67242 |
| ___ | 25. Maintenance | 67243 |
| ___ | 26. Inspection | 67244 |
| ___ | 27. Buffer Zone | 67246 |
| ___ | 28. Tank Inspection | 67259 |
| ___ | 29. Containment | 67245 |
| ___ | 30. Safe Storage | 67261 |
| ___ | 31. Freeboard | 67257 |

Comments:

on site for Sampling of Water in pit following purpose of Pit for Sample - ~76,000 gallons of fresh water removed from pit.

Samples observed from Pit 3-40 UBA.

Required Action - BTEX TPH G, TPH D

① Characterize the water removed from the pit. (Sample) prior to any discharging. Call this office upon confirmatory sampling results.

may - backfill with clean fill

I.B TRANSPORTER (Title 22)

- | | | |
|-------|---------------------------|-------|
| ___ | 32. Applic./Insurance | 66428 |
| ___ | 33. Comp. Cert./CHP Insp. | 66448 |
| ___ | 34. Containers | 66465 |
| <hr/> | | |
| ___ | 35. Vehicles | 66465 |
| ___ | 36. EPA ID #s | 66531 |
| ___ | 37. Correct | 66541 |
| ___ | 38. HW Delivery | 66543 |
| ___ | 39. Records | 66544 |
| <hr/> | | |
| ___ | 40. Name/ Covers | 66545 |
| ___ | 41. Recyclables | 66800 |

Slight
 Sheen still observed on water

Rev 6/88

Contact: MICHAEL J. TAMBRONI
 Title: Project Coordinator
 Signature: [Signature]

Inspector: Brian Olson
 Signature: _____

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 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

Page 1

II, III

Site ID # 1686 Site Name Clarentina Ltd Today's Date 12/10/92

Site Address 5521 Doyle St

City Emeryville Zip 94608 Phone _____

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

Inspection Categories:

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

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

Comments:

wentree - RAIN
 On Site for Removal of 2 USTs
 (6 m) one gasoline / diesel - fiberglass
 upon arrival I observed water in pit with a
 light sheen observed. I further observed
 that the plot plan ~~the~~ submitted was
 inaccurate. (several photographs taken of
 area) I observed associated piping at
 site on ground leaving a sheen on the ground
 Senco told to place on Visquey cover and
 manifest as Hazardous Waste -
 1st blame on both USTs "6" a diesel 300 gal
 2nd still 1990 - water added to USTs
 2^{3rd} 3 - 3 bad USTs
 O₂ Diesel 10 + droppings
 O₂ Gas tank 3 + droppings
 Upon Removal there appears to be a pin hole
 in the diesel tank at the reinforced ribs
 (steel) this may be external to the tank itself

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(i)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- | | |
|--------------------------------------------------|------------------------------------------------------------------|
| General | <input type="checkbox"/> 1. Permit Application 25284 (HS&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (HS&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 | <input type="checkbox"/> 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. Precs 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 |
| <input type="checkbox"/> 11. Monitor Plan 2632 | |
| <input type="checkbox"/> 12. Access. Secure 2634 | |
| <input type="checkbox"/> 13. Plans Submit 2711 | |
| Date: _____ | |
| <input type="checkbox"/> 14. As Built 2635 | |
| Date: _____ | |

Emeryville on site manifest # 928059

Rev 6/88

Contact: X Michael J Tamberti
 Title: X Proj. Coordinator
 Signature: MICHAEL J TAMBERTI

Inspector: Ben Olin
 Signature: _____

II, III

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Page 2 of 2 II, III

Site ID # _____ Site Name Clementina Ltd Today's Date 12/10/92

Site Address 5521 Dayle

City Emeryville Zip 94606 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 UST Removal

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

Comments:

the gasoline tank has no apparent holes. The owners wish to purge gas pit prior to sampling - water advised to have ALCO 4 soil samples to be taken

NW Building
 (3) (4) USTs

< note there are 2 55 gallon waste (1 Residue one gas/diesel) to be manifested upon disposal + properly labeled. >

Sample (1) SW Corner
 Sample (2) SE Corner
 Sample (3) NW Corner
 Sample (4) NE corner

* Call office (AL Co) to schedule sampling of water following

analyzed for BTEXIPAD, G, organic lead

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'L'S

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 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 Gndwater
 - One time soils
 - 5) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - Vadose/gndwater mon.
 - 6) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - 7) Weekly Tank Gauge
 - Annual tank testing
 - 8) Annual Tank Testing
 - Daily Inventory
 - 9) Other _____

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

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

Rev 8/88

Contact: X Michael J. Talbot
 Title: X Proj. Coord. (Water)
 Signature: MICHAEL J. THOMPSON

Inspector: Brian Olson
 Signature: _____

II, III

Project Specialist (print) BRIAN R. OLGA

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

ACCEPTED
DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, 14th Floor
Oakland, CA 94612
Telephone: (415) 374-2227

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by the Department are to ensure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction. One copy of these receptor plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- R-1092-APC Removal of Tank and Piping
- Sampling
- Final Inspector

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Side Safety plan must conform to requirement of 29CFR 1910-120 safe

UNDERGROUND TANK CLOSURE PLAN

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

1. Business Name Clementina Ltd.
Business Owner Clementina Ltd.
 2. Site Address 5521 Doyle Street
City Emeryville Zip 94608 Phone (415)282-7725
 3. Mailing Address 2177 Jerrold Avenue
City San Francisco Zip 94124 Phone (415)282-7725
 4. Land Owner Clementina LTD
Address 2177 Jerrold Avenue City, State S.F. CA Zip 94608
 5. Generator name under which tank will be manifested Clementina LTD
- EPA I.D. No. under which tank will be manifested CAC000828936

6. Contractor SEMCO
Address 1741 Leslie Street
City San Mateo, CA 94402 Phone (415) 572-8033
License Type A.B. & C-61 ID# 449864

7. Consultant N/A
Address _____
City _____ Phone _____

8. Contact Person for Investigation
Name Chuck Kiper Title Vice-President
Phone (415) 572-8033

9. Number of tanks being closed under this plan _____
Length of piping being removed under this plan undetermined
Total number of tanks at facility 2

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

**** Underground tanks are hazardous waste and must be handled **
as hazardous waste**

a) Product/Residual Sludge/Rinsate Transporter

Name Allied Petroleum EPA I.D. No. CAD 980675128
Hauler License No. 1168 License Exp. Date 4/30/93
Address P.O. Box 193
City Hilmar State CA Zip 95327

b) Product/Residual Sludge/Rinsate Disposal Site

Name Refineries Services EPA I.D. No. CAD083166728
Address 13331 West Highway 33
City Patterson State CA Zip 95363

c) Tank and Piping Transporter

Name RHT Trucking EPA I.D. No. CAD982471591
Hauler License No. 2753 License Exp. Date 4/30/93
Address 1336 Pauline
City Modesto State CA Zip 95351

d) Tank and Piping Disposal Site

Name Erickson EPA I.D. No. CAD009466392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

11. Experienced 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 Superior Analytical
Address 1555 Burke Unit I
City San Francisco State CA Zip 94124
State Certification No. 1332 & 319

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

If yes, describe. _____

14. Describe methods to be used for rendering tank 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 plugged.

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
6000 gallon	gas	soil/water	2 ft. below in native soil
6000 gallon	diesel	soil/water	2 ft. below in native soil

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) Anywhere from approx. 25 to 100 cy	Sampling Plan 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.

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

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.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
Unleaded Gas	TPH G BTX&E TPH AND BTX&E	GCFID(5030) 8020 or 8240 8260	TPH G BTX&E GCFID(5030) 602, 624 or 8260
Diesel, Jet Fuel Kerosene	TPH D BTX&E TPH AND BTX&E	GCFID(3550) 8020 or 8240 8260	TPH D BTX&E GCFID(3510) 602, 624 or 8260

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

Edit Save Add new Delete Reset Previous Next Quit

Deplaf

Site #: 1246	StID#:	LookUp-CONTR #:299	Sitelst: 1287, 1270,
Site Name: Clementina Ltd.		Semco	1268, 1246,
Address: 5521 Doyle St.		Address: 1741 Leslie St.	
City: Emeryville	Zip: 94608	City: San Mateo	CA Zip: 94402
Contact:		Contact: Chuck Kiper	
Phone #: 415-282-7725		Phone #: 572-8033	
		Code: 1	

Unauthorized Release? (y/n) Receipt #'s: 668846
 Date Project fully completed: 12/29/92
 Contractor Links: 299-a

PROJ#	DATE:	RCPT#:	CHECK #:	\$AMOUNT	Type: R,I,M	#TANKS	DATE DEP COMPLETE	INSP
1246A	11/12/92	668846	8806	681.00	R	2	12/29/92	BO
1246A	11/12/92	668846			T		12/29/92	BO

[ESC] Done [F2] Clear field [Shift-F2] Clear to end [Shift-F10] More

5755 Broadway St - Ted Orden

P.O. Box 2099 Houston TX 77252

RP Clemco Properties

1657 Rolling Rd Burlingame CA 94010

507

Facility Name / Owner	Facility Address / Mail Address	# of Tanks
Clementina Ltd.	5521 -0Doyle St.	St#45104 S:C
F A J Inc. Dba Clementina Ltd.	Emeryville , CA 94608	#Tanks: 2
Cont: Mike Sawyer	5521 -0Doyle St.	BILLING:
Phone: Fac: 547-3838	Emeryville , CA 94608	DateSent-
STID# Day: 547-3838	Emerg.# Interim PermDate: 09/19/88	02/05/88
1686 Nite: 838-8352	Emerg.# Final PermIssued: -0-	Acct#T71029
PermHist: 2 UST Permitted	<i>2 Ts Rem 12/82</i>	
Cont:	, CA	St# S:
Phone: Fac:		#Tanks:
STID# Day:	Emerg.# Interim PermDate:	BILLING:
Nite:	Emerg.# Final PermIssued:	DateSent-
PermHist:		Acct#

STATUS: C=Current F=awaiting appl. B=ready to Bill R=tanks Removed E=Exempt
 [ESC] Done [F2] Clear field [Shift-F2] Clear to end [Shift-F10] More

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
Acknowledgement of Refund Recipient for Site Account
 DEPOSITOR FILLS OUT PER SITE
 -- REQUIRED --

The depositor will use this form to acknowledge that the property owner or his or her designee will receive any refund due at the completion of all deposit/refund projects at the site listed below.

SITE NUMBER/ADDRESS:

REFUND RECIPIENT-PROPERTY OWNER

<p>Site Number <u>Clementina LTD</u></p> <p>Company Name <u>5521 Doyle Street</u></p> <p>Street Address <u>Emeryville 94608</u></p> <p>City Zip Code</p>	<p>Owner's Name <u>[Signature]</u></p> <p>Owner's Address <u>[Signature]</u></p> <p>Owner's City State Zip</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

I have read the description of the project Deposit/Refund Procedure, and have had an opportunity to ask questions about it. I understand that regardless of who deposits money into the site account, any deposit money remaining at the completion of all projects being conducted at this site will be refunded solely to the property owner or his or her designee.

Rhonda Beames-Kiper _____ 11/16/92 _____
 Signature of Depositor Date

Rhonda Beames-Kiper _____
 Depositor Name

Semco _____
 Company Name

1741 Hestie Street _____
 Street Address

San Mateo CA 94402 _____
 City / Zip

RETURN FORM TO: Alameda County, Hazardous Materials Div.
 80 Swan Way, Rm 200
 Oakland, CA 94621-1439
 Phone: (510) 271-4320

Declaration of Site Account Refund Recipient
SITE OWNER FILLS OUT PER SITE
-- OPTIONAL --

The property owner will use this form to designate someone other than him- or her- self to receive any refund due at the completion of all deposit/refund projects at the site listed below. In the absence of this form, the property owner will receive any refund. Only one person at any one time may be designated to receive any refund.

SITE NUMBER/ADDRESS:

PROPERTY OWNER

<p>Site Number <u>CLEMENTINA LTD.</u></p> <p>Company Name</p> <p><u>5521 DOYLE ST</u></p> <p>Street Address</p> <p><u>EMERYVILLE 94608</u></p> <p>City Zip Code</p>	<p><u>CLEMCO PROPERTIES</u></p> <p>Owner's Name</p> <p><u>1657 Rollins Road</u></p> <p>Owner's Address</p> <p><u>Burlingame, CA 94010</u></p> <p>Owner's City State Zip</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

SEMCO

Name

1741 LESLIE ST

Street Address

SAN MATEO 94402

City / Zip

Mark J. Peary November 6, 1992

Property Owner Signature DATE

Clemco Properties

Property Owner Name

REFUND FORM TO: Alameda County, Hazardous Materials Div.
 80 Swan Way, Rm 300
 Oakland, CA 94621-1439
 Phone: (510) 271-6320

DR-DECL; dfk; 8/14/91

60 8

NOV - 8 - 92 FRI 11:22

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: **5521 Doyle Street Searsville**

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: 6000 gallons

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 checked="" type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
			<input type="checkbox"/> 3 DIESEL
			<input type="checkbox"/> 4 GASANOL
			<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 type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" 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 checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<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 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"/> U 1 SUCTION	<input type="checkbox"/> A U 2 PRESSURE	<input type="checkbox"/> A U 3 GRAVITY	<input type="checkbox"/> A U 99 OTHER
B. CONSTRUCTION	<input checked="" type="checkbox"/> U 1 SINGLE WALL	<input type="checkbox"/> A U 2 DOUBLE WALL	<input type="checkbox"/> A U 3 LINED TRENCH	<input type="checkbox"/> A U 95 UNKNOWN
				<input type="checkbox"/> A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input type="checkbox"/> A U 1 BARE STEEL	<input type="checkbox"/> A U 2 STAINLESS STEEL	<input type="checkbox"/> A U 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> A U 4 FIBERGLASS PIPE
	<input type="checkbox"/> A U 5 ALUMINUM	<input type="checkbox"/> A U 6 CONCRETE	<input type="checkbox"/> A U 7 STEEL W/ COATING	<input type="checkbox"/> A U 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> A U 9 GALVANIZED STEEL	<input type="checkbox"/> A U 10 CATHODIC PROTECTION	<input checked="" type="checkbox"/> A U 95 UNKNOWN	<input type="checkbox"/> 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) Ronne Titus	DATE 11/6/92
--------------------------------------------------------------	------------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	01	000	45104	2
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS:

1. One FORM "B" shall be completed for each tank for all **NEW PERMITS, PERMIT CHANGES, REMOVALS** and/or any other **TANK INFORMATION CHANGE**.
2. This form should be completed by either the **PERMIT APPLICANT** or the **LOCAL AGENCY UNDERGROUND TANK INSPECTOR**.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.

TOP OF FORM: "MARK ONLY ONE ITEM"

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

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

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG.).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

II. TANK CONTENTS

- A. 1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.
2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

IV. PIPING INFORMATION

1. Circle A if above ground; circle U if underground; and circle both if applicable.
2. If UNKNOWN, circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88).
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "NO".

APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)739-2421. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency; however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.R.C.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

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		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME		STATE CA	ZIP CODE 94706	SITE PHONE # WITH AREA CODE (415) 744-1111
<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 2	E. P. A. I. D. # (optional) CA000001-030

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE		DAYS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

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

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

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

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

TY (TK) HQ -

V. LEGAL NOTIFICATION AND BILLING ADDRESS Legal notification and billing will be sent to the tank owner unless box I or II is checked.

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

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

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

LOCAL AGENCY USE ONLY

COUNTY # <input type="text" value="01"/>	JURISDICTION # <input type="text" value="000"/>	FACILITY # <input type="text" value="45104"/>
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.

INSTRUCTIONS FOR COMPLETING FORM "A"

GENERAL INSTRUCTIONS:

1. One FORM "A" shall be completed for all **NEW PERMITS, PERMIT CHANGES** or any **FACILITY/SITE INFORMATION CHANGES**.
2. **SUBMIT ONLY ONE (1) FORM "A"** for a Facility/Site, regardless of the number of tanks located at the site.
3. This form should be completed by either the **PERMIT APPLICANT** or the **LOCAL AGENCY UNDERGROUND TANK INSPECTOR**.
4. Please type or print clearly all requested information.
5. Use a hard point writing instrument, you are making 3 copies.

TOP OF FORM: "MARK ONLY ONE ITEM"

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.

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

1. Record name and address (physical location) of the underground tank(s).
NOTE: Address **MUST** have a valid physical location including city, state, and zip code.
P.O. BOX NUMBER ARE NOT ACCEPTABLE.
Include nearest cross street and name of the operator.
2. Phone number must have an area code. If the night number is the same, write "SAME" in proper location.
3. Check the appropriate box for **TYPE OF BUSINESS OWNERSHIP** (ex. CORPORATION, INDIVIDUAL, etc.)
4. Check the appropriate box for **TYPE OF BUSINESS**.
5. If Facility/Site is located on land within an indian reservation or other indian trust lands, check the box marked "YES".
6. Indicate the **NUMBER** of TANKS at this SITE.
7. Record the E.P.A. ID # or write "NONE" in the space provided.

II. PROPERTY OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

1. Complete all items in this section, unless all items are the same as SECTION I; if the same, write "**SAME AS SITE**" across this section. Be sure to check **PROPERTY OWNERSHIP TYPE** box.

III. TANK OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

1. Complete all items in this section, unless all items are the same as SECTION I; If the same, write "**SAME AS SITE**" across this section. Be sure to check **TANK OWNERSHIP TYPE** box.

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED)

Enter your Board of Equalization (BOE) UST storage fee account number which is required before your permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the \$0.006 (6 mills) per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at 916-739-2582 or write to the BOE at the following address: Board of Equalization, Environmental Fees Unit, P.O. Box 942879, Sacramento, CA 94279-0001.

V. LEGAL NOTIFICATION AND BILLING ADDRESS

1. Check **ONE BOX** for the address that will be used for **BOTH LEGAL AND BILLING NOTIFICATIONS**.

APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.

INSTRUCTION FOR THE LOCAL AGENCIES

The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)739-2421. The facility number may be assigned by the local agency; however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the facility number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT FILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.I.L.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

SiteID#: 1686 SITE NAME: Clementina Ltd.

BillAcct#: HA1136/CCDate:

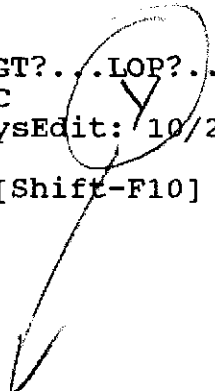
ADDRESSES:	#	Dir Street	City	State	Zip
SITE:	5521	Doyle St.	Emeryville	CA	94608
MAIL:	5521	Doyle St.	Emeryville	CA	94608

CONTACTS:

	Name	Work Phone
Main Contact :	Patrick May	547-3838
Site Owner :	Alfred Cleary III	570-6500
Previous Owner:		
Previous BillID's:		

STATISTICS: Status: C (C,I,A,Q) Num Empl: 7
 Last Inspection: 10/28/87 EPA ID# : CAD981455074 Dep
 Business Began: 03/03/00 Gen..2185?...UGT?...LOP?...Ref?
 SIC code: Bus. Categ: y M C
 Type Bus: Contr. Rental Equip. BillDate: 12/31/00 SysEdit: 10/22/92

[ESC] Done [F2] Clear field [Shift-F2] Clear to end [Shift-F10] More



Norma -
 This case is transferring to LOP.
 I chgd LOP? to Y. Please add. to
 upstairs DB. Thanks. Then give to
 approp. inspector
 Melonie

P.S. You need to do NOTHING for UGT database! O

18. Submit Worker's Compensation Certificate copy
Name of Insurer Fairmont 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 report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)
22. Submit a closure report to this office within 60 days of the tank removal. This report must contain all the information listed in item 22 of the instructions.

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 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.

Signature of Contractor

Name (please type) Chuck Kiper

Signature Chuck Kiper

Date 11-6-92

Signature of Site Owner or Operator

X Name (please type) Clemco Properties

X Signature [Signature]

X Date November 6, 1992

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and 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.

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 Health Services, 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.

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) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- c) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- d) Frequency and types of air and personnel monitoring to be used - along with the environmental sampling techniques and instrumentation. Include instrumentation maintenance and calibration methods and frequencies;
- e) Specific personal protective equipment and procedures to be used by workers to protect themselves from the identified hazards. Also state the contaminant concentrations in air - or other conditions - which will trigger changes in work or work habits to ensure workers are not exposed to high levels of hazardous chemicals or to other unsafe conditions;
- f) Confined space entry procedures (if applicable);
- g) Decontamination procedures;
- h) 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, security guards, etc.);
- i) Spill containment and 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;
- j) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- k) Page **for** employees to sign indicating 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, 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 tanks and piping in addition to the ones being pulled.

20. DEPOSIT

A deposit, payable to Alameda County 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 our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). 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) Description of sampling methods;
- 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) Tabulation of the volume and final destination of all non-manifested contaminated soil hauled offsite.

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 GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. **Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.**
9. **PRACTICAL QUANTITATION REPORTING LIMITS** are influenced by matrix problems and laboratory QA/QC procedures. Following are the **Practical Quantitation Reporting Limits:**

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

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

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Preliminary Site Investigation

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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.

SITE SAFETY PLAN
FOR
UNDERGROUND STORAGE TANK REMOVAL/CLOSURE

JOBSITE ADDRESS:

5521 DOYLE STREET
EMERYVILLE, CALIFORNIA

JAMES C. BATEMAN PETROLEUM SERVICES, INC.

"dba"
SEMCO
1741 LESLIE STREET
SAN MATEO, CALIFORNIA 94402

431 WEST HATCH ROAD
MODESTO, CALIFORNIA 95351



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SEMCO has adopted the following Health & Safety Plan and procedures for the removal and/or closure of underground petroleum storage tanks and associated piping. The purpose of this plan is to provide health and safety guidelines to be adhered to while all work is in progress.

All personnel involved with the tank removal or associated activities will have an assigned responsibility. The outlined responsibilities will establish standards for personnel protective wear and safety procedures, and will provide for emergency actions which could arise during project operations.

SCOPE OF WORK

1.0 Scope of Work:

The tanks will be purged of all remaining residues, and these residues will be stored on site in a 55 gallon approved drum until they are hauled away or pumped out for disposal by a certified hazardous materials hauler.

The tanks will be inerted with a minimum of 20 lbs of dry ice per 1000 gallons of tank capacity. More ice will be added if necessary to displace the oxygen in the tank to a concentration level below the OSHA approved lower explosive limit, this will be achieved by using a Gastech 1314. When this level is obtained the tanks will be removed, and samples will be collected per the approved work plan.

1.1 Responsibilities of Other Agencies if Present:

- a. The Environmental Health Department is responsible for approval and inspection of procedures, including tank removal, sample procurement and integrity of work plan.
- b. The Fire Department is responsible for inspections relative to safe procedures and conditions of the tank prior to removal.

HAZARDS, SPECIAL PRECAUTIONS

2.0 Hazards, Special Precautions:

2.1 Special Precautions:

During the course of underground storage tank removal, workers could be exposed to petroleum hydrocarbon vapors, liquids, or other wastes. The following precautions will be observed by all individuals engaged in the tank removal activity.

2.1.1 Toxicity Considerations, Petroleum Substances:

All individuals should be aware of appropriate health precautions. When high concentrations of petroleum hydrocarbon vapors are inhaled, symptoms of intoxication may result. These symptoms, range from simple dizziness to unconsciousness. Care will be exercised to minimize exposure to these substances when they are present. Avoid skin contact with petroleum substances whenever possible. Use soap and water to remove any petroleum product that contacts skin.

2.1.2 Flammability and Combustibility Consideration:

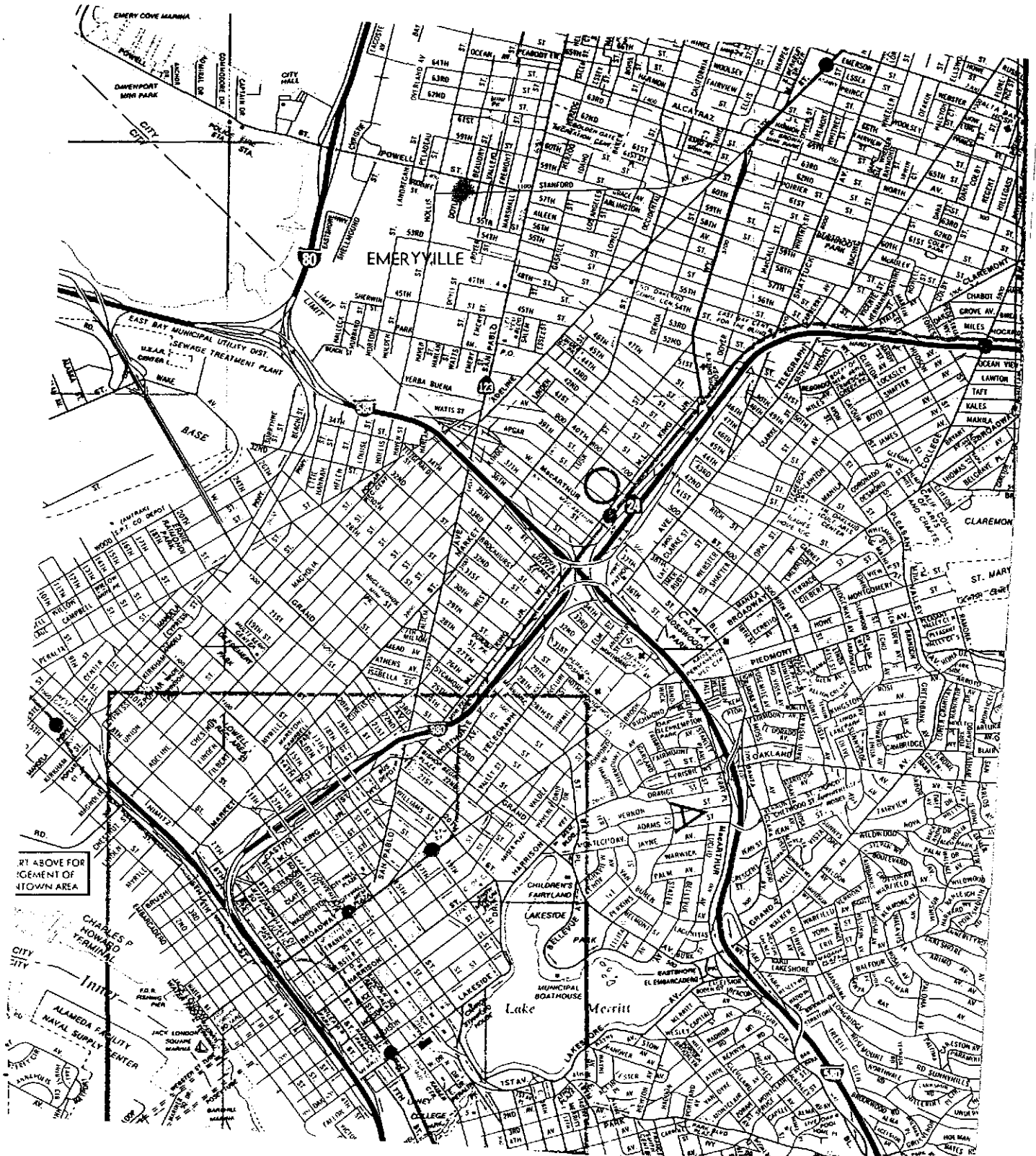
Flammable and combustible vapors are likely to be present in the work area. Precautions will be taken to eliminate all potential sources of ignition, to prevent the discharge of static electricity during venting, and to prevent the accumulation of vapors.

2.1.3 Physical Considerations:

During the excavation of underground storage tanks, some physical hazards can be present, in the form of large holes, exposed piping, debris piles, and excavation equipment. All workers will be aware of these hazards and take all necessary actions to eliminate accidents, when left unattended the excavated area will be appropriately marked and barricaded at all times.

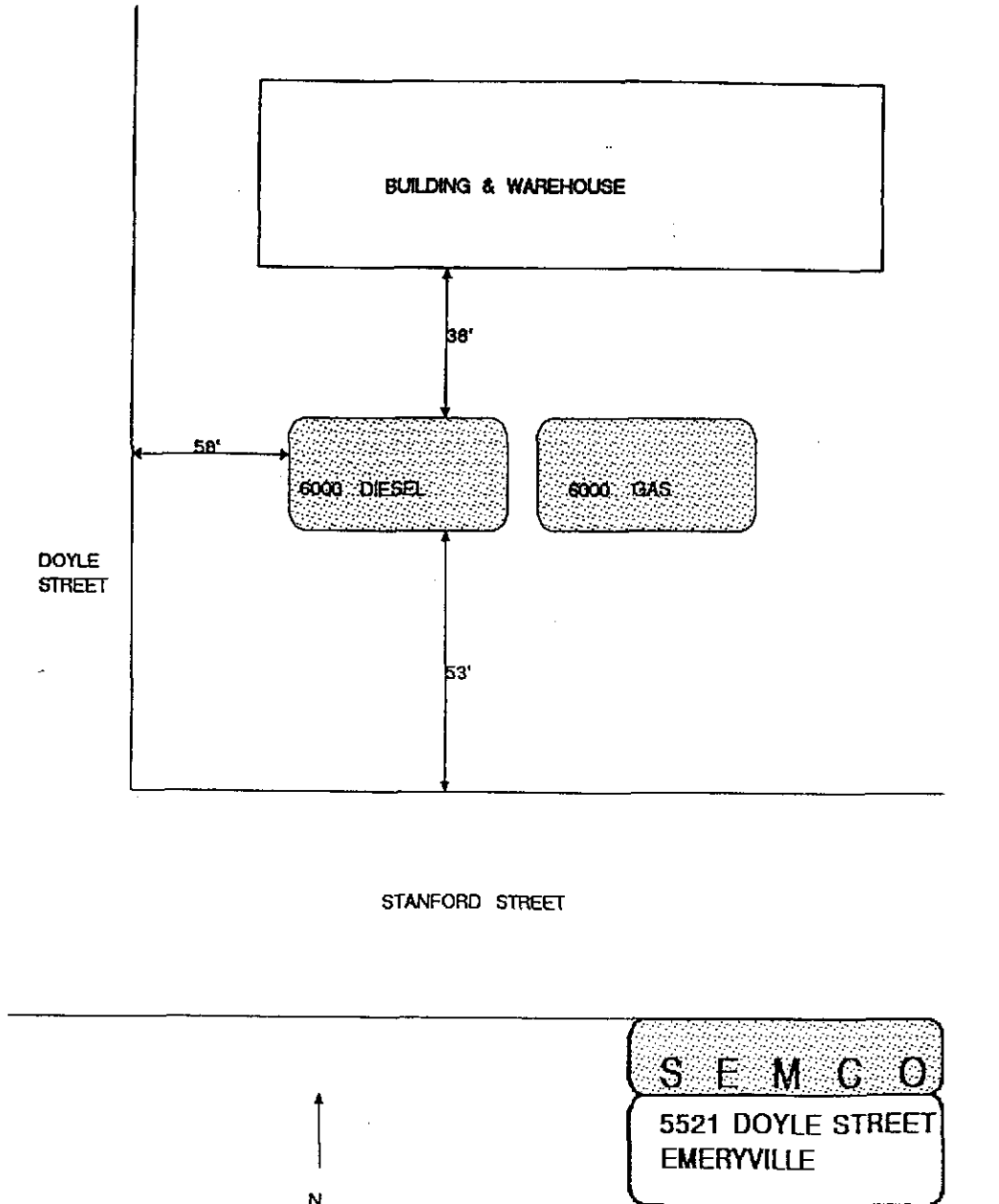
JOBSITE VICINITY MAP

3.0 Jobsite Vicinity Map



SITE MAP

4.0 Site Map



PERSONNEL

5.0 Personnel
SEMCO Employees

5.1 Project Manager

- Manages field operations.
- Ensures the Work Plan is completed on schedule.
- Briefs the field teams on their specific assignments.
- Participates in the preparation of the Site Safety Plan.
- Serves as a liaison with public officials.

5.2 Site Safety Officer

- Implements and enforces the SSP.
- Assures that all on-site personnel have received a copy of the SSP, have read it and understand it.
- Conducts frequent inspections of site conditions, facilities, equipment, and activities to determine if the SSP is adequate and being followed.
- Conducts daily "tailgate" meetings to explain the plan of work for the day, mention potential hazards of the site.
- Ensures that protective clothing and equipment are properly stored and maintained.
- Knows emergency procedures, excavation routes, and notifies local emergency services when necessary.
- Notifies the Health and Safety Manager of all accidents and injuries that occur on site.

5.3 On-Site Personnel:

- Are required to document their full understanding of the SSP before starting work by signing that they have read the SSP and understand it.
- Complies with the SSP.
- Notifies the SSO of unsafe conditions
- On-Site employees are held responsible to perform only those tasks for which they believe they are qualified and in their opinion are safe.

LEVEL D: Safety Glasses
 Steel Toe Shoes
 Hard Hats
 Uniform shirt/pants

LEVEL C: Safety Glasses or Goggles w/side shields
 Hard Hats
 Steel Toe Safety Shoes
 Half of Full Face Respirator with Organic
 Vapor Cartridge.
 Tyvek or Ploy-Coated Tyvek

EMERGENCY SERVICES

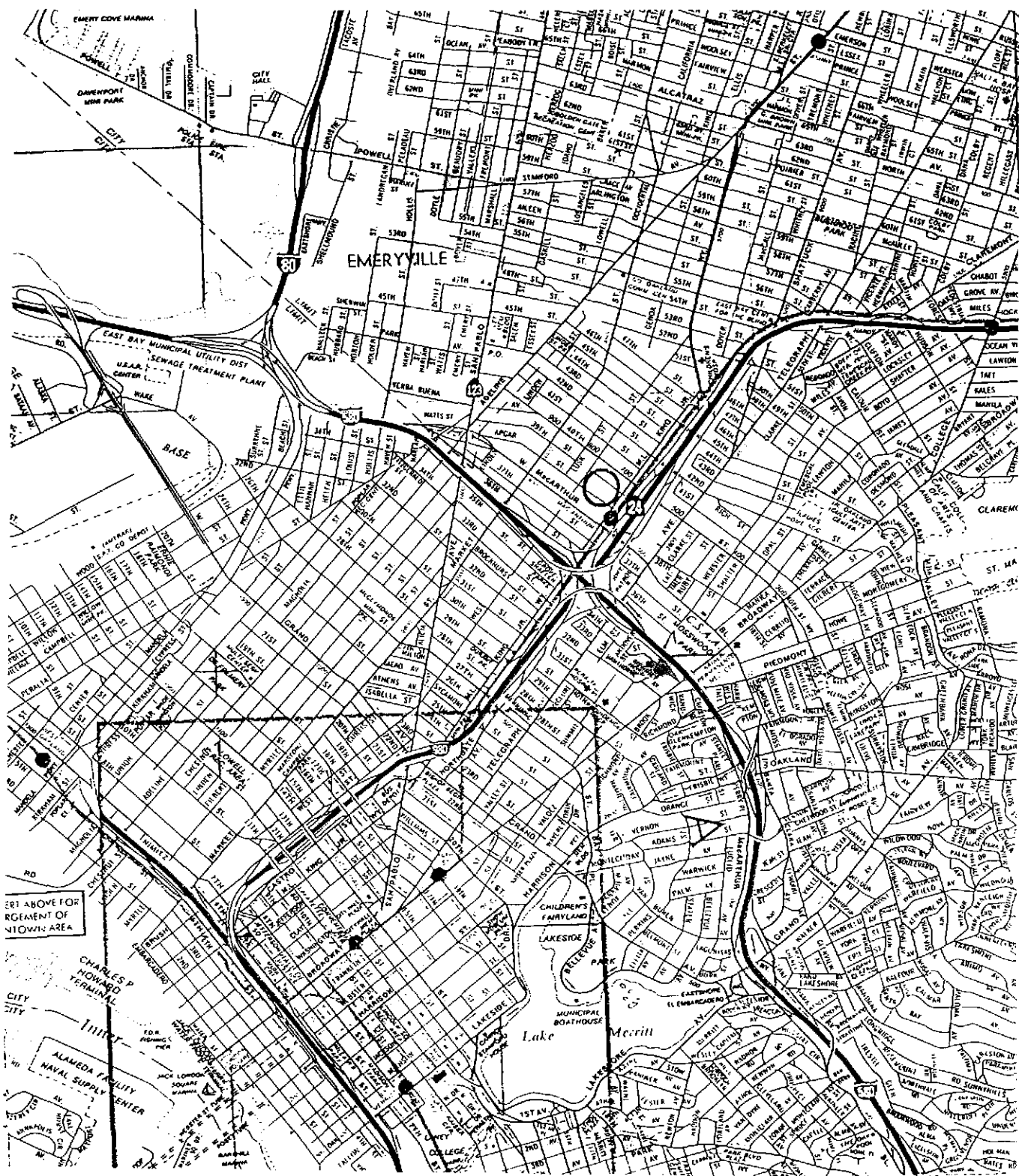
6.0 Emergency Services

6.1 Persons to contact in case of emergency:

- a. PROJECT MANAGER
Name: Chuck Kiper
Phone: (415) 572-8033
(415) 860-8221 Mobile
(415) 377-8660 Pager
 - b. CLIENT CONTACT
Name: Tad Tassone
Phone: (415) 282-7725
 - c. SITE CONTACT
Name: Chuck Kiper or Mike Tambroni
Phone: (415) 572-8033 (415) 572-8033
 - d. SITE SAFETY OFFICER
Name: Chuck Kiper
Phone: (415) 572-8033
 - e. ALTERNATE SITE SAFETY OFFICER
Name: Mike Tambroni
Phone: (415) 572-8033
 - f. HEALTH & SAFETY COORDINATOR
Name: Milton Tiffin
Phone: (209) 524-9653
- 6.2 Hospitals In Area:
Merrit Peralta Medical Center (510) 655-4000
Hawthorne & Webster Street, Oakland, California
- 6.3 Emergency Routes
See Hospital Route Map, Page 10
- 6.4 Ambulance Service:
Dispatch Service DIAL 911
- 6.5 Fire Prevention:
Emeryville Fire Department
(510) 652-4575
- 6.6 Fire Department:
DIAL 911
- 6.7 A First Aid Kit will be on site:
- 6.8 Barricades:
Job site will be barricaded off and construction tape will be used around working area, when work area is left unattended.
- 6.9 Fire Extinguishers will be present on site.

HOSPITAL ROUTE MAP

7.0 Hospital Route Map



8.0 Contingency Plan:

If an injury occurs, the following action will be taken:

- Medical attention for the injured person immediately.
- Notify the Site Safety Officer.
- Depending on the type and severity of the injury, SEMCO'S occupational physician will be notified.
- The injured person's personnel office will be notified.
- An incident report will be prepared. The Site Safety Officer will be responsible for its preparation and submittal to the Health and Safety Direction and corporate personnel office within 24 hours.
- The Site Safety Officer will assume charge during a medical emergency.
- EMERGENCY ROUTES--see Hospital Route Map, Page 10

SAFETY EQUIPMENT

9.0 Safety Equipment:

9.1 As a minimum, the following equipment will be on site:

LEL Meter - Gastech 1314
OSHA - Approved First Aid Kit
40BC Fire Extinguisher
Half Face Respirator with Organic Vapor Cartridges

10.0 Safety Training

SEMCO'S field employees have received their certificates of training as required by OSHA-SARA agencies, with refresher courses as needed.

11.0 SEMCO requires all Class I truck drivers to have a mandatory physical once a year. SEMCO supplies health insurance to all employees and administers random and mandatory drug and alcohol testing.

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 D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G GCFID(5030) TPH D GCFID(3510) BTX&E 602, 624 or 8260
Leaded Gas	TPH G GCFID(5030) BTX&E 8020 OR 8240 TPH AND BTX&E 8260 TOTAL LEAD AA -----Optional----- TEL DHS-LUFT EDB DHS-AB1803	TPH G GCFID(5030) BTX&E 602 or 624 TOTAL LEAD AA TEL DHS-LUFT EDB DHS-AB1803
Unleaded Gas	TPH G GCFID(5030) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G GCFID(5030) BTX&E 602, 624 or 8260
Diesel, Jet Fuel and Kerosene	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260
Fuel/Heating Oil	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260
Chlorinated Solvents	CL HC 8010 or 8240 BTX&E 8020 or 8240 CL HC AND BTX&E 8260	CL HC 601 or 624 BTX&E 602 or 624 CL HC AND BTX&E 8260
Non-chlorinated Solvents	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602 or 624 TPH and BTX&E 8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G GCFID(5030) TPH D GCFID(3550) TPH AND BTX&E 8260 O & G 5520 D & F BTX&E 8020 or 8240 CL HC 8010 or 8240	TPH G GCFID(5030) TPH D GCFID(3510) O & G 5520 C & F BTX&E 602, 624 or 8260 CL HC 601 or 624

ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, N
METHOD 8270 FOR SOIL OR WATER TO DETECT:
PCB*
PCP*
PNA
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

10.0 Signatures & Acknowledgments:

I acknowledge having read and understood the preceding Health & Safety Plan:

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

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