

UNDERGROUND TANK REMOVAL REPORT

2521 Central Avenue  
Alameda, California

May 1993

TANK REMOVAL REPORT

2521 Central Avenue  
Alameda, CA

- 4-5-93 Cottle Industries was contracted to remove one 1,500  
to gallon heating oil tank for the Celia Harris Trust.  
4-7-93 Applied to Alameda County Health Department for a tank  
removal permit. Notified Bay Area Air Quality Management  
District of our intention to remove the tank.
- 4-23-93 Received permit from Alameda County Health Department and  
applied to City of Alameda Fire Prevention Division  
through Central Permit Bureau for tank removal permit.
- 4-26-93 Began exploratory excavation by hand in order to confirm  
the existence of the tank in the designated location.  
The tank was found in the designated area and had a  
burial depth of approximately 7 feet.
- 4-27-93 Received permit from the City of Alameda and ordered our  
backhoe to the job for further excavation of the tank.
- 4-28-93 Tank excavation continued with the backhoe along with  
excavation and removal of fuel oil piping.
- 4-28-93 A sewer line was encountered above one end of the tank  
and was lightly damaged and repaired immediately, without  
interruption of service. The tank was found to contain  
approximately 1,000 gallons of water, which appeared to  
be relatively clean.
- 4-29-93 The water in the tank was pumped out and transported to  
a licensed disposal facility by Steam Valve Machine Co.  
of Oakland, CA (a licensed hazardous materials hauler).

At the appropriate time, prior to tank removal, dry ice  
was introduced into the tank at a ratio of 2.5 lbs. per  
100 gallons of tank volume. With the approval of the  
Fire and Health Department Inspectors, the tank was  
remove from the excavation and examined for the presence  
of perforations and corrosion. Several 1/4" to 3/8"  
diameter holes were observed in the tank during  
examination of the tank prior to loading it onto the  
truck.

The tank was transported to Erickson Environmental (a  
licensed disposal facility) by Trident Truck Line (a  
licensed hazardous materials hauler).

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After tank removal, two soil samples were taken from the tank pit, one from each end of the excavation. The soil samples were collected with a hand auger and brass sleeves were driven into the hollow stem of the auger. The sleeves were packaged using teflon sheets with plastic end caps and placed on ice for transport to Superior Analytical for analysis.

One water sample was collected using a disposable bailer and placed in glass sample containers for transport to Superior Analytical.

One composite soil sample was collected from the spoil pile in order to determine the suitability of the soil for use as backfill material for the excavation. The spoil was placed in the excavation in order to protect the sidewalk from further undermining, with the understanding that it must be re-excavated if found to be contaminated.

- 4-30-93 The sample results were received from Superior Analytical. The results indicated that the spoil and soil from the excavation were both clean when tested for (TPHD) Total Petroleum Hydrocarbons as Diesel and (BTXE) Benzene, Toluene, Xylenes, and Ethyl Benzene. However, the water sample indicated the presence of Diesel (1,300 ppb), Xylenes (2.0 ppb), Ethyl Benzene (.4 ppb), Toluene (.7 ppb), and Benzene (ND).
- 4-30-93 Based upon the analytical results, we imported clean backfill sand and backfilled and compacted it into the excavation to re-establish existing grade in the area. Further work to be done in the area will be presented in our recommendations for the site.

**CONCLUSION AND RECOMMENDATION**

**2521 Central Avenue  
Alameda, California**

## CONCLUSION AND RECOMMENDATION

2521 Central Avenue  
Alameda, CA

Based upon the analytical results, nothing further will have to be done with the soil. However, because of the contamination found in the water we feel that a groundwater investigation and construction of three groundwater monitoring wells would be appropriate at the site. The wells will have to be monitored quarterly for a minimum of one year or until four consecutive sampling events indicated the groundwater to be clean and free of contaminants.

The monitoring wells are to be constructed following locally accepted guidelines for monitoring well construction. A work plan must be filed with the Alameda County Health, Hazardous Materials Division, for review and permitting prior to commencement of monitoring well work.

HEALTH & SAFETY PLAN

FOR

2521 Central Avenue

Alameda, California

APRIL 7, 1993

## HEALTH & SAFETY PLAN

### INTRODUCTION:

Cottle Industries Health and Safety Program is designed to meet the requirements of 29 CFR 1910.120.

The objective of this Health and Safety Plan is to establish health and safety guidelines for the removal of one underground fuel storage tank at 2521 Central Avenue, Alameda, California. The project will consist of the removal of one underground fuel storage tanks, collection of soil and/or water samples for analyses as necessary, backfilling and compaction of clean imported soil to displace tank volume, and general site cleanup and surface restoration following the completion of site operations. General information pertaining to the site is provided in Table 1.

TABLE 1

GENERAL INFORMATION

HEALTH AND SAFETY PLAN

2521 Central Avenue  
Alameda, CA

Site: Apartment building

Location: 2521 Central Avenue, Alameda, California

Background Review: Preliminary and Incomplete

SITE/HAZARD OVERVIEW

Apparent Hazard: Low

Type of Facility: Apartment Complex

Status of Facility: Active

Waste Types: Liquid, Solid

Waste Characteristics: Toxic, Ignitable, Volatile

Hazard Type: Liquid, Fumes, Vapors



## CHARACTERIZATION OF WASTE PRODUCTS

The chemicals of concern on site are petroleum hydrocarbons. A summary of the health effects is given in Appendix I.

## SITE SAFETY WORK PLAN

### GENERAL:

Operations that will be conducted on the site include excavation and removal of underground fuel tank, the collection of soil samples and appropriate groundwater samples, backfilling and compaction of clean soil, and general site cleanup and surface restoration. The procedures for collection of soil and groundwater samples are describe in Appendix II. The Site Safety Officer (Table 3), will assess the hazard of inhalation of vapors or particulate matter according to meteorological conditions and the phase of site operations, and will determine when and in what areas of the site personnel will be required to wear respirators.

Onsite personnel are trained to be aware of the potential for temperature stress during site operations. The combination of overexertion, protective clothing and ambient temperature extremes could cause stress which can lead to dehydration if body liquids and minerals are not replaced, heat exhaustion in warm climate, and hypothermia in cold climates, etc. Rest periods and replacement of body fluids by potable drinking water and electrolyte containing beverages are required to prevent heat stress during site operations.

### HEALTH AND SAFETY RESPONSIBILITIES FOR KEY PERSONNEL:

The Project Manager and the Site Safety Officer will be responsible for planning and coordinating all activities onsite and will ensure that a Tailgate Safety Meeting form is obtained before work begins. They will also ensure the Tailgate Safety Meeting form is signed daily by each employee onsite and that the Health and Safety Plan is reviewed before work begins by all site operations personnel.

The Site Safety Officer will be responsible for implementing all facets of the Health and Safety Plan during site operations, including briefing all participants in the Health and Safety Plan requirements, ensuring that all necessary permits are onsite, enforcing the use of hearing protection where required, establishing the exclusion zone or other safe zones as appropriate, and determining actions to be taken in case of an emergency onsite. The Site Safety Officer will bring all real of potential health and safety problems to the attention of the Project Manager.

The Project Manager will be responsible for determining all site-specific health and safety decisions and will oversee their implementation.

#### WORK TRAINING REQUIREMENTS:

As required by 29 CFR 1910.120, all site operations personnel will have completed at least 40 hours of health and safety training prior to entering the site. Additionally, the Site Supervisor will have completed an additional 8 hours of specialized instruction. Evidence is generally demonstrated by a Certificate of Training. In addition, no visitors will be allowed inside the exclusion zone if compliance with the training provisions of 29 CFR 1910.120 cannot be demonstrated.

#### MEDICAL SURVEILLANCE REQUIREMENTS:

As required by 29 CFR 1910.120, all site operations personnel shall participate in a medical surveillance (Occupational Health) monitoring program (as appropriate for each project). Documentation will be required from all subcontractor site operations personnel to demonstrate this compliance. Cottle Industries' employee's records are maintained in Cottle Industries Health and Safety Records section.

#### DOCUMENTATION:

Compliance with the Health and Safety Plan review requirement will be documented on a sign-off sheet during the safety briefing attendance meetings which will be scheduled at the beginning of field operations and which will be reviewed at the beginning of each day during the conduct of site operations. A sign-off sheet is presented in Appendix III.

This meeting, also known as the Tailgate Safety Meeting, will be conducted by the Site Safety Officer or the Site Operations Supervisor (Table 2). This meeting must be attended by all Cottle Industries employees and other subcontractors working on the project that day. It is strongly recommended that all non-employees at the site also attend.

#### GENERAL SAFETY REQUIREMENTS:

The following general safety requirements shall be followed by all site operations personnel, or qualified visitors, working and/or entering the site during the conduct of the site operations.

- \* No site operations personnel or visitors will be allowed onsite without the prior knowledge and consent of the Site Safety Officer.
- \* There will be no activities conducted onsite without sufficient backup personnel. At a minimum, two persons must be present on the site during the conduct of the site operations. A trained Cottle Industries supervisor, as required by 29 CFR 1910.120, must be present onsite at all times during the conduct of site operations.

- \* All site operations personnel shall immediately bring to the attention of the Site Safety Officer or Project Manager any unsafe condition or practice associated with the site operations activities that they are unable to correct themselves.
- \* There will be no smoking, eating, chewing gum, drinking or tobacco consumption inside the Exclusion Zone/controlled area.
- \* Good housekeeping practices will be used onsite at all times.
- \* Hands shall be thoroughly cleaned prior to smoking, eating or other activities outside the Exclusion Zone/controlled area.
- \* All borings will be monitored to prevent inadvertent contact.
- \* Site operations personnel must avoid unnecessary contamination, including walking through known or suspected "hot spots" or contaminated puddles, kneeling or sitting on the ground, leaning against potentially contaminated barrels or equipment.
- \* A fire extinguisher (minimum rating 10:B:C) will be onsite at all times.
- \* Respiratory devices will not be worn with beards, long sideburns, or under any other conditions that prevent a proper seal while the respirator is being worn.
- \* Contact lenses will not be worn with respirators in use.
- \* Only designated personnel will be allowed to operate specialized equipment (e.g. drill rig).
- \* No confined space entry is authorized by this Health and Safety Plan.

#### EXCLUSION ZONE/CONTROLLED AREA:

An Exclusion Zone will be established immediately around the tank excavation and excavating equipment. A map will also be posted onsite showing these areas. The following activities will be conducted in the Exclusion Zone:

- \* Equipment staging
- \* Excavation and removal of tank and related piping
- \* Soil sampling
- \* Groundwater sampling and monitoring (as appropriate)

### PERSONAL PROTECTIVE EQUIPMENT:

The level of protection will be Level D (modified if appropriate) with upgrade to Level C if appropriate. Level D includes the following equipment:

- \* Hard hat
- \* Gloves
- \* Proper work clothes
- \* Proper work boots
- \* Earplugs or earmuffs (while working on or around operating equipment)

Level C includes the following equipment:

- \* Hard hat
- \* Routine work clothes under disposable Tyvek coveralls
- \* Steel-toes safety boots under disposable PVC booties
- \* Protective eyewear
- \* Nitrile (green) gloves (when handling soil, during testing, sampling, shovelling, etc.)
- \* NIOSH approved full face respirator (or half face respirator with goggles) equipped with high efficiency combination cartridges for toxic particulates and organic vapors

The decision to upgrade to Level C protective equipment will be determined by the onsite H & S Officer.

### DECONTAMINATION:

Decontamination consists of contamination - reduction phases and personal hygiene for site operations. The following decontamination / contamination reduction steps will be used:

- \* Maximize the use of disposable clothing for personal protection (latex surgical gloves, Tyvek coveralls and PVC booties).
- \* Remove disposable PVC booties, Tyvek coveralls, outer gloves and inner gloves and dispose of them in a clean unused garbage bag(s).

- \* Remove respirator, remove cartridges and discard them. Return respirator to storeroom at the end of the job. All respirators will be properly washed, sanitized, tagged and stored.
- \* The garbage bag(s) holding disposable items from the site operations will be placed in securely covered, clearly marked 55-gallon steel drums and placed in an area of the site at the direction of the Site Engineer. Final disposition will be in accordance with site remedial action.
- \* Wash hands and face with soap immediately upon exiting the Exclusion Zone.
- \* After departing the site, site operations personnel should shower as soon as possible.
- \* After departing the site, fabric work clothes and undergarments should be washed as soon as possible using routine wash method.
- \* (As appropriate) Each piece of equipment (tools and all vehicles contacting potentially contaminated materials) must be decontaminated before it leaves the operation site. This must be done in an area designated for equipment decontamination (to be determined). Large items of equipment, such as vehicles and trucks, should be subjected to decontamination by high pressure water washes or steam. A special solution, such as Liqui-Nox, a 1% to 2% TSP Solution, or Bola Degreaser, may have to be used on equipment or heavily soiled items. All wash and rinse water must be contained (on Visqueen for large equipment, in 5-gallon buckets for tools), collected, and stored in marked 55-gallon drums on site until final disposition is determined.

#### PHYSICAL HAZARDS:

The physical hazards associated with operating heavy equipment are as follows:

- \* Moving machine parts
- \* "Struck-by" or roll over injuries from the equipment
- \* Noise
- \* Exposure to contaminated particulate matter while boring soil
- \* Possible contact with gas or power lines during excavating
- \* Possible contact with underground utilities

All personnel operating heavy equipment will be experienced in the proper operating procedures and the safety precautions.

Noise levels for heavy equipment operators may be expected to exceed 85 decibels on the A-weighted scale. Therefore, heavy equipment operators will wear disposable earplugs or earmuffs with a Noise Reduction Rating (NRR) of at least 25 decibels. A hearing conservation program, in conformance with OSHA requirements, will be in effect throughout the duration of the project.

Care will be used when moving excavated soil to avoid creating a dust. An air purifying respirator may be required while performing any operation where sufficient dust may be generated. See Personal Protective Equipment section.

The Project Manager or the Site Safety Officer shall investigate the site for potential gas and power lines above and below ground before excavating. This includes contacting the Underground Service Alert organization at (800) 642-2444 at least 48 hours prior to the job start. No excavation will occur in any area where such lines are found.

#### OCCUPATIONAL EXPOSURE MONITORING:

In order to prevent overexposures to employees of physical and chemical agents, it may be necessary to conduct monitoring evaluations. Environmental agents of concern on this project may include airborne concentrations of petroleum hydrocarbons, noise, or temperature extremes. The Site Safety Officer may use any of the following equipment to assess employee exposure:

- \* HNu (or similar) Photoionization Detector
- \* Foxboro Organic Vapor Analyzer/Flame Ionization Detector
- \* Draeger Colorimetric Indicator Tubes
- \* Quest Noise Dosimeter
- \* Gilian personal Air Sampling Pumps, with appropriate media
- \* Metrosonics WBGT Heat Stress Monitor
- \* Combustible gas indicator with ppm scale (Gastech 1314 or equivalent)
- \* Oxygen detector

#### EMERGENCY INFORMATION:

A description of local resources available in case of emergency is presented on Table 2.

#### EMERGENCY PROCEDURES FOR INJURY:

If an injury should occur on the site and involves exposure to gross contamination, the local emergency contacts (Table 2) will be

notified of the incident and of the potential contaminants involved. Before being transported to the medical care facility, the victim will undergo a gross washdown using clear water after removal of all contaminated clothing. This will reduce the chance of spreading contaminants to the emergency vehicle and local hospital.

If an accident should occur onsite which results in a minor injury (e.g. cuts or bruises), a first aid kit and portable eye wash unit will be available for treatment.

If an accident should occur onsite which results in a major trauma (e.g. fractured bones or severe lacerations), the local emergency telephone number (911) will be used to contact emergency services. The victim will not be transported in any vehicle other than a fully-equipped emergency vehicle.

#### SAFETY EQUIPMENT CHECKLIST:

A Safety Equipment Checklist is presented on Table 3.

TABLE 2

EMERGENCY INFORMATION  
LOCAL RESOURCES

HEALTH AND SAFETY PLAN

2521 Central Avenue  
Alameda, CA

Ambulance: Acme - Western Ambulance Service - 911  
Dispatch 510-653-6622

Hospital Emergency: Alameda Hospital Emergency 510-523-4357  
2070 Clinton Avenue  
Alameda, CA 94501

Route to hospital: Exit site going North on Central Ave., turn  
left on Park St., turn left on Clinton Ave.  
the hospital will be on the left, enter the  
hospital grounds and proceed to the  
appropriate facility.

Local Police: Dial 911

Local Fire: Dial 911

Alameda County Health Agency: 510-271-4320

Cottle Industries Project Manager: David E. Cottle, Sr.

Cottle Industries Site Safety Officer: David E. Cottle, Sr.

Cottle Industries Operations Supervisor: Rich Stritt



TABLE 3

SAFETY EQUIPMENT CHECKLIST

HEALTH AND SAFETY PLAN

2521 Central Avenue  
Alameda, CA

MONITORING AND  
SURVEILLANCE

PERSONAL PROTECTION

Full face respirator  
Half-face respirator  
High efficiency combination cartridges for  
toxic particulates, organic vapors, and  
acid gasses  
Safety boots Industrial grade work boots  
with steel toe  
Tyvek coveralls  
Safety glasses  
Goggles  
Hard hat  
PVC rain gear  
Nitrile (green) gloves  
Latex gloves  
PVC booties

MISCELLANEOUS

First aid kit  
Drinking water  
Eye wash kit  
Fire extinguisher  
Ear plugs or earmuffs

PERSONAL DECONTAMINATION EQUIPMENT

Clear water  
5-gallon plastic buckets  
Liqui-Nox  
Hand soap  
Plastic garbage bags  
Paper hand towels

APPENDIX I  
HEALTH EFFECTS OF WASTE PRODUCTS

## APPENDIX I

### HEALTH EFFECTS OF WASTE PRODUCTS

#### PETROLEUM HYDROCARBONS:

##### BENZENE

Benzene is a colorless liquid with an aromatic odor. Benzene may potentially create an explosion hazard. Benzene is incompatible with strong oxidizers, chlorine, and bromine with iron. Benzene is irritating to the eyes, nose, and respiratory system. Prolonged exposure may result in giddiness, headache, nausea, staggering gait, fatigue, bone marrow depression, or abdominal pain. Routes of entry include inhalation, absorption, ingestion, and skin or eye contact. The target organs are blood, the central nervous system (CNS), skin, bone marrow, eyes, and respiratory system. Benzene is carcinogenic.

##### TOLUENE

Toluene is a colorless liquid with an aromatic odor like benzene. Toluene may potentially create an explosion hazard. Toluene is incompatible with strong oxidizers. Prolonged exposure may result in fatigue, confusion, euphoria, dizziness, headache, dilation of pupils, lacrimation, insomnia, dermatitis, or photophobia. Routes of entry are inhalation, absorption, ingestion, and skin or eye contact. The target organs are the CNS, liver, kidneys, and skin.

##### XYLENES

There are three isomers of xylenes; ortho, meta and para. Each is a colorless liquid with an aromatic odor. Xylene may potentially create an explosion hazard. Xylene is incompatible with strong oxidizers. Xylene is irritating to the eyes, nose, and throat. Prolonged exposure may result in dizziness, excitement, drowsiness, staggering gait, corneal vacuolization, vomiting, abdominal pain, and dermatitis. Routes of entry are inhalation, absorption, ingestion, skin or eye contact. The target organs are the CNS, eyes, gastrointestinal tract, blood, liver, kidneys, and skin.

##### ETHYLBENZENE

Ethylbenzene is a colorless liquid with an aromatic odor. Ethylbenzene may potentially create an explosion hazard. Ethylbenzene is incompatible with strong oxidizers. Ethylbenzene is irritating to the eyes and mucous membranes. Prolonged exposure may result in headache, dermatitis, narcosis, or coma. Routes of entry include inhalation, ingestion, and skin or eye contact. The target organs are the eyes, upper respiratory system, skin, and CNS.

## ORGANIC LEAD

Organic lead (tetraethyl lead) is a colorless liquid with a slight musty odor. It is a gasoline anti-knock additive. It is toxic by inhalation, ingestion, and skin absorption. The target organs are the liver, CNS, kidneys and skin. Lead is concentrated largely in bone tissues, and in the soft tissues and blood in minor amounts. Children and fetuses are especially susceptible to lead poisoning. Organic lead is a suspected teratogen.

## DIESEL

Diesel fuel is a petroleum-based oil and is available in various grades, one of them being synonymous with fuel oil Number 2. The greatest health concern with diesel at this site is skin contact with contaminated soil. Diesel on simple contact may defat the skin, which can lead to irritation, infection and dermatitis.

Diesel is not sufficiently volatile, and if not found in high enough concentrations in the soil at this site, will not constitute an inhalation hazard. However, air purifying respirators are available to employees for nuisance odors.

## WASTE OIL

Motor lubricating oil has a very low hazard rating in its initial form. The oral toxicity of unused motor oil and its additives tend to be very low because of their low vapor pressures. Inhalation does not present a problem, except if misting occurs or a heavily oil-contaminated dust is present. Frequent and prolonged direct skin contact may produce skin irritation and dermatitis in certain hypersensitive individuals.

Used motor oil is considered to be more toxic than unused oil. In the used form, the oil may contain relatively low levels of certain metals such as sodium, iron, zinc, boron, chromium, aluminum, silicon, copper, silver and lead, and certain transformation products resulting from elevated temperature and pressure in an operating engine. These metals and transformation products would not be considered hazardous unless an oil mist was generated, a heavily oil-contaminated dust was present, the oil was ingested into the stomach, or if significant skin contact occurred. Waste oil is a mutagen and a California Proposition 65 listed carcinogen.

Although it has a low hazard rating, waste oil, as a common good personal hygiene practice, should be handled with care, avoiding skin contact and breathing vapors or contaminated dust. This is because waste oil is sometimes found to contain toxic compounds such as PCBs and various solvents.

PERMIT FORMS

2521 Central Avenue  
Alameda, California



6. Contractor Cottle Industries  
Address P.O. Box 7  
City Antioch, CA 94509 Phone 510-754-9235  
License Type\* A - Hazardous ID# 481494

\*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Consultant N/A  
Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

8. Contact Person for Investigation  
Name Roy Pantle Title Estimator  
Phone 510-754-9735

9. Number of tanks being closed under this plan one  
Length of piping being removed under this plan 23'  
Total number of tanks at facility one

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 Erickson Environmental EPA I.D. No. CAD009466392  
Hauler License No. \_\_\_\_\_ License Exp. Date \_\_\_\_\_  
Address Parr Blvd.  
City Richmond State CA zip 94804

b) Product/Residual Sludge/Rinsate Disposal Site  
Name Erickson Environmental EPA I.D. No. CAD007466392  
Address \_\_\_\_\_  
City Richmond State CA zip 94804

c) Tank and Piping Transporter

Name Dexanna Ltd. EPA I.D. No. CAD982438566  
Hauler License No. \_\_\_\_\_ License Exp. Date \_\_\_\_\_  
Address Athens Court  
City Concord State CA Zip 94519

d) Tank and Piping Disposal Site

Name Ericsson Environmental EPA I.D. No. CAD009466392  
Address Parr Blvd.  
City Richmond State CA Zip 94804

11. Experienced Sample Collector

Name Alvin Knackstedt  
Company Cattle Industries  
Address P.O. Box 7  
City Antioch, State CA Zip 94509 Phone 510-754-9935

12. Laboratory

Name McCampbell Analytical  
Address 110 2nd Ave. South  
City Pacheco State CA Zip 94553  
State Certification No. 1694

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

Introduction of Dry-Ice to tank at a ratio of 2.5 lbs. per 100 gallons of tank volume

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)		
1,500 gallons	Heating Oil	Soil  If groundwater is observed in tank pit, one groundwater sample and two soil samples to be collected from walls next to tank ends.	One foot below tank bottom - 2 soil samples to be collected, one from each end of tank

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) 15 Yards (C.U.)	<b>Sampling Plan</b> <i>One sample from each end of tank, approximately one foot below the tank bottom in native undisturbed soil.</i> <i>1 sample/20yd<sup>3</sup> if to be reused on site. 1 sample/50yd<sup>3</sup> if to be disposed of off site.</i>

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
<i>Heating Oil</i>		<i>TPHD (8210/3550)</i> <i>BTX &amp; E (8020/8210)</i> <i>TPH &amp; BTXE (8260)</i>	<i>Soil: 1ppm water: 50ppb</i> <i>Soil: 0.5ppm water: 0.5ppb</i>

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer PC 948686 M. A. HAYS CO.

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) David E. Cottle, Sr. - Cottle Industries

Signature David E. Cottle, Sr.

Date April 5, 1993

Signature of Site Owner or Operator

Name (please type) BETTY ANN HUNTER

Signature Betty Ann Hunter

Date April 5, 1993

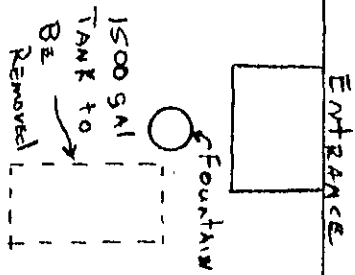
CENTRAL AVE.

sidewalk

LAWN  
AREA

2521 CENTRAL AVE.

DRIVEWAY



# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
2/25/1993

PRODUCER  
510-235-0353 FAX 510-235-5058  
M.A. HAYS COMPANY INC.  
3700 NEVIN AVENUE  
RICHMOND CA 94805

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	REPUBLIC INDEMNITY INSURANCE
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED  
COTTLE INDUSTRIES  
P.O. BOX 163  
ANTIOCH, CA 94509

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				GENERAL AGGREGATE \$
COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY \$
OWNERS & CONTRACTORS PROT.				EACH OCCURRENCE \$
				FIRE DAMAGE (Any one fire) \$
				MED. EXPENSE (Any one person) \$
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
ANY AUTO				BODILY INJURY (Per person) \$
ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
SCHEDULED AUTOS				PROPERTY DAMAGE \$
HYRED AUTOS				EACH OCCURRENCE \$
NON-OWNED AUTOS				AGGREGATE \$
GARAGE LIABILITY				STATUTORY LIMITS
EXCESS LIABILITY				EACH ACCIDENT \$ 1,000,000
UMBRELLA FORM				DISEASE - POLICY LIMIT \$ 1,000,000
OTHER THAN UMBRELLA FORM				DISEASE - EACH EMPLOYEE \$ 1,000,000
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	T.B.D.	02/25/93	02/25/94	
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

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

DBA OR FACILITY NAME <i>Celia Harris Trust</i>		NAME OF OPERATOR <i>Betty Ann Hunter</i>		
ADDRESS <i>2521 Central Avenue</i>		NEAREST CROSS STREET <i>Bradway</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Alameda</i>		STATE <i>CA</i>	ZIP CODE <i>94501</i>	SITE PHONE # WITH AREA CODE <i>510-874-1955</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" 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		IF INDIAN RESERVATION OR TRUST LANDS		# OF TANKS AT SITE
<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		<i>na</i>		<i>na</i>
E. P. A. I. D. # (optional)				

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <i>PANTLE, ROY</i>	PHONE # WITH AREA CODE <i>510-754-9935</i>	DAYS: NAME (LAST, FIRST) <i>CRAWFORD, SHELDON</i>	PHONE # WITH AREA CODE <i>510-874-1955</i>
NIGHTS: NAME (LAST, FIRST) <i>PANTLE, ROY</i>	PHONE # WITH AREA CODE <i>510-625-3046</i>	NIGHTS: NAME (LAST, FIRST) <i>CRAWFORD, SHELDON</i>	PHONE # WITH AREA CODE <i>510-874-1955</i>

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <i>Celia Harris Trust</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>155 Grand Ave, Suite 100</i>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <i>OAKLAND</i>		STATE <i>CA</i>	ZIP CODE <i>94612-3757</i>	PHONE # WITH AREA CODE <i>510-874-1955</i>

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <i>Celia Harris Trust</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>155 Grand Ave., #100</i>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <i>OAKLAND, CA</i>		STATE <i>CA</i>	ZIP CODE <i>94612-3757</i>	PHONE # WITH AREA CODE <i>510-874-1955</i>

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 if questions arise.**

TY (TK) HQ   -

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

<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> 1 SELF INSURED	<input type="checkbox"/> 2 GUARANTEE	<input checked="" type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>Betty Ann Hunter</i>	APPLICANT'S TITLE <i>Betty Ann Hunter Trustee</i>	DATE MONTH/DAY/YEAR <i>4-27-93</i>
---	--	---------------------------------------

**LOCAL AGENCY USE ONLY**

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

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"/> 6 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"/> 8 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED
DBA OR FACILITY NAME WHERE TANK IS INSTALLED: <u>Celia Harris Trust</u>				

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I. D. # <u>1</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>1,500</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.		
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input checked="" type="checkbox"/> 4 OIL <input type="checkbox"/> 90 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED		<input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)
D. IF (A 1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>HEATING OIL</u>		C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D		
A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 96 UNKNOWN <input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input 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"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE			
A. SYSTEM TYPE A <input checked="" type="checkbox"/> 1 SUCTION A U <input type="checkbox"/> 2 PRESSURE A U <input type="checkbox"/> 3 GRAVITY A U <input type="checkbox"/> 99 OTHER	B. CONSTRUCTION A <input checked="" type="checkbox"/> 1 SINGLE WALL A U <input type="checkbox"/> 2 DOUBLE WALL A U <input type="checkbox"/> 3 LINED TRENCH A U <input type="checkbox"/> 95 UNKNOWN A U <input type="checkbox"/> 99 OTHER	C. MATERIAL AND CORROSION PROTECTION A <input checked="" type="checkbox"/> 1 BARE STEEL A U <input type="checkbox"/> 5 ALUMINUM A U <input type="checkbox"/> 9 GALVANIZED STEEL	A U <input type="checkbox"/> 2 STAINLESS STEEL A U <input type="checkbox"/> 8 CONCRETE A U <input type="checkbox"/> 10 CATHODIC PROTECTION
A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC) A U <input type="checkbox"/> 7 STEEL W/ COATING A U <input type="checkbox"/> 95 UNKNOWN		A U <input type="checkbox"/> 4 FIBERGLASS PIPE A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP A U <input type="checkbox"/> 99 OTHER	
D. LEAK DETECTION <input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR <input type="checkbox"/> 2 LINE TIGHTNESS TESTING <input type="checkbox"/> 3 INTERSTITIAL MONITORING <input checked="" type="checkbox"/> 99 OTHER <u>NONE</u>			

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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>15</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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) <u>Betty Ann Hunter</u>	DATE <u>4-5-93</u>
--	--------------------

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

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

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
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

Site Number  
Celia Harris Trust  
Company Name  
2521 Central Avenue  
Street Address  
Alameda  
City  
Zip Code

Celia Harris Trust  
Owner's Name  
c/o CB Commercial Real Estate  
155 Grand Avenue, #100  
Owner's Address  
Oakland CA 94612-3757  
Owner's City State Zip

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

Cottle Industries  
Name  
P.O. BOX 7  
Street Address  
Antioch, CA 94509  
City / Zip

Betty Ann Hunter  
Property Owner Signature  
4-3-93  
Date  
BETTY ANN HUNTER  
Property Owner Name

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



THIS CARD MUST BE POSTED ON THE PREMISES AND  
PLACED SO AS TO BE SEEN FROM THE STREET

### City of Alameda

ELEC. PERMIT # \_\_\_\_\_

MECH. PERMIT # \_\_\_\_\_

PLBG. PERMIT # \_\_\_\_\_

DATE 4/23/93 VALUATIONS 5800- BLDG. PERMIT # 93-0623

FORMS \_\_\_\_\_  
REQUIRED BEFORE POURING CONCRETE

VAULT TOILET \_\_\_\_\_

PRELIMINARY GROUND PLUMBING \_\_\_\_\_

FINAL GROUND PLUMBING \_\_\_\_\_

ROUGH ELECTRIC \_\_\_\_\_

ROUGH PLUMBING \_\_\_\_\_

ROUGH HEATING & VENTILATING \_\_\_\_\_

SUB FLOOR \_\_\_\_\_

FRAME \_\_\_\_\_

INSULATION \_\_\_\_\_

JOB Removal of underground storage

ADDRESS 2521 Central Ave

OWNER Chas Harris Trust

CONTRACTOR Coyle & Industries

ROBERT L. WARNICK BY John Perry  
BUILDING OFFICIAL

INTERIOR LATH \_\_\_\_\_  
REQUIRED BEFORE PLASTERING OR TAPING

EXTERIOR LATH \_\_\_\_\_  
REQUIRED BEFORE STUCCO

DESIGN REVIEW \_\_\_\_\_

INSULATION CERTIFICATE \_\_\_\_\_

TRACT CONDITIONS \_\_\_\_\_

P.U.D. CONDITIONS \_\_\_\_\_

FINAL ELECTRIC \_\_\_\_\_

FINAL - FIRE DEPT. \_\_\_\_\_

FINAL PLUMBING \_\_\_\_\_

FINAL HEATING & VENTILATING \_\_\_\_\_

FINAL BUILDING \_\_\_\_\_

ABOVE APPROVALS REQUIRED BEFORE INTERIOR LATHING OR COVERING

DO NOT CALL FOR FINAL INSPECTION UNTIL OTHER ITEMS HAVE BEEN ISSUED

DO NOT OCCUPY STRUCTURE UNTIL CERTIFICATION OF OCCUPANCY HAS BEEN ISSUED.  
FOR CERTIFICATE OF OCCUPANCY TO BE ISSUED, A COPY OF HARD CARD WITH ALL FINALS  
NEEDS TO BE FILED WITH THE CENTRAL PERMIT OFFICE.

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR INSPECTIONS CALL 24 HOURS IN ADVANCE:  
ELECTRICAL -- 348-3995 OR 748-3996 (8:00-10:00 A.M.)  
PLUMBING & MECHANICAL -- 748-4563 (8:30-10:00 A.M.)  
BUILDING -- 748-4564 (8:30-10:00 A.M.)



**BAAQMD**  
Bay Area Air Quality  
Management District

**Acknowledgment**

Bay Area Air Quality Management District  
acknowledges receipt of your Tank  
Removal/Contaminated Soil Excavation  
Notification Form received on

4/9/93 *ply*

ENVIRONMENTAL HEALTH  
INSPECTION RECORD

2521 Central Avenue  
Alameda, California

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

II, III

Site ID # 4580 Site Name Celia Harris Trust Today's Date 4/29/93

- 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. Delicancy 25505(a)
  - 9. Modification 25505(b)

Site Address 2521 Central Ave.  
 City Alameda Zip 94501 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

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

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

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

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

- 7. Precs Tank Test Date: 2643
- 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 Date: 2711
  - 14. As Built Date: 2635

Comments: Came out to site at 11:30A. Tank, a 1,500-gallon heating oil tank, was already pulled out. Pencil size holes observed in tank. (Refer to pictures). Fill and vent trap was calibrated over for outdoor use. Tank installed in 1978, according to Steve McLamb, Alameda Fire Dept. Tank was removed from site to Erickson Manifs 1922 89012. New vent to the top of water in pit. Two soil samples, one from pit and one from opposite end of tank, were collected from vapoury plume. One groundwater sample was collected using a disposable bailer. Soil samples were collected using a hand auger, and after sloughing of surface soil and a brass tube sampler 2' was hammered into center of hand auger 8' etc.

25534(d) 25534(f) 25534(g) 25536(b) 25538

Rev 8/88

Contact: Dave Cottle  
 Title: CONTRACTOR  
 Signature: \_\_\_\_\_

Inspector: Juliet Shun  
 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

II, III

Site ID # \_\_\_\_\_ Site Name \_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ Zip 94 Phone \_\_\_\_\_

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

Inspection Categories:

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

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

Comments:

The excavated soil had to be placed back into the tank pit because this pit was undermining the sidewalk w/ the condition that if this soil is found to be contaminated, then it will be re-excavated out tomorrow. Even if it could be determined that soil is clean or dirty by tomorrow, this soil will be re-excavated out by end of end of tomorrow, and replaced w/ clean soil unless there is lab results showing clean. A liner will be placed in tank pit beneath this soil.

II.A BUSINESS PLANS (Title 19)

- \_\_\_ 1. Immediate Reporting 2703
- \_\_\_ 2. Bus Plan Slds. 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) 25524(c)
- \_\_\_ 14 OHSite Conseq. Asses. 25534(d)
- \_\_\_ 15. Probable Risk Assessment 25534(g)
- \_\_\_ 16. Persons Responsible 25534(f)
- \_\_\_ 17. Certification 25536(b)
- \_\_\_ 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<br>Semi-annual groundwater<br>One time sots                             |
|                               | 3) Daily Vadose<br>One time sots<br>Annual tank test                                    |
|                               | 4) Monthly Gndwater<br>One time sots  |
|                               | 5) Daily Inventory<br>Annual tank testing<br>Cont pipe leak det<br>Vadose/gndwater mon. |
|                               | 6) Daily Inventory<br>Annual tank testing<br>Cont pipe leak det                         |
|                               | 7) Weekly Tank Gauge<br>Annual tank tising  |
|                               | 8) Annual Tank Testing<br>Daily Inventory   |
|                               | 9) Other _____  |
| ___ 7. Precs Tank Test 2643   |   |
| Date: _____                   |   |
| ___ 8. Inventory Rec. 2644    |   |
| ___ 9. Sol Testing 2646       |   |
| ___ 10. Ground Water. 2647    |   |
| New Tanks                     | ___ 11 Monitor Plan 2632  |
|                               | ___ 12 Access Secure 2634   |
|                               | ___ 13 Plans Submit 2711  |
|                               | Date: _____   |
| ___ 14. As Builf 2635         |   |
| Date: _____                   |   |

Rev 8/88

Contact: Doug Cottle  
 Title: CONTRACTOR  
 Signature: [Signature]

Inspector: Juliet Shin  
 Signature: [Signature]

II, III

**MANIFESTS**

2521 Central Avenue  
Alameda, California

92289012

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

GENERATOR

FACILITY

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. CA9000186689600001		Manifest Document No. 001		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address CELA HARRIS TRUST 155 GRAND AVE OAKLAND, CA 94612 3757				A. State Manifest Document Number 92289012		B. State Generator's ID No.											
4. Generator's Phone (510) 874-1955		5. Transporter 1 Company Name TRIDENT TRUCK LINE, INC.		6. US EPA ID Number CA982484370		C. State Transporter ID 300973		D. Transporter Phone (510) 781-1000									
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter ID		F. Transporter Phone											
9. Designated Facility Name and Site Address ERICKSON, INC. 255 PARR BLVD. RICHMOND, CA 94801				10. US EPA ID Number CA0009466392		G. State Facility ID 0009466392		H. Facility Phone (510) 235-1095									
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) WASTE EMPTY TANK NON-RCRA HAZARDOUS WASTE SOLID				12. Containers		13. Total		14. Unit		15. Waste Number							
				No.		Type		Quantity		Wt/Vol		State					
				001		T		1500		P		EPA/Other NONE					
												State					
												EPA/Other					
17. Special Handling Instructions and Additional Information KEEP AWAY FROM SOURCES OF IGNITION. ALWAYS WEAR HEADGATS AND GLASSES WHEN WORKING AROUND UNDERGROUND STORAGE TANKS. 24 HR. CONTACT NAME; SILLON GONDAL AND PHONE (510) 874 1955				18. Handling Codes for Wastes Listed Above 01		19. Capacity											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name HYA HUNTER			Signature <i>[Signature]</i>			Month 01			Day 29			Year 93					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name BOB SENNA			Signature <i>[Signature]</i>			Month 01			Day 29			Year 93					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name			Signature			Month			Day			Year					
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name DAVID SATO										Signature <i>[Signature]</i>		Month 04		Day 29		Year 93	

DO NOT WRITE BELOW THIS LINE.



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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. CA1C010101816181916		Manifest Document No. 1 7 2 4 2		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.				
3. Generator's Name and Mailing Address CELIA HARRIS TRUST 155 GRINDAHL AVE SUITE 100 OAKLAND CA 94612-3757 4. Generator's Phone (510) 754-9935					A. State Manifest Document Number 92717242							
5. Transporter 1 Company Name REFINERY SERVICES					6. US EPA ID Number CA1D0103116071310							
7. Transporter 2 Company Name P 319					8. US EPA ID Number 143-114							
9. Designated Facility Name and Site Address REFINERY SERVICES P.R.C 13331 N. HWY 33 PATERSON, CA 95363					10. US EPA ID Number CA1D0103116071310							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) a. "NON R.C.R.A." HAZARDOUS WASTE LIQUID.					12. Containers		13. Total Quantity		14. Unit		15. Waste Number	
					No. Type		Quantity		Wt/Vol		State EPA/Other	
					0101		TIT + 15415 G				223 N/A	
											State EPA/Other	
											State EPA/Other	
											State EPA/Other	
J. Additional Descriptions for Materials Listed Above 98% H2O 02% PETROLEUM RESIDUE					K. Handling Codes for Wastes Listed Above a. b. c. d.							
15. Special Handling Instructions and Additional Information RUBBER GLOVES, TYVEX, AIR PURIFYING RESPIRATOR												
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.												
Printed/Typed Name TERRY R BOUVENOV / FOR CELIA HARRIS TRUST					Signature Terry R Bouvenov				Month Day Year 01 5 21 1991			
Printed/Typed Name Mark Harris					Signature Mark Harris				Month Day Year 5 21 1991			
Printed/Typed Name					Signature				Month Day Year			
19. Discrepancy Indication Space												
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.												
Printed/Typed Name					Signature				Month Day Year			

DO NOT WRITE BELOW THIS LINE.

ANALYTICAL REPORTS

2521 Central Avenue  
Alameda, California



# Superior Precision Analytical, Inc.

825 Arnold Drive, Suite 114 • Martinez, California 94553 • (510) 229-1512 / fax (510) 229-1526

COTTLE IND.  
Attn: SCOTT FERGUSON

Project CELIA HARRIS TRUST  
Reported 04/30/93

## TOTAL PETROLEUM HYDROCARBONS

Lab #	Sample Identification	Sampled	Analyzed Matrix
88455- 1	WS#1	04/29/93	04/29/93 Water
88455- 2	ES#1	04/29/93	04/29/93 Soil
88455- 3	ES#2	04/29/93	04/29/93 Soil
88455- 4	SP#3	04/29/93	04/29/93 Soil
88455- 5	SP#4	04/29/93	04/29/93 Soil

## RESULTS OF ANALYSIS

Laboratory Number: 88455- 1 88455- 2 88455- 3 88455- 4 88455- 5

Benzene:	ND<0.3	ND<.003	ND<.003	ND<.003	ND<.003
Toluene:	0.7	ND<.003	ND<.003	ND<.003	ND<.003
Ethyl Benzene:	0.4	ND<.003	ND<.003	ND<.003	ND<.003
Xylenes:	2.0	ND<.009	ND<.009	ND<.009	ND<.009
Diesel:	1300	ND<10	ND<10	ND<10	ND<10
Concentration:	ug/L	mg/kg	mg/kg	mg/kg	mg/kg



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

### ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS

Page 2 of 2  
QA/QC INFORMATION  
SET: 88455

NA = ANALYSIS NOT REQUESTED  
ND = ANALYSIS NOT DETECTED ABOVE QUANTITATION LIMIT  
mg/kg = parts per million (ppm)  
ug/L = parts per billion (ppb)

OIL AND GREASE ANALYSIS By Standard Methods Method 5520F:  
Minimum Detection Limit in Soil: 50mg/kg  
Minimum Detection Limit in Water: 5000ug/L

Modified EPA SW-846 Method 8015 for Extractable Hydrocarbons:  
Minimum Quantitation Limit for Diesel in Soil: 1mg/kg  
Minimum Quantitation Limit for Diesel in Water: 50ug/L

EPA SW-846 Method 8015/5030 Total Purgable Petroleum Hydrocarbons:  
Minimum Quantitation Limit for Gasoline in Soil: 1mg/kg  
Minimum Quantitation Limit for Gasoline in Water: 50ug/L

EPA SW-846 Method 8020/BTXE  
Minimum Quantitation Limit in Soil: 0.003mg/kg  
Minimum Quantitation Limit in Water: 0.3ug/L

ANALYTE	MS/MSD RECOVERY	RPD	CONTROL LIMIT
Benzene:	101/119%	16%	70-130
Toluene:	92/98 %	6%	70-130
Ethyl Benzene:	101/106%	5%	70-130
Xylenes:	102/105%	4%	70-130
Diesel:	108/110%	2%	70-130

Richard Srna, Ph.D.

*Richard Srna*  
Laboratory Director

# McCAMPBELL ANALYTICAL

110 2nd AVENUE, # D7

(510) 798-1820

PACHECO, CA 94553

FAX (510) 798-1822

# CHAIN OF CUSTODY RECORD

TURN AROUND TIME:

RUSH  24 HOUR  48 HOUR  5 DAY

REPORT TO: Cottle Ind. BILL TO: ~~Cottle Ind.~~ Geo Pac. En

COMPANY: Celia Harris Trust / Cottle Ind.  
2521 Central Ave / P.O. Box  
Alameda CA 94501 / Antioch CA 94509

TELE: 510-754-9935 FAX: 510-754-8428

PROJECT NUMBER: PROJECT NAME: Celia Harris Trust

PROJECT LOCATION: 2521 Central Ave SAMPLER SIGNATURE: *[Signature]*

ANALYSIS REQUEST

OTHER

COMMENTS

SAMPLE ID	LOCATION	SAMPLING		# CONTAINERS	TYPE CONTAINERS	MATRIX					METHOD PRESERVED		
		DATE	TIME			WATER	SOIL	AIR	SLUDGE	OTHER	HCL	HNO <sub>3</sub>	OTHER
WS# 1	Exca. Gw. well	4-29	11:45	1	Bottle	X							
WS# 2	"	4-29	11:50	1	Bottle	X							
WS# 3	"	4-29	11:50	1	Bottle	X							
ES# 1	South End	4-29	12:10	1	Stear		X						
ES# 2	North End	4-29	12:15	1	Stear		X						
SP# 3	Stack Pile	4-29	12:25	1	Stear		X						
SP# 4	Stack Pile	4-29	12:30	1	Stear		X						

BTX & TPH as Gasoline (602/8020 & 6012)  
 TPH as Diesel (6015) & BTX  
 Total Petroleum Oil & Grease (5520 ENF/5020 BM)  
 Total Petroleum Hydrocarbons (418.1)  
 EPA 601/6010  
 EPA 602/8020  
 EPA 608/8080  
 EPA 608/8080 - PCBs Only  
 EPA 624/8240/8240  
 EPA 625/8270  
 CAN - 17 Metals  
 EPA - Priority Pollutant Metals  
 LEAD (8240/7421/2392/6010)  
 ORGANIC LEAD  
 PCB

Please include:  
 Samples stored in ice  
 Appropriate containers  
 Samples - sealed  
 VOA's with...  
 Comments: ...

RELINQUISHED BY: <i>[Signature]</i>	DATE: 4-29	TIME: 5:40	RECEIVED BY:
RELINQUISHED BY:	DATE:	TIME:	RECEIVED BY:
RELINQUISHED BY:	DATE: 4/29/93	TIME: 17:40	RECEIVED BY LABORATORY: <i>[Signature]</i>

REMARKS:  
 O - Water Sample 9' to well  
 X - Soil Samples at 9'  
 ES - Excavate Sample  
 SP - Stack pile Sample

← 10' → ES#1  
 WS  
 12'  
 ○ - Fountain  
 ES#2

CERTIFICATE OF DESTRUCTION

2521 Central Avenue  
Alameda, California