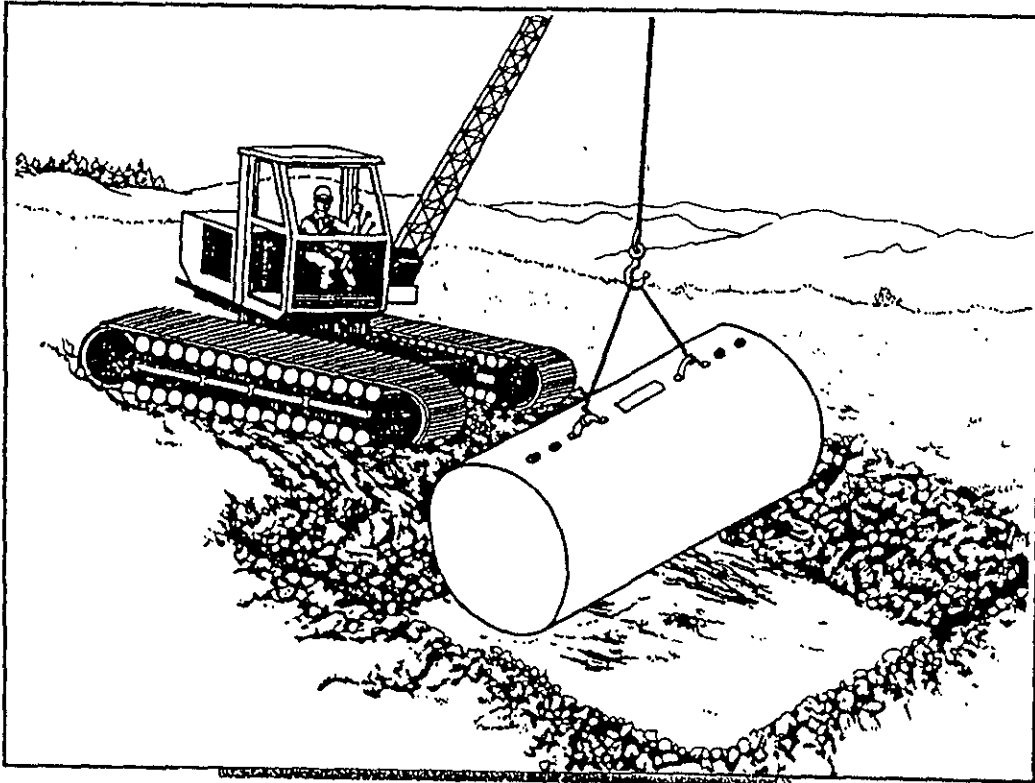


91 SEP 13 PM 1:46



TANK EXCAVATION REPORT



CITY OF ALBANY
1000 SAN PABLO AVE and
ALBANY, CALIFORNIA 507 San Gabriel
Albany

S E M C O
Environmental and General Engineering Contractors
License No. 449864 A,B & C-61
1741 Leslie Street
San Mateo, California 94402
(415) 572-8033

This tank excavation report is submitted to you for your files. SEMCO will document the removal and excavation of the tank from the site. SEMCO will provide sampling locations, site log- where applicable and deliver detailed analytical reports with chain of custody procedures. Finally, SEMCO will supply manifests for the disposal of the tanks as well as appropriate gas free certificates and documentation for final destination of the tank

The locations are as follows: Fire Station - 1000 San Pablo Avenue;
Corp Yard -507 San Gabriel, Albany in Alameda County.

REMOVAL AND DISPOSAL OF FUEL STORAGE TANKS.

Two underground fuel storage tanks were excavated and removed from the sites on August 22, 1991. Tank abandonment was performed by SEMCO, Contractors License Number 449864, Classification A,B,C - 61 / D 40. The tanks contents were as follows:

1-1000 and 1-250 gallon gasoline tanks.

It was determined that the tanks were dry before removal procedures were begun. Solid carbon dioxide (dry ice) was placed in the tanks after a water rinse before removal to eliminate any explosive vapors that may have existed. An Alameda County representative along with the Albany Fire Dept. were present at the time of tank removal. Soil samples were collected with a drive sampler, contained in sealed brass tubes, labeled, then stored in an iced container. Chain of Custody procedures were observed and are included herein.

On August 23, 1991, SEMCO delivered the samples to Superior Analytical Laboratories, Inc. in San Francisco, California for analysis. SEMCO requested the Laboratory to analyze samples from the base of the excavation for TPH as gas, BTXF and LEAD.

Transportation and off site disposal of the tanks was accomplished by Rich Hamilton Trucking Company, 431 West Hatch Road, Modesto, California. The tanks were then taken to Erickson for disposal.

SEMCO is pleased to present this tank excavation report to you for your file. We would, of course, be happy to answer any questions you may have. Thank you for allowing SEMCO to complete this tank removal. We look forward to working with you again.

ANALYTICAL DATA

Superior Precision Analytical, Inc.

825 Arnold Lane, Ste. 114 • Martinez, California 94553 • (415) 229-1517 / Fax (415) 229-1525

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 83784
CLIENT: SEMCO
CLIENT JOB NO.: ALBANY CORP YD

DATE RECEIVED: 08/23/91
DATE REPORTED: 08/30/91
DATE SAMPLED: 08/22/91

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS
by MODIFIED EPA SW-846 METHOD 5030 and 8015

LAB #	Sample Identification	Concentration (mg/Kg) Gasoline Range
1	1-250-G-10'	ND<1
2	2-250-G-COMP	560

mg/Kg = parts per million (ppm)

Method Detection Limit for Gasoline in Soil: 1 mg/Kg

QA/QC Summary:

Daily Standard run at 2mg/L: RPD Gasoline = <15
MS/MSD Average Recovery = 113/117%: Duplicate RPD = 7

Richard Sina, Ph.D.

Robert W. [Signature]
Laboratory Director

Superior Precision Analytical, Inc. 229-1512

825 Apollo Drive, Ste. 119 • Martinez, California 94553 • (415) 279-1512 • FAX (415) 279-1526

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 83764
CLIENT: SEMCO
CLIENT JOB NO.: ALBANY CORP YD

DATE RECEIVED: 08/23/91
DATE REPORTED: 08/30/91
DATE SAMPLED: 08/22/91

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES
by EPA SW-846 Methods 5030 and 8020

LAB #	Sample Identification	Concentration(ug/Kg)			
		Benzene	Toluene	Ethyl Benzene	Xylenes
1	1-250-G-10'	97	ND<3	7	ND<3
2	2-250-G-COMP	400	2400	4300	30000

ug/Kg ~ parts per billion (ppb)

Method Detection Limit in Soil: 3 ug/Kg

QA/QC Summary:

Daily Standard run at 20ug/L: RPD = <15%
MS/MSD Average Recovery = 93%: Duplicate RPD = <10

Richard Srna, Ph.D.

Robert White (for)
Laboratory Director

Superior Precision Analytical, Inc.

825 Arnold Drive, Ste. 114 • Manteca, California 94553 • (415) 229-1512 / fax (415) 229-1522

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 83764
CLIENT: SEMCO
CLIENT JOB NO.: ALBANY CORP YD

DATE RECEIVED: 08/23/91
DATE REPORTED: 08/30/91

ANALYSIS FOR TOTAL LEAD by SW-846 Method 7420

LAB #	Sample Identification	Concentration (mg/Kg) Total Lead
1	1-250-G-10'	ND<10
2	2-250-G-COMP	ND<10

mg/Kg - parts per million (ppm)

Method Detection Limit for Lead in Soil: 10 mg/Kg

QA/QC Summary: MS/MSD Average Recovery : 89/93%
Duplicate RPD : 4

Richard Srna, Ph.D.

Richard Srna
Laboratory Manager

Section I

CHAIN OF CUSTODY AND ANALYSIS REQUEST

LAB NO. _____

Consultant Name SEMCO
 Office Location 1741 Leslie Rd. San Mateo, CA 94402
 Fax No. (415) 572-9734
 Project Manager Chuck Ripper
 Phone (415) 572 8033

TURN AROUND TIME
 (Circle One)
 Same Day
 24 Hrs
 48 Hrs
72 Hrs
5 Day

SUPERIOR ANALYTICAL, INC.
 Martinez San Francisco
 415/229-1512 415/647-2081

Send Coolers to : Modesto San Mateo
 Project No. / P.O. No. ALBANY CORP/4

Sampler Chuck Ripper
 Regulatory Agency Alameda Cty. Larry Lee

Section II Analysis Request Section III Sample Information

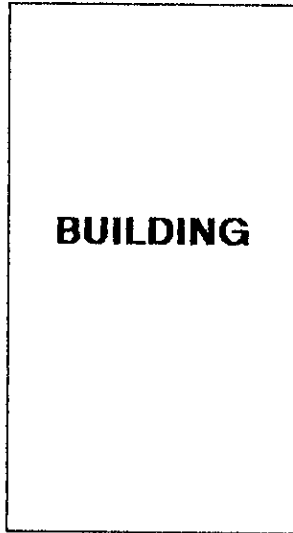
Sample Identification	S=Soil A=Air W=Water Matrix	TPH - G & D	TPH - Low Level D	TPH - G	BTXE	O&G	8010	8240	Metals	Others * Subject to Subcontracting	LEAD TOXICITY	Date	Time	Containers		Sampling Remarks	
														Quantity	Pres.	Bioremediation	Contamination
1 #1-250-G-10'	SOIL			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							8/25/91	3:15	1			
2 #2-250-G-Comp	SOIL			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>												HOLD TOXICITY
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

Relinquished by <u>Chuck Ripper</u>	Date/Time <u>8/25/91 1:20</u>	Received by _____	Please Initial _____ Samples Stored in Ice _____ Appropriate Containers _____ Samples Preserved _____ VOA's without Headspace _____ Comments _____
Organization <u>Semco</u>	Date/Time _____	Organization _____	
Relinquished by <u>W. Lee</u>	Date/Time <u>8/23/91 17:1</u>	Received by _____	
Organization <u>Alameda County</u>	Date/Time _____	Organization _____	
Relinquished by _____	Date/Time _____	Received by _____	
Organization _____	Date/Time _____	Organization _____	

#2-250 COMP

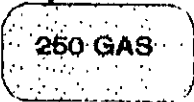


BUILDING



BRIGHTON

#1-250-G @ 10'



SAN GABRIEL

SEMCO

ALBANY CORP YARD
507 SAN GABRIEL
ALBANY, CA 94706

← N

Superior Precision Analytical, Inc.

825 Arnold Drive, Ste. 114 • Martinez, California 94553 • (415) 229-1517 / fax (415) 229-1526

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 83762
CLIENT: SEMCO
CLIENT JOB NO.: ALBANY FIRE

DATE RECEIVED: 08/23/91
DATE REPORTED: 08/30/91
DATE SAMPLED: 08/22/91

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS
by MODIFIED EPA SW-846 METHOD 5030 and 8015

LAB #	Sample Identification	Concentration (mg/Kg) Gasoline Range
1	1-1KG-E-11'	ND<1
2	2-1KG-W-11'	ND<1
3	3-1K-G-COMP	1

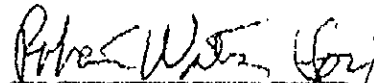
mg/Kg - parts per million (ppm)

Method Detection Limit for Gasoline in Soil: 1 mg/Kg

QA/QC Summary:

Daily Standard run at 2mg/L: RPD Gasoline = <15
MS/MSD Average Recovery = 106/113%: Duplicate RPD = 6

Richard Srna, Ph.D.


Laboratory Director

Superior Precision Analytical, Inc.

825 Arnold Drive, Ste. 114 • Martinez, California 94553 • (415) 779-1517 / (415) 779-1526

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO : 83762
 CLIENT: SEMCO
 CLIENT JOB NO.: ALBANY FIRE

DATE RECEIVED: 08/23/91
 DATE REPORTED: 08/30/91
 DATE SAMPLED : 08/22/91

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLLENES
 by EPA SW-846 Methods 5030 and 8020

LAB #	Sample Identification	Concentration(ug/Kg)			
		Benzene	Toluene	Ethyl Benzene	Xylenes
1	1-1KG-E-11'	ND<3	ND<3	ND<3	ND<3
2	2-1KG-W-11'	ND<3	ND<3	ND<3	ND<3
3	3-1K-Q-COMP	8	12	23	74


ug/Kg - parts per billion (ppb)

Method Detection Limit in Soil: 3 ug/Kg

QAQC Summary:

Daily standard run at 20ug/L: RPD = <15%
 MS/MSD Average Recovery = 99%: Duplicate RPD = <8

Richard Srna, Ph.D.


 Laboratory Director

Superior Precision Analytical, Inc.

825 Arnold Drive, Ste 114 • Menlo Park, California 94553 • (415) 229-1512 / (415) 229-1526

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 83762
 CLIENT: SEMCO
 CLIENT JOB NO.: ALBANY FIRE

DATE RECEIVED: 08/23/91
 DATE REPORTED: 08/30/91

ANALYSIS FOR TOTAL LEAD
 by SW-846 Method 7420

LAB #	Sample Identification	Concentration (mg/Kg) Total Lead
1	1-1KG-E-11'	ND<10
2	2-1KG-W-11'	ND<10
3	3-1KG-G-COMP	11

mg/Kg - parts per million (ppm)

Method Detection Limit for Lead in Soil: 10 mg/Kg

QA/QC Summary: MS/MSD Average Recovery : 89/93%
 Duplicate RPD : 4

Richard Orna, Ph.D.

Robert W. Orna
 Laboratory Manager

Section I

CHAIN OF CUSTODY AND ANALYSIS REQUEST

LAB NO. _____

Consultant Name SEMCO
 Office Location 1741 Leslie Rd. San Mateo, CA 94402
 Fax No. (415) 572-9734
 Project Manager Chuck Rippee
 Phone (415) 572 8033

TURN AROUND TIME
 (Circle One)

Same Day _____
 24 Hrs _____
 48 Hrs _____
 72 Hrs _____
 5 Day 5 Day

SUPERIOR ANALYTICAL, INC.

Martinez San Francisco
 415/229-1512 415/647-2081

Send Coolers to : Modesto San Mateo
 Project No. / P.O. No. ALBANY FIRE

Sampler Chuck Rippee
 Regulatory Agency Alameda City - Henry Cobb

Section II

Analysis Request

Section III

Sample Information

Sample Identification	Matrix S=Soil A=Air W=Water	TPH - G & D	TPH - Low Level D	TPH - G	BTXE	O&G	8010	8240	Metals	Others * Subject to Subcontracting	LEAD TOXICITY	Date	Time	Containers		Sampling Remarks	
														Quantity	Pres.	Bioremediation	Contamination
1 #1-1KG-E-11'	SOIL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						8/12	2:11	1			
2 #2-1KG-W-11'	SOIL			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							8/22	2:09				
3 #3-1K-G-Comp	SOIL			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							8/22	2:12				HOLD TOXIC TEST
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

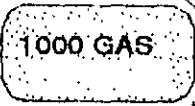
Relinquished by <u>Chuck Rippee</u>	Date/Time <u>8/23/91 1:20</u>	Received by _____	Please Initial: _____
Organization <u>Semco</u>		Organization _____	Samples Stored in Ice _____
Relinquished by _____	Date/Time _____	Received by _____	Appropriate Containers _____
Organization _____		Organization _____	Samples Preserved _____
Relinquished by _____	Date/Time _____	Received by _____	VOA's without Headspace _____
Organization _____		Organization _____	Comments _____

FIREHOUSE

PUMP



#1-1K G@11'



1000 GAS

#2-1K -G @ 11'

#3-1K COMP



BUCHANAN STREET

ADAMS

SEMCO

ALBANY FIRE DEPT
1000 SAN PABLO
ALBANY, CA 94706

N↓



ALBANY FIRE



ALBANY CORP YD.

PERMITS

PERMIT APPLICATION

City of Albany



1000 SAN PABLO, ALBANY CA. 94706
PUBLIC WORKS OFFICE

FOR INSPECTION - PHONE: 528-5760

A.P. NO:

PERMIT NO. _____

DATE 6/11/91

TOTAL FEES, TAXES
AND DEPOSITS

FOR APPLICANT TO FILL IN

DESCRIPTION OF WORK

BUILDING PROJECT IDENTIFICATION

Address of Building 517 San Gabriel
 Owner(s) Name City of Albany
 Telephone No. 528-57590
 Contractor's Name SEIICO
 Contractor's Mailing Address 1741 Leslie San Mateo
 Ph. 372-8033 City Bus. Lic. 1740
 Architect and/or Engineer _____
 Architect and/or Engineer's Address _____
 Ph. _____ Lic. No. _____

Removal of one (1)
 underground tank
 250'-600'
 Gullon

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect

License Class H.P.C-61/P40 Lic. Number 448864
 Date _____ Contractor SEIICO

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code. Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).)

- I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure if not intended or offered for sale (Sec. 7044, Business and Professions Code. The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. However, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code. The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.). All such construction must obtain City Bus. Lic.
- I am exempt under Sec _____, B & P.C. for this reason _____

Signature of owner _____ Date _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Labor Code)

Policy # 944074 Company Name Lawrence of No.
 Certified copy is hereby furnished
 Certified copy is filed with the city building inspection department
 Applicant Kimberly Kiper Date 6/19/91

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Signature _____ Date _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued. (Sec. 3097, Civil Code).

LENDERS
 NAME _____
 LENDERS _____
 ADDRESS _____

DO NOT CONCEAL OR COVER ANY CONSTRUCTION UNTIL THE WORK IS INSPECTED AND THE INSPECTION IS RECORDED. ALL INSPECTION REQUESTS ARE REQUIRED 24 HOURS IN ADVANCE OF THE INSPECTION.

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL LOCAL ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION AND I MAKE THIS STATEMENT UNDER PENALTY OF LAW. I HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES. I AGREE TO SAVE, INDEMNIFY AND HOLD HARMLESS THE CITY OF ALBANY AGAINST ALL LIABILITIES, JUDGMENTS, COSTS AND EXPENSES WHICH MAY IN ANY WAY ACCRUE AGAINST SAID CITY AS A RESULT OF THE GRANTING OF THIS PERMIT.

Signature of Applicant or Agent Kimberly Kiper Date 6/19/91

NOTE: When properly validated this form constitutes a Building Permit. This permit expires and becomes null and void should work not be commenced within 180 days from the date of approval, or should authorized construction be suspended or abandoned for a period of 180 days after work is commenced.

PLUMBING PERMIT

CONTRACTOR _____
 STATE LICENSE NO. AND CLASSIFICATION _____ FEE \$ _____

WC	LAV	BATH T.	SHOWER	SINK	DISHWASHER	LAUNDRY T	SLOP SINK
CLOTHES WASHER	FLOOR SINK	URNAL	DRINKING FOUNTAIN	GAS SYSTEMS	OUTLETS	WATER HTR.	
WASTE INTERCEPTER	WATER PIPING TREATING EQUIP	SEWER	WTR WFRN SYSTEMS	SOLAR		PER 100 SQ FT	

ELECTRICAL PERMIT

CONTRACTOR _____
 STATE LICENSE NO. AND CLASSIFICATION _____ FEE \$ _____

SERVICE AMP.	CIRCUITS	OUTLETS	FIXTURES	SWITCHES	WATER HTR.	RANGE	DRYER
DISPOSAL	DISHWASHER	FANS	MOTORS		PER 100 SQ. FT.		

HEATING / COOLING PERMIT

CONTRACTOR _____
 STATE LICENSE NO. AND CLASSIFICATION _____ FEE \$ _____

FURN	DUCT/FLUE	BOILER	COMP.	AIR COND	OTHER	PER 100 SQ. FT.
------	-----------	--------	-------	----------	-------	-----------------

LIST OF OTHER SUBCONTRACTORS

Name	License Number	Classification
1. _____		
2. _____		
3. _____		
4. _____		

DEPARTMENT USE ONLY

Plans received by _____ Date _____
 Value of Project \$ _____
 Permit Fee (Plus penalty if applicable) \$ _____
 Plan Check Fee \$ _____
 Special Inspection Deposit \$ _____
 S.M.P. \$ _____
 Other \$ _____
 Sewer Connection Fee \$ _____
 Total \$ _____
 Comments _____

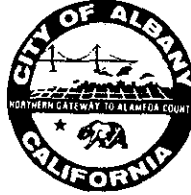
APPROVALS

PLANNING _____
 ENGINEERING _____
 FIRE _____
 OTHER _____
 PERMIT APPROVE Kimberly Kiper
 DATE 6/19/91

PERMIT APPLICATION

City of Albany

1000 SAN PABLO, ALBANY CA. 94706
PUBLIC WORKS OFFICE



PERMIT NO.

DATE 6/1/91

FOR INSPECTION - PHONE: 528-5760

TOTAL FEES, TAXES
AND DEPOSITS

A.P. NO:

FOR APPLICANT TO FILL IN

DESCRIPTION OF WORK

BUILDING PROJECT IDENTIFICATION

Address of Building 1000 SAN PABLO
 Owner(s) Name CITY OF ALBANY
 Telephone No. 528-5759
 Contractor's Name SEINCO
 Contractor's Mailing Address 1741 LOSHEE ST. SAN DIEGO
 Ph. 572-8833 City Bus. Lic. 1740
 Architect and/or Engineer _____
 Architect and/or Engineer's Address _____
 Ph. _____ Lic. No. _____

X Removal of one (1)
Underground Tank
1000 gallon gasolene

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect

License Class A.P.C.W./D.40 Lic. Number 449864
 Date _____ Contractor SEINCO

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec 7031.5, Business and Professions Code. Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professions Code, or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).)

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure if not intended or offered for sale (Sec. 7044, Business and Professions Code. The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code. The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.). All such Construction must obtain City Bus Lic.

I am exempt under Sec _____, B. & P.C. for this reason _____

Signature of owner _____ Date _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec 3800, Labor Code)

Policy 80490741 Company FAIRMONT INS.
 Name _____

Certified copy is hereby furnished.
 Certified copy is filed with the city building inspection department

Applicant Shonda Kuper Date 6/1/91

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California

Signature _____ Date _____

NOTICE TO APPLICANT. If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued. (Sec. 3097, Civil Code).

LENDERS
 NAME _____
 LENDERS _____
 ADDRESS _____

DO NOT CONCEAL OR COVER ANY CONSTRUCTION UNTIL THE WORK IS INSPECTED AND THE INSPECTION IS RECORDED. ALL INSPECTION REQUESTS ARE REQUIRED 24 HOURS IN ADVANCE OF THE INSPECTION.

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL LOCAL ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION AND I MAKE THIS STATEMENT UNDER PENALTY OF LAW. I HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES. I AGREE TO SAVE, INDEMNIFY AND HOLD HARMLESS THE CITY OF ALBANY AGAINST ALL LIABILITIES, JUDGMENTS, COSTS AND EXPENSES WHICH MAY IN ANY WAY ACCRUE AGAINST SAID CITY AS A RESULT OF THE GRANTING OF THIS PERMIT.

X Shonda Kuper 6/1/91
 Signature of Applicant or Agent _____ Date _____

NOTE: When properly validated this form constitutes a Building Permit. This permit expires and becomes null and void should work not be commenced within 180 days from the date of approval, or should authorized construction be suspended or abandoned for a period of 180 days after work is commenced.

PLUMBING PERMIT

CONTRACTOR _____
 STATE LICENSE NO. AND CLASSIFICATION _____

FEE \$ _____

W.C.	LAV.	BATH T.	SHOWER	SINK	DISHWASHER	LAUNDRY T	SLOP SINK
CLOTHES WASHER	FLOOR SINK	URINAL	DRINKING FOUNTAIN	GAS SYSTEMS OUTLETS	WATER HTR.		
WASTE INTERCEPTER	WATER PIPING TREATING EQUIP.	SEWER	WIR. PIPING SYSTEMS	SOLAR		PER 100 SQ. FT.	

ELECTRICAL PERMIT

CONTRACTOR _____
 STATE LICENSE NO. AND CLASSIFICATION _____

FEE \$ _____

SERVICE AMP.	CIRCUITS	OUTLETS	FIXTURES	SWITCHES	WATER HTR.	RANGE	DRYER
DISPOSAL	DISHWASHER	FANS	MOTORS		PER 100 SQ. FT.		

HEATING / COOLING PERMIT

CONTRACTOR _____
 STATE LICENSE NO. AND CLASSIFICATION _____

FEE \$ _____

FURN.	DUCT/PLUE	BOILER	COMP.	AIR COND.	OTHER	PER 100 SQ. FT.
-------	-----------	--------	-------	-----------	-------	-----------------

LIST OF OTHER SUBCONTRACTORS

Name	License Number	Classification
1. _____		
2. _____		
3. _____		
4. _____		

DEPARTMENT USE ONLY

Plans received by _____ Date _____
 Value of Project \$ _____
 Permit Fee (Plus penalty if applicable) \$ _____
 Plan Check Fee \$ _____
 Special Inspection Deposit \$ _____
 S.M.I.P. \$ _____
 Other \$ _____
 Sewer Connection Fee \$ _____
 Total \$ _____
 Comments _____

APPROVALS

PLANNING _____
 ENGINEERING _____
 FIRE _____
 OTHER _____
 PERMIT APPROVE
 DATE 6/1/91

Project Specialist (print) Larry Seb

6/7/91

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

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 laws. Changes 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.

A copy of these acceptance plans must be available on site to all contractors and craftsmen involved with the removal.

All other provisions of these plans and specifications must be submitted to the Department and to the fire and Building Inspection Department to determine if such changes meet the provisions of State and local laws. A copy of this Department must be received at least 48 hours prior to the start of any work.

Removal of Tank and Piping

Sealing

Final Inspection

These items are dependent on completion of the above items and must be completed prior to the start of any work.

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

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

Project Specialist (print) Larry Seib

6/7/91

ACCEPTED

ALAMEDA COUNTY ENVIRONMENTAL HEALTH
3000 SHAW BLVD. FLOOR 3
OAKLAND, CA 94612
Telephone: (415) 874-7237

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

This plan has been reviewed and found to be acceptable. It meets the requirements of State and local health laws. Changes to your plans indicated by this Department are to insure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction.

Completion of these accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Public Health Department to determine if such changes meet the requirements of State and local laws. Note: 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 all applicable laws and regulations.

HAZARDOUS MATERIALS PERMIT FOR NOT
OAKLAND HEALTH DEPARTMENT

UNDERGROUND TANK CLOSURE PLAN

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

1. Business Name CITY OF ALBANY FIRE DEPARTMENT
Business Owner CITY OF ALBANY
 2. Site Address 1000 SAN PABLO AVE.
City ALBANY Zip 94706 Phone (415) 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 CAC000599144



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

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

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

NOTIFICATION FORM

Removal or Replacement of Tanks
 Excavation of Contaminated Soil

GAS TANK

SITE INFORMATION

Egrose

SITE ADDRESS 1000 SAN PABLO AVENUE
 CITY, STATE ALBANY, CALIFORNIA ZIP 94706
 OWNER NAME CITY OF ALBANY
 SPECIFIC LOCATION OF PROJECT [REDACTED] SECTION OF PROPERTY _____
TANK REMOVAL SCHEDULED STARTUP DATE 8/22/91 **CONTAMINATED SOIL EXCAVATION** SCHEDULED STARTUP DATE _____
 VAPORS REMOVED BY: STOCKPILES WILL BE COVERED? YES _____ NO _____
 WATER WASH HIGH PRESSURE HOT WATER ALTERNATIVE METHOD OF AERATION (DESCRIBE BELOW):
 VAPOR FREEING (CO²) 20 LBS PER 1000 GALLONS DRY ICE
 VENTILATION PURGE WITH AIR BEFORE CO₂ (MAY REQUIRE PERMIT)

CONTRACTOR INFORMATION

NAME SEMCO CONTACT CHUCK OR RHONDA KIPER
 ADDRESS 1741 LESLIE STREET PHONE (415) 572-8033
 CITY, STATE, ZIP SAN MATEO, CALIFORNIA 94402

ACKNOWLEDGMENT

Bay Area Air Quality Management District acknowledges receipt of your Tank Removal/Contaminated Soil Excavation Notification Form received on 8.13.91

TANT INFORMATION IF APPLICABLE

CONTACT _____
 PHONE () _____

DATE RECEIVED FAX 8-13-91 BY [Signature] (init.)
 DATE POSTMARKED _____ BY _____ (init.)
 CC: INSPECTOR NO. I-457 DATE 8-16-91 BY [Signature] (init.)
 UPDATE: CONTACT NAME _____ DATE _____ BY _____ (init.)
 BAAQMD N # _____ DATA ENTRY 8-16-91

MANIFESTS

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **CA1A1010051911144194762**
Manifest Document No. **76102**

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

3. Generator's Name and Mailing Address
**CITY OF ALBANY
1000 SAN PABLO AVE.
ALBANY, CA 94706**

A. State Manifest Document Number
90764762

4. Generator's Phone **(415) 528-5759**

B. State Generator's ID

6. Transporter 1 Company Name
RICH HAMILTON TRUCKING

8. US EPA ID Number
CA1A1D19182417115911

C. State Transporter's ID
206786

D. Transporter's Phone
209-578-4100

9. Designated Facility Name and Site Address
**ERICKSON
PARR BLVD
RICHMOND, CA 94801**

10. US EPA ID Number
CA1A1D101091461631912

G. State Facility's ID
CA000941616392
H. Facility's Phone
415-235-1393

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
a. EMPTY WASTE STORAGE TANK NON RCRA HAZARDOUS WASTE SOLID.

12. Containers No. Type
0101 / TIP 01101000 P

13. Total Quantity
01101000

14. Unit Wt/Vol
P

15. Waste No.
State
512
EPA/Other
NONE

b.

c.

d.

J. Additional Descriptions for Materials Listed Above
TANK ICED WITH 15LB DRY ICE PER 1000 GAL. CAPACITY PRIOR TO TRANSPORT.
Tank 6916

K. Handling Codes for Wastes Listed Above
a. **0**
b.
c.
d.

16. Special Handling Instructions and Additional Information
KEEP AWAY FROM SOURCE OF IGNITION. ALWAYS WEAR HARD HATS AND GLASSES WHEN WORKING AROUND U.S.T.S. OBSERVE PROPER PROCEDURES; NO SMOKING WITHIN 50 FEET OF TANK. 24 HOUR CONTACT; Jason Baker AND PHONE; 415-528-5759

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: **Jason Baker** Signature: *[Signature]* Month Day Year: **10/8/2/91**

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: **Mark Keson** Signature: *[Signature]* Month Day Year: **10/8/2/91**

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: **Donald H. Rossow** Signature: *[Signature]* Month Day Year: **08/26/91**

90764762
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-952-7550

DAY OR NIGHT
TELEPHONE
(415) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 0444

CUSTOMER <u>Seuco</u>
JOB NO.

FOR: Erickson, Inc. TANK NO. 6916

LOCATION: Richmond DATE: 08-23-91 TIME: 11:00 a.m.

TEST METHOD Visual Gastech/1314 SMPN LAST PRODUCT Leaded Gas

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

TANK SIZE 1-1000 Gallon Tank CONDITION Safe For Fire - Oxy 20.0% LEL LESS THAN 0.1%

REMARKS:

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

STANDARD SAFETY DESIGNATION

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

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

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

[Signature]
REPRESENTATIVE

TITLE

[Signature]
INSPECTOR

THIS SHIPPING ORDER

logically filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

CARRIER: Erickson, Trucking Inc. SCAC Carrier's No. 019
Date _____

TO: LMC Corp.
Consignee 600 S. 4th St.
Street Richmond, Ca. 94805
Destination Zip

FROM: Erickson, Inc.
Shipper 255 Parr Blvd.
Street Richmond, Ca. 94801
Origin Zip

Route: _____ Vehicle Number 1D07

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
6		NON-D.O.T. REGULATED MATERIAL NON-HAZARDOUS, UNDERGROUND STORAGE TANKS FOR SCRAP.			GAS FREE		
		<u>75905-6813-6816</u>	NONE	N/A	N/A	N/A	NONE
		<u>Senco-6917-6916</u>					
		<u>76024-6906</u>					

Remit C.O.D. to: _____
Address: _____
City: _____ State: _____ Zip: _____

COD Amt: \$ _____

C.O.D. FEE:
Prepaid
Collect \$ _____

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____

Subject to Section 7 of the contract, the carrier is to be delivered to the consignee without recourse on the carrier shall not be liable for delivery of the property without payment of all and other lawful charges.

Per _____ (Signature of Consignor)

FREIGHT CHARGES
 PREPAID COLLECT

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Bill of Lading, the property described above in apparent good order, except as noted contents and condition of contents of packages unknown, marked, consigned and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Per Jan Cox

PLACARDS REQUIRED NO **PLACARDS SUPPLIED** YES NO - FURNISHED BY CARRIER DRIVER SIGNATURE

SHIPPER: Erickson, Inc. CARRIER: Erickson, Inc.
PER: Jim Cox PER: Mike Shagley
DATE: 8/23/91 DATE: 8/23/91

EMERGENCY RESPONSE TELEPHONE NUMBER: _____

Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (172.604)

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.
9-BLS-A3 (Rev 9/90)

THIS IS TO CERTIFY that the following described commodity was weighed, measured or counted by a weighmaster whose signature is on this certificate who is a recognized authority of accuracy as prescribed by Chapter 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code, administered by the Division of Measurement Standards of the California Department of Food and Agriculture.

WEIGHMASTER CERTIFICATE

LMC METALS
A DIVISION OF SIMSMETAL USA CORPORATION
600 SOUTH 4th STREET
RICHMOND CALIFORNIA 94801
14151 236-0606

FOR SALVAGE VEHICLE SALES I hereby certify, under penalty of perjury, that any vehicles sold have been cleared for dismantling with the Department of Motor Vehicles.

HOLD HARMLESS AGREEMENT Seller will indemnify and hold buyer harmless from damages, demands and liabilities, including reasonable attorney's fees, resulting from the breach of any warranty hereunder and driver agrees to be responsible for damage to vehicle during unloading.

BILL OF SALE: I warrant that I am the owner (or owner's representative) of the material described herein and have the right to sell same, that it contains no hazardous material as defined by Federal or State law and that for payment hereby received, I sell and convey title to LMC METALS.

Mike Shagley
SIGNATURE OF BELLEUR OR AGENT

Mike Catalano
LMC METALS WEIGHMASTER

90764763
 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9802; WITHIN CALIFORNIA CALL 1-800-952-7650

GENERATOR
 TRANSPORTER
 FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 16101015991152		Manifest Document No. 71617613		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address City of Albany Conpland 507 Sun Gabriel Albany 94706				A. State Manifest Document Number 90764763		B. State Generator's ID							
4. Generator's Phone (415) 528-5759		5. Transporter 1 Company Name RITCH HAMILTON TRUCKING		6. US EPA ID Number ICAD191812147115191		C. State Transporter's ID 206786		D. Transporter's Phone 209-578-4100					
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 ERICKSON PARR BLVD RICHMOND, CA 94801				10. US EPA ID Number ICAD0019466392		G. State Facility's ID CA0009466392		H. Facility's Phone 415-235-1393					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. EMPTY WASTE STORAGE TANK NON RCRA HAZARDOUS WASTE SOLID. b. c. d.						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		Waste No.	
						091 TIP		00250 P				State 512 EPA/Other NONE	
												State	
												EPA/Other	
												State	
J. Additional Descriptions for Materials Listed Above TANK IDED WITH 15LB DRY ICE PER 1000 GAL. CAPACITY. PRIOR TO TRANSPORT. Tank # 6917						K. Handling Codes for Wastes Listed Above a. 9		b.		c.		d.	
15. Special Handling Instructions and Additional Information KEEP AWAY FROM SOURCE OF IGNITION. ALWAYS WEAR HARD HATS AND GLASSES WHEN WORKING AROUND U.S.T.S. OBSERVE PROPER PROCEDURES; NO SMOKING WITHIN 50 FEET OF TANK. 24 HOUR CONTACT; Jason Baber AND PHONE; 415-528-5759													
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 HORACE L KOEPRE				Signature Horace L Koepre				Month Day Year 1812191					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Mark Keenan				Signature Mark Keenan				Month Day Year 082291					
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 Donald H Gasso													
Signature Donald H Gasso				Month Day Year 082291									

Do Not Write Below This Line

DAY OR NIGHT
TELEPHONE
(415) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 0000

CUSTOMER <i>Senco</i>
JOB NO.

FOR: Erickson, Inc. TANK NO. 6917

LOCATION: Richmond DATE: 08 23 91 TIME: 11:00 a.m.

TEST METHOD Visual Gastech/1314 SMPN LAST PRODUCT Leaded Gas

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

TANK SIZE 1-550 Gallon Tank CONDITION Safe For Fire Oxy 20.0%
LEL LESS THAN 0.1%

REMARKS:

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

STANDARD SAFETY DESIGNATION

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

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

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

R. Hughes REPRESENTATIVE TITLE Inspector *Senco* INSPECTOR

THIS SHIPPING ORDER

legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

CARRIER: Erickson, Trucking Inc.

SCAC

Carrier's No. 019
Date _____

TO: LMC Corp.
Consignee 600 S. 4th St.
Street Richmond, Ca. 94805
Destination Zip

FROM: Erickson, Inc.
Shipper 255 Parr Blvd.
Street Richmond, Ca. 94801
Origin Zip

Route:

Vehicle Number 1D07

No. Shipping Units	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
6	NON-D.O.T. REGULATED MATERIAL NON-HAZARDOUS, UNDERGROUND STORAGE TANKS FOR SCRAP.					
	75905-6813-6816 - SEMCO-6917-6916	NONE	N/A	N/A	N/A	NONE
	76024-6906					

Remit C.O.D. to:
Address: _____
City: _____ State: _____ Zip: _____

COD Amt: \$ _____

C.O.D. FEE:
Prepaid
Collect \$ _____

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____

Subject to Section 7 of the conditions of transportation to be delivered to the consignee without recourse and the carrier, the consignee shall sign the following statement: The carrier shall not make delivery of the shipment without payment of all other lawful charges.

FREIGHT CHARGES

PREPAID COLLECT

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

PLACARDS REQUIRED

NO

PLACARDS SUPPLIED

YES NO - FURNISHED BY CARRIER DRIVER SIGNATURE

SHIPPER: Erickson, Inc.

CARRIER: Erickson Inc.

PER: Jim Cox

PER: Jim Shady

DATE: 8/23/91

DATE: 8/23/91

EMERGENCY RESPONSE TELEPHONE NUMBER: _____

Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (172.604)

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading
9-BLS-A3 (Rev. 9/90)

WEIGHMASTER CERTIFICATE

THIS IS TO CERTIFY that the following described commodity was weighed, measured or counted by a weighmaster whose signature is on this certificate who is a recognized authority of accuracy as prescribed by Chapter 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code, administered by the Division of Measurement Standards of the California Department of Food and Agriculture.

LMC METALS
A DIVISION OF SIMSMETAL USA CORPORATION
600 SOUTH 4th STREET
RICHMOND, CALIFORNIA 94804
(415) 238-0608

Jim Shady
SIGNATURE OF BELZER OR AGENT
Mark Catalano
LMC METALS WEIGHMASTER

FOR SALVAGE VEHICLE SALES: I hereby certify, under penalty of perjury, that any vehicles sold have been cleared for dismantling with Department of Motor Vehicles.

HOLD HARMLESS AGREEMENT: Seller will indemnify and hold buyer harmless from damages, demands and liabilities, including reasonable attorney's fees, resulting from the breach of any warranty hereunder and driver agrees to be responsible for damage to vehicle during unloading.

BILL OF SALE: I warrant that I am the owner (or owner's representative) of the material described hereon and have the right to sell same, that it contains no hazardous material as defined by Federal or State law and that for payment hereby received, I sell and convey title to LMC METALS.

**DAILY SAFETY
BREIFING REPORT**

Project Albany Fire Dept & Albany Corp. Yard Date 08/22/11 Time 7:45 AM/PM
Project Number 91-0522 Project Location 1800 Fire Dept Brighton Ave
Client City of Albany Client Address Albany, CA
Project Activity (Specify) Tank Removal

-- SAFETY TOPICS --

Chemical Hazards BENZENE, TOLUENE, XYLENE, ETHYL BENZENE, PETROLEUM HYDROCARBONS

Physical Hazards OPEN EXCAVATION, EXPOSED PIPING, DEBRIS PILES, ELECTRICAL SHOCK, MOVING EQUIPMENT

Respiratory Protective Equipment HALF FACE RESPIRATOR WITH ORGANIC VAPOR CARTRIDGES IF NECESSARY

Safety / Personal Protective Equipment / Clothing (List specifically for each activity) HAND HAT, STEEL TOE SAFETY SHOES, SAFETY GLASSES, UNIFORM SHIRT, GLOVES

Specific Instructions NO SMOKING WITHIN 50' OF THE EXCAVATION

Hospital / Clinic ALTA BATES - ALBANY HOSPITAL Phone (415) 527-7411

Hospital Address 1247 MARIN AVE ALBANY, CA

Paramedic () 911 Fire Dept. () 911 Police Dept () 911

Emergency Procedures TREAT MINOR INJURIES ON SITE, TRANSPORT VICTIM TO HOSPITAL IF NECESSARY

-- ATTENDEES --

NAME (Please Print)
STEVEN R WOOD
Act Recorder
ANDY RAMSEY

NAME (Signature)
Steven R Wood
Act Recorder
Andy Ramsey

Meeting Conducted By Andy Ramsey SP Wood
Supervisor

*DO NOT LEAVE ANY BLANK SPACES. PUT N/A IF NOT APPLICABLE.