



**American Red Cross**  
Bay Area

ALCO  
HAZMAT  
91 SEP 23 PM 4:02

**American Red Cross Bay Area**  
1550 Sutter Street  
San Francisco, CA 94109  
Phone (415) 202-0600  
FAX (415) 202-0714

August 14, 1994

Ms. Juliet Shin  
Haz. Mat. Spclst.  
Dept. of Public Health  
1131 Harbor Bay Parkway  
Alameda, CA 94502

Re: American Red Cross - Bay Area  
2017 Central Avenue, Alameda  
Underground Storage Tank, Removal Report

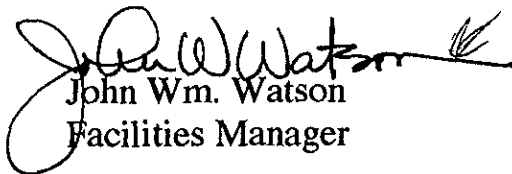
Dear Ms. Shin:

Attached, for your review and processing, please find our Underground Storage Tank Removal Report.

If you should have any comments and/or questions, please contact my office at (415) 202-0600.

Thank you for your assistance in expediting our site closure process.

Sincerely,

  
John Wm. Watson  
Facilities Manager

*Austin's Carin*



Sharing in United Way funds

The American Red Cross Bay Area proudly serves Alameda, Contra Costa, Marin, San Francisco, and San Mateo counties.

CONTRACTOR BINDER TURNOVER CHECKLIST

SUBMIT WITH FINAL 10% BILLING

FACILITY SITE RED CROSS

LOCATION: 2017 CENTRAL AVENUE, ALAMEDA, CA

CONTRACTOR: GOLDEN WEST ENVIRONMENTAL SERVICES

Contractor submits complete binder to engineer prior to Final 10% payment. The binder should contain the following items. Please check off the items as being in the file. If an item is not applicable, mark "N/A".

- N/A 1. Plot plan of location and depth of excavations
- N/A 2. Job schedule
- X 3. Copies of all applicable permits:
  - X UST permit to abandon/remove
  - N/A Calibration certificate
  - X Air Quality
  - N/A Fire Department
  - X Cal/Osha
  - X Environmental Health
  - X Soil Analysis Report
- N/A 4. Equipment Salvage Sheets
- N/A 5. Scope of Work
- N/A 6. Information on temporary/permanent fence
- X 7. Site Work Health and Safety Plan
- N/A 8. Tank Checklist
- N/A 9. Sieve Analysis
- N/A 10. Tank and Line Test Results
- X 11. Tank Disposal Certificates
- X 12. Manifest
- N/A 13. As-Builts and Approved Plans

Authorized Contractor Signature Terri L. Stack

**PERMIT**

**Permit Issued To**

(Insert Employer's Name, Address and Telephone No.)

GOLDEN WEST BUILDERS  
 567 Exchange Court  
 Livermore, CA 94550  
 Ph.: (510) 447-2484

No. \_\_\_\_\_

Date 12/28/93

Region 2

District 2

Tel. (510) 676-5333

Fax (510) 676-0227

Type of Permit ANNUAL TRENCH AND/OR EXCAVATION.

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number 432103		Permit Valid through 12/31/94		
Description of Project	Location Address	City and County	Anticipated Dates	
			Starting	Completion
Excavations and trenches five feet and deeper.	Statewide	Statewide	1-1-94	12-31-94

**This Permit is issued upon the following conditions:**

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. That employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CAC 341.4.

Received From J. Brook		Received By CC	
<input type="checkbox"/> Cash	Amount	Date	
<input checked="" type="checkbox"/> Check 67607	\$100.00	12/16/93	

Investigated by Frank E. Humphreys 12/28/93  
 FRANK E. HUMPHREYS, ASE Safety Engr. Date

Approved by J. Oudiz 12/28/93  
 JACK OUDIZ, ACTING DM Dist. Manager Date



**BAY AREA AIR QUALITY  
MANAGEMENT DISTRICT**

939 ELLIS STREET  
SAN FRANCISCO, CALIFORNIA 94109  
(415) 771-6000

REGULATION 8, RULE 40  
Aeration of Contaminated Soil and  
Removal of Underground Storage Tanks

NOTIFICATION FORM

- Removal or Replacement of Tanks.
- Excavation of Contaminated Soil

6/24/94

**SITE INFORMATION.**

SITE ADDRESS 2017 Central Ave.  
 CITY, STATE, ZIP Alameda CA.  
 OWNER NAME Red Cross  
 SPECIFIC LOCATION OF PROJECT \_\_\_\_\_

<u>TANK REMOVAL</u>	<u>CONTAMINATED SOIL EXCAVATION</u>
SCHEDULED STARTUP DATE <u>7-12-94</u>	SCHEDULED STARTUP DATE <u>7-12-94</u>
VAPORS REMOVED BY:	STOCKPILES WILL BE COVERED? YES <input checked="" type="checkbox"/> NO _____
<input type="checkbox"/> WATER WASH	ALTERNATIVE METHOD OF AERATION (DESCRIBE BELOW): _____
<input checked="" type="checkbox"/> VAPOR FREEING (CO <sub>2</sub> )	(MAY REQUIRE PERMIT)
<input type="checkbox"/> VENTILATION	

**CONTRACTOR INFORMATION**

NAME Golden West Environmental CONTACT Beckie Hamblin  
 ADDRESS 567 Exchange Crt PHONE (510) 447 2484  
 CITY, STATE, ZIP Livermore CA 94550

**CONSULTANT INFORMATION  
(IF APPLICABLE)**

NAME N/A CONTACT \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ (INIT.) \_\_\_\_\_  
 CC: INSPECTOR NO. \_\_\_\_\_ DATE \_\_\_\_\_ BY \_\_\_\_\_ (INIT.) \_\_\_\_\_  
 TELEPHONE UPDATE: CALLER \_\_\_\_\_ CHANGE MADE \_\_\_\_\_  
 BAAQMD N # \_\_\_\_\_

# Permit Application and Job Notification Form

Construction Demolition Trenches Excavations Buildings Structures Falsework Scaffolding

State of California  
Department of Industrial Relations  
Division of Occupational Safety & Health

6/24/94

District (Name) Oakland  
Date 6-24-94  
No. 010-548-7092

Sections 6500, 6501 and 6502 of the California Labor Code require that certain activities which by their nature involve substantial risk of injury may not be performed without a permit issued by OOSH. The Labor Code requires that the applicant

supply, and that the Division review, information necessary to evaluate the safety of the worksite subject to permit requirements. A permit will not be issued until evidence has been demonstrated that the place of employment will be safe and healthful.

"Applicant"	<p style="text-align: center;"><b>GOLDEN WEST</b></p> <p>Employer Address: <b>567 EXCHANGE COURT</b> <b>LIVERMORE, CA 94550</b></p> <p>Phone: <b>(510) 447-2484</b> FAX <b>(510) 447-4145</b></p>	<p><i>UIRES</i></p> <p>Project Safety Contact: <u>Rick Henderson</u> Employer's Representative: <u>Rick Henderson</u> Title &amp; Phone No: <u>Project Manager - 510-634-1998</u> Employer's State Contractor's License No: <u>432103</u></p>
-------------	---	---

Check Applicable Items: "Applicant" refers to the employer applying for the Permit.

Applicant is:

- General Building Contractor
- General Engineering Contractor
- Specialty Contractor
- Specialty Contractor Type \_\_\_\_\_
- Other: \_\_\_\_\_

General Contractor Option

Initial this blank if applicant elects to assume responsibility for obtaining a single permit to cover one multi-employer project, e.g., a high-rise construction project. The duties of employers at the site to obey safety and health laws are not changed by this election. A list of employers on site will be attached by the Division to this application and the list will be updated as necessary.

Type of Permit Sought:

- Annual
- Single Project
- Job Start Notification Only

Multiple Project. (If projects to be covered are similar in all important aspects; work is performed by the same employer; and information concerning each project covered is provided.)

For:

- Construction at:  Building  Structure
- Demolition at:  Building  Structure
- Trench and/or Excavation
- Tower Crane Erection, Dismantling
- Scaffolding and/or Falsework and/or Vertical Shoring

Any permit based on this application is issued with the understanding that the applicant has knowledge of occupational safety and health orders applicable to the project(s) described in this application and attachments, and that the applicant and supervising personnel will take special care to insure compliance with safety orders reviewed with the applicant by the Division in the application process.

Issuance of the permit is also conditioned upon the following:

- 1) Upon initiation of any new project not described in this application, the holder of an annual permit will provide the Division with a completed Project Description Form describing the new project prior to the start of work, preferably at least one week in advance of start-up date. A phone call may be used to meet the deadline but will not be considered valid notice unless followed in writing by mailing a completed Project Description Form.
- 2) The applicant has implemented a written accident prevention program and Code of Safe Practices which meet the requirements of 8 California Administrative Code, Section 1509.
- 3) The Division will be notified of significant changes in information provided with this application if such changes might affect the safety of the activity.

4) The applicant understands that, under the permit program, OOSH schedules routine inspections by authorized personnel for the purpose of verifying that holders of permits are meeting their obligation to provide a safe work place for their employees. The Division reserves the right to revoke a permit if it is unable to promptly verify compliance with the terms and conditions of the permit and its issuance.

5) The applicant understands that failure to comply with any of the above listed conditions for obtaining a permit could result in denial, suspension or revocation of the permit. Employers may appeal these actions to the Director of the Department of Industrial Relations (California Labor Code, Section 6500 et. seq., and 8 California Administrative Code, Section 341).

Is the applicant conducting any activities to be covered by this permit application in partnership or joint venture with any other persons or corporations conducting activities requiring permits? Yes  No  If "Yes" give details: \_\_\_\_\_

Have any permits for any project to be covered by this permit application previously been applied for or obtained? Yes  No  If "Yes," when \_\_\_\_\_ from what district office \_\_\_\_\_ in whose name \_\_\_\_\_

**Permit Application and Job Notification Form (Continued)**

Specific jobsite location <u>2017 Central Ave</u>	Field phone <u>N/A</u>
Nearest major cross street <u>Park Ave.</u>	Office phone <u>510-634-1998</u>
City <u>Alameda</u>	No. of employees <u>5</u>
County <u>Alameda</u>	Starting date <u>7-12-94</u>
Name and title of jobsite supervisor <u>Harold Spelman</u>	Anticipated completion date <u>7-22-94</u>
	High Voltage Lines in Proximity <u>UNKNOWN</u> <input type="checkbox"/> No <input type="checkbox"/> Yes

**TYPE OF JOB**

INSTRUCTIONS: THE APPROPRIATE ITEM(S) must be completed and signed by a person knowledgeable about the project, for each jobsite to be covered by a permit. Please fill in or check off blanks where appropriate.

**Construction of:**  Building  Structure Type: \_\_\_\_\_  Steel Frame  Tiered  Concrete  
 Tilt-up  Wood frame  Liftslab  Precast  Slip Form  Death  No. of Stories \_\_\_\_\_  
 Description \_\_\_\_\_

**Scaffolding** Height \_\_\_\_\_  Metal  Wood  Metal over 125 ft.  
 Wood over 60 ft. (require design by California Registered Civil Engineer, plans at site.) (CSO 1643, 1644(c)(7))  
 Job description \_\_\_\_\_

**Falsework/Vertical Shoring** Maximum Height \_\_\_\_\_ Maximum Span \_\_\_\_\_ Material \_\_\_\_\_  
 Job description \_\_\_\_\_

**Tower Crane Erection/Dismantling**  
 Maximum Radius \_\_\_\_\_ Capacity \_\_\_\_\_ Make and model of crane \_\_\_\_\_  
 Foundation and/or support(s) for crane on this site designed/constructed by (see Section 1584(a), CSO): \_\_\_\_\_  
 Will crane be stepped or jumped as construction proceeds (see CSO Section 1584.1)  Yes  No  
 Name of crane certifier \_\_\_\_\_

**Demolition of:**  Building  Structure Type: \_\_\_\_\_ Height \_\_\_\_\_ No. of Stories \_\_\_\_\_  
 Steel frame  Wood frame  Concrete  Demolition Ball  Clam  Explosives  
 Loader/tractors  Other \_\_\_\_\_  
 CSO Article 31 - Demolition

**Excavations/Trenches** Depth range (min./max) 15' Width range (min./max.) 15' Total Length 15'  
 Ground Protection Method: Shoring \_\_\_\_\_ Sloping \_\_\_\_\_ Trench Shield \_\_\_\_\_ Alternate \_\_\_\_\_  
 Project description: Underground Storage tank Removal  
No one will enter tank hole

**Division Use Only**

Fee \_\_\_\_\_  
 Paid \_\_\_\_\_  
 Approved \_\_\_\_\_  
 Conference \_\_\_\_\_  
 Other \_\_\_\_\_

I hereby certify that, to the best of my knowledge, the above information and assertions are true and correct and that I/the applicant have knowledge of and will comply with the foregoing.

Signature: Rebecca Hamble  
 Title: Asst. P.M.  
 Date: 6-24-94

ALAMEDA COUNTY HEALTH CARE SERVICES  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 HAZARDOUS MATERIALS DIVISION  
 80 SWAN WAY, ROOM 200  
 OAKLAND, CA 94621  
 PHONE NO. 510/271-4320

ALCO  
HAZMAT

MAY 11 AM 11:39

*Julia Stein, 5/11/94  
 SUZIE SHIN  
 Please refer to permit in  
 red ink. Please notify  
 this office at least 48 hrs  
 in advance of tank  
 removal.*

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

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure 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 accepted 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:

- Removal of Tank and Piping
- Sampling
- Final Inspection

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.

GOLDEN WEST

JUN 06 1994

RECEIVED

UNDERGROUND TANK CLOSURE PLAN

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

1. Business Name RED CROSS
- Business Owner RED CROSS
2. Site Address 20-17 CENTRAL AVENUE  
 city ALAMEDA zip 94501 Phone 415 2020600
3. Mailing Address 1550 SUTTER STREET  
 city SAN FRANCISCO zip 94109 Phone 415-2020600
4. Land Owner RED CROSS  
 Address 1550 SUTHER STREET city, state S.F. CA zip 94109
5. Generator name under which tank will be manifested RED CROSS
- 29A I.D. No. under which tank will be manifested CAC 000900808

6. Contractor GOLDEN WEST ENVIRONMENTAL  
Address 567 EXCHANGE COURT  
City LIVERMORE CA Phone 510 447 2484  
License Type: ABC-9 HAZMAT ID# 432103

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 N/A Title \_\_\_\_\_  
Phone \_\_\_\_\_

9. Number of tanks being closed under this plan \_\_\_\_\_  
Length of piping being removed under this plan \_\_\_\_\_  
Total number of tanks at facility 1

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 EPA I.D. No. CAD009446392  
Hauler License No. 0019 License Exp. Date 5-31-94  
Address 255 PARR ROAD  
City RICHMOND State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Colebson Pilot Plant EPA I.D. No. CAD0043260702  
Address 475 SEADORT  
City REDWOOD CITY State CA Zip 94063



c) Tank and Piping Transporter

Name ERICKSON EPA I.D. No. CATD009466392  
Hauler License No. 0019 License Exp. Date 5-31-91  
Address 255 PARR Road  
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name ERICKSON EPA I.D. No. CATD009466392  
Address 255 Richmond PARR Road  
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Harold Spielman  
Company Golden West Environmental  
Address 507 Exchange Court  
City Livermore State CA Zip 94552 Phone 510 447 5484

12. Laboratory

Name Superior Analytical  
Address 825 Arnold Drive  
City Martinez State CA Zip 94553  
State Certification No. \_\_\_\_\_

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

TANK WILL BE DRY ICED + SHIPPED  
WITH HAZARDOUS WASTE MANIFEST  
ERICKSON.

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)		
500 gal	Fuel oil for Generator	soil  + g.w. sample if g.w. encountered.	2 ft below 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)  10 C.Y.	Sampling Plan As directed by Alameda County Representative for full analysis

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
fuel oil	TPH-D BTX+E modified 8015		1 ppm 0.005 ppm to 0.5 ppm

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

Post-It® brand fax transmission memo 7671 # of pages >

To John Watson	From Beckie
Co. RED CROSS	City Golden West
Dept.	Phone # 510 447 2484
Fax # 415 202 0714	Fax # 510 447 4145

TO  
Facilities  
SF -  
date copy  
end of California

**FAXED**  
5/10/94

10. Enclose Deposit (See Instructions)
11. Report any leaks or contamination to this office within 3 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)
12. Submit a closure report to this office within 60 days of the tank removal. This report must contain all the information listed in item 23 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): Rebecca Hamblin  
 Signature: Rebecca Hamblin  
 Date: 5/10/94

Signature of Site Owner or Operator  
 Name (please type): JOHN W.M. WATSON  
 Signature: [Signature]  
 Date: 5/10/94

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND OF CALIFORNIA

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) \_\_\_\_\_

Signature Robert J. ...

Date \_\_\_\_\_

X Signature of Site Owner or Operator

Name (please type) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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)**

OPERATOR FACILITY NAME <b>Red Cross</b>		NAME OF OPERATOR <b>John Watson</b>		
ADDRESS <b>2017 CENTRAL AVE</b>		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME <b>Alameda</b>		STATE <b>CA</b>	ZIP CODE	SITE PHONE # WITH AREA CODE
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____				
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 <b>1</b>	E. P. A. I. D. # (optional) <b>CAC000900808</b>	

**EMERGENCY CONTACT PERSON (PRIMARY)**

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

DAYS: NAME (LAST, FIRST) <b>Watson John</b>	PHONE # WITH AREA CODE <b>415 2020600</b>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <b>HENDERSON Rick</b>	PHONE # WITH AREA CODE <b>510 4472484</b>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

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

NAME <b>Red Cross</b>		CARE OF ADDRESS INFORMATION <b>John Watson</b>		
MAILING OR STREET ADDRESS <b>1550 Sutter St.</b>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <b>San Francisco</b>		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
	STATE <b>CA</b>	ZIP CODE <b>94109</b>	PHONE # WITH AREA CODE <b>415 2020600</b>	

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

NAME OF OWNER <b>Red Cross</b>		CARE OF ADDRESS INFORMATION <b>John Watson</b>		
MAILING OR STREET ADDRESS <b>1550 Sutter St.</b>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <b>San Francisco</b>		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
	STATE <b>CA</b>	ZIP CODE <b>94109</b>	PHONE # WITH AREA CODE <b>415 2020600</b>	

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.**

TY (TK) HQ **44**- [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**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

OWNER'S NAME (PRINTED & SIGNED) <b>John Watson</b>	OWNER'S TITLE <b>Manager</b>	DATE MONTH/DAY/YEAR <b>5/5/94</b>
---	---------------------------------	--------------------------------------

LOCAL AGENCY USE ONLY **By Rebecca Kambel**

COUNTY #	JURISDICTION #	FACILITY #
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

LOCATION CODE - OPTIONAL    CENSUS TRACT # - OPTIONAL    SUPERVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.  
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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  1 NEW PERMIT  2 INTERIM PERMIT  3 RENEWAL PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6 TEMPORARY TANK CLOSURE  7 PERMANENTLY CLOSED ON SITE  TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: RED CROSS 2017 CENTRAL Ave / ALAMOGON

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

A. OWNER'S TANK I.D.# 1 B. MANUFACTURED BY: unknown

C. DATE INSTALLED (MO/DAY/YEAR) unknown D. TANK CAPACITY IN GALLONS: 500

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

A.  1 MOTOR VEHICLE FUEL  4 OIL  2 PETROLEUM  80 EMPTY  3 CHEMICAL PRODUCT  95 UNKNOWN

B.  1 PRODUCT  2 WASTE

C.  1a REGULAR UNLEADED  1b PREMIUM UNLEADED  2 LEADED  3 DIESEL  4 GASAHOL  5 JET FUEL  6 AVIATION GAS  7 METHANOL  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 APPL ES IN BOX D AND E

A. TYPE OF SYSTEM  1 DOUBLE WALL  2 SINGLE WALL  3 SINGLE WALL WITH EXTERIOR LINER  4 SECONDARY CONTAINMENT (VAULTED TANK)  95 UNKNOWN  99 OTHER

B. TANK MATERIAL (Primary Tank)  1 BARE STEEL  2 STAINLESS STEEL  3 FIBERGLASS  4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC  5 CONCRETE  6 POLYVINYL CHLORIDE  7 ALUMINUM  8 100% METHANOL COMPATIBLE W/FRP  9 BRONZE  10 GALVANIZED STEEL  95 UNKNOWN  99 OTHER

C. INTERIOR LINING  1 RUBBER LINED  2 ALKYD LINING  3 EPOXY LINING  4 PHENOLIC LINING  5 GLASS LINING  6 UNLINED  95 UNKNOWN  99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

D. CORROSION PROTECTION  1 POLYETHYLENE WRAP  2 COATING  3 VINYL WRAP  4 FIBERGLASS REINFORCED PLASTIC  5 CATHODIC PROTECTION  91 NONE  95 UNKNOWN  99 OTHER

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) \_\_\_\_\_ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) \_\_\_\_\_

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

A. SYSTEM TYPE A U 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 99 OTHER

B. CONSTRUCTION A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH  95 UNKNOWN A U 99 OTHER

C. MATERIAL AND CORROSION PROTECTION A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE W/FRP A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION  95 UNKNOWN A U 99 OTHER

D. LEAK DETECTION  1 AUTOMATIC LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 INTERSTITIAL MONITORING  99 OTHER

**V. TANK LEAK DETECTION**

1 VISUAL CHECK  2 INVENTORY RECONCILIATION  3 VADOZE MONITORING  4 AUTOMATIC TANK GAUGING  5 GROUND WATER MONITORING  6 TANK TESTING  7 INTERSTITIAL MONITORING  91 NONE  95 UNKNOWN  99 OTHER

**VI. TANK CLOSURE INFORMATION**

ESTIMATED DATE LAST USED (MO. DAY/YR) unknown 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 50 GALLONS 3. WAS TANK FILLED WITH INERT MATERIAL? YES \_\_\_ NO

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

APPLICANT'S NAME PRINTED & SIGNED: Rebecca Hamblin Or John Watson DATE: 5/5/94

**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 \_\_\_\_\_



# Superior Precision Analytical, Inc.

A member of ESSCON Environmental Support Service Consortium

RECEIVED

JUL 26 1994

GOLDEN WEST  
Attn: RICK HENDERSON

ADVISORY SERVICES Project 94-248  
Reported 07/20/94

## TOTAL PETROLEUM HYDROCARBONS

Lab #	Sample Identification	Sampled	Analyzed Matrix
92078- 1	RC 1	07/12/94	07/16/94 Soil
92078- 2	RC 2	07/12/94	07/20/94 Soil

## RESULTS OF ANALYSIS

Laboratory Number: 92078- 1 92078- 2

Benzene:	ND<.005	0.010
Toluene:	ND<.005	0.019
Ethyl Benzene:	ND<.005	ND<.005
Total Xylenes:	ND<.005	0.020
Diesel Range:	ND<10	ND<10
Concentration:	mg/Kg	mg/Kg





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: 92078

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

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

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

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

EPA SW-846 Method 8020/BTXE  
Minimum Quantitation Limit in Soil: 0.005mg/kg

ANALYTE	MS/MSD RECOVERY	RPD	CONTROL LIMIT
Benzene:	114/111	3%	75-125
Toluene:	113/114	1%	75-125
Ethyl Benzene:	103/103	0%	75-125
Total Xylenes:	113/116	3%	75-125
Diesel Range:	91/86	6%	63-144

*Harold Salas*  
Senior Chemist

Certified Laboratories



SITE WORK HEALTH AND SAFETY PLAN

JOB NAME: Red Cross/Alameda  
2017 Central Ave.

EMERGENCY TELEPHONE NUMBERS

Fire.....911  
First Aid.....911  
Ambulance.....911  
Police.....911  
Poison Control Center.....911

HOSPITAL

PHONE #

Name: Alameda Hosp.  
Address: 2077 Clinton  
Alameda

..... ( 510 )522-3700

From project site proceed North on Central to Willow Street  
and turn left. Continue on Willow St. to Clinton Street.  
The hospital is on the corner of Willow and Clinton.

Golden West Environmental Services, Builders, General Contractors  
D. Bailey Neff.....(510) 447-2484 ext 102  
Rick Henderson.....(510) 447-2484 ext 106



## SITE WORK HEALTH AND SAFETY PLAN

### 1. GENERAL

This Health and Safety Plan has been designed to conform to and/or exceed guidance standards promulgated by EPA and the California Department of Health Services, Federal OSHA regulations (29CFR1910.120) and CAL/OSHA regulations. Because considerable experienced judgement must be applied to decisions that will be made while actually working on site, it is the goal of this plan to provide maximum work efficiency while maintaining an uncompromisingly safe working environment. This plan is not a substitute for experienced judgement and direction, or for common sense during the implementation of the tank and equipment removal effort or the safety procedures outlined herein.

Golden West will provide services and equipment for the tank and equipment removal work. Golden West (as well as all subcontractors and independent contractors) will adhere to the Site Work Health and Safety Plan.

### 2. SITE/WORK DESCRIPTION

A site location map is provided in Figure 1-1. All buried tanks, lines and contaminated soil, (if any), will be excavated from the site.

### 3. WORK OBJECTIVE

The overall work objective is to provide for proper and safe removal of any residual product stock, removal of underground storage tank(s) and contaminated soil (if any) to achieve proper site closure in accordance with existing local and state regulations. To achieve these objectives, the following subordinate objectives must be accomplished:

- o Monitor tank interiors for flammable or explosive concentrations.
- o Provide for safe removal of flammable or combustible vapors from tanks.
- o Provide for safe tank removal.
- o Provide for safe and proper tank disposal.

### 4. SAFETY MANAGEMENT

The field supervisor, Lupe Jauregui is the site and safety officer and will ensure that all personnel comply with all applicable regulations and requirements of this plan. Due to the various aspects of the work specific personnel are not assigned to this project at present. Basic requirements are:

1. Personnel shall be physically able (and mentally willing) to comply with safety requirements.
2. A copy of this safety plan shall be posted at the job site, and a copy made available to each individual who will work at the site.
3. These plans should also include and/or address as a separate plan, the following:
  - a. A Worker Hazard Communication Program.
4. Periodically scheduled "tailgate safety" meetings shall be held to review the safety program. Attenders will sign the Safety Meeting notice.
5. Unsafe acts shall be stopped when discovered.
6. Required safety equipment shall be present on site and shall be checked to verify completeness and function prior to being put into service.
7. Sources of ignitions will be eliminated where possible. Smoking will be strictly forbidden on site.
8. The field supervisor is Lupe Jauregui. Personnel may change depending on field conditions. Changes will be noted in the field log book.

### 5. HAZARDS

#### Identified Hazards

- c Hazards associated with general construction may occur

during the course construction. Personnel should be alert and prevent as well as avoid these hazards.

- o During tank removal, there is a significant potential for hazards from falling loads when lifting and removing tanks. Workers must be especially alert to this hazard.
- o During general construction activities, there is also a potential for general (construction type) safety hazards. This plan does not address general safety in detail. If personnel are frequently reminded and will cooperate in being courteous, careful, alert, and thoughtful of outlined safety procedures, and, if they use common sense in actions and in considering probable consequences, much will already have been accomplished to insure a safe working environment.
- o Fires may occur from sources of ignition.
- o Contamination exposure is negligible on this project. Activities will cease and proper notification made if contamination is found.
- o No noise or electrical hazards are known to exist at the present time.



## 6. EXCLUDED WORK ZONE

The boundary of the site shall be an excluded work zone. Personnel not actively involved in site work activities (other than inspectors from concerned regulatory agencies) shall not be allowed within the excluded work zone.

## 7. HAZARD COMMUNICATION

All personnel are to be familiar with this Site Work Health and Safety Plan.

Field supervisor will telephone for emergency service and notify office when needed.

## 8. ON-SITE WORK PLAN

### Removal of Flammable Vapors and Removal of Tanks

Removal of flammable vapors and removal of tanks will be performed in accordance with the requirements of Local Regulatory Agencies. The following are general guide lines.

- A review of available codes, standards, and recommended procedures produces the following consensus:

1. All possible sources of ignition must be kept from impacting the tank or the area in which flammable vapors may reside during excavation or after removal.
2. Drain and flush all piping into tank. Flammable or combustible free standing liquid production stock will be

removed from the tank prior to removal. Avoid spilling product on the ground during disconnection of the tank from its associated lines.

3. Vent lines should not be sealed and should be cut last. Keep all sources of ignition away from vent lines as well as tanks.
4. Once all liquid has been removed from the tank, any tank with flammable vapors in excess of 10% of the LEL or 5% oxygen will be purged with dry ice ( $\text{CO}_2$ ). Twenty pounds of dry ice per 1,000 gallons of tank capacity is added to render the tank inert. All piping except the vent pipe should be disconnected.

#### Emergency Services

The address and telephone number of the local hospital, ambulance and medical emergency room should be prominently posted. In addition, the telephone number of a fire department/rescue unit should be posted.

General information regarding emergency services may be found on page 2.

## Emergency Equipment

The following emergency equipment will be available:

- o A 20-unit first aid kit.
- o ABC fire extinguishers (2).

## 9. DECONTAMINATION

The requirement for decontamination will be determined by the specific site conditions.

Pre-moistened tissues will be available.

## 10. SAFETY TRAINING REQUIREMENTS

The minimum training requirements specified in Federal OSHA 1910.120 Hazardous Waste Operations and Emergency Response will be met for all remediation personnel. (If required)

## 11. EQUIPMENT

### Personal Safety Equipment

Workers engaged in the remediation work shall wear/have available personal protective safety equipment as minimum:

- o Hard hats
- o Safety glasses and/or goggles
- o Respirators
- o Work boots
- o Gloves
- o Coveralls

## Facility Safety Equipment

The following safety equipment shall be continuously available at the job site:

- o First aid kit (20-unit).
- o Fire extinguishers (2) ABC.
- o "No Smoking" signs.
- o Barricade tape.
- o Explosimeter (LEL)/Organic Vapor Analyzer.

## 12. PERSONAL HEALTH AND HYGIENE

- o Personal safety and the safety of fellow workers require mental alertness on the part of all employees. No alcohol or drugs shall be permitted at any job site. Intake of alcohol and prescription drugs should be limited when an employee is assigned to hazardous material remediation projects, due to the potential for synergistic effects. Prescription drugs should not be taken without the express approval of a physician with knowledge of project/site activities.
- o Eating and smoking will only take place in an approved break area.



DAY OR NIGHT  
TELEPHONE  
(510) 235-1393

CERTIFICATE  
**CERTIFIED SERVICES COMPANY**  
255 Parr Boulevard • Richmond, California 94801

**NO. 22569**

CUSTOMER
GOLDEN WEST
JOB NO.
85512

FOR: ERICKSON, INC. TANK NO. 14127

LOCATION: RICHMOND DATE: 07/18/94 TIME: 09:31:10

TEST METHOD VISUAL GASTECH/1314 SMPN LAST PRODUCT D

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

550 GALLON TANK

SAFE FOR FIRE

TANK SIZE \_\_\_\_\_ CONDITION \_\_\_\_\_

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN  
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS  
WASTE FACILITY.

ERICKSON INC. HAS THE APPROPRIATE PERMITS FOR, AND HAS ACCEPTED THE TANK  
SHIPPED TO US FOR PROCESSING.

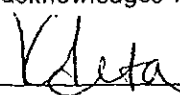
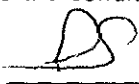
In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

**STANDARD SAFETY DESIGNATION**

**SAFE FOR MEN:** Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

**SAFE FOR FIRE:** Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration than permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

 TITLE \_\_\_\_\_  INSPECTOR

REPRESENTATIVE

TITLE

INSPECTOR

93238493

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

GENERATOR

TRANSPORTER

FACILITY

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>CAFC00090050800808</b>		Manifest Document No. <b>090808</b>		2. Page 1 of 1		Information in the shaded area is not required by Federal law					
3. Generator's Name and Mailing Address <b>American Red Cross 1550 Suter St. SAN FRANCISCO, CA 94109</b>						A. State Manifest Document Number <b>9323849</b>							
4. Generator's Phone <b>(415) 202-0661</b>						B. State Generator's ID							
5. Transporter 1 Company Name <b>ERICKSON Inc.</b>			6. US EPA ID Number <b>CA D009466392</b>			C. State Transporter's ID <b>430332</b>							
7. Transporter 2 Company Name						D. Transporter's Phone <b>510-235-1399</b>							
9. Designated Facility Name and Site Address <b>Erickson, Inc. 255 Parr Blvd. Richmond, Ca. 94801</b>						E. State Transporter's ID							
10. US EPA ID Number <b>CA D009466392</b>						F. Transporter's Phone							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) <b>a. NON-RCRA Hazardous Waste Solid. Waste Empty Storage Tank. And Associated Piping</b>						12. Containers No. Type <b>091 TP</b>		13. Total Quantity <b>550 P</b>		14. Unit Wt/Vol <b>P</b>		Waste Numbers State <b>512</b> EPA/Other <b>NONE</b>	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) <b>b.</b>										State		EPA/Other	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) <b>c.</b>										State		EPA/Other	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) <b>d.</b>										State		EPA/Other	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) <b>J. Additional Descriptions for Materials Listed Above Qty: 7 Empty Storage Tank(s) #14127. Tank(s) have been inerted with 15 lbs. Dry Ice Per 1000 Gallon Capacity.</b>						K. Handling Codes for Wastes Listed Above <b>01</b>							
15. Special Handling Instructions and Additional Information <b>Keep away from sources of ignition. Always wear hardhats when working around U.G.S.T.'s 24 Hr. Contact Name J. WATSON &amp; Phone (510) 455-5635 (RES.) AM. REDC. FAC. MGR. 415 202-0661 (BUS.)</b>													
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 <b>JOHN WATSON</b>				Signature <i>John Watson</i>				Month Day Yr <b>07/1/29</b>					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <b>Robert Hancy</b>				Signature <i>Robert Hancy</i>				Month Day Yr <b>07/1/29</b>					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month Day Yr					
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 15. Printed/Typed Name <b>DAVID SATU</b>													
Signature <i>DAVID SATU</i>				Month Day Yr <b>07/1/29</b>									

DO NOT WRITE BELOW THIS LINE