



ALAMEDA COUNTY FLOOD CONTROL AND WATER CONSERVATION DISTRICT

5997 PARKSIDE DRIVE    PLEASANTON, CALIFORNIA 94588-5127    PHONE (510) 484-2600 FAX (510) 462-3914

7 August 1995

Ms. Juliet Shin  
Hazardous Materials Section  
Division of Environmental Health  
1131 Harbor Bay Parkway  
Alameda, CA 94502

Dear Ms. Shin:

We have received a report that well 2S/3W 12R80 located at 2110 Santa Clara Avenue in Alameda has been properly destroyed in accordance with permit 95429. No further action is required at this time.

If you have any questions, please contact me at extension 233.

Very truly yours,

Craig A. Mayfield  
Water Resources Engineer III

CM:ab

cc: Michael Ghidella

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 04/05/95		CASE #		SIGNED: <i>Juliet Shin</i> DATE: 4/6/95		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT DAVID ALLEN		PHONE (510) 820-9391		SIGNATURE <i>David Allen</i>	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME AQUA SCIENCE ENGINEERS, INC.			
	ADDRESS 2411 OLD CROW CANYON ROAD #4 SAN RAMON, CA 94583					
RESPONSIBLE PARTY	NAME MICHAEL GHIDELLA <input type="checkbox"/> UNKNOWN		CONTACT PERSON MICHAEL GHIDELLA		PHONE (619) 779-9626	
	ADDRESS 45750 SAN LOUIS RAYAVE. UNIT 158 PALM DESERT, CA 92260					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) APARTMENT COMPLEX		OPERATOR N/A		PHONE ( ) N/A	
	ADDRESS 2110 SANTA CLARA AVENUE ALAMEDA CA ALAMEDA 94501					
	CROSS STREET PARK STREET					
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA CTY. HEALTH CARE SERVICES		AGENCY NAME ALAMEDA CTY. HEALTH CARE SERVICES		CONTACT PERSON JULIET SHIN	
	REGIONAL BOARD RWQCB-SAN FRANCISCO BAY REGION		REGIONAL BOARD RWQCB-SAN FRANCISCO BAY REGION		CONTACT PERSON KEVIN GIZAVES	
SUBSTANCES INVOLVED	(1) NAME DIESEL FUEL				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) NAME				QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 05/03/94		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 05/03/94					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input checked="" type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)					
COMMENTS	COMMENTS					



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

10271

If waste is asbestos waste, complete Sections I, II, III and IV.  
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 398101

## Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: MICHAEL GHIDELLA b. Generating Location: RESIDENCE

c. Address: 45750 SAN LOUIS RAY AVENUE #58 PALM DESERT, CA 92260 d. Address: 2110 SANTA CLARA AVE. ALAMEDA, CA 94501

e. Phone No.: 619-779-9626 f. Phone No.: N/A

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. BFI WASTE CODE: 

CA	405	051994	22424
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 Containers: \_\_\_\_\_

j. Description of Waste: SILK CONTAMINATED WITH DIESEL FUEL k. Quantity: 

	08	Y	01	T
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 Units: \_\_\_\_\_ No.: \_\_\_\_\_ TYPE: \_\_\_\_\_

ENVIRONMENTAL PROTECTION AGENCY  
95 APR - 6 PM

TYPE:  
DM - METAL DRUM  
DP - PLASTIC DRUM  
B - BAG  
BA - 5 MIL. PLASTIC BAG or WRAP  
T - TRUCK  
O - OTHER

UNITS:  
P - POUNDS  
Y - YARDS  
M<sup>3</sup> - CUBIC METERS  
Y<sup>3</sup> - CUBIC YARDS  
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions; I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

DAVID ALLEN for ASE Inc. David Allen 052694  
Generator Authorized Agent Name Signature Shipment Date

## Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-h; Transporter II completes i-l)

TRANSPORTER I

a. Name: Break-Daway Bobcat Service

b. Address: 6000 Bernard Ave Richmond, CA 94805

c. Driver Name/Title: Horacio F. Sacarias

d. Phone No.: (510)233-4026 e. Truck No.: 02

f. Vehicle License No./State: 3C91841 CA

TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials  
g. Horacio F. Sacarias 052694  
Driver Signature Shipment Date

Acknowledgement of Receipt of Materials  
n. \_\_\_\_\_  
Driver Signature Shipment Date

## Section III DESTINATION (Generator completes a-d; Destination site completes e-f)

a. Site Name: BFI VASCO RD.  
b. Physical Address: VASCO RD. LIVERMORE, CA

c. Phone No.: 510.447-0491  
d. Mailing Address: 4001 N. VASCO RD LIVERMORE, CA 94550

e. Discrepancy Indication Space: \_\_\_\_\_  
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. \_\_\_\_\_  
Name of Authorized Agent Signature Receipt Date

## Section IV ASBESTOS (Generator completes a-d; Operator completes e-g)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this 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 international and government regulations.

e. Operator's\* Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

TRANSPORTER RETAIN

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

June 2, 1994

Mr. Michael Ghidella  
45750 San Louis Ray Ave., Unit 158  
Palm Desert, CA 92260

STID 5012

Re: Investigations at 2110 Santa Clara Avenue, Alameda,  
California

Dear Mr. Ghidella,

This office has received and reviewed Aqua Science Engineers' Phase II Site Assessment Report, dated May 31, 1994. Although contaminants were not identified above detection limits, in the ground water sample collected from MW-1, the Regional Water Quality Control Board requires a minimum of four quarters of monitoring before granting case closure. Therefore, you are required to monitor the on-site well for three more quarters.

Subsequent to three additional quarterly monitoring events, the site will be considered for case closure. However, if unacceptable contaminants are identified during the three additional monitoring events, additional sampling events or investigations may be required.

If you have any questions or comments, please contact me at (510) 271-4530.

Sincerely,

A handwritten signature in cursive script, appearing to read "Juliet Shin".

Juliet Shin  
Hazardous Materials Specialist

cc: David Allen  
Aqua Science Engineers Inc.  
2411 Old Crow Canyon Rd. #4  
San Ramon, CA 94583

Edgar Howell-File(JS)

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

May 16, 1994

Mr. Michael Ghidella  
45750 San Louis Ray Ave., Unit 158  
Palm Desert, CA 92260

Re: Work plan for investigations at 2110 Santa Clara Ave.,  
Alameda, California .

Dear Mr. Ghidella,

This office has reviewed Aqua Science Engineers' (ASE) work plan, dated May 16, 1994. This work plan is acceptable to this office with the following additional requirements:

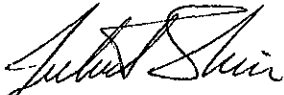
- o Per Article 11, Title 23 California Code of Regulations, you are required to delineate the extent of both soil and ground water contamination at the site. At this time, it appears that the extent of soil contamination has been delineated to the west, per the Non Detect sample results of Sample BOT-W. Additionally, it appears that the extent of any potential soil contamination to the north will be addressed through collecting soil sample(s) from the proposed monitoring well. However, the extent of soil contamination to the south and east have not yet been addressed. **As part of the proposed work, you are required to delineate the extent of soil contamination to the south and east.**
- o It appears that one monitoring well installed to the north/northeast of the tank pit will be acceptable at this time, since several contamination sites in the area (2200 Central Ave., 2501 Santa Clara Ave., 2244 Santa Clara Ave.) have all consistently documented the ground water gradient to be flowing anywhere between the northerly direction and easterly direction. However, if ground water contamination is identified from this well, you may be required to install additional ground water monitoring wells to delineate the extent of the ground water contaminant plume.
- o Please be reminded that soil samples are required to be collected from every 5 feet, at lithologic changes, and from the soil/water interface.

Mr. Michael Ghidella  
Re: 2110 Santa Clara Ave.  
May 16, 1994  
Page 2 of 2

Field work shall commence within 30 days of the date of this letter. A report documenting the work shall be submitted to this office within 45 days after completing field activities.

If you have any questions or comments, please contact me at (510) 271-4530.

Sincerely,



Juliet Shin  
Hazardous Materials Specialist

cc: David Allen  
Aqua Science Engineers Inc.  
2411 Old Crow Canyon Rd. #4  
San Ramon, CA 94583

Edgar Howell-File(JS)



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

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>CA1C0010173941600594</b>				Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.							
		3. Generator's Name and Mailing Address <b>Michael Ghidella 45750 San Luis Rey Ave., Unit 158 Palm Desert, CA 92660</b>						A. State Manifest Document Number <b>93158448</b>									
4. Generator's Phone <b>(510) 820-9391</b>						6. US EPA ID Number <b>CAD982438566</b>		C. State Transporter's ID <b>428261</b>		D. Transporter's Phone <b>(510) 687-1292</b>							
5. Transporter 1 Company Name <b>Dexanna Ltd.</b>						7. Transporter 2 Company Name		E. State Transporter's ID		F. Transporter's Phone							
9. Designated Facility Name and Site Address <b>Erickson Inc. 255 Parr Blvd. Richmond CA 94801</b>						10. US EPA ID Number <b>CAD009466392</b>		G. State Facility's ID <b>CAD009466392</b>		H. Facility's Phone <b>(510) 235-1393</b>							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol							
						No.		Type									
a. <b>Waste empty storage tank NON-RCRA Hazardous Waste Solid</b>						0   0   1		T   P		0   1   5   0   0   P							
b.								1.0									
c.																	
d.																	
Special Handling Instructions and Additional Information <b>Keep away from sources of ignition. Always wear hardhats when working with UST's. 24-Hr Contact: David Allen Telephone: (510) 820-9391</b> <b>Site Location: 2110 Santa Clara Ave, Alameda CA</b>						K. Handling Codes for Waste Listed Above											
						01											
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>DAVID ALLEN, AGENT FOR GENERATOR</b>				Signature <i>David Allen for ASE, Inc.</i>				Month <b>05</b>		Day <b>03</b>		Year <b>94</b>					
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name <b>L.F. DeKalb</b>				Signature <i>L.F. DeKalb</i>				Month <b>05</b>		Day <b>03</b>		Year <b>94</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature				Month		Day		Year	
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19				Printed/Typed Name <b>MAREN KUFFIN</b>				Signature <i>Maren Kuffin</i>				Month <b>05</b>		Day <b>03</b>		Year <b>94</b>	

DO NOT WRITE BELOW THIS LINE.