

LOP - RECORD CHANGE REQUEST FORM

printed:
06/12/95

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

Insp: EC

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 12034
 StID : 4138 LOC:
 SITE NAME: Zone 7 Water Agency DATE REPORTED : 12/21/93
 ADDRESS : 601 E Vallecitos Rd DATE CONFIRMED:
 CITY/ZIP : Livermore 94550 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S CONTRACT STATUS: 4 PRIOR CODE: EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 12/21/93
 PRELIMINARY ASMNT: DATE UNDERWAY: DATE COMPLETED: 03/06/95
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 12/21/93
 LUFT FIELD MANUAL CONSID: 2HSC
 CASE CLOSED: Y DATE CASE CLOSED: 06/14/95
 DATE EXCAVATION STARTED : 01/03/94 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Attn. Jamie Rios
 COMPANY NAME: Zone 7 - Water Agency
 ADDRESS: 5997 Parkside Dr.
 CITY/STATE: Pleasanton, C A 94688

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only			Case Progress Changes	
ANNPMS _____	LOP _____	DATE _____	LOP _____	DATE _____

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST AGENCY DIRECTOR

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

StID 4138

August 1, 1994

Mr. Brian West
West & Associates
P.O. Box 5891
Vacaville, CA 95696

RE: Workplan Approval for 601 E. Vallecitos Rd, Livermore

Dear Mr. West:

I have completed review of the revisions proposed for the next phase of field investigation at the above referenced site. The workplan is acceptable and field work should commence by **September 19, 1994**. Please notify this office at least 72 hours prior to the start of field activities.

If you have any questions, I can be reached at (510) 567-6700.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Eva Chu', written in black ink.

eva chu
Hazardous Materials Specialist

cc: Jaime Rios, Zone 7, QIC 80201
files

WEST
ASSOCIATES
ENVIRONMENTAL ENGINEERS, INC.

ALCO
HAZMAT
9/4 JUL 29 PM 2:36

July 21, 1994

Alameda County Health Care Services Agency
Department of Environmental Health
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502
Attn: Eva Chu
Hazardous Materials Specialist

8/1/94 - APPROVE workplan

**SUBJECT: SUBMITTAL OF REVISIONS TO WORKPLAN, SWI PROJECT, DEL VALLE
WATER TREATMENT FACILITY, 601 E. VALLECITOS ROAD, LIVERMORE;
StID 4138**

Dear Ms. Chu,

West & Associates Environmental Engineers, Inc. has received your correspondence of July 8, 1994 regarding the workplan cited above. Your timely review of our workplan is appreciated. We concur with all five of your comments to our plan. We therefore revise our workplan as follows:

1. Proposed borings 1 and 2 are deleted.
2. Boring 5 will be continuously cored to 50 feet below ground surface; or until groundwater is encountered; or until encountering auger refusal.
3. If groundwater is encountered in boring 5, a grab sample will be collected by bailer. The sample shall be analyzed for TPH-diesel and BTXE in a DHS certified laboratory.
4. All soil samples containing obvious contamination will be analyzed for TPH-diesel, BTXE and PNA's in a DHS certified laboratory.
5. Our proposal to collect a water sample from well 1+00 is deleted.

Please consider this letter as a formal addendum to our workplan. For any additional information I can be contacted at (707) 451-1360.

Yours truly,

Brian W. West

Brian W. West PE
President
West & Associates Environmental Engineers, Inc.
BWW/es

StID 4138

July 7, 1994

Mr. Brian West
West & Associates
P.O.Box 5891
Vacaville, CA 95696

RE: Workplan Addendum for 601 E. Vallecitos Rd, Livermore

Dear Mr. West:

I have completed review of West & Associates' June 1994 Proposed Site Assessment Workplan for the above referenced site. Upon review of the workplan and the case file, it is noted that an error was made in the labelling of soil samples collected at the time of the tank removal. The fill end of the tank was toward the south, that is, soil sample SN-2 and S-1 were collected from the south end of the former tank pit. Therefore, changes are required in your workplan. My recommendations are as follow:

1. Boring 1 and 2 are not necessary,
2. Boring 5 should be continuously cored to 50' below ground surface, or first encountered groundwater, whichever is less,
3. A groundwater grab sample should be collected from Boring 5, if encountered,
4. Soil with obvious contamination should also be analyzed for PNAs, and
5. It does not appear necessary to sample well 1+00 which is at least 200 feet from the former tank pit.

If these recommendations are acceptable to you, please send an ammended workplan to this office by **July 29, 1994**. Our office has moved to: 1131 Harbor Bay Parkway, 2nd Floor, Alameda, CA 94502. Our phones are not yet connected, but I may be reached at (510) 271-4330. Please do not hesitate to call if you have any questions or comments about the content of this letter.

eva chu
Hazardous Materials Specialist

cc: Jaime Rios, Zone 7, QIC 80201
files (zone7.2)

RESEARCH SITES LISTING

Date 01/07/94

Page 62

Zip	Site Address	City	Facility Name	Contract // Site# / #	Receipt /// Number	TYPE	INSP	DATE REC'D	#TANKS	DEPOSIT COMPLETED
94607	2525 Cypress St.	Oaklan	Kantor's Warehouse/ Furnitu	// 528 / 206	/// 542328	R	DB	05/10/89	1	

Total # of Deposits Reported: 1

Total # of Tanks Reported: 110 for DB

TYPES: R - Removal I - Installation M - Mitigation P - Permit Inspection

WEST
ASSOCIATES
ENVIRONMENTAL ENGINEERS, INC.

ALCO
HAZMAT
94 MAY 26 AM 11:31

May 25, 1994

Alameda County Health Care Services Agency
Department of Environmental Health
80 Swan Way, Room 200
Oakland, CA 94621
Attn: Eva Chu
Hazardous Materials Specialist

**SUBJECT: SWI PROJECT, DEL VALLE WATER TREATMENT FACILITY, 601
E. VALLECITOS ROAD, LIVERMORE; StID 4138**

Dear Ms. Chu,

West & Associates Environmental Engineers, Inc. has been retained by the Alameda County Flood Control and Water Conservation District, Zone 7, to prepare a SWI workplan for the above referenced site. West & Associates has prepared acceptable SWI workplans for submittal to the Alameda County Department of Environmental Health in the past.

We are currently in the process of collecting site background information. It is anticipated that a completed SWI workplan will be submitted to your office by June 15, 1994.

If you have any questions please call me at (707) 451-1360. We look forward to working with you to develop an appropriate SWI project.

Yours truly,

Brian W. West

Brian W. West PE
West & Associates Environmental Engineers, Inc.

BWW/es

cc: Mr. Jaime Rios, Zone 7 Water Agency

See 5/25



ALAMEDA COUNTY FLOOD CONTROL AND WATER CONSERVATION DISTRICT
5987 PARKSIDE DRIVE PLEASANTON, CALIFORNIA 94588 (510) 484-2600

TELEFAX TRANSMITTAL

DATE: 5/25/94

DELIVER TO: Eva Cho

NAME OF FIRM: AC Environmental Health

FAX PHONE #: 569-4757

FROM: Jaime Rias

NUMBER OF PAGES: 2
(Including transmittal)

FOR VOICE CONTACT CALL: (510) 484-2600
FOR RETURN FAX: (510) 462-3914

REMARKS: I've spoken to Brian West.
He just received the purchase order
and will begin work on Friday.



ALAMEDA COUNTY FLOOD CONTROL AND WATER CONSERVATION DISTRICT

5997 PARKSIDE DRIVE PLEASANTON, CALIFORNIA 94588 (510) 484-2800

April 27, 1994

Mr. Brian W. West, P.E.
West & Associates
Environmental Engineers, Inc.
P.O. Box 5891
Vacaville, CA 95696

Dear Mr. West:

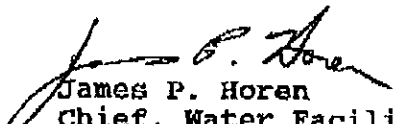
Zone 7 Water Agency is pleased to accept your proposal to prepare a site investigation workplan for our recent underground tank removal project at Del Valle Water Treatment Plant. As per our letter of March 9, 1994, this investigation shall follow the requirements of the Alameda County Department of Environmental Health.

This letter serves as your notice to proceed pending your receipt and execution of a purchase order contract. Your letter of April 5, 1994 stated that you require a 21-day performance period to properly research and prepare an approved workplan document. This is our expectation as soon as the contract is executed.

We appreciate your submittal of a proposal for this work, and we look forward to working with you.

Please contact Jaime Rios at extension 245 with any questions you may have regarding this matter.

Very truly yours,


James P. Horen
Chief, Water Facilities Section

JR:bkm

cc: J. Killingstad

ZONE 7 WATER AGENCY

5997 Parkside Drive
PLEASANTON, CA. 94588

Phone 484-2600
FAX 462-3914

LETTER OF TRANSMITTAL

ALCO

DATE	HAZMAT 4/17/94	REF.
ATTENTION	94 APR 18 PM 1:53	
RE		

TO Alameda County Department
Of Environmental Health
80 Swan Way, #200
Oakland, CA 94621

ENCLOSED ARE THE FOLLOWING ITEMS:

601 E Vallecitos Rd

COPIES	DATE	DWG. NO.	DESCRIPTION
1			Proposal To Prepare Site Investigation Workplan - Del Valle Water Treatment Plant, Livermore

THESE ARE TRANSMITTED AS CHECKED BELOW:

- For your use
 As requested
 For approval
 For review and comment

REMARKS

Please let us know whether this proposal meets your approval. Upon approval, we will issue a purchase order to perform this work

Please feel free to contact me if you have any questions regarding this matter.

Thank you

COPY TO _____

SIGNED: *J. J. [Signature]*

WEST
ASSOCIATES
ENVIRONMENTAL ENGINEERS, INC.

April 5, 1994

Alameda County Flood Control and Water Conservation District
Zone 7
5997 Parkside Dr.
Pleasanton, CA 94588
Attn: Mr. Jaime Rios

**SUBJECT: PROPOSAL TO PREPARE SITE INVESTIGATION WORKPLAN, DEL VALLE
WATER TREATMENT PLANT, LIVERMORE**

West & Associates Environmental Engineers, Inc., in affiliation with All Chemical Disposal, Inc., is pleased to submit our proposal to prepare a workplan to investigate contamination at a former underground tank site at the Del Valle Water Treatment Plant in Livermore. Our proposal was developed based on information contained in the "Tank Removal Report" prepared by Light Air & Space (January 1994), as well as correspondence received by Zone 7 from the Alameda County Health Care Services Agency dated March 4, 1994.

Specifically, we propose to prepare a workplan in conformance with Alameda County specifications (ie "Appendix A, Workplan for Initial Subsurface Investigation) and respond to any review comments in order to obtain workplan approval. Additionally, we will prepare and submit to Zone 7 a detailed cost estimate for workplan implementation.

Our fee proposal to prepare, submit and obtain workplan approval, \$1,800, is inclusive of all labor, travel and materials. We propose a fixed price type contract agreement.

The March 4, 1994 correspondence from the Alameda County Health Care Services Agency specified a deadline of April 18, 1994 for submittal of your workplan. We recommend requesting a time extension before that date. We will require a 21 day performance period to properly research and prepare an approved workplan document.

West & Associates has prepared over 25 approved workplans for investigation of underground tank related contamination, including workplans approved by the Alameda County Health Care Services Agency. I have enclosed a copy of our Statement of Qualifications for your reference.

We appreciate this opportunity to be of service to Zone 7. For any additional information please contact me at (707) 451-1360.

ZONE 7 SITE INVESTIGATION WORKPLAN PROPOSAL, Page 2

Yours truly,

Brian W. West

Brian W. West PE
Registered Civil Engineer CA 32319 (expires 12/31/96)
West & Associates Environmental Engineers, Inc.

Enclosure: "Statement of Qualifications"

BWW/es

cc: Dave Escover, All Chemical Disposal, San Jose

BWW

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

StID 4138

March 4, 1994

Mr. Jaime Rios
Zone 7 Water Agency
5997 Parkside Dr
Pleasanton, CA 94588

Subject: SWI at 601 E. Vallecitos Rd., Livermore 94550

Dear Mr. Rios:

I have completed review of Light, Air and Space's January 1994 Tank Removal Report for the above referenced site. When a 2,000 gallon diesel underground storage tank (UST) was removed, soil samples collected from native soil beneath the UST exhibited up to 120 ppm TPH-D, 27 ppb toluene and did not detect benzene, ethylbenzene or xylenes. The fill end of the pit was overexcavated to a depth of 16' where soil collected exhibited 75 ppm TPH-D and did not detect BTEX.

At this time additional investigations are required to determine if groundwater has been impacted by the fuel release at the site. Such an investigation shall be in the form of a **Soil, Groundwater Investigation**, or SWI. The information gathered by the SWI will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The SWI must be conducted in accordance with the RWQCB Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and Article 11 of Title 23, California Code of Regulations. The major elements of such an investigation are summarized in the attached Appendix A.

The SWI proposal is due **within 45 days** of the date of this letter. Once the proposal is approved, field work should commence within 60 days. A report must be submitted within 45 days after the completion of this phase of work at the site. Subsequent reports are to be submitted quarterly until this site qualifies for RWQCB "sign off." All reports and proposals must be submitted under seal of a California Registered Geologist, Certified Engineering Geologist, or Registered Civil Engineer.

Please be advised that this is a formal request for technical reports pursuant to Title 23, CCR, Section 2722(c). Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by this agency.

Jamie Rios
re: SWI at 601 E. Vallecitos
March 4, 1994

Page 2

Should you have any questions about the content of this letter,
please contact me at (510) 271-4530.

Sincerely,



eva chu
Hazardous Materials Specialist

enclosure

cc: files

zone7.1

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 Zone 7 Today's Date 1-13-194

II.A BUSINESS PLANS (Title 19)

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

Site Address E. Vallejos

City Livermore Zip 94550 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 overexcav.

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

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. OnSite 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

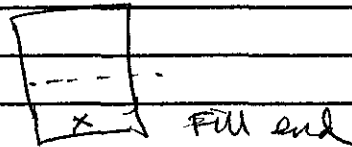
Comments:

Overexcavation to 16' - gravel soil w/ large rocks to 4" diameter. Some clay & sands

Concrete soil w/ petra odor throughout width of pit, north west half,

1 Soil sample collected at ~16' fill end

Analyze for TPH and BTEX



Concrete slab has been removed

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|--|
| General | ___ 1. Permit Application 25284 (H&S) |
| | ___ 2. Pipeline Leak Detection 25292 (H&S) |
| | ___ 3. Records Maintenance 2712 |
| | ___ 4. Release Report 2651 |
| | ___ 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | ___ 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose |
| | Semi-annual groundwater |
| | One time soils |
| | 3) Daily Vadose |
| | One time soils |
| | Annual tank test |
| | 4) Monthly Gndwater |
| | One time soils |
| 5) Daily Inventory | |
| Annual tank testing | |
| Cont pipe leak det | |
| Vadose/gndwater mon. | |
| 6) Daily Inventory | |
| Annual tank testing | |
| Cont pipe leak det | |
| 7) Weekly Tank Gauge | |
| Annual tank testing | |
| 8) Annual Tank Testing | |
| Daily Inventory | |
| 9) Other _____ | |
| ___ 7. Precs Tank Test 2643 | |
| Date: _____ | |
| ___ 8. Inventory Rec. 2644 | |
| ___ 9. Soil Testing 2646 | |
| ___ 10. Ground Water. 2647 | |
| New Tanks | ___ 11. Monitor Plan 2632 |
| | ___ 12. Access. Secure 2634 |
| | ___ 13. Plans Submit 2711 |
| | Date: _____ |
| ___ 14. As Built 2635 | |
| Date: _____ | |

Rev 6/88

II, III

Contact: _____

Title: _____

Signature: Pal Danna

Inspector: Eva Chu

Signature: [Signature]

LOP - RECORD CHANGE REQUEST FORM

printed:
12/21/93

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

AGENCY # : 10000 SOURCE OF FUNDS: f SUBSTANCE: 12034
 StID : 4138
 SITE NAME: Zone 7 Water Agency DATE REPORTED : 12/21/93
 ADDRESS : 601 E Vallecitos Rd DATE CONFIRMED: 12/27/93
 CITY/ZIP : Livermore 94550 MULTIPLE RPs : n

SITE STATUS

CASE TYPE: s CONTRACT STATUS: 4 EMERGENCY RESP:
 RP SEARCH: s DATE COMPLETED: 12/21/93
 PRELIMINARY ASMNT: DATE UNDERWAY: DATE COMPLETED:
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: DATE ENFORCEMENT ACTION TAKEN:
 LUFT FIELD MANUAL CONSID:
 CASE CLOSED: DATE CASE CLOSED:
 DATE EXCAVATION STARTED : REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Attn. Jamie Rios
 COMPANY NAME: Zone 7 - Water Agency
 ADDRESS: 5997 Parkside Dr.
 CITY/STATE: Pleasanton, C A 94688

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only			Case Progress Changes	
ANPNPMS _____	LOP _____	DATE _____	LOP _____	DATE _____

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 Zone 7 Water Dist Today's Date 12/21/93

Site Address 601 E. Vallercitas Rd

City Livermore Zip 94550 Phone _____

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

Inspection Categories:

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

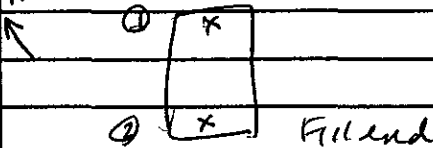
* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

2.1K Amber glass diesel tank - in use for 18 years
2.4% LEL 0%

Tank in good condition. No holes or cracks.

concrete slab tie down



1 Sample gravel and sand/clay - brown. no odor

2 Sample brown gravel + sand. mod diesel odor - some green staining

Advise Analyze for TPH-D, BTEX

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

- General**
- 1. Permit Application 25284 (H&S)
- 2. Pipeline Leak Detection 25292 (H&S)
- 3. Records Maintenance 2712
- 4. Release Report 2651
- 5. Closure Plans 2670
- 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
- Monitoring for Existing Tanks**
- 11. Monitor Plan 2632
- 12. Access. Secure 2634
- 13. Plans Submit Date: _____ 2711
- 14. As Built Date: _____ 2635
- New Tanks**

II, III

Contact: All CHEMICAL DISPOSAL

Title: CONTRACTOR

Signature: [Signature]

Inspector: Eva Chu

Signature: [Signature]



DEC 02 1993

SAFAT A. SHAMID, Assistant Agency Director

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

UNDERGROUND STORAGE TANK REMOVAL PROCESS IN ALAMEDA COUNTY

Dear Property Owner/Contractor:

The Alameda County Department of Environmental Health, Hazardous Materials Division, requires the following steps to be taken for the removal of underground storage tanks within its jurisdiction. Each step must be completed, and in the order shown, to ensure efficient review of your closure plan. The County's enforcement authority derives from Title 23 of the California Code of Regulations (CCR), Chapter 6.7 of the Health and Safety Code, and a letter of agreement with the San Francisco Bay Regional Water Quality Control Board, and applies to underground storage tank removals within all parts of the county except for the cities of Berkeley, San Leandro, Hayward, Newark, Union City, Fremont, and Pleasanton. These cities administer their own underground storage tank programs and have their own requirements.

1. Obtain a blank Underground Tank Closure Plan from this office.
2. Complete the Underground Tank Closure Plan and attach the requested supporting documents (i.e., a site safety plan; a facility plot plan; copy of contractors hazardous materials license; and a copy of the contractor's worker's compensation insurance certificate with the site address and certificate expiration date typed on it). Instructions for filling out the plan are attached to the plan blank.
3. Submit three copies of both the completed plan and the attachments to this office. A deposit must also be submitted at this time. The deposit, authorized by Section 3-141.6 of the Alameda County Ordinance Code, pays for the time spent by Hazardous Materials Specialists on the tank closure project. Deposit fee schedules are available at our office. Should the project be complex and time consuming, additional deposit money will be requested. Any unused deposit money will be refunded to the property owner or his/her designee at the close of the project.
4. We will review the Closure Plan within 30 days of plan receipt and contact you if there are deficiencies. Once the Plan is satisfactorily completed, we will stamp the plans and notify

12/9/93

HAZARDOUS MATERIALS DIVISION
80 SWANWAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 510/271-4320

three copy

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 37th St. 5th Floor
Oakland, CA 94612
Telephone: (510) 574-7237

These plans have been reviewed and found to be acceptable and meet the major requirements of State and Federal laws. Changes to these plans indicated by this Department are to state compliance with State and local laws. A permit will be issued for construction.

On any change or alterations of these plans and specifications, the applicant must submit 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 building 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 INSPECTOR'S.

Site Contact: Gerald Dewitt
Engineer: Jamie Rios

UNDERGROUND TANK CLOSURE PLAN

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

1. Business Name Zone 7 Water Agency
Business Owner Zone 7 Water Agency
 2. Site Address 601 East Vallecitos Road
City Livermore, CA Zip 94550 Phone 510-447-6772
 3. Mailing Address 5997 Parkside Dr.
City Pleasanton Zip 94588 Phone 510-484-2600 X245
 4. Land Owner Zone 7 Water Agency
Address 5997 Parkside Drive City, State Pleasanton, CA Zip 94588
 5. Generator name under which tank will be manifested _____
Zone 7 Water Agency
- EPA I.D. No. under which tank will be manifested CAL000110164

6. Contractor All Chemical Disposal, Inc.
Address 941 Berryessa Rd., Suite D
City San Jose, CA 95133 Phone 408-453-1660
License Type* ENG A/HAZ ID# 599864

*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 Light, Air & Space Construction
Address 4985 Avery Court
City San Jose, CA 95136 Phone 408-463-0171

8. Contact Person for Investigation
Name Dave Guthridge Title Owner
Phone 408-463-0171

9. Number of tanks being closed under this plan One
Length of piping being removed under this plan less than 20
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 Allied Oil & Pumping EPA I.D. No. CAT080014277
Hauler License No. 2477 License Exp. Date 7-31-94
Address P.O. Box 32128
City San Jose State CA zip 95152

b) Product/Residual Sludge/Rinsate Disposal Site

Name Refinery Services EPA I.D. No. CAD 083166728
Address 13331 No. Hwy 33, B
City Patterson State CA zip 95363

c) Tank and Piping Transporter

Name All Chemical Disposal, Inc. EPA I.D. No. CAD982492399
Hauler License No. 2914 License Exp. Date Nov. 1994
Address 941 Berryessa Rd., Suite D
City San Jose State CA Zip 95133

d) Tank and Piping Disposal Site

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

11. Experienced Sample Collector

Name Dave Escover
Company All Chemical Disposal, Inc.
Address 941 Berryessa Rd., Suite D
City San Jose State CA Zip 95133 Phone 408-453-1660

12. Laboratory

Name Chromalab
Address 2239 Omega Rd. #1
City San Ramon State CA Zip 94583
State Certification No. 1094

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

Empty tank contents, rinse once on site using water, pump residual for disposal, and deposit 200 lbs. of dry ice to tank

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)		
2,000 gal.	Tank was used as backup for the electrical generator. <i>≥ 18 yrs old</i>	Diesel Soil - Groundwater - (If encountered)	Soil beneath the tank. 1-2 feet below native soil/backfill interface. Water sample from excavation.

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)	Sampling Plan
20-50 Cubic Yards	1 sample / 50 cy for disposal 1 sample per 20 cubic yards for reuse

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
Diesel <i>BTEX</i>	Soil Sample: TEH, Cal LUFT Manual	Soil: TPH 3550 BTX & E 8020 Water: TPH D GCFID (3510) BTK & B 602 or 624	<i>as</i> MS Required for DHS certified laboratories

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

Total P.07
Name of Insurer Golden Eagle Insurance

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) Paul Demert

Signature *Paul Demert*

Date 12-7-93

X Signature of Site Owner or Operator

Name (please type) Jim Horen

Signature *James B. Horen*

Date 12/7/93

CERTIFICATE OF INSURANCE

06/18/93

MICOR INSURANCE BROKERS, INC.
 2025 Gateway Place #119
 San Jose, CA
 95110-
 PHONE 408-453-8222

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

INSURED

 All Chemical Disposal, Inc.
 941 Berryessa Road, Suite D
 San Jose, CA
 95133

- COMPANY LETTER A COMMERCE & INDUSTRY
- COMPANY LETTER B NATIONAL UNION
- COMPANY LETTER C GOLDEN EAGLE INSURANCE COMPANY
- COMPANY LETTER D
- COMPANY LETTER E

COVERAGES (.....)
 THIS IS TO CERTIFY THAT 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 TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCC. <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE <input type="checkbox"/> <input type="checkbox"/>	6LCM3464393	12/01/92	12/01/93	GENERAL AGGREGATE	1000
					PROB-COMP/OPS AGG.	1000
					PERS. & ADVO. INJURY	1000
					EACH OCCURRENCE	1000
A	AUTOMOBILE LIAB <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> Pollution Liab.	CA 2771568	12/01/92	12/01/93	FIRE DAMAGE (ANY ONE FIRE)	50
					MEDICAL EXPENSE (ANY ONE PERSON)	5
					CSL	5000
					BODILY INJURY (PER PERSON)	
C	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCC	AGGREGATE
C	WORKERS' COMP AND EMPLOYERS' LIAB	PWC 227547-86	06/01/93	06/01/94	STATUTORY 1000 1000 1000	EACH ACC DISEASE-POLICY LIMIT DISEASE-EACH EMPLOYEE
B	OTHER POLLUTION LIABILITY	CPL 716-67-83 CLAIMS MADE	12/01/92	12/01/93	1000 1000	EACH LOSS TOTAL ALL LOSSE

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 30 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

ACORD 25-S (3/88)

State of California
Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code
and the Rules and Regulations of the Contractors State License Board,
the Registrar of Contractors does hereby issue this license to:

ALL CHEMICAL DISPOSAL INC



to engage in the business or act in the capacity of a contractor
in the following classification(s):

A - General Engineering Contractor

Witness my hand and seal this day,

August 16, 1990

Issued August 7, 1990

Signature of Licensee

David R. Phillips

Signature of License Qualifier

This license is the property of the Registrar of Contractors, is not
transferable, and shall be returned to the Registrar upon demand
when suspended, revoked, or invalidated for any reason. It becomes
void if not renewed.



David R. Phillips
Registrar of Contractors

599864

License Number

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD

DEPARTMENT OF
**Consumer
Affairs**

Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: DAVID FRANCIS ESCOVER

License No.: 599864

Namestyle: ALL CHEMICAL DISPOSAL, INC.

WITNESS my hand and official seal this

4TH day of OCTOBER, 1990

David R. Rellie
Registrar of Contractors

131.36 (7/88)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A3584



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CAD982492399

RETAIN FOR RECORDS

ESCOVER DAVID 4084531660
ALL CHEMICAL DISPOSAL INC
915 BERRYESSA RD STE C1
SAN JOSE CA

95133

INSTALLATION ADDRESS

915 BERRYESSA RD STE C1

95133

NOV 23 1992

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P Street, 4th Floor
P.O. Box 806
Sacramento, CA 95812-0806



(916) 324-2430

*** HAZARDOUS WASTE TRANSPORTER REGISTRATION ***

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

All Chemical Disposal, Inc.
941-D Berryessa Road
San Jose, CA 95133

TRANSPORTER REGISTRATION NO: 2914EXPIRATION DATE: November 30, 1993

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND DIVISION 4.5, TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS.

THIS REGISTRATION CERTIFICATE MUST BE USED IN CONJUNCTION WITH VEHICLES AND/OR CONTAINERS WHICH HAVE BEEN CERTIFIED PURSUANT TO SECTION 25169.1, HEALTH AND SAFETY CODE, OR A VARIANCE ISSUED BY THE DEPARTMENT OF TOXIC SUBSTANCES CONTROL FOR HIGHWAY TRANSPORT WITH THE EXCEPTIONS OF TRANSPORT SOLELY BY WATER, RAIL OR AIR.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED IN THE VEHICLE USED TO TRANSPORT HAZARDOUS WASTE.


(AUTHORIZED SIGNATURE)

NOV 23 1992

(Date)



This is a receipt for payment, NOT an invoice. No remittance is required. **088129**

BUSINESS NAME ALL CHEMICAL DISPOSAL INC		TYPE 7399	NO. OF EMPLOYEES/ UNITS/ SQ. FT. 6	EXPIRATION DATE 31-MAR-94
BUSINESS ADDRESS 941 BERRYESSA RD 0 SAN JOSE, CA 95133-1030		RECEIPT ISSUE DATE 07-APR-93	DISTRICT NO. 02	TOTAL BUSINESS LICENSE TAX PAID \$ 150.00



CITY OF SAN JOSE
BUSINESS CERTIFICATE

No. **088129194**
EXPIRES **31-MAR-94**

CERTIFICATE #
088129194

CITY OF SAN JOSE

BUSINESS
CERTIFICATE

This certificate evidences that the person(s), firm, or corporation named hereon has paid the tax required by Chapter 4.76 of the San Jose Municipal Code for the type of business and at the business address and for the period indicated hereon. Certificate is issued without verification that the taxpayer is subject to or exempted from licensing by the state. Issuance of certificate is not an endorsement, nor certificate of compliance with other ordinances or laws, nor an assurance that the proposed use is in conformance with the city building/fire/zoning regulations. This certificate does not allow any special parking privileges. Expires on date shown. **ANNUAL TAX PAYMENT DUE ONE DAY AFTER EXPIRATION DATE.** Treasury must be notified of any change in ownership or location or of closure.

RENEVAL NOTICE NOT REQUIRED

BUSINESS NAME **ALL CHEMICAL DISPOSAL INC**
OWNER **ESCOFER, DAVID/MURABITO, FRED**
MAIL ADDRESS **941 BERRYESSA RD 0**
CITY ADDRESS **SAN JOSE, CA 95133-1030**

DETACH AND
SAVE
THIS RECEIPT

POST IN A CONSPICUOUS PLACE
IN PLAIN PUBLIC VIEW
(MUST BE PRESENTED UPON REQUEST)

**NOT TRANSFERABLE
OR ASSIGNABLE**

SITE SAFETY MEETING

PROJECT: 35458		DATE:	
CLIENT: ZONE 7 FLOOD CONTROL		CONTACT: GERALD DEWITT	
LOCATION: 601 E. VALLECITOS RD., LIVERMORE			
PROJECT DESCRIPTION:			
<input type="checkbox"/> Lab Pack	<input type="checkbox"/> Consolidation	<input type="checkbox"/> Sampling	<input checked="" type="checkbox"/> Tank Removal
<input type="checkbox"/> Decontamination	<input type="checkbox"/> Excavation	<input type="checkbox"/> Other: _____	
EMERGENCY RESPONSE INFORMATION:			
Client Emergency Number: <u>-0-</u>			
Fire Department/EMT: <u>911</u>			
Local Medical Facility/Hospital: <u>VALLEY MEDICAL CENTER</u>			
Evacuation Route: <u>TOWARDS THE GRAVEL ROAD</u>			
Location of Safety Shower/Eye Wash? <u>IN THE TANK PAD AREA</u>			
SITE CHARACTERIZATION: (*More extensive site characterization required)			
<input type="checkbox"/> Unknown Situation*			
<input type="checkbox"/> Confined Space Entry*			
<input type="checkbox"/> Potentially Explosive Situation*			
<input type="checkbox"/> IDLH Conditions*			
<input type="checkbox"/> Oxygen Deficiency (<19.5%)*			
<input type="checkbox"/> Potential exposure over TLV or PEL*			
<input type="checkbox"/> Extremely/Acutely Hazardous Materials			
<input checked="" type="checkbox"/> Chemical Hazards (circle as appropriate)			
Flammables Reactives Incompatibles Acids Bases Poisons			
Carcinogens Other: <u>POSSIBLE DIESEL FUMES</u>			
<input checked="" type="checkbox"/> Physical Hazards (circle as appropriate)			
Heavy Objects Overhead Hazards Tripping/Falling Hazards			
Debris Other: _____			
<input checked="" type="checkbox"/> Other Hazards (circle as appropriate)			
Heat Stress Noise Equipment Operations			
Fire/Explosion Spills Other: _____			
PERSONAL PROTECTIVE EQUIPMENT: (*Extensive site characterization required)			
<input type="checkbox"/> LEVEL A: Highest level of respiratory, skin, and eye protection required*			
<input type="checkbox"/> LEVEL B: Level A respiratory protection; lower level skin protection required*			
<input checked="" type="checkbox"/> LEVEL C: Level B skin protection; lower level of respiratory protection (air purifying respirator)			
<input type="checkbox"/> LEVEL D: No respiratory protection required; minimal skin protection required			
Respiratory Protection	Body Protection	Eye Protection	Hand Protection
<input type="checkbox"/> SCBA/SAR	<input checked="" type="checkbox"/> Cloth	<input checked="" type="checkbox"/> Safety Glasses	Inner Gloves
<input checked="" type="checkbox"/> Respirator (full/half)	<input type="checkbox"/> Tyvek suit	<input type="checkbox"/> Goggles	<input type="checkbox"/> Cotton
Cartridges: <u>ORGANIC</u>	<input type="checkbox"/> Poly-Tyvek	<input type="checkbox"/> Face Shield	<input checked="" type="checkbox"/> Latex
(IF NECESSARY)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	Outer Gloves
Other PPE Required: HARD HAT			<input checked="" type="checkbox"/> Leather
			<input type="checkbox"/> Nitrile
			<input type="checkbox"/> Latex
			<input type="checkbox"/> Other: _____

PROJECT LEADER:

FIELD OPERATIONS PERSONNEL:

Reporting Accidents/Injuries/Illnesses

Any accident, injury, or illness which is related to on the job activity is to be reported to a supervisor immediately. The President, Vice-President, and designated personnel will investigate all incidents resulting in an accident, injury or illness. Based on the investigation, operating procedures, safe practices, and other activities may be modified, including, but not limited to this Health & Safety Plan.

Any accident, injury, or illness which may involve a workman's compensation insurance claim will be reported to the All Chemical Disposal, Inc. insurance carrier as soon as possible after the incident occurred.

Any incident resulting in lost time or death, will be reported to Cal/OSHA, as well as to the workman's compensation insurance company.

IV. PERSONAL PROTECTIVE EQUIPMENT (PPE) PROGRAM

Most All Chemical Disposal, Inc. projects involve working in hazardous situations. In those cases, personal protective clothing and equipment will be provided by All Chemical Disposal, Inc., at no cost to the employee. All PPE and clothing shall conform to American National Standards Institute (ANSI).

All Chemical Disposal, Inc. will ensure that the design & quality of PPE are adequate to fulfill its function prior to an item being purchased or used.

All Chemical Disposal, Inc. will evaluate the effectiveness of this PPE Program on at least an annual basis.

Supervisor responsibilities:

- No work shall be done until specified PPE is used,
- Setting example by wearing PPE,
- Equipping employees/visitors with appropriate PPE,
- Demonstrating proper use of PPE, and
- Requiring proper fitting, adjustment, maintenance of PPE and prompt replacement of PPE that is worn out or damaged

Selection of PPE

Personal protective equipment shall be selected and used, based on an evaluation of the performance characteristics of the PPE relative to the requirements and limitations of the site, the task specific conditions and duration, and the hazards and potential hazards identified at the site.

There are four levels of personal protection, depending upon the working conditions. These levels have been set up as Levels A, B, C, and D, with Level A equipment worn for the most hazardous working situation. Combinations of personal protective equipment other than those described for Levels A, B, C, and D protection, as outlined in Appendix A, may be more appropriate and may be used to provide the proper level of protection.

The level of protection provided by PPE selection shall be increased when additional information on site conditions indicates that increased protection is necessary to reduce employee exposures below permissible exposure levels for

hazardous substances and health hazards. Likewise, the level of protection provided may be decreased when additional information or site conditions show that decreased protection will not result in hazardous exposures to employees.

Medical Considerations

The use of PPE can often create significant worker hazards, such as heat stress, physical and psychological stress, and impaired vision, mobility and communication. Personal protection will be carefully selected to provide adequate protection. Over protection as well as under protection can be hazardous and will be avoided.

Before beginning any project, the project leader will discuss medical considerations such as heat stress, impaired mobility, etc., with employees before commencing work. Project leader will review signs and symptoms of exposure, heat stress, and other hazards related to the wearing of PPE.

Types of Personal Protective Equipment

All PPE is supplied and distributed to personnel requiring such protection. Any employee needing training in the proper use and fit of PPE will be provided such training by the project leader. It is the responsibility of the employees to maintain equipment as clean. All PPE that is not disposable is to be decontaminated after use, and stored such that it remains in good condition. Personnel of All Chemical Disposal, Inc. are issued safety bags, cleansing supplies, and plastic bags, etc., so that personal protection may be stored appropriately. All PPE must be inspected at least before and after each use. Equipment is to be repaired or replaced when it becomes defective or worn out.

Eye Protection

All Chemical Disposal, Inc. provides approved eye protection to all personnel working on operations requiring such protection. For operations requiring the use of safety glasses where glare or prolonged exposure to sunlight will hinder performance or safety, tinted safety glasses will be provided. Coverall type goggles or other approved protection will be provided for wear over personal prescription lenses when the exposure to eye hazards is for relatively short periods of time. Face shields are provided where there is a moderate risk of flying particulate or splashes of corrosive liquids. When the work environment involves exposure to chemical vapors, splashes, intense heat, or highly particulate matter, the use of contact lenses is restricted.

Contact lenses do not provide eye protection. For occupational use, contact lenses must be used in conjunction with appropriate safety glasses/goggles.

Eye protection should be stored so as to minimize scratching. Eye protection will be replaced as necessary when they become scratched.

Head Protection

All construction work areas and at locations where employees are exposed to injury from falling materials, protective hard hats meeting ANSI standards will be provided. Hard hats are to be replaced if they become cracked or contaminated such that they cannot be decontaminated.

Foot Protection

Steel toe safety shoes and/or boots are provided by All Chemical Disposal, Inc.. These shoes are to be worn when working in an operation where foot protection is required. Chemical resistant, steel toe boots are provided by All Chemical Disposal, Inc., and are to be worn as appropriate.

When shoes and/or boots show signs of wear such that exposure to chemicals is possible, they are to be put out of service, and a new pair purchased.

Body Protection

All Chemical Disposal, Inc., provides cloth coveralls and lab coats, as well as disposable tyvek and poly tyvek coveralls for body protection. Body protection is to be worn during all chemical operations. It is to be replaced whenever it is torn such that exposure is possible. Used, non-disposable clothing is to be placed in a specified location at All Chemical Disposal, Inc., for professional cleaning. Disposable clothing is to be discarded either in the regular trash, or managed as hazardous waste, depending upon the contamination of the clothing.

Other types of body protection will be provided by All Chemical Disposal, Inc., as required by the field operation.

Hand Protection

Gloves are to be worn during all field operations. All Chemical Disposal, Inc., provides leather, cloth, various poly/rubber gloves to personnel. Selection of the type of glove to be worn will be based on the type of potential exposure at the worksite. Project leaders will assist employees in selection of proper gloves. Gloves are to be replaced whenever ripped or as needed to prevent possible exposure.

Ear Protection

Noise with an intensity of greater than 85 dBA over time can produce permanent hearing impairment, a result of a combination of noise intensity and exposure time. The ear should never be exposed to noise greater than 115 dBA for any length of time.

Where reduction of noise at the source can not be achieved, individual hearing protection must be used. All Chemical Disposal, Inc. will provide disposable ear plugs to all employees requiring hearing protection. This type of protection should be discarded after each use.

If a higher level of hearing protection is required, it will be provided.

Respiratory Protection (OSHA, 29 CFR 1910.134)

Personal respiratory protection is provided to every All Chemical Disposal, Inc. employee wherever there is a risk of overexposure to a hazardous material that cannot be effectively controlled by means of local exhaust ventilation. Respiratory protection is to be obtained through All Chemical Disposal, Inc..

Medical Approval. Everyone desiring to be fit with a respirator must obtain a release from the All Chemical Disposal, Inc. selected physician. The release will certify that the employee does not have a physical condition that would preclude the employee's safe use of such equipment. The certification must be renewed annually.

Fit-Testing. All personnel requiring a respirator will be issued one for their personal use, following a formal fit test to ensure that the appropriate respirator has been issued to the employee. Fit test records will be maintained in the All Chemical Disposal, Inc. files.

Respirator Training. All personnel requiring use of a respirator will be trained in the use and limitations of respirators, as well as inspection and sanitation of the respirator. The outline for respirator training is included as Appendix B.

User Liability. Employees are responsible for the proper use and care of the respirator that has been issued to them. A short training session is given to the user when the respirator is issued. At that time the user is instructed on proper fit, cleaning and storing of the respirator.

OSHA has very specific rules governing the use of respirators. Failure of the employee to observe the proper practices could result in serious consequences to the employee and All Chemical Disposal, Inc..

Filter cartridges on the respirator are designed to remove specific chemical contaminants from the breathing air. Each type of filter is color coded and identified as to its intended application. The user must verify that the proper cartridges are on the respirator before being used.

The respirator will NOT provide its rated level of protection when used with facial hair. An attempt to do so is in violation of OSHA standards.

The respirator is issued as a personal protective device, intended for the exclusive use of the person to which it was issued. The respirator should be replaced when it becomes soiled with a material that cannot be removed with soap and water or when it becomes damaged.

Supplied Air Respirators. Safe use of supplied air respirators such as a SCBA requires the user to have special training (provided in the 40-hour OSHA training) and to meet physical fitness standards.

Decontamination Procedures

Whenever disposable PPE has been used, it is to be disposed of as municipal waste or hazardous waste, depending upon the contamination on the equipment.

Reusable PPE should be cleaned after each use. It should be inspected after cleaning to ensure that it is in good condition when it will be required again. If any type of reusable PPE cannot be sufficiently decontaminated/cleaned, it is to be put out of service and handled as appropriate.

Additional decontamination procedures will be project specific and will be outlined as necessary in the Site Safety Meetings.

V. HAZARDS COMMUNICATION

Each employee at All Chemical Disposal, Inc. has the right to know the relative hazards with the materials which they work. The Hazards Communication Plan is designed to provide guidance and training to employees who work with potentially hazardous materials.

An ongoing inventory of all chemicals used by the company will be maintained. It will be designed to track materials as they come on-site and as they leave or are consumed. This includes any waste that may come onto the site in the future). Then inventory is required to accurately assess the operations for hazardous materials and for employee training.

Hazardous Material Identification

All chemicals used by employees must be identified and classified as to the relative hazard as rated by OSHA's list of hazardous materials.

Material Safety Data Sheet (MSDS)

The MSDS is the form used to provide the employee with information about a hazardous material. Every supplier of chemicals is required to provide customers with a copy of their MSDS. A central file of MSDSs for chemicals maintained by All Chemical Disposal, Inc. is maintained in the office.

The manufacturer's original warning label on a chemical container must be legible at all times. Containers not originally supplied by the manufacturer must be labeled with a warning message in compliance with 29 CFR 1910.1200d.

Hazard Communication Training for Employees

Employees working with chemicals must have been enrolled in chemical safety training courses that teach the following

- Provision of hazard communication standard
- Hazardous materials in the workplace
- Location of written plans and MSDS
- Methods of detecting release of hazardous materials
- Health effects of over exposure to materials
- Protective measures used to limit exposure

VI. MEDICAL SURVEILLANCE PROGRAM

All new employees working with hazardous materials and/or waste will receive a complete physical examination by a physician chosen by All Chemical Disposal, Inc.. The physical examination will include, but not be limited to, general health exam, chest examination, lung capacity, urinalysis, blood analysis. The physician must give a medical release for the employee to use a respirator.

All permanent employees who regularly work with hazardous chemicals and/or waste will receive an annual physical examination, including the medical release for respirator use.

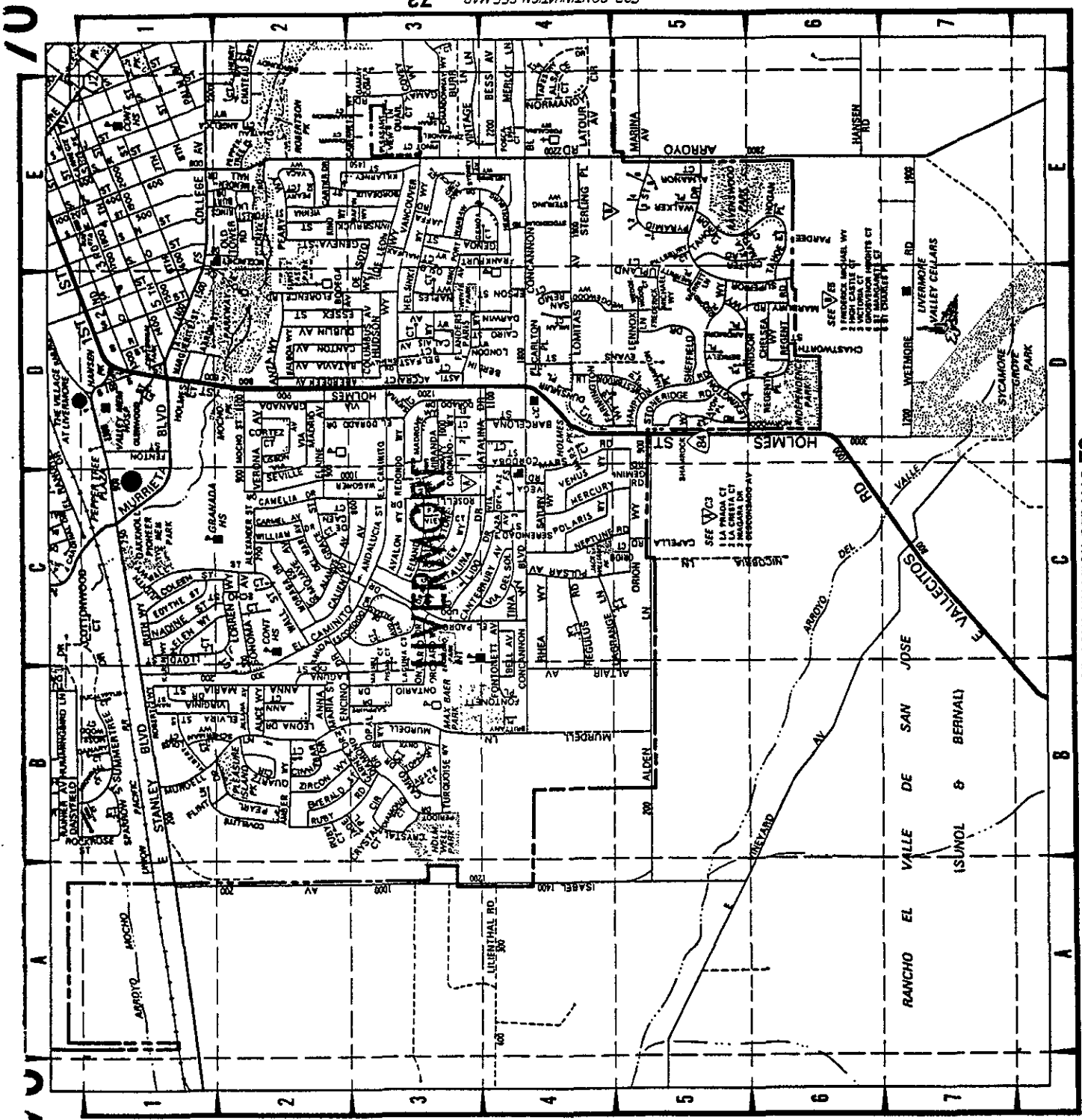
Any employee who in a hazardous situation in which the employee may have been exposed to a hazardous material will be given the opportunity to go to an All

Chemical Disposal, Inc. approved physician for medical observation and/or treatment at no cost to the employee. The decision to seek medical attention may be the employee or All Chemical Disposal, Inc. management. However All Chemical Disposal, Inc. management will not deny the right of an employee who believes medical attention is required. The physician is required to provide a written report to All Chemical Disposal, Inc. related to the specific incident for which the employee sought medical attention.

16161 30

DETAIL

FOR CONTINUATION SEE MAP 73



432

430

428

FOR CONTINUATION SEE MAP 69

422

420

418

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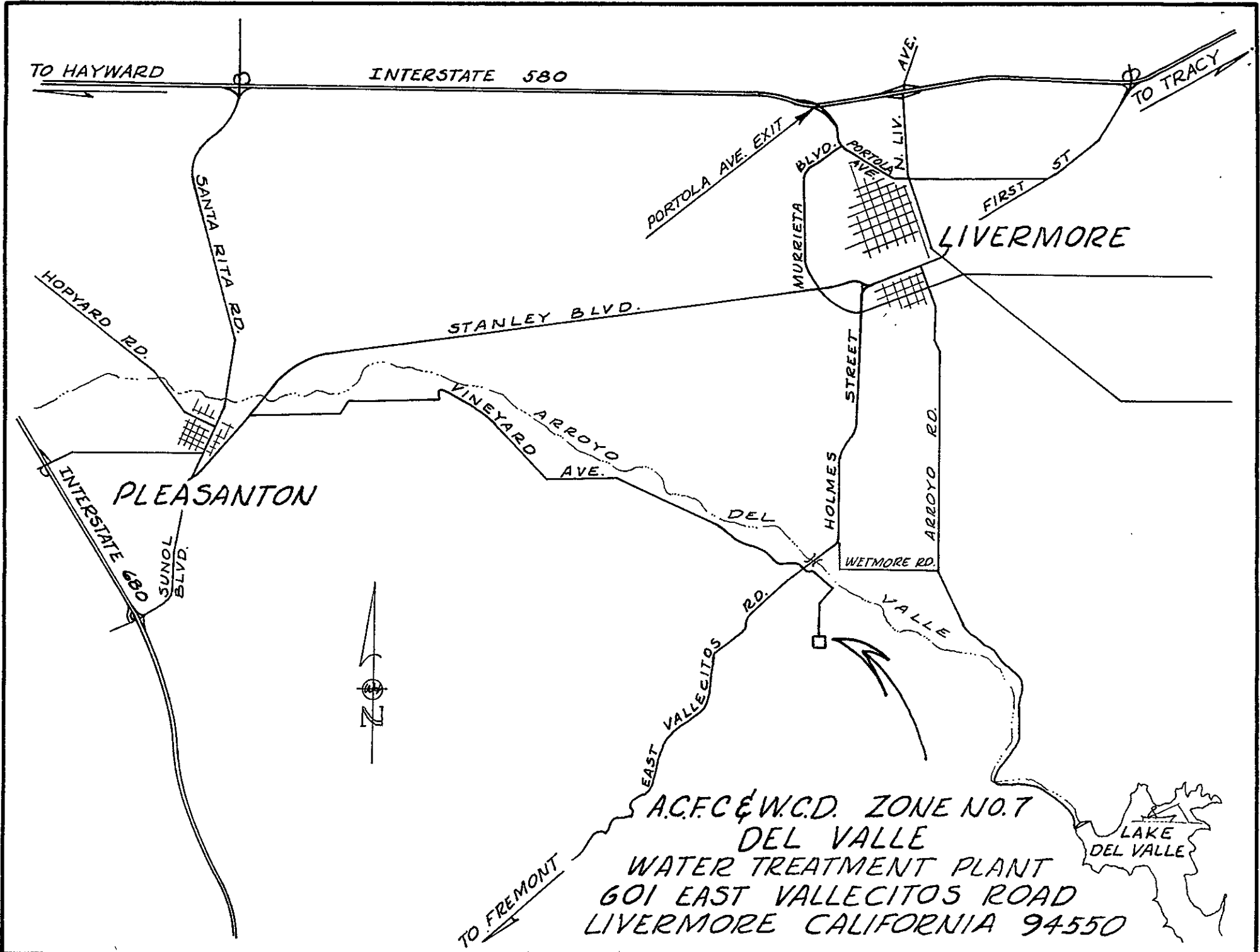
1,635

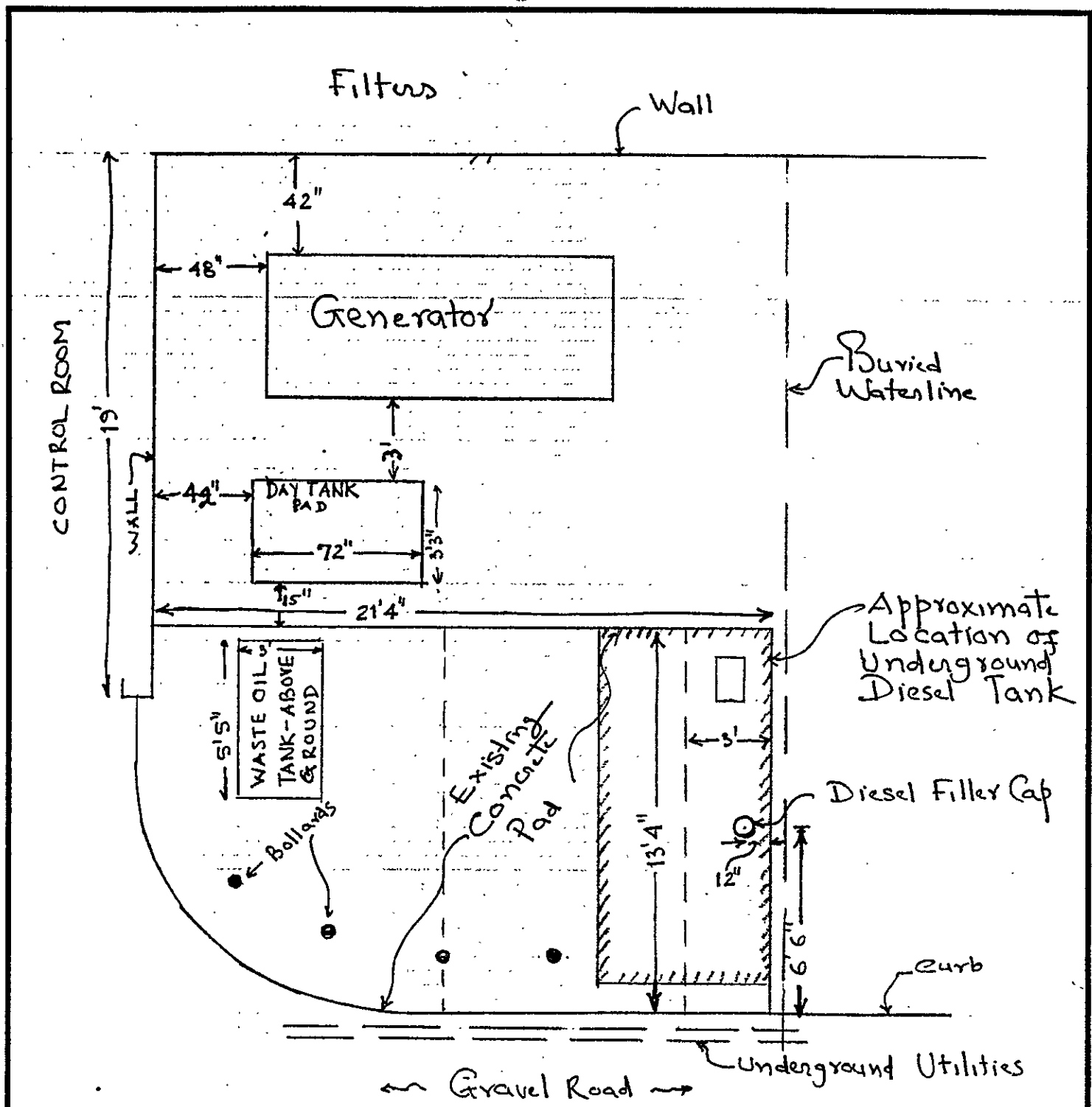
1,632

FOR CONTINUATION SEE MAP 72

1,623

1,620





NOTE: All dimensions are approximate only
The contractor should verify himself the data

TANK SITE AND SURROUNDING AREA