

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 6, 1993

Sumadhu Arigala
RWQCB, S.F. Bay Region
21010 Webster St., Ste 500
Oakland, CA 94612

STID 3667

RE: Buettner & Hoyt site, located at 22117 Meekland Avenue,
Hayward, California

RECOMMENDATION FOR UST CASE CLOSURE

Dear Mr. Arigala,

The responsible party for the above site retained Crosby & Overton to prepare a Closure Request Report for the site. This closure report is attached to this letter. Having reviewed the case files, this office is recommending this site for closure.

In February 1990, three underground storage tanks (USTs) were removed from the site, one 1,000-gallon diesel UST, one 1,000-gallon gasoline UST, and one 550-gallon waste oil UST. According to Blaine Tech Services' Tank Removal Sampling Report, dated March 15, 1990, no holes were observed in any of the tanks. Two soil samples were collected, one from beneath each end of the tank, for the two 1,000-gallon USTs at approximately 12 to 13 feet below ground surface. Three soil samples were collected from the 550-gallon UST tank pit, one from each end of the tank at approximately 17 feet below ground surface, and one from beneath the center of the tank at approximately 9.5 feet below ground surface.

Soil samples collected from the tank pits were analyzed for the relevant constituents pursuant to RWQCB guidelines. Soil samples collected from the waste oil tank pit identified up to 640 ppm low to medium boiling point hydrocarbons, 7,700 ppm high boiling point hydrocarbons, 16,000 Oil and Grease, 0.28 benzene, 3.7 ppm toluene, 2.8 ppm ethylbenzene, 21 ppm xylenes, 33 ppm chromium, 17 ppm lead, and 56 ppm zinc. Soil samples collected from the other tank pits were nondetect.

Mr. Sumadhu Arigala
Re: 22117 Meekland Ave.
May 6, 1993
Page 2 of 2

On February 21, 1991, the tank pit was overexcavated. Confirmatory soil samples were collected from the bottom and sidewalls of the tank pit. Only one soil sample, collected from the north west corner of the pit, identified 30 ppm Oil and Grease.

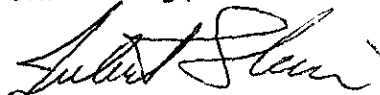
On March 21, 22, and 23, 1991, three monitoring wells were installed at the site. Soil samples collected from MW-1 identified 190 ppm oil & grease, 30 ppm diesel at 38 feet below ground surface. Oil & Grease was also identified in soil samples collected from MW-2 and MW-3 at 5, 15, and 25 feet below ground surface.

As indicated in the Closure Request Report, the monitoring wells have been monitored quarterly for four quarters. During that time, ground water samples collected only from MW-2 have identified any contaminants, and these were at very low levels. TOG was identified from MW-2 at 200 ppb during the first round of quarterly sampling, and 1.0 ppm toluene was identified from MW-2 in the second round of quarterly sampling.

Considering the information available to this office, there does not appear to be any problems associated with any releases from the former USTs at this site. This office feels that the Hoyt & Buettner site may be recommended for closure.

Please review all the attached information, and notify us of the RWQCB's decision as to whether it is in concurrence with this Department's decision.

Sincerely,



Juliet Shin
Hazardous Materials Specialist

cc: Harry Buettner
Buettner & Hoyt
13966 Tullock Road
Jamestown, CA 95327

Edgar Howell-File(JS)

LETTER OF RECOMMENDATION FOR UST CASE CLOSURE

10/22/92

INTRODUCTION

SITE DESCRIPTION

PREVIOUS WORK

INVESTIGATIVE METHODS

Drilling and Soil Borings
Soil Sampling
Construction of Monitoring Wells
Well Development
Groundwater Sampling
Analytical Methods
Soil Samples
Groundwater Samples

*Asked Mr. Taylor to
prepare a Summary
Regarding
closure.*

EXTENT OF HYDROCARBON PRESENCE IN SOIL AND GROUNDWATER

Hydrocarbons in Soil
Hydrocarbons in Groundwater
Floating Product
Dissolved Hydrocarbons

HYDROLOGY

Regional Hydrology
Local Hydrology
Groundwater Gradient
Seasonal Variations of Groundwater
Aquifer Characteristics

BENEFICIAL USES OF GROUNDWATER

Well Inventory
Contaminant Fate Transport
Sources of Drinking Water Policy Determination

REMEDIATION ACTIVITIES AND EFFECTIVENESS

Soil Remediation
Groundwater Remediation
Impact of Residual Hydrocarbons on Beneficial Uses

SUMMARY AND CONCLUSIONS

RECOMMENDATIONS

TABLES ATTACHED

Results of Analysis of Soil Samples
Cumulative Results of Groundwater Elevation and Flow Direction
Cumulative Results of Analyses of Water Samples
Wells within 1/2-Mile Radius of the Site

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name CROSBY & OVERTON Generating Location HARRY BUETTNER
 Address 8430 AMELIA STREET Address 22117 MEEKLAND AVE.
OAKLAND, CA 94621 HAYWARD, CA 94541

Phone No. 510-6330336 Phone No.

BFI Waste Code CA 405 020392 19591 Containers
 Description of Waste Quantity Units No. Type
SOIL CONTAMINATED WITH
NON HAZARDOUS LEVELS OF
HYDROCARBONS

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DEWAYNE LILES Signature [Signature] Shipment Date 020692

TRANSPORTER

Truck No. Phone No. 510-569-8101
 Transporter Name U.S. SERVICES, INC. Driver Name (Print)
 Address Vehicle License No./State
 Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 120692 Driver Signature [Signature] Delivery Date

DESTINATION

Site Name VASCO ROAD SANITARY LANDFILL Phone No. 510-4470491
 Address 4001 NO. VASCO ROAD, LIVERMORE, CALIF.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent Signature Receipt Date

PASS CODE

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name CROSBY & OVERTON Generating Location HARRY BUETTNER
 Address 8430 AMELIA STREET Address 22117 MEEKLAND AVE.
OAKLAND, CA 94621 HAYWARD, CA 94541

Phone No. 5 1 0 - 6 3 3 0 3 3 6 Phone No. -

BFI Waste Code C A 4 0 5 0 2 0 3 9 2 1 9 5 9 1 Containers Type
 Description of Waste Quantity Units No. Type
SOIL CONTAMINATED WITH NON HAZARDOUS LEVELS OF HYDROCARBONS
 D - Drum
 C - Carton
 B - Bag
 T - Truck
 P - Pounds
 Y - Yards
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

D. W. Liles Generator Authorized Agent Name [Signature] Signature 0 2 0 6 9 2 Shipment Date

TRANSPORTER

Truck No. U.S. SERVICES, INC. Phone No. 510-569-8101
 Transporter Name B. LUPER Driver Name (Print) DAN DUARTE
 Address 5720 LOPATO ST Vehicle License No./State BR86552 CA
CONCORD CA Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] Driver Signature 0 2 0 6 9 2 Shipment Date [Signature] Driver Signature 0 2 0 6 9 2 Delivery Date

DESTINATION

Site Name VASCO ROAD SANITARY LANDFILL Phone No. 5 1 0 - 4 4 7 0 4 9 1
 Address 4001 NO. VASCO ROAD, LIVERMORE, CALIF.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

 Name of Authorized Agent Signature Receipt Date

PASS CODE

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name CROSBY & OVERTON Generating Location HARRY BUETTNER

Address 8430 AMELIA STREET Address 22117 MEEKLAND AVE.

OAKLAND, CA 94621

HAYWARD, CA 94541

Phone No. 510-6330336

Phone No.

BFI Waste Code CA 405 020392

19591

Containers

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

Description of Waste

Quantity

Units

No.

Type

SOIL CONTAMINATED WITH
NON HAZARDOUS LEVELS OF
HYDROCARBONS

| Quantity | Units | No. | Type |
|----------|-------|-----|------|
| | Y | | T |
| | | | |
| | | | |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Dominic Liles
Generator Authorized Agent Name

[Signature]
Signature

020692
Shipment Date

TRANSPORTER

Truck No. U.S. SERVICES, INC.

Phone No. 510-569-8101

Transporter Name

Driver Name (Print) David Corbett

Address

Vehicle License No./State

Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered with out incident to the destination listed below.

[Signature]
Driver Signature

020692
Shipment Date

[Signature]
Driver Signature

020692
Delivery Date

DESTINATION

Site Name VASCO ROAD SANITARY LANDFILL

Phone No. 510-4470491

Address 4001 NO. VASCO ROAD, LIVERMORE, CALIF.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

PASS CODE

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name CROSBY & OVERTON Generating Location HARRY BUETTNER

Address 8430 AMELIA STREET Address 22117 MEEKLAND AVE.

OAKLAND, CA 94621

HAYWARD, CA 94541

Phone No. 5 1 0 - 6 3 3 0 3 3 6

Phone No. -

BFI Waste Code C A 4 0 5 0 2 0 3 9 2

1 9 5 9 1

Containers

- Type
D - Drum
C - Carton
B - Bag
T - Truck
P - Pounds
Y - Yards
O - Other

Description of Waste

Quantity

Units

No.

Type

SOIL CONTAMINATED WITH
NON HAZARDOUS LEVELS OF
HYDROCARBONS

| | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|---|
| | | | | | | Y | | | T |
| | | | | | | | | | |
| | | | | | | | | | |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DEWAYNE LIES
Generator Authorized Agent Name

[Signature]
Signature

0 2 0 6 9 2
Shipment Date

TRANSPORTER

Truck No. U.S. SERVICES, INC. Phone No. 510-569-8101

Transporter Name FULLER EXCAVATING Driver Name (Print) JIMMIE DOROUGH

Address P.O. BOX 6595 Vehicle License No./State 3F24696

SAN JOSE CA 95150 Vehicle Certification 215122

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature]
Driver Signature

020692
Shipment Date

[Signature]
Driver Signature

020692
Delivery Date

DESTINATION

Site Name VASCO ROAD SANITARY LANDFILL Phone No. 5 1 0 - 4 4 7 0 4 9 1

Address 4001 NO. VASCO ROAD, LIVERMORE, CALIF.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent _____ Signature _____ Receipt Date _____

PASS CODE _____

NON-HAZARDOUS SPECIAL WASTE M

GENERATOR

Generator Name CROSBY & OVERTON Generating Location HARRY BUETTNER
 Address 8430 AMELIA STREET Address 22117 MEEKLAND AVE.
OAKLAND, CA 94621 HAYWARD, CA 94541

Phone No. 510-6330336 Phone No.

BFI Waste Code CA40502039219591 Containers
 Description of Waste SOIL CONTAMINATED WITH NON HAZARDOUS LEVELS OF HYDROCARBONS
 Quantity Units Y No. Type T
 Type
 D - Drum
 C - Carton
 B - Bag
 T - Truck
 P - Pouch
 Y - Yards
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DEBRAINE LILES Generator Authorized Agent Name [Signature] Signature 020692 Shipment Date

TRANSPORTER

Truck No. U.S. SERVICES, INC. Phone No. 510-569-8101
 Transporter Name Bus Inc Trucking Driver Name (Print) Michael T. [Signature]
 Address Vehicle License No./State 46C6117
 Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

[Signature] Driver Signature 020692 Shipment Date [Signature] Driver Signature 020692 Delivery Date

DESTINATION

Site Name VASCO ROAD SANITARY LANDFILL Phone No. 510-447049
 Address 4001 NO. VASCO ROAD, LIVERMORE, CALIF.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate

 Name of Authorized Agent Signature Receipt Date

PASS CODE

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name CROSBY & OVERTON Generating Location HARRY BUETTNER
 Address 8430 AMELIA STREET Address 22117 MEEKLAND AVE.
OAKLAND, CA 94621 HAYWARD, CA 94541

Phone No. 5 1 0 - 6 3 3 0 3 3 6 Phone No. -

BFI Waste Code CA 405 020392 19591 Containers

| Description of Waste | Quantity | Units | Containers | | Type |
|---|----------|-------|------------|------|------|
| | | | No. | Type | |
| SOIL CONTAMINATED WITH NON HAZARDOUS LEVELS OF HYDROCARBONS | 05018 | Y | | T | |
| | | | | | |
| | | | | | |

- Type
- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DELLAMARE Signature [Signature] Shipment Date 0 2 0 6 9 2

TRANSPORTER

Truck No. U.S. SERVICES, INC. Phone No. 510-569-8101
 Transporter Name B. LUPER Driver Name (Print) [Signature]
 Address 5270 LODATO CT Vehicle License No./State BA 552
CONCORD, CA Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 0 2 0 6 9 2 Driver Signature [Signature] Delivery Date 0 2 0 6 9 2

DESTINATION

Site Name VASCO ROAD SANITARY LANDFILL Phone No. 5 1 0 - 4 4 7 0 4 9
 Address 4001 NO. VASCO ROAD, LIVERMORE, CALIF.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent Signature Receipt Date

PASS CODE

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name CROSBY & OVERTON Generating Location HARRY BUETTNER
 Address 8430 AMELIA STREET Address 22117 MEEKLAND AVE.
OAKLAND, CA 94621 HAYWARD, CA 94541

Phone No. 5 1 0 - 6 3 3 0 3 3 6 Phone No. -
 BFI Waste Code C A 4 0 5 0 2 0 3 9 2 1 9 5 9 1 Containers
 Description of Waste Quantity Units No. Type

SOIL CONTAMINATED WITH
NON HAZARDOUS LEVELS OF
HYDROCARBONS

| Quantity | Units | No. | Type |
|-----------|-------|-----|------|
| 0 1 0 1 2 | Y | | T |
| | | | |
| | | | |

- Type
 D - Drum
 C - Carton
 B - Bag
 T - Truck
 P - Pounds
 Y - Yards
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DEWAYNE LILES [Signature] 0 2 0 6 9 2
 Generator Authorized Agent Name Signature Shipment Date

TRANSPORTER

Truck No. U.S. SERVICES, INC. Phone No. 510-569-8101
 Transporter Name [Signature] Driver Name (Print) _____
 Address _____ Vehicle License No./State _____
 Vehicle Certification _____

I hereby certify that the above named material was picked up at the generator site listed above.
 I hereby certify that the above named material was delivered without incident to the destination listed below.
[Signature]
 Driver Signature Shipment Date Driver Signature Delivery Date

DESTINATION

Site Name VASCO ROAD SANITARY LANDFILL Phone No. 5 1 0 - 4 4 7 0 4 9
 Address 4001 NO. VASCO ROAD, LIVERMORE, CALIF.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

 Name of Authorized Agent Signature

PASS CODE _____

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name CROSBY & OVERTON Generating Location HARRY BUETTNER
 Address 8430 AMELIA STREET Address 22117 MEEKLAND AVE
OAKLAND, CA 94621 HAYWARD, CA 94541

Phone No. 510-6330336 Phone No.

BFI Waste Code CA 405 020392 19591 Containers Type
 Description of Waste Quantity Units No. Type
SOIL CONTAMINATED WITH 00010 Y
NON HAZARDOUS LEVELS OF
HYDROCARBONS

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DEWAYNE LILES 020692
 Generator Authorized Agent Name Signature Shipment Date

TRANSPORTER

Truck No. U.S. SERVICES, INC. Phone No. 510-569-8101
 Transporter Name Driver Name (Print)
 Address Vehicle License No./State
 Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above.

I hereby certify that the above named material was delivered without incident to the destination listed below.

 Driver Signature Shipment Date Driver Signature Delivery Date

DESTINATION

Site Name VASCO ROAD SANITARY LANDFILL Phone No. 510-4470491
 Address 4001 NO. VASCO ROAD, LIVERMORE, CALIF.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

 Name of Authorized Agent Signature Receipt Date

PASS CODE

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name CROSBY & OVERTON Generating Location HARRY BUETTNER
 Address 8430 AMELIA STREET Address 22117 MEEKLAND AVE.
OAKLAND, CA 94621 HAYWARD, CA 94541

Phone No. 510-6330336 Phone No.

BFI Waste Code CA 405 020392 19591 Containers Type
 Description of Waste Quantity Units No. Type

| | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| SOIL CONTAMINATED WITH NON HAZARDOUS LEVELS OF HYDROCARBONS | Quantity | Units | No. | Type |
| | <u> </u> | <u>Y</u> | <u> </u> | <u>T</u> |
| | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name Signature Shipment Date 020692

TRANSPORTER

Truck No. U.S. SERVICES, INC. Phone No. 510-569-8101
 Transporter Name U.S. SERVICES Driver Name (Print) Daniel Casella
 Address Vehicle License No./State
 Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature Daniel Casella Shipment Date 020692 Driver Signature Daniel Casella Delivery Date 020692

DESTINATION

Site Name VASCO ROAD SANITARY LANDFILL Phone No. 510-4470491
 Address 4001 NO. VASCO ROAD, LIVERMORE, CALIF.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate

Name of Authorized Agent Signature Receipt Date

PASS CODE

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name CROSBY & OVERTON Generating Location HARRY BUETTNER
 Address 8430 AMELIA STREET Address 22117 MEEKLAND AVE.
OAKLAND, CA 94621 HAYWARD, CA 94541

Phone No. 510-6330336 Phone No.

BFI Waste Code CA 405 020392 19591 Containers Type
 Description of Waste Quantity Units No. Type
 D - Drum
 C - Carton
 B - Bag
 T - Truck
 P - Pounds
 Y - Yards
 O - Other

SOIL CONTAMINATED WITH
NON HAZARDOUS LEVELS OF
HYDROCARBONS

| Quantity | Units | No. | Type |
|----------|-------|-----|------|
| | Y | | T |
| | | | |
| | | | |

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

DeWanne Liles Generator Authorized Agent Name Signature Shipment Date 020692

TRANSPORTER

Truck No. U.S. SERVICES, INC. Phone No. 510-569-8101
 Transporter Name Bodine Trucking Driver Name (Print) Michael Taylor
 Address Vehicle License No./State 4G06117
 Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered with out incident to the destination listed below.

 Driver Signature 020692 Shipment Date Driver Signature Delivery Date 020692

DESTINATION

Site Name VASCO ROAD SANITARY LANDFILL Phone No. 510-4470491
 Address 4001 NO. VASCO ROAD, LIVERMORE, CALIF.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

 Name of Authorized Agent Signature Receipt Date

PASS CODE

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name CROSBY & OVERTON Generating Location HARRY BUETTNER
 Address 8430 AMELIA STREET Address 22117 MEEKLAND AVE.
OAKLAND, CA 94621 HAYWARD, CA 94541

Phone No. 510-6330336 Phone No.

BFI Waste Code CA 405 020392 19591 Containers Type
 Description of Waste Quantity Units No. Type
SOIL CONTAMINATED WITH Y T
NON HAZARDOUS LEVELS OF
HYDROCARBONS

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Deanna Liles Generator Authorized Agent Name Signature Shipment Date 020692

TRANSPORTER

Truck No. U.S. SERVICES, INC. Phone No. 510-569-8101
 Transporter Name FULLER EXCAVATING Driver Name (Print) JIMMIE DOROUGH
 Address P.O. Box 6595 Vehicle License No./State 3F24696
SAN JOSE CA 95150 Vehicle Certification 215122

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Jimmie Dorough Driver Signature Shipment Date 020692 Jimmie Dorough Driver Signature Delivery Date 020692

DESTINATION

Site Name VASCO ROAD SANITARY LANDFILL Phone No. 510-4470491
 Address 4001 NO. VASCO ROAD, LIVERMORE, CALIF.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate

Name of Authorized Agent Signature Receipt Date

PASS CODE

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name CROSBY & OVERTON Generating Location HARRY BUETTNER
 Address 8430 AMELIA STREET Address 22117 MEEKLAND AVE.
OAKLAND, CA 94621 HAYWARD, CA 94541
 Phone No. 5 1 0 - 6 3 3 0 3 3 6 Phone No. -

BFI Waste Code C A 4 0 5 0 2 0 3 9 2 1 9 5 9 1 Containers Type T
 Description of Waste SOIL CONTAMINATED WITH NON HAZARDOUS LEVELS OF HYDROCARBONS Quantity Units Y No. Type T
 D - Drum
 C - Carton
 B - Bag
 T - Truck
 P - Pouch
 Y - Yards
 O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name DEWAYNE LILES Signature [Signature] Shipment Date 0 2 0 6 9 2

TRANSPORTER

Truck No. U.S. SERVICES, INC. Phone No. 510-569-8101
 Transporter Name Driver Name (Print) Daniel Capella
 Address Vehicle License No./State
 Vehicle Certification

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Driver Signature [Signature] Shipment Date 0 2 0 6 9 2 Driver Signature [Signature] Delivery Date 0 2 0 6 9 2

DESTINATION

Site Name VASCO ROAD SANITARY LANDFILL Phone No. 5 1 0 - 4 4 7 0 4 9
 Address 4001 NO. VASCO ROAD, LIVERMORE, CALIF.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate

Name of Authorized Agent Signature Receipt Date

PASS CODE

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERATOR

Generator Name CROSBY & OVERTON Generating Location HARRY BUETNER
 Address 3430 AMELIA STREET Address 22117 WEEKLAND AVE.
OAKLAND, CA 94521 HAYWARD, CA 94541

Waste No. 510-5330336 Phone No.

| Waste Code | Description of Waste | Quantity | Units | Containers No. | Containers Type | Type |
|------------|----------------------|--------------|----------|-------------------|-----------------|-------------------|
| <u>CA</u> | <u>405020392</u> | <u>19591</u> | <u>4</u> | <u> </u> | <u>T</u> | <u> </u> |
| | | | | | | |
| | | | | | | |

SOIL CONTAMINATED WITH
 NON HAZARDOUS LEVELS OF
 HYDROCARBONS

- D - Drum
- C - Carton
- B - Bag
- T - Truck
- P - Pounds
- Y - Yards
- O - Other

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, 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.

Generator Authorized Agent Name Signature Shipment Date 020692

TRANSPORTER

Truck No. U.S. SERVICES, INC. Phone No. 510-569-8101
 Transporter Name FUNOR EXCAVATING Driver Name (Print) JIMMIE DOROUGH
 Address P.O. Box 6595 Vehicle License No./State 7F21076
SAN JOSE CA 95103 Vehicle Certification 215122

I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.

Signature Jim Dorough Shipment Date 020692 Driver Signature Delivery Date 020692

DESTINATION

Name VASCO ROAD SANITARY LANDFILL Phone No. 510-4470491
4001 NO. VASCO ROAD, LIVERMORE, CALIF.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Signature of Authorized Agent Signature Receipt Date

COLLINS TRUCKING

2100 San Pedro Avenue
Morgan Hill, CA 95037
COLORED ROCK - ROCK - SAND - GRAVEL - TOP SOIL
(408) 779-1856
(408) 779-0336

NO 7510

DATE 2-6-92

SHIPPER U.S. Services CONSIGNEE LFI
STREET 22117 Meekland Ave. STREET OR BOX LINCOLN RD
CITY Hayward CITY Livermore
ORIGIN _____ DESTINATION _____

MILES _____ JOB NO. _____ PROD. AREA _____ DELIVERY ZONE _____
BILL TO - OFFICE USE ONLY _____

NO. AXLES 5 DISTANCE BETWEEN AXLES _____ CUBIC YARD CAPACITY _____
STREET OR BOX _____
CITY _____

TYPE EQUIP. #10 WHEELER TRANSFER SEMI END
 DBL. BOTTOM SEMI BOTTOM SEMI END

| TAG NO. | WEIGHT | ORIGIN | | DESTINATION | |
|-----------|--------|--------|-------|-------------|-------|
| | | IN | OUT | IN | OUT |
| 1. 763970 | 18 yds | 7:30 | 8:15 | 9:00 | 9:15 |
| 2. 763951 | 18 yds | 7:55 | 10:10 | 10:50 | 11:10 |
| 3. 763961 | 18 yds | 11:50 | 12:10 | 1:15 | 1:30 |
| 4. 763955 | 18 yds | 2:05 | 2:25 | 3:20 | 3:30 |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

| | | | |
|------------------------------|------------------------------|--------------------------|------------|
| 4. FINISH DUMPING LAST TRIP | 3. JOBSITE ARRIVAL LAST TRIP | TOTAL LBS. | TOTAL TIME |
| 1. STARTING TIME FIRST TRIP | 2. LOADING TIME LAST TRIP | TONS | RATE |
| 5. OVER-ALL TIME (4-1) | 6. TRAVEL TIME (3-2) | STD. BY | MIN. |
| 7. TOTAL TIME (5 + 6) | | 8. LESS: MEAL & DOWNTIME | |
| 9. NET CHARGEABLE HRS. (7-8) | | UNDERLYING CARRIER | |

BY Mike DRIVER

TRUCK NO. 103 TRAILER NO. 4
BY Mike CONSIGNEE

ON ALL PAST DUE ACCOUNTS THERE WILL BE A FINANCE CHARGE OF 1 1/2% PER MONTH WHICH IS 18% ANNUALLY. DEBTOR AGREES TO PAY LEGAL FEES AND COURT COSTS INCURRED IN THE COLLECTION OF DELINQUENT ACCOUNTS.

WE MAKE ALL DELIVERIES INSIDE CURB AND ON LOT AT CUSTOMERS RISK ONLY AND ACCEPT NO RESPONSIBILITY FOR DAMAGES RESULTING FROM SUCH DELIVERY.

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED

Boone Truck Service

FREIGHT BILL

CALL 1-800-760-1148

40449 PASEO PADRE PKWY.
FREMONT, CA 94538

408/262-7726
415/651-2822

11483

SHIPPER Harro Buettner DATE 9/6/92
STREET 22117 Meekland Ave. CONSIGNEE BFI
CITY Hayward STREET OR BOX _____
ORIGIN _____ CITY Livermore

MILES _____ JOB NO. _____ PROD. AREA _____ DELIVERY ZONE _____
DESTINATION _____

NO. AXLES 5 DISTANCE BETWEEN AXLES _____ CUBIC YARD CAPACITY _____
BILL TO - OFFICE USE ONLY _____

TYPE EQUIPMENT VANS
 FLATBEDS TRANSFERS TEN WHEELERS
 DBL. BOTTOM SEMI BOTTOM SEMI END DUMPS

| TAG NO. | WEIGHT | ORIGIN | | DESTINATION | |
|-----------|--------|--------|-----|-------------|-----|
| | | IN | OUT | IN | OUT |
| 1. 763959 | 18 yds | 8:15 | | | |
| 2. 763963 | " | 10:30 | | | |
| 3. 763967 | " | 12:30 | | | |
| 4. 763956 | " | 2:15 | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

| | | |
|--|--|-----------------|
| 4. FINISH DUMPING LAST TRIP <u>3:30</u> | 3. JOBSITE ARRIVAL LAST TRIP <u>3:30</u> | OFFICE USE ONLY |
| 1. STARTING TIME FIRST TRIP <u>8:15</u> | 2. LOADING TIME LAST TRIP <u>2:45</u> | TOTAL LBS. |
| 5. OVER-ALL TIME (4-1) <u>7 1/4</u> | 6. TRAVEL TIME (3-2) <u>3/4 hr</u> | TOTAL HRS. |
| 7. TOTAL TIME (5 + 6) <u>8 hrs.</u> | | TONS |
| 8. LESS MEAL & DOWNTIME | | RATE |
| 9. NET CHARGEABLE HRS. (7-8) <u>8 hrs.</u> | | \$ |

BY Mike DRIVER

TRUCK NO. B11 TRAILER NO. BTHA
BY Mike CONSIGNEE

ON ALL PAST DUE ACCOUNTS THERE WILL BE A FINANCE CHARGE OF 1 1/2% PER MONTH WHICH IS 18% ANNUALLY. DEBTOR AGREES TO PAY LEGAL FEES AND COURT COSTS INCURRED IN THE COLLECTION OF DELINQUENT ACCOUNTS.

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED

WHITE & CANARY - OFFICE COPIES GOLDENROD - TRUCKER COPY PINK - CONSIGNEE COPY

| DATE | COMPANY | DRIVER | TIME |
|--------|---------|--------|-------|
| 2-6-92 | Collins | Harley | 7:30 |
| 2-6-92 | U.S.S. | Daniel | 7:45 |
| 2-6-92 | Fuller | Jim | 8:00 |
| 2/6/92 | Bodine | Mike | 8:15 |
| 2/6/92 | LUPER | DAN | 8:30 |
| 2-6-92 | Collins | Harley | 9:55 |
| 2-6-92 | U.S.S. | Daniel | 10:10 |
| 2-6-92 | Fuller | Jim | 10:18 |
| 2/6/92 | Bodine | Mike | 10:40 |
| 2/6/92 | LUPER | DAN | 11:05 |
| 2-6-92 | Collins | Harley | 11:50 |
| 2/6/92 | U.S.S. | Daniel | 12:00 |
| 2-6-92 | Fuller | Jim | 12:15 |
| 2/6/92 | Bodine | Mike | 12:30 |
| 2/6/92 | LUPER | DAN | 1:30 |
| 2/6/92 | U.S.S. | Daniel | 2:00 |
| 2-6-92 | Collins | Harley | 2:05 |
| 2/6/92 | Bodine | Mike | 2:15 |
| 2-6-92 | Fuller | Jim | 2:20 |

3 / 201119
C

CALIFORNIA STATEMENT BOARD

MAY 19 1992
QUALITY CONTROL BOARD

May 13, 1992

SFBRWQCB
2101 Webster Street
Oakland, CA 94612
Attn: Ed So

Re: Groundwater Monitor Well Sampling at
Hoyt & Buettner Tractor Co.

Mr. So,

Consultants Crosby & Overton, Inc. have provided full reports concerning property; 22117 Meekland, Hayward, Calif.

These reports have been sent to you at the address stated above.

Should you have any questions concerning the Meekland property please call Dave Sadoff with Crosby & Overton, Inc. at (510) 633-0336.

Thank you,

Vince Hoyt
Vince Hoyt

Owner

WATER RESOURCES CONTROL BOARD
DIVISION OF WATER QUALITY - UST CLEANUP PROGRAM
SITE SPECIFIC QUARTERLY REPORT
01/01/92 THROUGH 03/31/92

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 12035
StID : 3667
SITE NAME: Buettner & Hoyt DATE REPORTED : 03/15/90
ADDRESS : 22117 Meekland Ave. DATE CONFIRMED: 03/15/90
CITY/ZIP : Hayward 94541 MULTIPLE RPs : Y

SITE STATUS

| | | |
|----------------------|-------------------------|-----------------|
| CASE TYPE: S | CONTRACT STATUS: 3 | EMERGENCY RESP: |
| RP SEARCH: S | | DATE COMPLETED: |
| PRELIMINARY ASMNT: U | DATE UNDERWAY: 03/21/91 | 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: 1 DATE ENFORCEMENT ACTION TAKEN: 03/30/92
LUFT FIELD MANUAL CONSID: 2, HSCAW
CASE CLOSED: DATE CASE CLOSED:
DATE EXCAVATION STARTED : 02/21/91 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Harold B. Buettner
COMPANY NAME:
ADDRESS: 13966 Tulloch Rd
CITY/STATE: Jamestown, C A 95327

RP#2-CONTACT NAME: Vincent J Hoyt
COMPANY NAME:
ADDRESS: 11433 Cull Canyon Rd
CITY/STATE: Castro Valley, C A 94552



CROSBY & OVERTON, INC.

8430 AMELIA STREET • OAKLAND, CA 94621

(800) 821-0424 • (415) 633-0336

FAX (415) 633-0759

92 MAR -2 11:27

February 27, 1992

Pamela Evans
Hazardous Materials Specialist
Alameda County Health Care Services Agency
80 Swan Way, Room 200
Oakland, CA 94621

RE: 22117 Meekland Ave., Hayward, CA 94541

Dear Ms. Evans,

On behalf of Vince Hoyt, owner of the above-referenced property, Crosby and Overton, Inc. (C&O) proposes to perform the following tasks in order to close a sump at the property:

1) Sample the sump water, sludge, and product in order to classify the materials for proper disposal. The samples will be collected following C&O's "standard operating procedures" (attached). A drum label at the site described the virgin product as "Shannon's Quality Paints Air Dry Coating AG-9 Black Complying". C&O requested and received an MSDS regarding the material from Triangle Coatings, Inc. (1930 Fairway Drive, San Leandro, CA 94577 - phone [510] 895-8000). Triangle Coatings is the local distributor of the material. The MSDS identified the following hazardous ingredients:

- Resin Solution, cas no. unknown, 20%, exposure limit=500, v.p.=1.3
- Resin Solution, cas no. unknown, 20%, exposure limit=100, v.p.=3.8
- Xylol, cas unknown, 10%, exposure limit=100, v.p.=9.5
- 1,1,1 Trichloroethene, cas no. unknown, 50%, exposure limit=350, v.p. 4.5

Therefore, C&O proposes analyzing the materials by EPA Method 8240 for volatile organic compounds, as well as SM 5520 for hydrocarbon oil and grease.

2) Remove sludge from the concrete sump, and place it on a visqueen lined, bermed drying bed. The bed will be covered by visqueen should rain threaten. The BAAQMD will be notified pursuant to their Regulation 8, Rule 40 requirements.

3) Non-transportable drum containing oils or wastes will be properly secured in DOT approved containers for transportation.

4) The cement sump will be steam-cleaned until no dirt or discoloration is observed in the sump.

5) All liquids will be "stung" by a (hazardous waste hauler) vacuum truck. The truck will haul the liquid, under hazardous waste manifest, to C&O's Long Beach Class I Facility. The facility is licensed to accept this waste stream.

6) The metal sump insert will be double-wrapped in 6 mil visqueen, and be wrapped by duct tape for transportation.

7) The dehydrated sludge from the drying bed will be drummed in DOT approved containers for transportation.

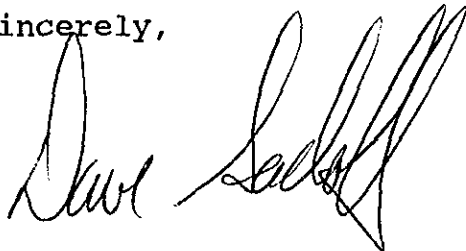
8) All solid wastes will be transported by a licensed hazardous waste hauler vehicle, under hazardous waste manifest, to our Long Beach facility.

9) A short report will be prepared and submitted to your office. The report will summarize the project. Copies of hazardous waste manifests will be included in the report.

I will soon get in contact with Scott Seery concerning the three groundwater monitoring wells at this site. For your information, we are tentatively scheduling the third quarterly sampling for next week.

If this work plan is acceptable, or should you have any questions, please contact me at (510) 633-0336.

Sincerely,

A handwritten signature in black ink, appearing to read "Dave Sadoff". The signature is fluid and cursive, with a large, sweeping initial "D" and "S".

Dave Sadoff
Project Environmental Geologist
Registered Environmental Assessor No. 03642

*NO Removal
3088 1/29/92*

CITY OF HAYWARD #01
M.F.R. MASTER FILES INFORMATION LISTING
BY PROGRAM # + SITE ADDRESS

County

Status Agency Program Comp/No Element Ref-Date Township
A 001 FIRE DEPARTMENT 23 UNDERGROUND TANKS 61605 99 OTHER TYPE TANK 07-01-85

Range Section 1ST-Sic 2ND-Sic Business Description Sup.Dist. Census Tr
EQUIP. DEALER 101 SUP. DIST. #101

Location Parcel No.
99 CITY OF HAYWARD

Site-Facility Name/Care-of Name Type No. Fra Dir Street Desg Suite City St Zip
EMPIRE TRACTOR & EQUIPMENT COM 9 UNKNOWN 22117 ~~MARKLAND~~ AVE HAYWARD CA 94541

Markland

Area Phone Ext. Cross-Street Site/Facility Manager Name
415-582-3626 "A" ST.

Property Owner Name/Care-of Name Type No. Fra Dir Street Desg Suite City St Zip
EMPIRE TRACTOR & EQUIPMENT COM 9 UNKNOWN 22117 MARKLAND AVE HAYWARD CA 94541

Legal Notif. & Billing/Care-of Name Type No. Fra Dir Street Desg Suite City St Zip
EMPIRE TRACTOR & EQUIPMENT COM 9 UNKNOWN P O BOX 510 HAYWARD CA 94543

Emergency Day/Night Primary Area Phone Ext. Emergency Day/Night Second. Area Phone Ext.
MARVIN G. DALE 415-582-3626
DOLE, MARVIN 415-537-2629

Document # Comment
WRCB

E.P.A. ID.# State ID.# Local ID.# Tanks-at-Site Tanks-in-D.B. Plan-Filed Business Type Indian-Land
00061605 3 3 99 UNKNOWN N

Tank Owner Name/Care-of Name Type No. Fra Dir Street Desg Suite City St Zip
EMPIRE TRACTOR & EQUIPMENT COM 9 UNKNOWN P O BOX 510 HAYWARD CA 94543

Area Phone Ext. BOE-Acct# Financial-Responsibility
44 000946 99 UNKNOWN

Status Tank-ID.# Ref-Date Owner-ID.# Manufactured By Date-Inst. Capacity U.O.M. Tank-Use 23- 61605
A 1 07-01-85 1 NOT SUPPLIED 01-01-01 G GAL. 04 OIL

Storage-Type Vehicle-Fuel System-type Tank-Material Interior-Lining Methanol-Comp. Corrosion-Protection
2 WASTE 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN N 95 UNKNOWN

A.G.-Sys.-Type A.G.-Pipe-Const. A.G.-Pipe-Mat. U.G.-Sys.-Type U.G.-Pipe-Const. U.G.-Pipe-Mat. Piping-Leak-Det.
95 UNKNOWN 95 UNKNOWN 95 UNKNOWN 01 SUCTION 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN

Spill-Cont Overfill-Pr Primary-Leak-Det. Secondary-Leak-Det. Leaker Reported Well-ID.# G.W.-Depth State-ID.# Local-ID.#
02 INV. RECONCIL. 95 UNKNOWN 001

Document # Comment
WRCB Last-Insp.

From-Date Thru-Date Code Contents-Name Local ID.# Chem.-Form Hazard-Deg. 23- 61605- 1
07-01-85 008 WASTE OIL L LIQUID 05

C.A.S.# D.O.T.# E.P.A.-ID.# Chemtox # Chemical Name Percent 23- 61605- 1/07-01-85
WASTE OIL 100.00

Status Tank-ID.# Ref-Date Owner-ID.# Manufactured By Date-Inst. Capacity U.O.M. Tank-Use 23- 61605
A 2 07-01-85 2 NOT SUPPLIED 01-01-01 G GAL. 01 M.V. FUEL

Storage-Type Vehicle-Fuel System-type Tank-Material Interior-Lining Methanol-Comp. Corrosion-Protection
1 PRODUCT 2 LEADED 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN N 95 UNKNOWN

A.G.-Sys.-Type A.G.-Pipe-Const. A.G.-Pipe-Mat. U.G.-Sys.-Type U.G.-Pipe-Const. U.G.-Pipe-Mat. Piping-Leak-Det.
95 UNKNOWN 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN

Spill-Cont Overfill-Pr Primary-Leak-Det. Secondary-Leak-Det. Leaker Reported Well-ID.# G.W.-Depth State-ID.# Local-ID.#
91 NONE 91 NONE 002

Document # Comment
WRCB Last-Insp.

From-Date Thru-Date Code Contents-Name Local ID.# Chem.-Form Hazard-Deg. 23- 61605- 2

CITY OF HAYWARD #01
M.F.R. MASTER FILES INFORMATION LISTING
BY PROGRAM # + SITE ADDRESS

```

=====
C.A.S.#      D.O.T.#  E.P.A.-ID.#  Chemtox #  Chemical Name      Percent 23- 61605-  2/07-01-85
8006-61-9    UN1203          001370      LEADED GASOLINE      100.00
  
```

```

-----
Status Tank-ID.#  Ref-Date  Owner-ID.#  Manufactured By      Date-Inst.  Capacity  U.O.M.  Tank-Use      23- 61605
A      3      07-01-85  3              NOT SUPPLIED      01-01-01          G GAL.  01 M.V. FUEL
  
```

```

Storage-Type  Vehicle-Fuel  System-type  Tank-Material  Interior-Lining  Methanol-Comp.  Corrosion-Protection
1 PRODUCT    3 DIESEL      95 UNKNOWN   95 UNKNOWN     95 UNKNOWN      N                95 UNKNOWN
  
```

```

A.G.-Sys.-Type  A.G.-Pipe-Const.  A.G.-Pipe-Mat.  U.G.-Sys.-Type  U.G.-Pipe-Const.  U.G.-Pipe-Mat.  Piping-Leak-Det.
95 UNKNOWN      95 UNKNOWN        95 UNKNOWN      95 UNKNOWN      95 UNKNOWN        95 UNKNOWN      95 UNKNOWN
  
```

```

Spill-Cont  Overfill-Pr  Primary-Leak-Det.  Secondary-Leak-Det.  Leaker Reported  Well-ID.#  G.W.-Depth  State-ID.#  Local-ID.#
91 NONE      91 NONE
  
```

```

Document #  Comment      Last-Insp.
WRCB
  
```

```

-----
From-Date  Thru-Date  Code  Contents-Name      Local ID.#  Chem.-Form  Hazard-Deg.  23- 61605-  3
07-01-85          003  DIESEL
  
```

```

C.A.S.#      D.O.T.#  E.P.A.-ID.#  Chemtox #  Chemical Name      Percent 23- 61605-  3/07-01-85
8008-20-6    UN1223          001513      DIESEL, KEROSENE      100.00
  
```

UGT Look Form: Facility and Tank Information

Next Previous

| Facility Name / Owner | Facility Address / Mail Address | State# | Stat |
|---|---|--------|------|
| Empire Tractor & Equipment Removed 3 Ust 01/29/92 Cont: Phone: Fac: StID: Day: 3667 Nite: PermHist: D:03/05/96 | 22117 Meekland Ave Hayward, CA 94541 22117 Meekland Ave. Hayward, CA 94541 Emerg.# State Surch.Date: Emerg.# FPerm Old | 61605 | R |

#Tanks:
BILLING:
DateSent-
Acct#

TANK INFORMATION: type Last Test Freq (#Mos)

| State## | Material | TANKS |
|----------|-------------|--------------------------------|
| TankID | CorrProt | PIPES |
| Location | SpilProt | Year Pump Interlock Installed: |
| TStatus | OverProt | Date St.Surcharge Received: |
| YrInstal | PIPE:Constr | Date Permit Issued: |
| Capacity | Material | Next State Surcharge Due: |
| Contents | PLeakDet | Bill Y/N |
| TLeakDet | | |

STATUS: C=Current F=awaiting appl. B=ready to Bill R=tanks Removed E=Exempt
 [ESC] Done [F2] Clear field [Shift-F2] Clear to end [Shift-F10] More
 Form: UGTLook Table: UGTlist Field: BusName Page: 1

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 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. SIGNED: <i>[Signature]</i> DATE: <i>9/26/91</i> |
|--|---|---|

| | |
|--------------------------------|--------|
| REPORT DATE <i>06/07/91</i> | CASE # |
|--------------------------------|--------|

| | | | |
|-------------|--|--|---------------------------------|
| REPORTED BY | NAME OF INDIVIDUAL FILING REPORT <i>N.L. Vukelich</i> | PHONE <i>(415) 849-9581</i> | SIGNATURE <i>[Signature]</i> |
| | <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER <i>Former Chevron - 2 PTY conversion</i> | COMPANY OR AGENCY NAME <i>CHEVRON USA</i> | |
| | ADDRESS <i>PO BOX 5004</i> STREET <i>SAN RAMON</i> CITY <i>CA</i> STATE <i>94503</i> ZIP | | |

| | | | |
|-------------------|---|----------------|---------------------|
| RESPONSIBLE PARTY | NAME <i>CHEVRON USA</i> <input type="checkbox"/> UNKNOWN | CONTACT PERSON | PHONE <i>()</i> |
| | ADDRESS STREET CITY STATE ZIP | | |

| | | | |
|---------------|---|---------------------------------|---------------------|
| SITE LOCATION | FACILITY NAME (IF APPLICABLE) <i>Former Service Station</i> | OPERATOR <i>Paula KELSEY</i> | PHONE <i>()</i> |
| | ADDRESS <i>Highway 500 & Grant Line Rd</i> STREET <i>Livermore</i> CITY <i>ALAMEDA</i> COUNTY <i>94570</i> ZIP | | |
| | CROSS STREET | | |

| | | | |
|-----------------------|--|-------------------------------------|--------------------------------|
| IMPLEMENTING AGENCIES | LOCAL AGENCY AGENCY NAME <i>Alameda County Health</i> | CONTACT PERSON <i>GIL Wistar</i> | PHONE <i>(415) 274-3200</i> |
| | REGIONAL BOARD <i>Bay Area</i> | <i>Rich Hiett</i> | PHONE <i>(415) 464-1255</i> |

| | | | |
|---------------------|-----------------------------|-------------------------|---|
| SUBSTANCES INVOLVED | (1) NAME <i>Gasoline</i> | QUANTITY LOST (GALLONS) | <input checked="" type="checkbox"/> UNKNOWN |
| | (2) | | <input type="checkbox"/> UNKNOWN |

| | | |
|---------------------|--|--|
| DISCOVERY/ABATEMENT | DATE DISCOVERED <i>06/04/91</i> | 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 <i>UNKNOWN</i> | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER |
| | HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE | |

| | | |
|---------------|--|--|
| SOURCE/ CAUSE | SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER | CAUSE(S) <input checked="" type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER |
|---------------|--|--|

| | |
|-----------|--|
| CASE TYPE | CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input 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 checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <i>BEING PREPARED</i> <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY |
|----------------|--|

| | | | | |
|-----------------|---|--|--|---|
| REMEDIAL ACTION | CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE) | <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT) | <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) | <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VENT SOIL (VS) |
|-----------------|---|--|--|---|

COMMENTS: *Source removal underway. Soils have been excavated both vertically and laterally. Lateral extent has been removed and defined. Continued excavation vertically is limited due to the encountering of bed rock.*

COMPLAINT FORM

DATE: 5-15-91

TIME: 10⁰⁰ am

COMPLAINT RECEIVED BY: B Chan

ADDRESS OF INCIDENT: ~ 22117 Meekland Ave
Hayward 94541

NAME OF FACILITY: ? Next to Vickers Concrete

CONTACT PERSON: _____

FACILITY PHONE NUMBER: _____

SUBJECT OF COMPLAINT: Complainant says there is an open
pit with oil & other chemicals in it in an
open area - unfenced - he worries about
environmental & children's safety.

- Also is concerned about Meier's Racing supply which
sprays enamel

NAME OF COMPLAINANT: Anonymous + hid like to stay that way -
PHONE: _____

ACTIONS TAKEN AND DATE(S) I told her to call you next week.

This site is under remediation. Waste oil pit was overexcavated w/ confirma-
tory sampling - contaminated soil has been removed + pit filled in. There is a
soil remediation going on in a fenced in area. I visited site 5/22/91.
Also had a look at Meier's fencing from the RR tracks - there is alot of
over spill from waste oil containers along back fence. Will do follow
up inspection + discuss issue w/ Meier. Spoke w/ Meier - not theirs -
He says it's part of the remediation agreement between Buettner + Hoyt
+ Crosby + Overton. I will deal w/ the issue along w/ the
Date investigation was completed: 5-22-91

Date complainant contacted: _____

Name of Specialist: Pamela J. Evans

Signature: _____

Applied Time: 1.0, .5,

underground tank clean up going on at the property.

PE



DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

FACSIMILE TRANSMITTAL

TO:

633-0759 Floor/Room # _____
Fax Phone Number

Name: Dave Sadoff Title/Section _____

Agency: Crosby & Overton

Address: _____

Phone #: () _____

FROM:

568-3706 Floor/Room # _____
Fax Phone Number

Date: _____ Time Sent: _____

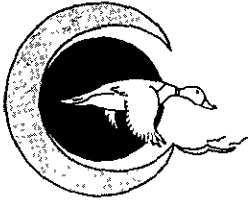
Sender: Pam Evans, Haz. Mat. Specialist Title/Section _____

Phone #: (415) 271-4320

Number of Pages Including Transmittal Sheet: 1

Special Instructions/Comments:

Dave- I reviewed your plan - it looks fine. However, I want to discuss sampling procedures with you + possibly with the Regional Water Board for your boreholes before the 21st of March.



CROSBY & OVERTON, INC.

Environmental Management

8430 Amelia Street
Oakland, California 94621

FAX (415) 633-0759
(415) 633-0336 • (800) 821-0421

21 MAR -4 AM 10:56

February 28, 1991

Pamela Evans
Alameda County Health Agency
80 Swan Way, Room 200
Oakland, CA 94621

RE: Bioremediation work plan for
22117 Meekland Ave., Hayward

Dear Ms. Evans,

Mr. Vince Hoyt has contracted with Crosby & Overton, Inc. to bioremediate approximately 300 cubic yards of waste oil contaminated soil at his facility, located at 22117 Meekland Avenue in Hayward, California.

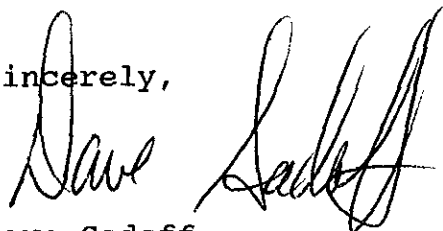
The soil will be laid out on a bermed, visqueen lined flat surface at the site. The soil will be fertilized, watered, tilled and bioaugmented by naturally occurring hydrocarbon utilizing bacteria. The soil will be watered and tilled weekly. Should rain threaten, a weighted visqueen cover will be applied to the soil. Clearance samples will be taken, following standard EPA and RWQCB regulations and guidelines, from every 20 cubic yards of soil. The samples will be analyzed by GCFID for TPH as diesel; benzene, toluene, ethylbenzene and xylenes; and total oil and grease (SM5520 E,F).

Upon the project's conclusion, final disposition of the soil will be conducted in a manner consistent with current regulations.

The Bay Area Air Quality Management District will be contacted at least 24 hours prior to the inception of the project.

Should you have any questions, please call me at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Dave Sadoff". The signature is written in a cursive, somewhat stylized font.

Dave Sadoff
Environmental Geologist

DS/mer

cc: Leno Piazza, Cherry City Nursery
Mike Bakaldin, San Leandro Fire Dept.
Vicky Divorac, Bay Area Air Quality Mgmt. Dist.

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 Buehler + Hoyt Today's Date 2/21/91

Site Address 22117 Merkleland Av

City Hayward Zip 94541 Phone _____

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

Inspection Categories:

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

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

Comments:

Follow-up sampling was done today by Crosby + Overton. This pit formerly held a waste oil tank, which was removed in February 1990. Soil contamination was found here at that time.

Crosby + Overton did further excavation + field screening of the soil today. Soil samples taken for laboratory analysis were as follows:

- 4 sidewall samples at 10' depth
- 4 sidewall samples at 20' depth
- 1 pit bottom sample at 23 feet (23)

No stockpile sampling done today. Plan is to bio remediate excavated soil on site. Approximate volume: ~ 250 yd³ (Site manager - Dave Zedoff of C+O)

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'L'S

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

III. UNDERGROUND TANKS (Title 23)

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

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

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

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

Rev 6/88

II, III

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: _____

Pamela J Swans

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

Noted E. P. SO. FEB 1 1992

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

January 29, 1991

Roll 119
C

Vince Hoyt
11433 Cull Canyon Road
Castro Valley CA 94552

HOYT & BRETNER TRACTOR

RE: Site Investigation and Closure Requirements for Former
Underground Tank Site
22117 Meekland Av., Hayward 94541

REGIONAL BOARD STAFF RECOMMENDATIONS FOR INITIAL EVALUATION AND INVESTIGATION OF UNDERGROUND TANKS
LEAKING UNDERGROUND FUEL TANK MANUAL
RWQCB - 1982
QUALITY CONTROL BOARD

Dear Mr. Hoyt:

I have reviewed the groundwater sampling report submitted for your site by Crosby & Overton, Inc. Today I discussed site closure requirements with your consultant, David Sadoff. In order to carry out a complete groundwater investigation and to work toward site closure, you must carry out the following steps:

1. Monitoring wells must be sampled at least quarterly for a minimum of one year. You must monitor and chemically analyze for Total Petroleum Hydrocarbons as gasoline (TPHg), Total Oil and Grease (TOG), benzene, toluene, ethyl benzene, and xylene (BTEX), as well as chromium, lead and zinc. Depth to groundwater and groundwater gradient must also be measured. This data must be presented and interpreted in a technical report that must be submitted within three months of the time that sampling results are available. All reports and proposals must be signed by a qualified person. All work must be performed according to the guidelines found in the **Regional Board Staff Recommendations for Initial Evaluation and Investigation of Underground Tanks** and the **Leaking Underground Fuel Tank Manual**. Copies of these documents can be obtained from the RWQCB office in Oakland. All proposals, reports, and analytical results pertaining to this investigation and site remediation must be sent to this office and to:

Eddy So
RWQCB
2101 Webster St., 4th Floor
Oakland CA 94612

Any significant groundwater contamination found as a result of your investigation must be remediated before site closure can be granted.

2. A report of the final disposition of excavated soil must be submitted to this office. Mr. Sadoff stated that recent soil sampling results indicate petroleum contamination has dropped to levels at which a local land fill will accept the soil for

Vince Hoyt
RE: 22117 Meekland Av., Hayward
January 29, 1992
Page 2 of 2

disposal. The report must include sampling and analysis data, total soil volume disposed, and the name and location of the disposal facility.

Another unresolved issue concerns the sump in one of the sheds along the west border of the property. The shed is adjacent to the recently vacated Vickers Concrete office. This 300 - 500 gallon sump contains a thick liquid that seems to be a parts coating material. Apparently, rain water has also run into the sump. This mixture is likely to be a hazardous waste and must be characterized and disposed of within 90 days. Complaints about this open sump have come both to me and to local fire officials. I have discussed these complaints with the property lessee and with Crosby & Overton. However, when I inspected the site earlier this month, I saw that no action had been taken to remove the liquid and close the sump. The sump must be covered immediately to prevent foreign material from entering and to mitigate the hazard to people in the area.

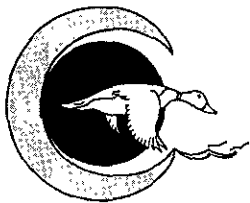
For your information, Alameda County has entered into a contract with the State Water Resources Control Board to oversee site investigations and clean ups resulting from underground tank leaks. I plan to transfer your case to this program, so you will be receiving official notification soon. You may contact me with any questions at (510)271-4320.

Sincerely,



Pamela J. Evans
Hazardous Materials Specialist

c: Eddy So, RWQCB
Harry Buettner, Property owner
David Sadoff, Crosby & Overton, Inc.
Steve Hancock, Crosby & Overton, Inc.
James Ferdinand, Eden Consolidated Fire Protection District
Bill Maier, Maier Racing



CROSBY & OVERTON, INC.

Environmental Management

8430 Amelia Street
Oakland, California 94621
FAX (415) 633-0759
(415) 633-0336 ■ (800) 821-0424

91 JAN 17 AM 11:31

January 15, 1991

Pamela Evans
Alameda County Health Care Services Agency
80 Swan Way, Room 200
Oakland, CA 94621

RE: Overexcavation, clearance sampling and groundwater monitoring wells workplans for 22117 Meekland Ave., Hayward, California.

Dear Ms. Evans,

On February 28, 1990, three underground storage tanks were removed from 22117 Meekland Avenue in Hayward, California. Standard soil sampling conducted in native soils beneath the former waste oil tank detected Total Petroleum Hydrocarbons, (TPH), as Diesel to 7,700 parts per million, (ppm), Total Oil and Grease, (TOG), to 16,000 ppm and benzene, toluene, ethylbenzene and xylenes between non-detectable levels (ND) and 21 ppm.

Crosby & Overton, Inc. proposes to overexcavate the waste oil tank excavation in order to extract the contaminated soil. An excavator will be utilized to remove soil from the excavation. When field observations indicate non-detectable concentrations of hydrocarbons, (i.e. when HNU meter readings of 0 are achieved), in the sidewalls and bottom, soil samples will be procured. Four sidewall samples from every 10 vertical feet and one bottom sample will be taken. The samples will be taken from the excavator bucket. Immediately after the excavator bucket is brought to the surface, the first several inches of soil will be scraped away with a clean trowel. A clean six inch long by two inch diameter brass tube will then be inserted into the center of the bucket and then be extracted. Immediately after extraction, the tube ends will be sealed with aluminum foil, plastic cap plugs and wrapped with duct tape to prevent the loss of volatile compounds. The sample will then be labelled and packed on blue ice for transportation to Med-Tox Associates, Inc., (a California State certified

laboratory for the analyses requested), in Pleasant Hill, California. Chain of custody documentation will accompany all samples to the laboratory. The samples will be discreetly analyzed for TPH-Diesel, TOG and BTEX.

All excavated soil will be placed on a bermed visqueen stockpile, then be covered with weighted visqueen. The stockpiled soil will be bioremediated within 90 days of accumulation date, (pending warmer weather). A bioremediation workplan will be submitted to your office prior to that project's inception.

Subsequent to the overexcavation, clean backfill will be introduced into the excavation. A copy of the backfill materials receipt will be submitted as part of the over-excavation report.

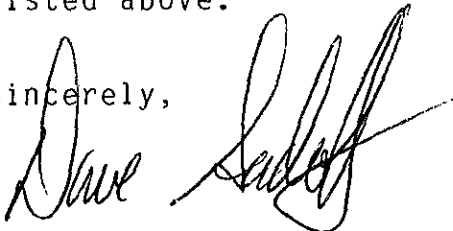
Following backfill and recementation, three groundwater monitoring wells, (including one within ten feet of the excavation in the verified downgradient direction), will be installed, developed and sampled according to Regional Water Quality Control Board and Environmental Protection Agency procedures and guidelines.

A Health and Safety Plan will be submitted to your office prior to the project start-up.

A full written report, detailing methodologies, laboratory analytical results and with conclusions and recommendations will be submitted to your office upon the project's completion.

Should you have any questions, please call me at the number listed above.

Sincerely,

A handwritten signature in black ink, appearing to read "Dave Sadoff". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Dave Sadoff
Environmental Geologist

DS/mer

Buettner and Hoyt
October 15, 1990
Page 2 of 2

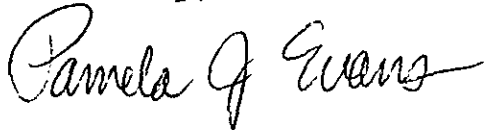
This is a formal request for technical reports pursuant to California Water Code Section 13267 (b). This office is working in conjunction with the RWQCB. All proposals, reports, and analytical results pertaining to this investigation and remediation must be sent to this office and to:

Richard Hiett
Regional Water Quality Control Board
1800 Harrison Street, Suite 700
Oakland CA 94612

In addition, you are required to submit a copy of the hazardous waste manifest for the removed storage tanks to this office. Copies of receipts or manifests for any soil disposal must also be forwarded. **These documents are due in this office no later than October 31, 1990.**

Any deadline extensions for investigation and remediation activities as well as for required reports or other documents must be agreed upon in advance and confirmed in writing. You may contact me with any questions at 271-4320.

Sincerely,



Pamela J. Evans
Hazardous Materials Specialist

c: Richard Hiett, RWQCB
Howard Hatayama, Department of Health Services

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

July 9, 1990

Harry Buettner
Buettner and Hoyt
13966 Tullock Rd.
Jamestown CA 95327

RE: Underground Storage Tank Removal at 22117 Meekland Av., Hayward

Dear Mr. Hoyt:

On February 28, 1990, three underground fuel storage tanks were removed from the above referenced property. Since that time, this office has received no sampling results that would indicate whether contamination from tank contents had impacted soil or groundwater.

All reports and analytical results pertaining to the tank removal must be sent to our office and to the Regional Water Quality Control Board (RWQCB). Pursuant to California Water Code Section 13267 (b), you are required to submit these documents to this office by July 31, 1990. You may contact Hazardous Materials Specialist Pamela Evans with any questions at 271-4320.

Sincerely,

Edgar B. Howell III, Chief
Hazardous Materials Division

EBH:PJE

c: Richard Hiett, RWQCB
John Koman, Blaine Technical Service

DATE:

TO : Local Oversight Program

FROM:

SUBJ: Transfer of Eligible Oversight Case

Site name: Buether + Hoyt
Address: 2217 Mukland Av city Hayw zip 94541

Closure plan attached? Y N DepRef remaining \$ 2100.00

DepRef Project # 855A STID #(if any) no 3667

Number of Tanks: 3 removed? Y N Date of removal 2-28-90

Samples received? Y N Contamination: TOG, TPHg + BTEX components

Petroleum Y N Types: Avgas Jet lead unleaded Diesel
fuel oil waste oil kerosene solvents

Monitoring wells on site 3 Monitoring schedule? Y N
LUFT category 1 2 3 * H S C A R W G O Discovery 3-15-90

Briefly describe the following:

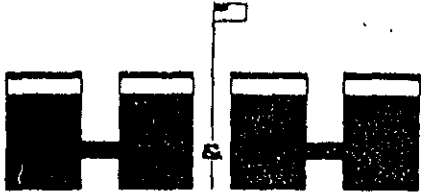
Preliminary Assessment >10000ppm TOG, >1000 ppm TPH in tank pull samples

Remedial Action Soil removal, installation of MWs w/ 2 samplings, soil treatment

Post Remedial Action Monitoring _____

Enforcement Action Letters only

2 sampling events of MWs have taken place. 6 months apart.
Consultant states he has recommended quarterly monitoring for the next year. I just wrote a letter telling owners what the closure requirements will be for the site.



ENVIRONMENTAL SERVICES
 (DIVISION OF H&H SHIP SERVICE CO., INC.)

Copy

CERTIFICATE OF DISPOSAL

MARCH 5, 1990

220 CHINA BASIN, SAN FRANCISCO, CA 94107 • DAY AND NIGHT: 543-4835

H & H Ship Service Company hereby certifies to R. L. STEVENS
 that:

1. The storage tank(s), size(s) 2-2,000 GALS. AND 1-550 GALS.

removed from the BUETTNER AND HOYT

facility at 22117 MEEKLAND AVENUE

HAYWARD, CALIFORNIA

were transported to H & H Ship Service Company, 220 China Basin St.,
 San Francisco, California 94107.

2. The following tank(s), H & H Job Number 3641

have been steamed cleaned, cut with approximately 2' X 2' holes,
 rendered harmless and disposed of as scrap metal.

3. Disposal site: LEVIN METALS CORPORATION, RICHMOND, CALIFORNIA.

4. The foregoing method of destruction/disposal is suitable for the
 materials involved, and fully complies with all applicable
 regulatory and permit requirements.

5. Should you require further information, please call
 (415) 543-4835.

Very Truly Yours,

[Signature]
 Cleveland Valrey
 Operations Coordinator



Please print or type. (Form designed for use on elite (12-pitch typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **C A D 0 0 0 2 4 6 2 7 3 0 0 0 0 2** Manifest Document No. **2**

2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
BUETTNER & HOYT
22117 Meekland Avenue, Hayward, CA 94541

A. State Manifest Document Number
90008105

4. Generator's Phone (415) 582-3620

B. State Generator's ID

5. Transporter 1 Company Name
H & H Ship Service Company

6. US EPA ID Number
C A D 0 0 4 7 7 1 1 6 8

C. State Transporter's ID **103594**

D. Transporter's Phone **(415) 543-4835**

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
H & H Ship Service Company
220 China Basin Street
San Francisco, CA 94107

10. US EPA ID Number
C A D 0 0 4 7 7 1 1 6 8

G. State Facility's ID

H. Facility's Phone **(415) 543-4835**

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers | | 13. Total Quantity | 14. Unit Wt./Vol | 15. Waste No. |
|--|----------------|------|--------------------|------------------|------------------------|
| | No | Type | | | |
| a. RESIDUE GASOLINE TANK (CALIFORNIA ONLY REGULATED WASTE) | 001 | T P | 02000 | P | State 512 EPA/Other |
| b. RESIDUE DIESEL TANK (CALIFORNIA ONLY REGULATED WASTE) | 001 | T P | 02000 | P | State 512 EPA/Other |
| c. RESIDUE DIESEL TANK (CALIFORNIA ONLY REGULATED WASTE) | 001 | T P | 00550 | P | State 512 EPA/Other |
| d. | | | | | State EPA/Other |

J. Additional Descriptions for Materials Listed Above
PUMPED OUT 2,000 GALS. AND 550 GALS. TANKS LAST CONTAINING GASOLINE AND DIESEL. TANKS INSERTED WITH DRY ICE FOR TRANSPORT.

K. Handling Codes for Wastes Listed Above
 a. **01** b. **01**
 c. **01** d.

16. Special Handling Instructions and Additional Information
APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR 930

16. GENERATOR'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 national government regulations.
 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: **J.M. McManahan** Signature: *[Signature]* Month Day Year: **0 2 2 8 9 0**

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name: **MARK A. DOSS** Signature: *[Signature]* Month Day Year: **0 2 2 8 9 0**

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: Signature: Month Day Year:

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7530

GENERATOR

TRANSPORTER

FACILITY

Do Not Write Below This Line

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-952-7660

| | | | | | | | | | | | | | | | |
|--|--|---|--|------------------------------------|--|--|--|---|--|--------------------|--|---------------|--|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. C A C 0 0 0 2 4 6 2 7 3 0 0 0 0 0 1 | | Manifest Document No. 1 | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | | | | | | | |
| 3. Generator's Name and Mailing Address BUETTNER & HOYT 22117 Meekland Avenue, Hayward, CA 94541 | | | | | | A. State Manifest Document Number 90008104 | | | | | | | | | |
| 4. Generator's Phone (415) 582-3620 | | | | | | B. State Generator's ID | | | | | | | | | |
| 5. Transporter 1 Company Name H & H Ship Service Company | | | 6. US EPA ID Number C A D 0 0 4 7 7 1 1 6 8 | | | C. State Transporter's ID 103578 | | D. Transporter's Phone (415) 543-4835 | | | | | | | |
| 7. Transporter 2 Company Name | | | 8. US EPA ID Number | | | E. State Transporter's ID | | F. Transporter's Phone | | | | | | | |
| 9. Designated Facility Name and Site Address H & H Ship Service Company 220 China Basin Street San Francisco, CA 94107 | | | | | | 10. US EPA ID Number C A D 0 0 4 7 7 1 1 6 8 | | G. State Facility's ID C A D 0 0 4 7 7 1 1 6 8 | | | | | | | |
| | | | | | | H. Facility's Phone (415) 543-4835 | | | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. HAZARDOUS WASTE LIQUID, N.O.S. ORM-E NA 9189 | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt/Vol | | 15. Waste No. | | | |
| | | | | | | 0 10 1 T T | | 20485 G | | State 241 | | EPA/Other | | | |
| | | | | | | | | | | State | | EPA/Other | | | |
| | | | | | | | | | | State | | EPA/Other | | | |
| | | | | | | | | | | State | | EPA/Other | | | |
| J. Additional Descriptions for Materials Listed Above FUEL OIL AND WATER | | | | | | K. Handling Codes for Wastes Listed Above a. 01 | | | | | | | | | |
| 16. Special Handling Instructions and Additional Information APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR | | | | | | | | | | | | | | | |
| 18. GENERATOR'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 national government regulations. 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 DONALD STEVENS | | | | Signature <i>Donald Stevens</i> | | | | Month Day Year 0 2 2 6 9 0 | | | | | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | | | | | | | | | | | |
| Printed/Typed Name MARK A. DOSS | | | | Signature <i>Mark A. Doss</i> | | | | Month Day Year 0 2 2 6 9 0 | | | | | | | |
| 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 | | | | Signature | | | | Month Day Year | | | | | | | |

Do Not Write Below This Line

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Buettner + Hoyt Today's Date 2/28/90

Site Address 2217 Meekland Av.

City Hayward Zip 94541 Phone 582-3620

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

Inspection Categories:

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

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

Comments:

Generator's ID# CAC 00246273, Buettner + Hoyt had 2 - 2000 gal fuel tanks (in single pit) 1 - 550 gal waste oil tank removed by R. L. Stevens, Co. (Buettner + Hoyt was a fractor co. not currently in business - property will be leased in future by Bill Maier)

Sampling done by John Koman of Blaine Tech Services Inc.

2 - from each fuel tank - either end - beneath tank
 1 - from beneath waste oil tank.

No ground water observed in either pit.

H+H is hauler, designated facility Cert. of Compliance #103594, Exp. 1/91. Manifest #90008105
 EPA ID# CAD 004771168 (Manifest states fuel tanks are 2000gal - onsite calculation indicates ~1000gal II, III)

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'LS

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

III. UNDERGROUND TANKS (Title 23)

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

Monitoring for Existing Tanks

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

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

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

Rev 8/88

Also at site - Jim Ferdinand w/ Eden Fire Dept

Contact: Bill Maier

Title: Property Operator

Signature: R. L. Stevens

from R L Stevens

Inspector: Jim Evans

Signature: Jim Evans

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION**

**80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320**

663.00

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, 7th Floor
Oakland, CA 94612
Telephone: (415) 374-2237

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 engineer's report is now released for the use of any required building permits for construction.

One copy of these corrected plans must be on the job site available to all contractors and craftsmen involved in the removal.

Any change or alterations of these plans and specifications must be submitted to this Department and to the 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.

THIS IS A FINAL AND UNREVERSIBLE ACTION.

2/13/90 DE

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name BUETTNER & Hoyt
Business Owner Harry Buettner & Vince Hoyt
2. Site Address 22117 MEEKLAND AVE.
city Hayward, Calif zip 94541 Phone 582-3620
3. Mailing Address 13966 TULLOCK Rd.
city JAMES TOWN, Calif. zip 95327 Phone 209 881-3342
4. Land owner Harry Buettner & Vince Hoyt
Address 13966 Tullock Rd. city, state James Town Cal. zip 95327
5. EPA I.D. No. CAC 000246273 *Check w/ DHS 2-2-90 - Buettner & Hoyt*
< 1000 kilograms
6. Contractor R.L. STEVENS Co.
Address 22240 MEEKLAND AVE.
city Hayward, Calif 94541 Phone 415 889-0908
License Type B-6-61 *B limited - can he?* ID# 415807 AND 456816
7. Consultant NONE
Address _____
city _____ Phone _____

324-1781

8. Contact Person for Investigation

Name Harry Buettner Title Owner
Phone 209-881-3340

9. Total No. of Tanks at facility 3

10. Have permit applications for all tanks been submitted to this office? Yes [] No []

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Transporter

Name H & H Environmental EPA I.D. No. CAD004771168
Address 220 CHINA BASIN
city SAN FRANCISCO state CALIF. zip 94107

b) Rinsate Transporter

Name H & H Environmental EPA I.D. No. CAD004771168
Address 220 CHINA BASIN
city SAN FRANCISCO, state CALIF. zip 94107

c) Tank Transporter

Name H+H Environmental EPA I.D. No. CAD 004771168
Address 220 CHINA BASIN
city SAN FRANCISCO State CALIF zip 94107

d) Tank Disposal Site

Name H & H Environmental EPA I.D. No. CAD 004771168
Address 220 CHINA BASIN
city SAN FRANCISCO State CALIF zip 94107

e) Contaminated Soil Transporter

Name H & H Environmental EPA I.D. No. CAD 004771168
Address 220 CHINA BASIN
city SAN FRANCISCO State CALIF zip 94107

12. Sample Collector

Name BLAINE TECH SERVICE
 Company SAME AS ABOVE
 Address 1370 Tully Rd.
 city SAN JOSE state Cal. zip 94122 Phone 995-5535 ⁴⁰⁸

13. Sampling Information for each tank or area

| Tank or Area | | Material sampled | Location & Depth |
|--------------|----------------------------------|-----------------------------|--|
| Capacity | Historic Contents (past 5 years) | | |
| 1000 | GASOLINE | Soil | Under K&L TANKS AT FILL END IN 500 1' INTO NATIVE Soil and every 20' linear-piping if applicable |
| 1000 | GASOLINE | Soil | |
| 500 | GASOLINE | Soil | |
| | | AND Ground water IF present | |

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

If yes, describe. _____

15. NFPA methods used for rendering tank inert? Yes [X] No []

If yes, describe. 15 lbs per 100 gals of Dry Ice
or per local (Alaco Fire Dept)

An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name Sequoia Analytical ^{certified for ↓}
 Address 680 Chesapeake Dr.
 city Redwood City state Calif zip 94063
 State Certification No. # 145 ^{5030 prep} ^{BTX E TPH-G Mod 2015}

17. Chemical Methods to be used for Analyzing Samples

| Contaminant Sought | EPA, DHS, or Other Sample Preparation Method Number | EPA, DHS, or Other Analysis Number |
|--------------------|---|---|
| T.P.H B.T.X+E | 5030 EPA 8020 5030 | DAS - HIS LUP modified 8015 or GC-FID 8020 |

18. Submit Site Safety Plan

19. Workman's Compensation: Yes No

Copy of Certificate enclosed? Yes No

Name of Insurer Republic Ind.

20. Plot Plan submitted? Yes No

21. Deposit enclosed? Yes No

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

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 and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. 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.

Signature of Contractor

Name (please type) R. L. STEVENS CO. (Robert L. STEVENS)

Signature Robert L. Stevens

Date FEB. 1. 1990

Signature of Site Owner or Operator

* Name (please type) HARRY BUETTNER

Signature By Robert L. Stevens

Date Feb. 1. 1990

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. After approval of plan, notification of at least two (2) working days (48 hours) must be given to this Department prior to removal of tank(s).
5. A copy of your approved plan must be sent to the landowner.
6. Triple rinse means that:
 - a) Final rinse must contain less than 100 ppm of Gasoline (EPA method 8020 for soil, or EPA method 602 for water) or Diesel (EPA method 418.1). Other methods for halogenated volatile organics (EPA method 8010 for soil, EPA method 601 for water) may be required. The composition of the final rinse must be demonstrated by an original or facsimile report from a laboratory certified for the above analyses.
 - b) Tank interior is shown to be free from deposits or residues upon a visual examination of tank interior.
 - c) Tank should be labelled as "tripled rinsed; laboratory certified analysis available upon request" with the name and address of the contractor.

If all the above requirements cannot be met, the tank must be transported as a hazardous waste.

7. Any cutting into tanks requires local fire department approval.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

**ATTACHMENT A
SAMPLING RESULTS**

| Tank or Area | Contaminant | Location & Depth | Results (specify units) |
|--------------|-------------|------------------|-------------------------|
| | | | |

INSTRUCTIONS

2. SITE ADDRESS

Address at which closure or modification is taking place.

5. EPA I.D. NO.

This number may be obtained from the State Department of Health Services, 916/324-1781.

6. CONTRACTOR

Prime contractor for the project.

7. OTHER

List professional consultants here.

12. SAMPLE COLLECTOR

Persons who are collecting samples.

13. SAMPLING INFORMATION

Historic contents - the principal product(s) used in the last 5 years.

Material sampled - i.e., water, oil, sludge, soil, etc.

16. LABORATORIES

Laboratories used for chemical and geotechnical analyses.

17. CHEMICAL METHODS:

All sample collection methods and analyses should conform to EPA or DHS methods.

Contaminant - Specify the chemical to be analyzed.

Sample Preparation Method Number - The means used to prepare the sample prior to analyses - i.e., digestion techniques, solvent extraction, etc. Specify number of method and reference if not an EPA or DHS method.

Analysis Method Number - The means used to analyze the sample - i.e., GC, GC-MS, AA, etc. Specify number of method and reference if not a DHS or EPA method.

NOTE:

Method Numbers are available from certified laboratories.

18. SITE SAFETY PLAN

A plan outlining protective equipment and additional specialized personnel in the event that significant amount of hazardous materials are found. The plan should consider the availability of respirators, respirator cartridges, self-contained breathing apparatus (SCBA) and industrial hygienists.

19. ATTACH COPY OF WORKMAN'S COMPENSATION

20. PLOT PLAN

The plan should consists of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale
- b) North Arrow
- c) Property Line
- d) Location of all Structures
- e) Location of all relevant existing equipment including tanks and piping to be removed
- f) Streets
- g) Underground conduits, sewers, water lines, utilities
- h) Existing wells (drinking, monitoring, etc.)
- i) Depth to ground water
- j) All existing tanks in addition to the ones being pulled

rev. 9/88
mam

R. L. Stevens Co.

SERVICE STATION AND INDUSTRIAL EQUIPMENT
 INSTALLATION - SALES AND SERVICE
 P. O. BOX 361
 SAN LEANDRO, CALIFORNIA 94577
 Lic. # 415807

PHONE { BUS: 888-0908
 RES: 895-2009

Feb. 1, 1990

Alameda County Health Agency
 Division of Hazardous Materials
 80 Swan Way, Room 200
 Oakland, Ca. 94621

RE. Site Safety Plan
 22117 Meekland Ave.
 Hayward, Ca. 94541

Gentlemen:

Pursuant to your request for a site safety plan. As follows is an outline of what procedures will be followed.

We will maintain a gas tech combustible gas detector (sniffer) on the job site from the beginning to end. All workmen will be required to have protective boots at all times. Protective gloves will be provided on job site at all times. Hard hats and fire extinguishers will be at job site at all times. In the event that high levels of combustible materials or hazardous materials are encountered, our workmen will be removed from site and your office notified for further action.

- Level C clothing / equipment to be on hand
- who is responsible for site safety?
- Include elements of 29 CFR 1910.120 (i)(2)(i) for worker protection - copy attached.

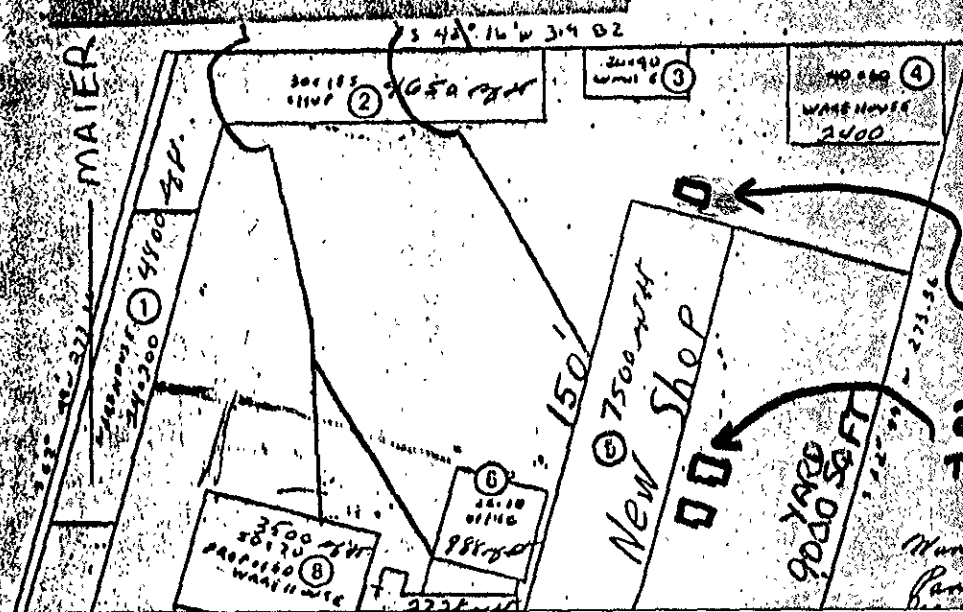
Sincerely,

R. L. Stevens Co.

Robert L. Stevens
 Robert L. Stevens

40000

BIETTNER & Hoyt
22117 MEERLAND AVE
Hayward, Calif 94541
TANK REMOVAL



LAND AREA:
2.015 ACRES
87,437 SQ. FT.
550 GAL. TANK
TO be removed
2-1,000 GAL. TANKS
TO be removed
Main Home 11,850 sq ft
Rents 4,484 sq ft



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
2/10/89

PRODUCER

CURTIS DAY & COMPANY
50 Fremont Street
San Francisco, CA 94105

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

R.L. STEVENS COMPANY
22240 Meekland Avenue
Hayward, CA 94541

| | |
|-------------------------|---|
| COMPANY LETTER A | SUPERIOR NATIONAL INSURANCE COMPANY |
| COMPANY LETTER B | REPUBLIC INDEMNITY INSURANCE COMPANY |
| COMPANY LETTER C | |
| 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 THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. **LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | ALL LIMITS IN THOUSANDS | |
|--------|---|---------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------|
| | | | | | GENERAL AGGREGATE | PRODUCTS-COMP/OPS AGGREGATE |
| A | GENERAL LIABILITY | CBP 10074 | 6/04/88 | 6/04/89 | GENERAL AGGREGATE | \$ 2000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS-COMP/OPS AGGREGATE | \$ 1000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE | | | | PERSONAL & ADVERTISING INJURY | \$ 1000 |
| | <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE | | | | EACH OCCURRENCE | \$ 1000 |
| | | | | | FIRE DAMAGE (ANY ONE FIRE) | \$ 50 |
| | | | | | MEDICAL EXPENSE (ANY ONE PERSON) | \$ 5 |
| A | AUTOMOBILE LIABILITY | CBP 10074A | 6/04/88 | 6/04/89 | CSL | \$ 1000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (PER PERSON) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (PER ACCIDENT) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE | \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | <input type="checkbox"/> GARAGE LIABILITY | | | | | |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | AGGREGATE |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | \$ | \$ |
| B | WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY | PC 994311 | 2/11/89 | 2/11/90 | STATUTORY | \$ 1000 (EACH ACCIDENT) |
| | | | | | \$ 1000 (DISEASE-POLICY LIMIT) | |
| | | | | | \$ 1000 (DISEASE-EACH EMPLOYEE) | |
| | OTHER | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER

ALAMEDA HAZARDOUS WASTE
80 Swan Way
Oakland, CA 94621

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

John Budner



FORM 'A':
SITE

UNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION
COMPLETE THIS FORM FOR EACH FACILITY/SITE

N9
11596

| | | | | |
|---------------------------|---|---|---|---|
| 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)

| | | | | |
|--|--|---|--|--|
| FACILITY/SITE NAME BUETTNER & Hoyt | | CARE OF ADDRESS INFORMATION P.O. Box 361 San Leandro Cal. 94577 | | |
| ADDRESS 22117 MEEKLAND AVE. | | NEAREST CROSS STREET | <input checked="" type="checkbox"/> Box to indicate CORPORATION INDIVIDUAL | <input checked="" type="checkbox"/> PARTNERSHIP LOCAL-AGENCY COUNTY-AGENCY |
| CITY NAME Hayward, Calif. 94541 | | STATE CA | ZIP CODE 94541 | SITE PHONE #, WITH AREA CODE NONE |
| TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION | <input type="checkbox"/> 2 DISTRIBUTOR | <input type="checkbox"/> 4 PROCESSOR | <input checked="" type="checkbox"/> 5 OTHER | EPA ID # CAC 000 246 273 |
| | | <input type="checkbox"/> 3 FARM | <input checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS | # of TANK'S AT THIS SITE 3 |
| EMERGENCY CONTACT PERSON (PRIMARY) | | EMERGENCY CONTACT PERSON (SECONDARY) | | |
| DAYS NAME (LAST, FIRST) Harry Buettner, Harry | | PHONE # WITH AREA CODE 209-881-3342 | | DAYS NAME (LAST, FIRST) Hoyt, Vince |
| NIGHTS NAME (LAST, FIRST) Same as Above | | PHONE # WITH AREA CODE Same as Above | | PHONE # WITH AREA CODE 415-581-8799 |

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

| | | | | |
|---|--|--|---|--|
| NAME Harry Buettner | | CARE OF ADDRESS INFORMATION Same | | |
| MAILING or STREET ADDRESS 13966 Tullock Rd. | | <input checked="" type="checkbox"/> Box to indicate CORPORATION INDIVIDUAL | <input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY COUNTY-AGENCY | <input type="checkbox"/> STATE-AGENCY FEDERAL-AGENCY |
| CITY NAME James Town, Calif. 95327 | | STATE Calif | ZIP CODE 95327 | PHONE #, WITH AREA CODE 209 881-3342 |

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

| | | | | |
|---|--|--|---|--|
| NAME Harry Buettner | | CARE OF ADDRESS INFORMATION | | |
| MAILING or STREET ADDRESS 13966 Tullock Rd. | | <input checked="" type="checkbox"/> Box to indicate CORPORATION INDIVIDUAL | <input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY COUNTY-AGENCY | <input type="checkbox"/> STATE-AGENCY FEDERAL-AGENCY |
| CITY NAME James Town. | | STATE Calif | ZIP CODE 95327 | PHONE #, WITH AREA CODE 209-881-3342 |

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION AND BILLING: I. II. III.

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

| | |
|--|-----------------------|
| APPLICANT'S NAME (PRINTED & SIGNATURE) Robert L. Stevens | DATE 2-2-90 |
|--|-----------------------|

LOCAL AGENCY USE ONLY

| | | | | |
|------------------------------------|----------------------|--------------------------|---|------------------------|
| COUNTY # | JURISDICTION # | AGENCY # | FACILITY ID # | # of TANKS at SITE |
| | | | | |
| CURRENT LOCAL AGENCY FACILITY ID # | | APPROVED BY NAME | | PHONE # WITH AREA CODE |
| | | | | |
| PERMIT NUMBER | PERMIT APPROVAL DATE | PERMIT EXPIRATION DATE | | |
| | | | | |
| LOCATION CODE | CENSUS TRACT # | SUPERVISOR-DISTRICT CODE | BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/> | DATE FILED |
| | | | | |
| CHECK # | PERMIT AMOUNT | SURCHARGE AMOUNT | FEE CODE | RECEIPT # |
| | | | | BY: |

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
FORM A (3-2-88)



FORM 'B':
TANK

UNDERGROUND STORAGE TANK PROGRAM
TANK PERMIT APPLICATION INFORMATION
COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

No 21916

| | | | | |
|--------------------|---|---|---|---|
| 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 TANK |
| | <input type="checkbox"/> 2 INTERIM PERMIT | <input type="checkbox"/> 4 AMENDED PERMIT | <input type="checkbox"/> 6 TEMPORARY TANK CLOSURE | <input type="checkbox"/> 8 TANK REMOVED |

FACILITY/SITE NAME WHERE TANK IS INSTALLED: BIJETTNER & Hoyt FARM TANK - YES NO

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

| | |
|---------------------------------|--|
| A. OWNERS TANK ID # <u>U/K</u> | B. MANUFACTURED BY. <u>U/K</u> |
| C. YEAR INSTALLED <u>10 yrs</u> | D. TANK CAPACITY IN GALLONS. <u>1000</u> |

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

| | | | | | | |
|---|--------------------------------------|--|----------------------------------|---|---|---|
| A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL | <input type="checkbox"/> 2 PETROLEUM | B. <input checked="" type="checkbox"/> 1 PRODUCT | <input type="checkbox"/> 2 WASTE | C. <input checked="" type="checkbox"/> 1 UNLEADED | <input type="checkbox"/> 2 LEADED | <input type="checkbox"/> 3 DIESEL |
| <input type="checkbox"/> 3 CHEMICAL PRODUCT | <input type="checkbox"/> 4 OIL | <input type="checkbox"/> 2 WASTE | | <input type="checkbox"/> 4 GASAHOL | <input type="checkbox"/> 5 JET FUEL | <input type="checkbox"/> 6 AVIATION GAS |
| <input type="checkbox"/> 5 HAZARDOUS | <input type="checkbox"/> 80 EMPTY | <input type="checkbox"/> 95 UNKNOWN | | <input type="checkbox"/> 7 METHANOL | <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW) | |

D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # _____ C.A.S. # _____

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

| | | | |
|-------------------------|---|--|--|
| A. TYPE OF SYSTEM | <input type="checkbox"/> 1 DOUBLE WALLED | <input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER | <input type="checkbox"/> 95 UNKNOWN |
| | <input checked="" type="checkbox"/> 2 SINGLE WALLED | <input type="checkbox"/> 4 SECONDARY CONTAINMENT | <input type="checkbox"/> 99 OTHER _____ |
| B. TANK MATERIAL | <input type="checkbox"/> 1 STEEL/IRON | <input type="checkbox"/> 2 STAINLESS STEEL | <input checked="" type="checkbox"/> 3 FIBERGLASS |
| | <input type="checkbox"/> 5 CONCRETE | <input type="checkbox"/> 6 POLYVINYL CHLORIDE | <input type="checkbox"/> 7 ALUMINUM |
| | <input type="checkbox"/> 9 BRONZE | <input type="checkbox"/> 10 GALVANIZED STEEL | <input type="checkbox"/> 95 UNKNOWN |
| C. INTERIOR LINING | <input type="checkbox"/> 1 RUBBER LINED | <input type="checkbox"/> 2 ALKYD LINING | <input type="checkbox"/> 3 EPOXY LINING |
| | <input checked="" type="checkbox"/> 5 GLASS LINING | <input type="checkbox"/> 6 UNLINED | <input type="checkbox"/> 4 PHENOLIC LINING |
| | <input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input type="checkbox"/> NO <input type="checkbox"/> | | <input type="checkbox"/> 95 UNKNOWN |
| D. CORROSION PROTECTION | <input type="checkbox"/> 1 POLYETHYLENE WRAP | <input type="checkbox"/> 2 TAR OR ASPHALT | <input type="checkbox"/> 3 VINYL WRAP |
| | <input type="checkbox"/> 5 CATHODIC PROTECTION | <input type="checkbox"/> 91 NONE | <input checked="" type="checkbox"/> 95 UNKNOWN |
| | | | <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC |
| | | | <input type="checkbox"/> 99 OTHER _____ |

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

| | | | | | | |
|-----------------|--|---|--|--|--------------------------------------|------------------------------------|
| A. SYSTEM TYPE | <input checked="" type="radio"/> U 1 SUCTION | <input type="radio"/> A U 2 PRESSURE | <input type="radio"/> A U 3 GRAVITY | <input type="radio"/> A U 91 NONE | <input type="radio"/> A U 95 UNKNOWN | <input type="radio"/> A U 99 OTHER |
| B. CONSTRUCTION | <input checked="" type="radio"/> U 1 SINGLE WALLED | <input type="radio"/> A U 2 DOUBLE WALLED | <input type="radio"/> A U 3 LINED TRENCH | <input type="radio"/> A U 91 NONE | <input type="radio"/> A U 95 UNKNOWN | <input type="radio"/> A U 99 OTHER |
| C. MATERIAL | <input type="radio"/> A U 1 STEEL/IRON | <input type="radio"/> A U 2 STAINLESS STEEL | <input type="radio"/> A U 3 POLYVINYL CHLORIDE (PVC) | <input type="radio"/> A U 4 FIBERGLASS PIPE | <input type="radio"/> A U 91 NONE | |
| | <input type="radio"/> A U 5 ALUMINUM | <input type="radio"/> A U 6 CONCRETE | <input type="radio"/> A U 7 STEEL CLAD W/FRP | <input type="radio"/> A U 8 100% METHANOL COMPATIBLE FRP | | |
| | <input type="radio"/> A U 9 GALVANIZED STEEL | <input checked="" type="radio"/> U 95 UNKNOWN | <input type="radio"/> A U 99 OTHER _____ | | | |

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

| | | | | |
|--|--|--|--|---|
| <input checked="" type="radio"/> P S 1 VISUAL CHECK | <input type="radio"/> P S 2 INVENTORY RECONCILIATION | <input type="radio"/> P S 3 VADOSE WELLS | <input type="radio"/> P S 4 ELECTRONIC MONITOR | <input type="radio"/> P S 5 GROUND WATER MONITORING WELLS |
| <input checked="" type="radio"/> P S 6 PRECISION TESTING | <input type="radio"/> P S 7 PRESSURE TESTING | <input type="radio"/> P S 91 NONE | <input type="radio"/> P S 95 UNKNOWN | <input type="radio"/> P S 99 OTHER _____ |

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

| | | |
|---|---|--|
| 1 ESTIMATED DATE LAST USED (MO/YR) <u>JAN/1987</u> | 2 ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN <u>0</u> GALLONS | 3 WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 & SIGNATURE) Robert L. Stevens DATE 2-2-90

LOCAL AGENCY USE ONLY

| | | | | |
|------------------------------------|----------------------|------------------------|----------------------|------------------------|
| COUNTY # | JURISDICTION # | AGENCY # | FACILITY ID # | TANK ID # |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CURRENT LOCAL AGENCY FACILITY ID # | | APPROVED BY NAME | | PHONE # WITH AREA CODE |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> |
| PERMIT NUMBER | PERMIT APPROVAL DATE | PERMIT EXPIRATION DATE | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| CHECK # | PERMIT AMOUNT | SURCHARGE AMT. | FEE CODE | RECEIPT # |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

N 21918

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 TANK, 8 TANK REMOVED. FACILITY/SITE NAME WHERE TANK IS INSTALLED: Buettner - Hoyt FARM TANK - YES NO

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

A. OWNERS TANK ID # UJK B. MANUFACTURED BY: UJK C. YEAR INSTALLED 10 yrs D. TANK CAPACITY IN GALLONS 550

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. 1 MOTOR VEHICLE FUEL, 2 PETROLEUM, 3 CHEMICAL PRODUCT, 4 OIL, 5 HAZARDOUS, 60 EMPTY, 95 UNKNOWN. B. 1 PRODUCT, 2 WASTE. C. 1 UNLEADED, 2 LEADED, 3 DIESEL, 4 GASAHOL, 5 JET FUEL, 6 AVIATION GAS, 7 METHANOL, 99 OTHER. D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #

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

A. TYPE OF SYSTEM: 1 DOUBLE WALLED, 2 SINGLE WALLED, 3 SINGLE WALLED WITH EXTERIOR LINER, 4 SECONDARY CONTAINMENT, 95 UNKNOWN, 99 OTHER. B. TANK MATERIAL: 1 STEEL/IRON, 2 STAINLESS STEEL, 3 FIBERGLASS, 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC, 5 CONCRETE, 6 POLYVINYL CHLORIDE, 7 ALUMINUM, 8 100% METHANOL COMPATIBLE 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, IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES NO. D. CORROSION PROTECTION: 1 POLYETHYLENE WRAP, 2 TAR OR ASPHALT, 3 VINYL WRAP, 4 FIBERGLASS REINFORCED PLASTIC, 5 CATHODIC PROTECTION, 91 NONE, 95 UNKNOWN, 99 OTHER.

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

A. SYSTEM TYPE: A U 1 SUCTION, A U 2 PRESSURE, A U 3 GRAVITY, A U 91 NONE, A U 95 UNKNOWN, A U 99 OTHER. B. CONSTRUCTION: A U 1 SINGLE WALLED, A U 2 DOUBLE WALLED, A U 3 LINED TRENCH, A U 91 NONE, A U 95 UNKNOWN, A U 99 OTHER. C. MATERIAL: A U 1 STEEL/IRON, A U 2 STAINLESS STEEL, A U 3 POLYVINYL CHLORIDE (PVC), A U 4 FIBERGLASS PIPE, A U 91 NONE, A U 5 ALUMINUM, A U 6 CONCRETE, A U 7 STEEL CLAD W/FRP, A U 8 100% METHANOL COMPATIBLE FRP, A U 9 GALVANIZED STEEL, A U 95 UNKNOWN, A U 99 OTHER.

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

S 1 VISUAL CHECK, P S 2 INVENTORY RECONCILIATION, P S 3 VADOSE WELLS, P S 4 ELECTRONIC MONITOR, P S 5 GROUND WATER MONITORING WELLS, P S 6 PRECISION TESTING, P S 7 PRESSURE TESTING, P S 91 NONE, P S 95 UNKNOWN, P S 99 OTHER.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR) JAN. 1987 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN 0 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 & SIGNATURE) Robert L. Stevens Robert Stevens DATE 2-2-90

LOCAL AGENCY USE ONLY

COUNTY # JURISDICTION # AGENCY # FACILITY ID # TANK ID # CURRENT LOCAL AGENCY FACILITY ID # APPROVED BY NAME PHONE # WITH AREA CODE PERMIT NUMBER PERMIT APPROVAL DATE PERMIT EXPIRATION DATE CHECK # PERMIT AMOUNT SURCHARGE AMT. FEE CODE RECEIPT # BY:



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

N9 21917

| | | | | |
|--|---|---|---|---|
| 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 TANK |
| | <input type="checkbox"/> 2 INTERIM PERMIT | <input type="checkbox"/> 4 AMENDED PERMIT | <input type="checkbox"/> 6 TEMPORARY TANK CLOSURE | <input type="checkbox"/> 8 TANK REMOVED |
| FACILITY/SITE NAME WHERE TANK IS INSTALLED: <u>Buettner-Hoyt</u> | | | FARM TANK - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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

| | |
|---------------------------------|--|
| A. OWNERS TANK ID # <u>U/K</u> | B. MANUFACTURED BY: <u>U/K</u> |
| C. YEAR INSTALLED <u>10 yrs</u> | D. TANK CAPACITY IN GALLONS: <u>1000</u> |

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

| | | | | | |
|---|--------------------------------------|--|--|---|---|
| A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL | <input type="checkbox"/> 2 PETROLEUM | B. <input checked="" type="checkbox"/> 1 PRODUCT | C. <input type="checkbox"/> 1 UNLEADED | <input checked="" type="checkbox"/> 2 LEADED | <input type="checkbox"/> 3 DIESEL |
| <input type="checkbox"/> 3 CHEMICAL PRODUCT | <input type="checkbox"/> 4 OIL | <input type="checkbox"/> 2 WASTE | <input type="checkbox"/> 4 GASAHOL | <input type="checkbox"/> 5 JET FUEL | <input type="checkbox"/> 6 AVIATION GAS |
| <input type="checkbox"/> 5 HAZARDOUS | <input type="checkbox"/> 80 EMPTY | <input type="checkbox"/> 95 UNKNOWN | <input type="checkbox"/> 7 METHANOL | <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW) | |
| D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # | | | | | C.A.S. # |

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

| | | | |
|-------------------------|---|--|--|
| A. TYPE OF SYSTEM | <input type="checkbox"/> 1 DOUBLE WALLED | <input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER | <input type="checkbox"/> 95 UNKNOWN |
| | <input checked="" type="checkbox"/> 2 SINGLE WALLED | <input type="checkbox"/> 4 SECONDARY CONTAINMENT | <input type="checkbox"/> 99 OTHER |
| B. TANK MATERIAL | <input type="checkbox"/> 1 STEEL/IRON | <input type="checkbox"/> 2 STAINLESS STEEL | <input checked="" type="checkbox"/> 3 FIBERGLASS |
| | <input type="checkbox"/> 5 CONCRETE | <input type="checkbox"/> 6 POLYVINYL CHLORIDE | <input type="checkbox"/> 7 ALUMINUM |
| | <input type="checkbox"/> 9 BRONZE | <input type="checkbox"/> 10 GALVANIZED STEEL | <input type="checkbox"/> 95 UNKNOWN |
| C. INTERIOR LINING | <input type="checkbox"/> 1 RUBBER LINED | <input type="checkbox"/> 2 ALKYD LINING | <input type="checkbox"/> 3 EPOXY LINING |
| | <input checked="" type="checkbox"/> 5 GLASS LINING | <input type="checkbox"/> 6 UNLINED | <input type="checkbox"/> 4 PHENOLIC LINING |
| | <input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input type="checkbox"/> NO <input type="checkbox"/> | | <input type="checkbox"/> 95 UNKNOWN |
| D. CORROSION PROTECTION | <input type="checkbox"/> 1 POLYETHYLENE WRAP | <input type="checkbox"/> 2 TAR OR ASPHALT | <input type="checkbox"/> 3 VINYL WRAP |
| | <input type="checkbox"/> 5 CATHODIC PROTECTION | <input type="checkbox"/> 91 NONE | <input checked="" type="checkbox"/> 95 UNKNOWN |
| | | | <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC |
| | | | <input type="checkbox"/> 99 OTHER |

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

| | | | | | | |
|-----------------|--|---|--|--|--------------------------------------|------------------------------------|
| A. SYSTEM TYPE | A <input checked="" type="radio"/> 1 SUCTION | A U <input type="radio"/> 2 PRESSURE | A U <input type="radio"/> 3 GRAVITY | A U <input type="radio"/> 91 NONE | A U <input type="radio"/> 95 UNKNOWN | A U <input type="radio"/> 99 OTHER |
| B. CONSTRUCTION | A <input checked="" type="radio"/> 1 SINGLE WALLED | A U <input type="radio"/> 2 DOUBLE WALLED | A U <input type="radio"/> 3 LINED TRENCH | A U <input type="radio"/> 91 NONE | A U <input type="radio"/> 95 UNKNOWN | A U <input type="radio"/> 99 OTHER |
| C. MATERIAL | A U <input type="radio"/> 1 STEEL/IRON | A U <input type="radio"/> 2 STAINLESS STEEL | A U <input type="radio"/> 3 POLYVINYL CHLORIDE (PVC) | A U <input type="radio"/> 4 FIBERGLASS PIPE | A U <input type="radio"/> 91 NONE | |
| | A U <input type="radio"/> 5 ALUMINUM | A U <input type="radio"/> 6 CONCRETE | A U <input type="radio"/> 7 STEEL CLAD W/FRP | A U <input type="radio"/> 8 100% METHANOL COMPATIBLE FRP | | |
| | A U <input type="radio"/> 9 GALVANIZED STEEL | A <input checked="" type="radio"/> 95 UNKNOWN | A U <input type="radio"/> 99 OTHER | | | |

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

| | | | | |
|--|--|--|--|---|
| <input checked="" type="radio"/> S 1 VISUAL CHECK | <input type="radio"/> P S 2 INVENTORY RECONCILIATION | <input type="radio"/> P S 3 VADOSE WELLS | <input type="radio"/> P S 4 ELECTRONIC MONITOR | <input type="radio"/> P S 5 GROUND WATER MONITORING WELLS |
| <input checked="" type="radio"/> S 6 PRECISION TESTING | <input type="radio"/> P S 7 PRESSURE TESTING | <input type="radio"/> P S 91 NONE | <input type="radio"/> P S 95 UNKNOWN | <input type="radio"/> P S 99 OTHER |

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

| | | |
|--|--|---|
| 1. ESTIMATED DATE LAST USED (MO/YR) <u>JAN-1987</u> | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN <u>0</u> GALLONS | 3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 & SIGNATURE) <u>Robert L. Stevens Robert L. Stevens</u> | DATE <u>2-2-90</u> |
|--|-----------------------|

LOCAL AGENCY USE ONLY

| | | | | |
|------------------------------------|----------------------|------------------------|----------------------|------------------------|
| COUNTY # | JURISDICTION # | AGENCY # | FACILITY ID # | TANK ID # |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CURRENT LOCAL AGENCY FACILITY ID # | | APPROVED BY NAME | | PHONE # WITH AREA CODE |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> |
| PERMIT NUMBER | PERMIT APPROVAL DATE | PERMIT EXPIRATION DATE | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| CHECK # | PERMIT AMOUNT | SURCHARGE AMT. | FEE CODE | RECEIPT # |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |