

LOP - RECORD CHANGE REQUEST FORM

printed:
05/11/95

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

Insp: SH

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 3752 LOC:
 SITE NAME: City of Albany Corp. Yard DATE REPORTED : 08/22/91
 ADDRESS : 507 San Gabriel St DATE CONFIRMED: 08/22/91
 CITY/ZIP : Albany 94706 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: S CONTRACT STATUS: 4 PRIOR CODE:3B1 EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 03/16/92
 PRELIMINARY ASMNT: C DATE UNDERWAY: 08/25/92 DATE COMPLETED: 08/30/92
 REM INVESTIGATION: C DATE UNDERWAY: 10/24/94 DATE COMPLETED: 10/24/94
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:
 ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 03/16/92
 LUFT FIELD MANUAL CONSID: 2SA
 CASE CLOSED: Y DATE CASE CLOSED: 05/10/95
 DATE EXCAVATION STARTED : 08/22/91 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Ron Lefler
 COMPANY NAME: City Of Albany
 ADDRESS: 1000 San Pablo Ave
 CITY/STATE: Albany, C A 94706

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

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

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION

03/22/95

UNDERGROUND STORAGE TANK CLEANUP SITE

AGENCY#: 10000	SOURCE OF FUNDS: F-FEDERAL	INSPECTOR: SH
StID: 3752	SUBSTANCE: 8006619 -Gasoline	
SITE NAME: City of Albany Corp. Yard	DATE REPORTED : 08/22/91	
ADDRESS : 507 San Gabriel St	DATE CONFIRMED: 08/22/91	
CITY/ZIP : Albany, CA 94706	MULTIPLE RP's : N	

CASE TYPE: S	CONTRACT STATUS: 4	PRIOR:3B1	EMERGENCY RESPONSE:
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RP SEARCH	: S	DATE END: 03/16/92
PRELIM ASSESSMENT	: U	DATE BEGIN:
REMEDIAL INVESTIG	:	DATE END:
REMEDIAL ACTION	:	DATE BEGIN:
POST REMED MONITOR:	DATE BEGIN:	DATE END:

TYPE ENFORCEMENT ACTION TAKEN: 1	DATE OF ENFORC. ACTION: 03/16/92
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UNDERGROUND STORAGE TANK CLEANUP SITE - SCREEN #2

LUFT FIELD MANUAL CONSIDERATION: 2SA	CASE CLOSED: on:
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DT EXC START: 08/22/91	REMEDIAL ACTIONS TAKEN: ED
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RP #1: CONTACT: Ron Lefler	RP COST:
RP COMPANY NAME: City Of Albany	Ph:
ADDRESS: 1000 San Pablo Ave	
CITY/STATE: Albany, C A 94706	

ΔPeMENT:



**Harlan
Tait
Associates**

Consulting Engineers and Geologists

Ms. Susan Hugo
Alameda County Health Agency
Department of Environmental Health
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

October 25, 1994
Project No. 653.061

SUBJECT: CORPORATION YARD - UNDERGROUND FUEL STORAGE TANK
507 San Gabriel, Albany, California

Reference: Harlan Tait Associates, Preliminary Investigation and Evaluation Report, Corporation Yard, Albany, California, dated October 9, 1992.

Dear Ms. Hugo:

In response to a February 11, 1992 letter from the Alameda County Department of Environmental Health to the City of Albany requesting further assessment of the site of a removed 250-gallon underground fuel tank, Harlan Tait Associates submitted the above-referenced report. On May 20, 1993, I had a telephone conversation with you regarding the findings of the HTA study. You stated that you had a discussion with Rich Hyatt of the RWQCB and it was decided to classify the Corporation Yard site as "No Further Action Required". You indicated that a letter would be written to confirm that status.

As of this date, the City of Albany has not received a letter from your office or the RWQCB regarding the site status. The City is in the process of transferring ownership and needs a letter on the underground fuel tank closure.

We request that you prepare a letter on the underground fuel tank closure status for the City of Albany. If you have any questions, please call the undersigned or Jason Baker at the City (510-528-5760). Thank you for your help in this matter.

Very truly yours,

HARLAN TAIT ASSOCIATES

David H. Connell
Civil Engineer 24634
Expires 12/31/97

cc: City of Albany, ATTN: Jason Baker
Land Planning Consultants, ATTN: Greg Mix

dhc:bjk

P:\600\653-061.J01

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



FARAH SHAMID, Assistant Agency Director

May 27, 1992
STID 3752

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

Mr. Ron Lefler
City of Albany
1000 San Pablo Avenue
Albany, California 94706

**RE: Underground Storage Tank Removal at City of Albany Corporation
Yard - 507 San Gabriel Albany, CA 94706**

Dear Mr. Lefler:

Enclosed are the following attachments to my May 12, 1992 letter :
"Underground Storage Tank Unauthorized Release (Leak)/Contamination
Site Report" and the Appendix A - Workplan for Initial Subsurface
Investigation (Proposal and Report Format) which were
inadvertently misplaced.

The preliminary assessment to determine the extent of soil and/or
groundwater contamination at the site should be designed in the
format shown in "Appendix A" which is based on the RWQCB's
guidelines.

Please complete the Unauthorized Leak Report (ULR) and submit it to
this department within 5 working days.

Should you have any questions regarding this letter, please contact
me at (510) 271-4530.

Sincerely,

A handwritten signature in cursive script that reads "Susan L. Hugo".

Susan L. Hugo
Senior Hazardous Materials Specialist

enclosures (2)

File

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

May 12, 1992
STID# 3752

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

Mr. Ron Lefler
City of Albany
1000 San Pablo Avenue
Albany, CA 94706

**RE: Underground Storage Tank Removal at City of Albany Corporation
Yard - 507 San Gabriel Albany, CA 94706**

Dear Mr. Lefler:

The Alameda County Department of Environmental Health, Hazardous Materials Division, Local Oversight Program has reviewed the files concerning the removal of an underground storage tank on August 22, 1991 at the referenced site. We are in receipt of the Tank Excavation Report submitted by Semco for the subject site.

A composite sample collected from the stockpiled soil showed 560 ppm of Total Petroleum Hydrocarbon (TPH-gasoline), 400 ppb of benzene, 2,400 ppb of toluene, 4,300 ppb of ethyl benzene and 30,000 ppb of xylenes. The soil sample taken at the bottom of the tank excavation pit (10 feet depth) found non detectable level of TPH-gasoline, toluene and xylenes. However, 9ppb of benzene and 7 ppb of ethyl benzene were detected. Because of the degree of contamination found at the site which exceeded regulatory threshold levels, Regional Water Quality Control Board (RWQCB) requires further environmental assessment. Therefore, you must now complete an Unauthorized Release Report with this office and initiate further investigation and/or cleanup activities at this site.

A letter dated February 11, 1992 from this office requested that a preliminary site assessment (plan of correction) be submitted to this office in 30 days. We **have not received** this work plan.

This office will be the lead agency overseeing the environmental investigation and cleanup activities at the site. The RWQCB has delegated this authority to our office. However, you must keep the Water Board apprised of all actions taken to characterize and remediate contamination at the site, because the Board retains the ultimate responsibility for ensuring protection of the waters of the state.

A preliminary assessment should be conducted to determine the extent of soil and/or groundwater contamination that has resulted from the former leaking tank. The information gathered by this investigation will be used to assess the need for additional

Mr. Ron Lefler
RE: 507 San Gabriel St., Albany 94706
May 12, 1992
Page 2 of 3

actions at the site. The preliminary assessment should be designed to provide all of the information in the format shown in the attachment at the end of this letter, which is based on the RWQCB's guidelines. You should be prepared to install one monitoring well (within 10 feet downgradient of the former tank location), if you can verify the direction of groundwater flow at the site, and three wells if you can not established gradient direction of the groundwater.

Until cleanup is complete, you will need to submit reports to this office and to RWQCB every three months (or at a more frequent interval, if specified at any time by either agency). This reports must include information pertaining to further investigative results; the methods and costs of cleanup actions implemented to date; and the method and disposal of any contaminated material. Copies of manifests for such disposal must be sent to this office. Stockpiled soil from the pit may not be used to backfill the excavation without authorization from this office. Please provide our office with documentation of the stockpiled soil disposal.

Your work plan must be submitted to this office no later than **June 26, 1992**. All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project. Copies of the reports and proposals must also be submitted to:

Rich Hiett
RWQCB, San Francisco Bay Region
2101 Webster Street, Fourth Floor
Oakland, California 94612

Because we are overseeing this site under the designated authority of the Regional Water Quality Control Board, this letter constitutes a formal requests for technical reports pursuant to California Water Code Section 13267(b). Any extensions of stated deadlines or changes in the work plan must be confirmed in writing and approved by this agency or RWQCB.

Enclosed is an "Underground Storage Tank Unauthorized Release (Leak)/Contamination Site Report" which should be completed and returned within 5 working days.

Mr. Ron Lefler
RE: 507 San Gabriel St., Albany 94706
May 12, 1992
Page 3 of 3

Should you have any questions regarding this letter, please contact me at (510) 271-4530.

Sincerely,

Susan L. Hugo

Susan L. Hugo
Senior Hazardous Materials Specialist

enclosures (2)

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Rich Hiett, San Francisco Bay RWQCB
Mark Thomson, Alameda County District Attorney's Office

File

BILLING ADJUSTMENT FORM

Billing Acct.#	
<input type="checkbox"/>	Generator...H _____
<input type="checkbox"/>	HMMP.....L _____
<input checked="" type="checkbox"/>	UST.....T <u>21031</u>

Date: 3/24/92
HazMat StID#: 3752

Caller: _____ Phone: _____

Company Name: City of Albany Corporation Spard

Site Address: 507 Sen Gabriel Ave Albany 94706
City Zip

Requested Changes: _____

Initials: _____

Rescind Bill with explanation and date (if available):

Generator _____

HMMP (AB2185) _____

UST Removed by GW: 5/5/91

[] Continue Billing With Following Changes:

From : To :

Change number of EMPLOYEES _____

Change number of TANKS _____

HMMP (AB2185)

Updated information

Business Name _____ Phone: _____

SITE Address _____
City Zip

BILLING Address _____
City Zip

Inspector: _____ Date: _____

Sent to Billing
on 3/31/92
Rev 12/91 Mac-BillAdj-2

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: 8006619
StID : 3752
SITE NAME: City of Albany Corp. Yard DATE REPORTED : 08/22/91
ADDRESS : 507 San Gabriel St. DATE CONFIRMED: 08/22/91
CITY/ZIP : Albany 94706 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S	CONTRACT STATUS: 2	EMERGENCY RESP:
RP SEARCH: S		DATE COMPLETED: 03/16/92
PRELIMINARY ASMNT: U	DATE UNDERWAY:	DATE COMPLETED:
REM INVESTIGATION:	DATE UNDERWAY:	DATE COMPLETED:
REMEDIAL ACTION:	DATE UNDERWAY:	DATE COMPLETED:
POST REMED ACT MON:	DATE UNDERWAY:	DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 03/16/92
LUFT FIELD MANUAL CONSID: 2,S,C,A
CASE CLOSED: DATE CASE CLOSED:
DATE EXCAVATION STARTED : 08/22/91 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Ron Lefler
COMPANY NAME: City Of Albany
ADDRESS: 1000 San Pablo Ave
CITY/STATE: Albany, C A 94706

DATE: 3-5-92

TO : Local Oversight Program

FROM: Jennifer Eberle

SUBJ: Transfer of Eligible Oversight Case

Site name: City of Albany Corp. Yard

Address: 507 San Gabriel city Albany zip 94706

Closure plan attached? Y N DepRef remaining \$ ~~121,980~~ 121,980

DepRef Project # 5064 STID # (if any) ~~3752~~ 3752

Number of Tanks: 1 removed? Y N Date of removal 8-22-91

Leak Report filed? Y N Date of Discovery 8-22-91

Samples received? Y N Contamination: soil

Petroleum Y N Types: Avgas Jet leaded unleaded Diesel
gas fuel, oil waste oil kerosene solvents

Monitoring wells on site Monitoring schedule? Y N

Briefly describe the following:

Preliminary Assessment Tank Pull/Soil Sampling Report (rec'd 9-91)

Remedial Action N/A

Post Remedial Action Monitoring N/A

Enforcement Action N/A

Comments:

Composite soil sample had 560 ppm TPH g, 400 ppb Benzene, 2400 ppb toluene, 4,300 ppb ethylbenzene, + 30,000 ppb xylenes.

4/22/92 * need to file WRK

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

February 11, 1992

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

Mr. Ron Lefler, Director of Public Works
City of Albany
1000 San Pablo Avenue
Albany, CA 94706

**RE: City of Albany, Corporation Yard, 507 San Gabriel
Albany, CA**

Dear Mr. Lefler:

I have reviewed the Tank Excavation Report that was prepared by Semco for the above site. A composite soil sample taken from the stockpile soil revealed 560 PPM TPH(g), 400 PPM Benzene, 2,400 PPM Toluene, 4,300 PPM EthylBenzene and 30,000 PPM Xylene. Gasoline odors from the backfill was detected during the underground tank removal. A subsurface investigation must commence to determine the lateral and vertical extent of contamination. This investigation must be performed in accordance to the Tri-Regional Board Staff Recommendations For Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990.

Please submit to this office within 30 Days of the receipt of this letter your plan of correction. This plan must include, but shall not be limited to:

1. Name of your environmental consultant
2. Method(s) that will be used to determine the lateral and vertical extent of contamination
3. Method(s) that will be used to determine the down gradient direction
4. Number of monitoring well(s) that will be installed, and their proposed location(s)
5. Proposed time schedule for your investigation/remediation

If you have any questions, please contact me at (510) 271-4320.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

cc: Gil Jensen, Alameda County District Attorney's Office
Eddie So, RWQCB
Charlene Williams, DTSC
Rafat Shahid, Assistant Agency Director, Enviromental Health
Files

**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**

Project Specialist (print) Carry Set

6/7/91

ACCEPTED

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

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Charges to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now referred for issuance of any required building permits for construction. One copy of these accepted plans must be on file and available to all contractors and craftsmen involved with the removal.

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Division 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 PERMITS ONLY DOCUMENT. IT DOES NOT CONTAIN THESE REGULATIONS.

***** Complete according to attached instructions ***
UNDERGROUND TANK CLOSURE PLAN**

1. Business Name CITY OF ALBANY CORPORATION YARD
Business Owner CITY OF ALBANY
 2. Site Address 507 SAN GABRIEL
City ALBANY Zip 94706 Phone 528-5759
 3. Mailing Address 1000 SAN PABLO AVENUE
City ALBANY Zip 94706 Phone 528-5759
 4. Land Owner CITY OF ALBANY
Address 1000 SAN PABLO AVE. ALBANY City, State CA Zip 94706
 5. Generator name under which tank will be manifested CITY OF ALBANY
- EPA I.D. No. under which tank will be manifested CAC000599152

6. Contractor SEMCO
Address 1741 LESLIE STREET
City SAN MATEO CALIFORNIA 94402 Phone 572-8033
License Type A,B,C-61/D-40 ID# 449864

7. Consultant N/A
Address _____
City _____ Phone _____

8. Contact Person for Investigation
Name CHUCK KIPER Title VICE-PRESIDENT
Phone 572-8033

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

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

**** Underground tanks are hazardous waste and must be handled **
as hazardous waste**

a) Product/Residual Sludge/Rinsate Transporter

Name ALLIED PETROLEUM EPA I.D. No. CAD098065675128
Hauler License No. 1168 License Exp. Date 4/30/92
Address P.O. BOX 193
City HILMAR State CA Zip 95327

b) Product/Residual Sludge/Rinsate Disposal Site

Name RAMOS ENVIRONMENTAL EPA I.D. No. CAD044003556
Address 1515 SOUTH RIVER
City WEST SACRAMENTO State CA Zip _____

c) Tank and Piping Transporter

Name ERICKSON, INC. EPA I.D. No. CAD 009466392
Hauler License No. 019 License Exp. Date 5/31/92
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name ERICKSON, INC. EPA I.D. No. CAD009466392
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

11. Experienced Sample Collector

Name CHUCK KIPER
Company SEMCO
Address 1741 LESLIE STREET
City SAN MATEO State CA Zip 94402 Phone 572-8033

12. Laboratory

Name SUPERIOR ANALYTICAL
Address 1555 BURKE UNIT I
City SAN FRANCISCO State CA Zip 94124
State Certification No. 1332 & 319

13. Have tanks or pipes leaked in the past? Yes [] No [x]

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

HIGH PRESSURE HOT WATER DETERGENT WASH

20 LBS PER 1000 GALLONS DRY ICE

FINAL PURGE WITH AIR

Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be plugged.

The Bay Area Air Quality Management District (771-6000), along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of explosion proof combustible gas meters to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas meter on site to verify tank inertness.

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
250	GASOLINE	SOIL/WATER	2 feet below fill end of tank

One soil sample must be collected for every 20 feet of piping that is removed. A ground water sample must be collected should any ground water be present in the excavation.

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) 1-2 CU YDS	Sampling Plan SOIL SAMPLES TAKEN FROM THE EXCAVATED AREA WILL BE COLLECTED, PLACED IN BRASS TUBES, SEALED WITH FOIL, TEFLON CAPS AND SEALED WITH APPROVED TAPE, PLACED ON ICE AND TRANSPORTED TO A STATE CERTIFIED LAB UNDER CHAIN OF CUSTODY AND ANALYZED FOR THE CONSTITUENTS OF THE TANK.

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

16. Chemical methods and associated detection limits to be used for analyzing samples

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. See attached Table 2.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
Unleaded Gas	TPH G GCFID(5030) BTX&E 8020 or 8240	TPH G GCFID(5030) BTX&E 602 or 624	

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer FAIRMONT INSURANCE COMPANY

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

22. Submit a closure report to this office within 60 days of the tank removal. This report must contain all the information listed in item 22 of the instructions.

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true.

I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

Signature of Contractor

Name (please type) CHUCK KIPER

Signature *Chuck Kiper*

Date 5/28/91

Signature of Site Owner or Operator

Name (please type) JASON BAKER

Signature *Jason Baker*

Date 5/28/91

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Health Services, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION

Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc..

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- c) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- d) Frequency and types of air and personnel monitoring to be used - along with the environmental sampling techniques and instrumentation. Include instrumentation maintenance and calibration methods and frequencies;
- e) Specific personal protective equipment and procedures to be used by workers to protect themselves from the identified hazards. Also state the contaminant concentrations in air - or other conditions - which will trigger changes in work or work habits to ensure workers are not exposed to high levels of hazardous chemicals or to other unsafe conditions;
- f) Confined space entry procedures (if applicable);
- g) Decontamination procedures;
- h) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, security guards, etc.);
- i) Spill containment and emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- j) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- k) Page ~~for~~ employees to sign indicating they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120, Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist 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 Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tanks and piping in addition to the ones being pulled.

20. DEPOSIT

A deposit, payable to Alameda County for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Description of sampling methods;
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDf to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Tabulation of the volume and final destination of all non-manifested contaminated soil hauled offsite.

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>	<u>WATER ANALYSIS</u>
Unknown Fuel	TPH G GCFID(5030) TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G GCFID(5030) TPH D GCFID(3510) BTX&E 602, 624 or 8260
Leaded Gas	TPH G GCFID(5030) BTX&E 8020 OR 8240 TPH AND BTX&E 8260 TOTAL LEAD AA -----Optional----- TEL DHS-LUFT EDB DHS-AB1803	TPH G GCFID(5030) BTX&E 602 or 624 TOTAL LEAD AA TEL DHS-LUFT EDB DHS-AB1803
Unleaded Gas	TPH G GCFID(5030) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G GCFID(5030) BTX&E 602, 624 or 8260
Diesel, Jet Fuel and Kerosene	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260
Fuel/Heating Oil	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260
Chlorinated Solvents	CL HC 8010 or 8240 BTX&E 8020 or 8240 CL HC AND BTX&E 8260	CL HC 601 or 624 BTX&E 602 or 624 CL HC AND BTX&E 8260
Non-chlorinated Solvents	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602 or 624 TPH and BTX&E 8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G GCFID(5030) TPH D GCFID(3550) TPH AND BTX&E 8260 O & G 5520 D & F BTX&E 8020 or 8240 CL HC 8010 or 8240	TPH G GCFID(5030) TPH D GCFID(3510) O & G 5520 C & F BTX&E 602, 624 or 8260 CL HC 601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni METHOD 8270 FOR SOIL OR WATER TO DETECT: PCB* PCP* PNA CREOSOTE	PCB PCP PNA CREOSOTE

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary
Evaluation and Investigation of Underground Tank Sites,
10 August 1990

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. **Standard Methods** 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

10 August 1990

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal

Regional Board Staff Recommendations
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from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

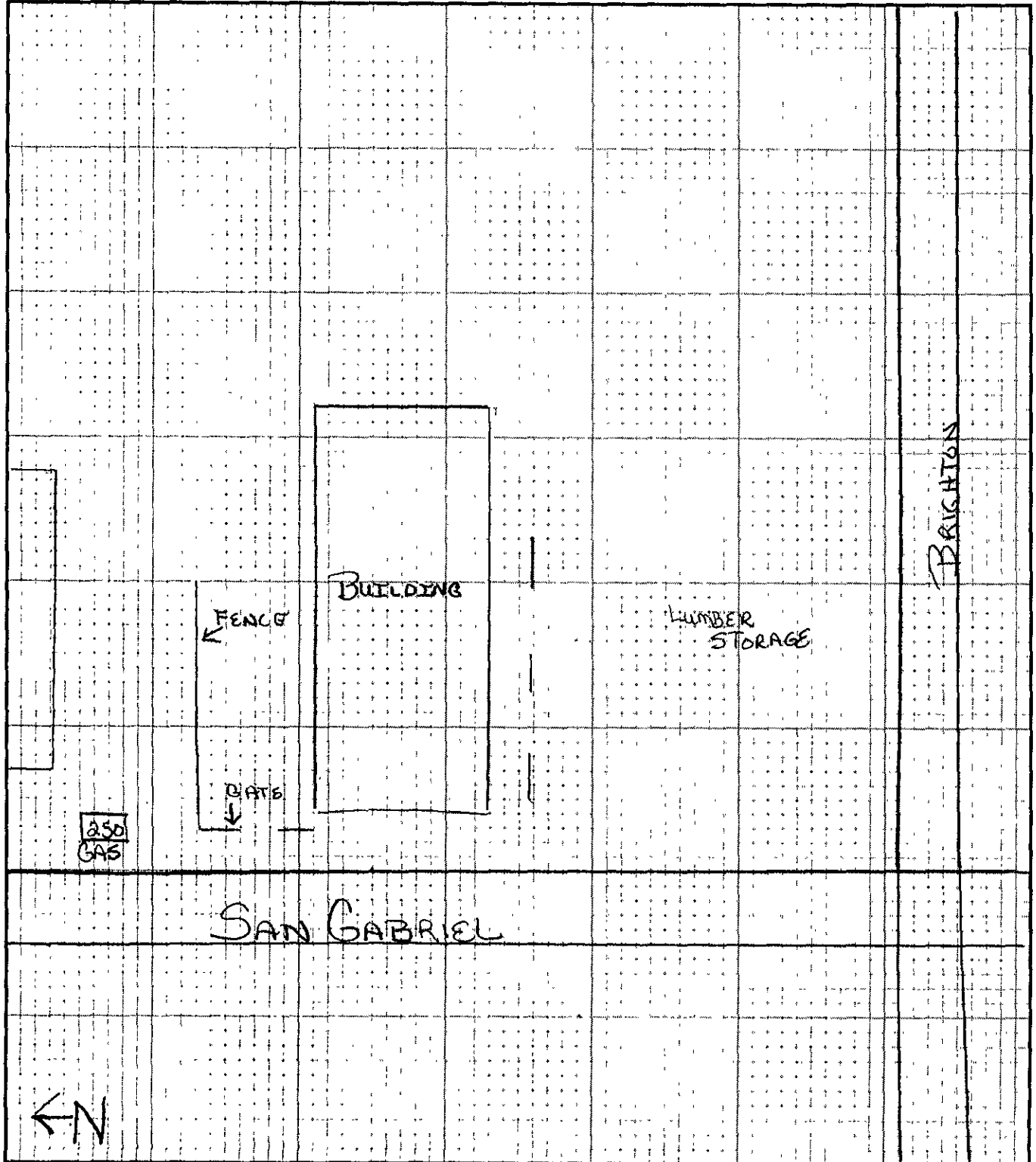
SEMCO
Oil Heating Engineering Division
1806 Leslie Street
San Mateo, Calif. 94402
(415) 572-8033

License No. 449864
A, B, & C-61

SEMCO
General & Engineering Contractors
431 W. Hatch Rd.
Modesto, Calif. 95351
(209) 524-9653

SITE PLAN

SUBMITTED TO:		DESCRIPTION OF JOB:	
<i>Alameda County</i>		Job	<i>City of Albany Corp Yard</i>
<i>Albany Fire</i>		Address	<i>587 San Gabriel</i>
		City	<i>Albany</i> State <i>CA</i>
		Phone	Date



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

9/25/90

PRODUCER

R. L. Stewart Ins. Agency
P.O. Box 1515
Oakdale, Ca. 95361

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** American Star Ins. Co.
COMPANY LETTER **B** Fairmont Ins. Co.
COMPANY LETTER **C**
COMPANY LETTER **D**
COMPANY LETTER **E**

INSURED

Semco
431 W. Hatch Rd.
Modesto, Ca. 95351

COVERAGES

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

CO R	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE; <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT.	AMS1-509826	10/1/90	10/1/91	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				
	ANY AUTO				COMBINED SINGLE LIMIT \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				
	UMBRELLA FORM				EACH OCCURRENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	80480741	9/5/90	9/5/91	STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-EACH EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

All California Operations

CERTIFICATE HOLDER

COUNTY OF ALAMEDA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Roger Silani

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT 05 RENEWED PERMIT 07 TANK CLOSED 09 DELETE FROM FILE (NO FEE)
 02 CONDITIONAL PERMIT 06 AMENDED PERMIT 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) CITY OF ALBANY		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 1000 SAN PABLO AVE	CITY ALBANY	STATE CA	ZIP 94706

II FACILITY

FACILITY NAME CITY OF ALBANY CORPORATION YAR		DEALER/FOREMAN/SUPERVISOR ROBERT GULETZ	
STREET ADDRESS 507 SAN GABRIEL		NEAREST CROSS STREET BRIGHTON	
CITY ALBANY		COUNTY ALAMEDA	ZIP 94706
MAILING ADDRESS 1000 SAN PABLO AVE.		CITY ALBANY	STATE CA ZIP 94706
PHONE W/AREA CODE 415-528-5760	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER CITY YARD		
NUMBER OF CONTAINERS 1	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE FIRE DEPT. OFFICER ON DUT 415-528-5770	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE SAME
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER 1
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG: C. YEAR INSTALLED 1974 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 280 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input checked="" type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT:	<input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN	
C. <input type="checkbox"/> 01 DOUBLE WALLED <input type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED	
D. <input type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input checked="" type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:	

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS
IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE)	PHONE W/AREA CODE
---------------------------	-------------------

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY	CITY CODE	COUNTY CODE		
CONTACT PERSON	PHONE W/AREA CODE			
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

Alameda County Health Care Services Agency

Department of Environmental Health
COUNTY OF ALAMEDA
INTERIM

This is to certify that _____
doing business as _____, is permitted
to operate at _____
at _____ CA 947

This permit is not transferrable and is good until
6 MONTHS FROM DATE OF ISSUANCE

Issued this 25th day of FEBRUARY, 19 88

[Signature]

~~Gantman~~ HAZMAT SPECIALIST

By Authority of
County Health Officer