

# R.S. EAGAN & CO.

General Contractors  
General Engineering, Process Piping & Electrical



LIC. # 476428

150-K MASON CIRCLE  
CONCORD, CA 94520  
(415) 682-3636

May 21, 1990

Alameda County Health Care Services Agency  
Department of Environmental Health  
Hazardous Materials Division  
80 Swan Way, Room 200  
Oakland, CA 94621

Attention: Mr. Larry Seto

RE: UNDERGROUND TANK REMOVAL  
Curoco Company  
536 Cleveland Avenue  
Albany, CA

90 MAY 22 PM 12:23

Dear Sir:

You issued the owner of this underground tank a permit (#U568814) based on his use of Universal Engineering as his contractor.

Mr. Ron Mayo of Curoco has removed Universal Engineering from this project and has contracted our firm to complete the tank removal phase of this project.

We enclose the changed information to reflect our company.

We anticipate starting this work on Friday, May 25, 1990.

Please contact me if you require any further information.

Sincerely,

R. S. EAGAN & COMPANY

Robert S. Corsun  
Vice President

RSC/lo

Enclosure

cc: Mr. Ron Mayo, Curoco Company

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

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name \_\_\_\_\_  
Business Owner \_\_\_\_\_
2. Site Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
3. Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
4. Land Owner \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_
5. EPA I.D. No. CAD982484008
6. Contractor R. S. EAGAN & COMPANY  
Address 150-K Mason Circle  
City Concord Phone (415) 682-3636  
License Type A & Haz. Waste ID# 476428
7. Consultant \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

8. Contact Person for Investigation

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

9. Total No. of Tanks at facility \_\_\_\_\_

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

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name N/A EPA I.D. No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

b) Rinsate Transporter

Name N/A EPA I.D. No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c) Tank Transporter

Name H & H Ship Service EPA I.D. No. DOHS 0334

Address 220 China Basin

City San Francisco State CA Zip 94107

d) Tank Disposal Site

Name SAME AS ABOVE EPA I.D. No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e) Contaminated Soil Transporter

Name N/A EPA I.D. No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. Sample Collector

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		

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

If yes, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, describe. \_\_\_\_\_  
\_\_\_\_\_

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

16. Laboratories

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State Certification No. \_\_\_\_\_

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number

18. Submit Site Safety Plan ATTACHED

19. Workman's Compensation: Yes [X] No [ ]

Copy of Certificate enclosed? Yes [X] No [ ]

Name of Insurer \_\_\_\_\_

20. Plot Plan submitted? Yes [ ] No [ ]

21. Deposit enclosed? Yes [ ] No [ ]

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

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

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

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

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Signature of Contractor

Name (please type) R. S. EAGAN & COMPANY, Robert S. Corsun

Signature \_\_\_\_\_

Date 5/21/90 \_\_\_\_\_

Signature of Site Owner or Operator

Name (please type) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
5-22-90

PRODUCER  
~~XXXXXX~~ Broker

11

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.

Corroon & Black  
50 California Street  
San Francisco, CA 94111  
(415) 981-0600

## COMPANIES AFFORDING COVERAGE

CODE SUB-CODE

COMPANY LETTER **A**

National Union Fire Insurance Co.

INSURED

COMPANY LETTER **B**

Republic Indemnity

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

R.S. Eagan & Company  
150 K Mason Circle  
Concord, CA 94520

## COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	<b>GENERAL LIABILITY</b>					
A X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTORS PROT.	GL 541908	9/24/89	9/24/90	GENERAL AGGREGATE	\$ 2,000
					PRODUCTS-COMP/OPS AGGREGATE	\$ 2,000
					PERSONAL & ADVERTISING INJURY	\$ 1,000
					EACH OCCURRENCE	\$ 1,000
					FIRE DAMAGE (Any one fire)	\$ 50
					MEDICAL EXPENSE (Any one person)	\$ 5
	<b>AUTOMOBILE LIABILITY</b>					
A X	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS GARAGE LIABILITY	CA 5415909	9/24/89	9/24/90	CSL	\$ 1,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	<b>EXCESS LIABILITY</b>					
	OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY OTHER	PC 996088 *California Employees Only	9/24/89	9/24/90	STATUTORY CA*	\$ 1,000 (EACH ACCIDENT) \$ 1,000 (DISEASE-POLICY LIMIT) \$ 1,000 (DISEASE-EACH EMPLOYEE)

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

All operations performed by the Named Insured for the Certificate Holder.

### CERTIFICATE HOLDER

Coroco Company  
536 Cleveland  
Albany, CA 94710

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE of Corroon & Black

*John Koster*

# **R.S. EAGAN & CO.**

**General Contractors  
General Engineering, Process Piping & Electrical**



LIC. #47642B

**150-K MASON CIRCLE  
CONCORD, CA 94520  
(415) 682-3636**

## HEALTH AND SAFETY PLAN

### BACKGROUND INFORMATION

Owner: Curoco Company  
536 Cleveland Avenue  
Albany, CA 94710

Project title: Underground Storage Tank Removal

Site address: 536 Cleveland Avenue  
Albany, CA 94710

Owner's representative: Ron Mayo  
President, Curoco Management  
415/526-8560

Scope of work: Remove one 500-gallon steel underground storage tank, assist in obtaining soil samples, backfill site and replace pavement

Working hours: 7:00 A.M. to 4:00 P.M.

Site description: 536 Cleveland Avenue, Albany, CA

Current uses: Currently filled with sand

Tanks to be removed: One 500-gallon steel underground storage tank

Disposition of tank contents: Sand to be used as backfill material

Tank cleaning: Tank cleaning will be unnecessary since tank is currently sand filled. Sand will be removed from tank and sampled prior to use as backfill.



Protective Equipment On-Site  
(Levels C and D)

Level C and D: Air-purifying respirator, half-face organic vapor cartridges; disposable chemical-resistant coveralls; gloves - inner and outer (chemical-resistant); boots - chemical-resistant, steel toe and shank; hard hat with face shield

First Aid Equipment On-Site

<u>Equipment</u>	<u>Location</u>
First aid kit	R.S. Eagan truck
Fire extinguisher	Within 100' of work area
Emergency eye wash	R.S. Eagan truck

On-Site Emergency Procedures

1. Personal injury or illness: administer first aid; call ambulance, if necessary; transport to Merritt Hospital
2. Fire or explosion: turn off all motorized equipment; evacuate working area; meet at designated up-wind location
3. Earthquake: turn off all motorized equipment; evacuate working area; meet at designated up-wind location
4. Hazardous material spill or release: turn off all motorized equipment; evacuate work area in an upwind direction of the spill or release; meet at designated up-wind location
5. Personal protective equipment failure: if any site worker experiences a failure or alteration of protective equipment that affects the protection factor, that person and his/her buddy shall immediately leave the Exclusion Zone. Reentry shall not be permitted until the equipment has been repaired or replaced
6. Other equipment failure: if any other equipment on-site fails to operate properly, the project team leader and site safety officer shall be notified and then shall determine the effect of this failure on continuing operations on-site. If the failure affects the safety of personnel or prevents completion of the work plan tasks, all personnel shall leave the Exclusion Zone until the situation is evaluated and appropriate actions taken.

Action level: If tank atmosphere exceeds 20% of L.E.L., add additional dry ice. Do not remove tank until atmosphere is less than 10% of L.E.L.

### On-Site Organization and Coordination

The following personnel are designated to carry out noted job site functions:

Project superintendent: Jim Nichols  
Backhoe operation: Jeff Neely  
Tank hauling: H & H Ship Service  
City representative: Fire Marshall's Office, Fire Prevention Department  
County representative: Alameda County Health Care Services Agency,  
Environmental Health Department

### Site Control

Control unauthorized entry of work site by use of barricades and construction tape flagging. Utilize existing site chain link fencing.

### Emergency Medical Care and Procedures

Nearest medical facility (24-hour): Merritt Hospital (547-1700)  
350 Hawthorne Avenue, Oakland

Emergency telephone numbers: Fire 911  
Police 911  
Ambulance 911

### Emergency First Aid for Materials Present

<u>Substance</u>	<u>Exposure Symptoms</u>	<u>First Aid</u>
Diesel dermal	Burning eyes, skin dehydration	Flush with water for 15 minutes
Diesel ingested	Irritation of stomach and intestines, nausea and vomiting	<u>Do not induce vomiting</u> , transport to hospital
Acetone dermal	Burning eyes Skin	Irrigate immediately Soap wash immediately
Acetone ingested	Headache, dizziness	Transport to hospital, artificial respiration for breathing difficulties

HAZARDS - DESCRIPTION,  
PROTECTION, AND MONITORING

The following materials are known to be stored currently in the tank to be removed:

<u>Substance</u>	<u>Physical state</u>	<u>Warning concentration</u>	<u>Routes of exposure</u>
Gasoline (if present)	Liquid	.25	Inhalation, ingestion, absorption

All Sites: Demolition equipment - backhoes, hydraulic breaker, dump trucks, concrete saw, air compressor, jackhammers  
Removal equipment - backhoes, cranes, flatbed trucks  
Backfilling equipment - backhoes, vibratory compaction equipment, dump trucks

Potential physical hazards on-site: Buried utilities; unstable soil conditions; building demolition activities

Overall hazard estimation: Low

Personal protective equipment: Work areas, during removal processes are designated no eating, drinking or smoking

Level of protection: D

Equipment to be used: Hard hats, eye protection, hearing protection, long sleeve shirts and pants, leather boots with steel toes and gloves (optional)

When to use: During all work operations

Direct Reading Monitoring Equipment

Equipment: Gas Tech 1314 Combustible Gas Meter

Location for use: Tank atmosphere/excavation

When used: Periodically throughout tank removal

Action Levels for Monitoring Results

Equipment: Combustible gas meter