

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



7

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

October 27, 2005

Mr. Denis Brown
Shell Oil Products US
20945 S. Wilmington Ave.
Carson, CA 90810-1039

Mr. Michael Dosen
Harsch Investment Group
523 West Plaza
Alameda, CA 94501

Subject: Fuel Leak Case No. ~~RD0002433~~ Shell#13-5034, 2160 Otis Drive, Alameda, CA –
Request for Monitoring Well Decommissioning

Dear Mr. Brown:

Alameda County Environmental Health (ACEH) and California Regional Water Quality Control Board staff have reviewed the fuel leak case file and case closure summary for the above-referenced site and concur that no further action related to the underground storage tank fuel release is required at this time. Prior to issuance of a remedial action completion certificate, the one monitoring well at the site is to be properly destroyed, should the monitoring well have no further use at the site. Please decommission the monitoring well and provide documentation of the well decommissioning to this office. A remedial action completion certificate will be issued following receipt of the documentation.

Well destruction permits may be obtained from the Alameda County Public Works Agency (<http://www.acgov.org/pwa/wells/index.shtml>).

If you have any questions, please call me at (510) 567-6791.

Sincerely,

Jerry Wickham
Hazardous Materials Specialist

Enclosure: ACEH Electronic Report Upload (ftp) Instructions

cc: Ana Friel, Cambria Environmental Technology, Inc., 270 Perkins Street, Sonoma, CA 9540

Donna Drogos, ACEH
Jerry Wickham, ACEH
File

C A M B R I A

August 1, 2005

Jerry Wickham
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, Suite 250
Alameda, California 94502-6577

Alameda County
AUG 03 2005
Environmental Health

Re: **Groundwater Status Report - Second Quarter 2005**
Former Shell Service Station
2160 Otis Drive
Alameda, California



Dear Mr. Wickham:

Cambria Environmental Technology, Inc. (Cambria) prepared this report on behalf of Equilon Enterprises LLC dba Shell Oil Products US (Shell) in accordance with the quarterly reporting requirements of 23 CCR 2652d.

Second Quarter 2005 Activities

No activities were planned or performed for this quarter. Cambria prepared and submitted the *Groundwater Monitoring Report - Fourth Quarter 2004, Complete Closure Summary Package, and Request for Environmental Case Closure* dated February 18, 2005 to the Alameda County Health Care Services Agency (ACHCSA).

Proposed Activities

Upon concurrence from the ACHCSA, the one remaining groundwater monitoring well will be permitted and scheduled for proper destruction. No groundwater monitoring is scheduled to occur at this site.

**Cambria
Environmental
Technology, Inc.**

270 Perkins Street
Sonoma, CA 95476
Tel (707) 935-4850
Fax (707) 935-6649

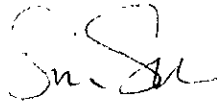
C A M B R I A

Closing

If you have any questions regarding this document, please call Ana Friel at (707) 268-3812.

Sincerely,

Cambria Environmental Technology, Inc.



for
Ana Friel
Senior Project Geologist
PG 6452



cc: Denis Brown, Shell
Harsch Investment Group, 523 West Plaza, Alameda, CA 94501
Betty Graham, SFBRWQCB

Chu, Eva, Env. Health

From: Chu, Eva, Env. Health
Sent: Wednesday, June 12, 2002 3:20 PM
To: Petryna Karen (E-mail)
Cc: Jones Jacquelyn (E-mail)
Subject: Former Shell at 2160 Otis Drive, Alameda, CA

Hi Karen,

I reviewed the case file for the above referenced site to determine if site closure is warranted at this time. The only concern is the detection of 250 ug/L benzene in well MW-3. The nearest surface water (a lagoon) is located approximately 300 feet northeast (downgradient) of the site. This concentration exceed the Ecological Protection Zone Tier 1 Standards for benzene (71 ug/L). Before I can proceed with closure, it needs to be determined that the plume will not impact the lagoon water. You can do that in a number of ways. You can continue with monitoring, do a Tier 2 evaluation, do additional soil borings, etc. Please let me know what you may plan. Thanks.

eva chu
Hazardous Materials Specialist
1131 Harbor Bay Parkway
(510) 567-6762
(510) 337-9335 (fax)

Ro. 2433



April 4, 2002

APR 09 2002

Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, Suite 250
Alameda, California 94502-6577

RE: EQUILON ENTERPRISES LLC / Equiva Services LLC dba SHELL OIL PRODUCTS US

Dear Sir or Madam:

The Shell purchase of Texaco's interest in Equilon Enterprises LLC and Equiva Services LLC has been approved by government authorities and was completed in early February.

Please be advised that effective March 1, 2002, Equilon Enterprises LLC and Equiva Services LLC will begin doing business as (DBA) "Shell Oil Products US." Since Equilon Enterprises LLC will remain the owner and/or the responsible Party of remediation activities at 2160 Otis Drive, Alameda, California, no changes are needed or requested for permits.

If you have any questions please contact Ms. Karen Petryna at 559.645.9306.

Yours truly,

A handwritten signature in black ink, appearing to read "Karen Petryna".

Karen Petryna
Sr. Environmental Engineer

C A M B R I A

April 4, 2002

Mr. Michael Dosen
Harsch Investment Corp
523 West Plaza
Alameda, California 94501

Re: **Notice of Determination that No Further Action is Required**
Former Shell Service Station
2160 Otis Drive
Alameda, California



Dear Mr. Dosen:

Effective March 1, 2002, Equiva Services LLC and Equilon Enterprises LLC are now doing business as (dba) Shell Oil Products US (Shell). On behalf of Shell, we are sending this letter to notify you of actions proposed by the Alameda County Health Care Services Agency (ACHCSA).

Shell received the attached letter dated March 18, 2002 stating that ACHCSA intends to make a determination that no further action is required, or issue a closure letter for the site. In accordance with section 25297.15 of Ch 6.7 of the Health and Safety Code, we are notifying you of this proposed action as the current record fee title owner.

If you have any comments or concerns about this proposed action, please contact eva chu of ACHCSA at (510) 567-6762 or Diane Lundquist of Cambria at (510) 420-3334.

Sincerely,
Cambria Environmental Technology, Inc

Diane Lundquist, P.E.
Principal Engineer

Oakland, CA
San Ramon, CA
Sonoma, CA

Attachment: A -- ACHCSA Letter Dated March 18, 2002

cc: Karen Petryna, Shell Oil Products US, P.O. Box 7869, Burbank, California 91510-7869
eva chu, Alameda County Health Care Services Agency

**Cambria
Environmental
Technology, Inc.**

G:\Alameda 2160 Otis\Closure Resp 4-02\Prop Owner Notification 4-3-02.doc

1144 65th Street
Suite B
Oakland, CA 94608
Tel (510) 420-0700
Fax (510) 420-9170

ATTACHMENT A
ACHCSA Letter Dated March 18, 2002

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J KEARS



RO0002433

March 18, 2002

Ms. Karen Petryna
Equiva Services
P.O. Box 7869
Burbank, CA 91510-7869

SAP-13603A
RECEIVED - SH&E

MAR 25 2002

SCIENCE & ENG-WEST (10A-7)

**SUBJECT: INTENT TO MAKE A DETERMINATION THAT NO FURTHER ACTION IS REQUIRED
OR ISSUE A CLOSURE LETTER FOR 2160 OTIS DRIVE, ALAMEDA, CA**

Dear Ms. Petryna:

This letter is to inform you that Alameda County Environmental Protection (LOP) intends to make a determination that no further action is required at the above site or to issue a closure letter. Please notify this agency of any input and recommendations you may have on these proposed actions within 20 days of the date of this letter.

In accordance with section 25297.15 of Ch. 6.7 of the Health & Safety Code, you must provide certification to the local agency that all of the current record fee title owners have been informed of the proposed action. Please provide this certification to this office within 20 days of the date of this letter.

If you have any questions about these proposed actions, please contact me at (510) 567-6762.

Sincerely,

A handwritten signature in black ink, appearing to read "eva chu".

eva chu
Hazardous Materials Specialist

c: Chuck Headlee, RWQCB



RO-2433

APR 09 2002

Shell Oil Products US

April 3, 2002

eva chu
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, Suite 250
Alameda, California 94502-6577

Re: **Comments on Intent to Make a Determination that No Further Action is Required or Issue A Closure Letter**
Former Shell Service Station
2160 Otis Drive
Alameda, California
Incident #98995140

Dear Ms. chu:

Effective March 1, 2002, Equiva Services LLC and Equilon Enterprises LLC are now doing business as (dba) Shell Oil Products US (Shell). Shell has received your March 18, 2002 letter notifying us that Alameda County Health Care Services Agency (ACHCSA) intends to make a determination that no further action is required or to issue a closure letter. Shell concurs with this proposed action.

Shell has notified the current record fee title owner of this proposed action through the attached letter sent by Cambria Environmental Technology on Shell's behalf.

If you have any questions, please contact me at (559) 645-9306.

Yours truly,

Karen Petryna
Sr. Environmental Engineer
Shell Oil Products US

Attachment A - Property Owner Notification Letter

cc: Mr. Chuck Headlee, Regional Water Quality Control Board
Diane Lundquist, Cambria Environmental Technology, Inc.

Attachment A
Property Owner Notification Letter

April 3, 2002

Mr. Michael Dosen
Harsch Investment Corp
523 West Plaza
Alameda, California 94501

Re: **Notice of Determination that No Further Action is Required**
Former Shell Service Station
2160 Otis Drive
Alameda, California

Dear Mr. Dosen:

Effective March 1, 2002, Equiva Services LLC and Equilon Enterprises LLC are now doing business as (dba) Shell Oil Products US (Shell). On behalf of Shell we are sending this letter to notify you of actions proposed by the Alameda County Health Care Services Agency.

Shell received the attached letter dated March 18, 2002 that ACHCSA intends to make a determination that no further action is required, or issue a closure letter for the site. In accordance with section 25297.15 of Ch 6.7 of the Health and Safety Code, we are notifying you of this proposed action as the current record fee title owner.

If you have any comments or concerns about this proposed action, please contact eva chu of ACHCSA at (510) 567-6762 or Diane Lundquist of Cambria at (510) 420-3334.

Sincerely,
Cambria Environmental Technology, Inc

original signed by

Diane Lundquist, P.E.
Principal Engineer

Attachment: A – ACHCSA Letter Dated March 18, 2002

cc: Karen Petryna, Shell Oil Products US, P.O. Box 7869, Burbank, California 91510-7869
eva chu, Alameda County Health Care Services Agency

ATTACHMENT A
ACHCSA Letter Dated March 18, 2002

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J KEARS



RO0002433

March 18, 2002

Ms. Karen Petryna
Equiva Services
P.O. Box 7869
Burbank, CA 91510-7869

SAP-13503A
RECEIVED-SH&E

MAR 25 2002

SCIENCE & ENG-WEST (DASH)

**SUBJECT: INTENT TO MAKE A DETERMINATION THAT NO FURTHER ACTION IS REQUIRED
OR ISSUE A CLOSURE LETTER FOR 2160 OTIS DRIVE, ALAMEDA, CA**

Dear Ms. Petryna:

This letter is to inform you that Alameda County Environmental Protection (LOP) intends to make a determination that no further action is required at the above site or to issue a closure letter. Please notify this agency of any input and recommendations you may have on these proposed actions within 20 days of the date of this letter.

In accordance with section 25297.15 of Ch. 6.7 of the Health & Safety Code, you must provide certification to the local agency that all of the current record fee title owners have been informed of the proposed action. Please provide this certification to this office within 20 days of the date of this letter.

If you have any questions about these proposed actions, please contact me at (510) 567-6762.

Sincerely,

Handwritten signature of Eva Chu.

eva chu
Hazardous Materials Specialist

c: Chuck Headlee, RWQCB

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

RO0002433

March 18, 2002

Ms. Karen Petryna
Equiva Services
P.O. Box 7869
Burbank, CA 91510-7869

**SUBJECT: INTENT TO MAKE A DETERMINATION THAT NO FURTHER ACTION IS REQUIRED
OR ISSUE A CLOSURE LETTER FOR 2160 OTIS DRIVE, ALAMEDA, CA**

Dear Ms. Petryna:

This letter is to inform you that Alameda County Environmental Protection (LOP) intends to make a determination that no further action is required at the above site or to issue a closure letter. Please notify this agency of any input and recommendations you may have on these proposed actions within 20 days of the date of this letter.

In accordance with section 25297.15 of Ch. 6.7 of the Health & Safety Code, you must provide certification to the local agency that all of the current record fee title owners have been informed of the proposed action. Please provide this certification to this office within 20 days of the date of this letter.

If you have any questions about these proposed actions, please contact me at (510) 567-6762.

Sincerely,

eva chu
Hazardous Materials Specialist

c: Chuck Headlee, RWQCB



Winston H. Hickox
Secretary for
Environmental
Protection

State Water Resources Control Board

Division of Clean Water Programs

1001 I Street • Sacramento, California 95814
P O. Box 944212 • Sacramento, California • 94244-2120
(916) 341-5714 • FAX (916) 341-5806 • www.swrcb.ca.gov/cwphome/ustcf



Gray Davis
Governor

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our website at www.swrcb.ca.gov.

MAR - 8 2001

MAR 13 2001

Deborah Pryor % Equiva Services LLC
Shell Oil Company
P O Box 7869
Burbank, CA 91510-7869

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), NOTICE OF ELIGIBILITY DETERMINATION: CLAIM NUMBER 016168; FOR SITE ADDRESS: 2160 OTIS DR, ALAMEDA

Your claim has been accepted for placement on the Priority List in Priority Class "D" with a deductible of \$10,000.

We have completed our initial review. The next step in the claim review process is to conduct a compliance review.

Compliance Review: Staff reviews, verifies, and processes claims based on the priority and rank within a priority class. After the Board adopts the Priority List, your claim will remain on the Priority List until your Priority Class and rank are reached. At that time, staff will conduct an extensive Compliance Review at the local regulatory agency or Regional Water Quality Control Board. During this Compliance Review, staff may request additional information needed to verify eligibility. Once the Compliance Review is completed, staff will determine if the claim is valid or must be rejected. If the claim is valid, a Letter of Commitment will be issued obligating funds toward the cleanup. If staff determine that you have not complied with regulations governing site cleanup, you have not supplied necessary information or documentation, or your claim application contains a material error, the claim will be rejected. In such event, you will be issued a Notice of Intended Removal from the Priority List, informed of the basis for the proposed removal of your claim, and provided an opportunity to correct the condition that is the basis for the proposed removal. Your claim will be barred from further participation in the Fund, if the claim application contains a material error resulting from fraud or intentional or negligent misrepresentation.

Record keeping: During your cleanup project you should keep complete and well organized records of all corrective action activity and payment transactions. If you are eventually issued a Letter of Commitment, you will be required to submit: (1) copies of detailed invoices for all corrective action activity performed (including subcontractor invoices), (2) copies of canceled checks used to pay for work shown on the invoices, (3) copies of technical documents (bids, narrative work description, reports), and (4) evidence that the claimant paid for the work performed (not paid by another party). These documents are necessary for reimbursement and failure to submit them could impact the amount of reimbursement made by the Fund. *It is not necessary to submit these documents at this time; however, they will definitely be required prior to reimbursement.*

Compliance with Corrective Action Requirements: In order to be reimbursed for your eligible costs of cleanup incurred after December 2, 1991, you must have complied with corrective action requirements of Article 11, Chapter 16, Division 3, Title 23, California Code of Regulations. Article 11 categorized the corrective action process into *phases*. In addition, Article 11 requires the responsible party to submit an

corrective action process into *phases*. In addition, Article 11 requires the responsible party to submit an *investigative workplan/Corrective Action Plan* (CAP) before performing any work. This phasing process and the workplan/CAP requirements were intended to:

1. help the responsible party undertake the necessary corrective action in a cost-effective, efficient and timely manner;
2. enable the regulatory agency to review and approve the proposed cost-effective corrective action alternative before any corrective action work was performed; and
3. ensure the Fund will only reimburse the most cost-effective corrective action alternative required by the regulatory agency to achieve the minimum cleanup necessary to protect human health, safety and the environment.

In some limited situations *interim cleanup* will be necessary to mitigate a demonstrated immediate hazard to public health, or the environment. Program regulations allow the responsible party to undertake interim remedial action after: (1) notifying the regulatory agency of the proposed action, and; (2) complying with any requirements that the regulatory agency may set. Interim remedial action should only be proposed when necessary to mitigate an immediate demonstrated hazard. ***Implementing interim remedial action does not eliminate the requirement for a CAP and an evaluation of the most cost-effective corrective action alternative.***

Three bids and Cost Preapproval: Only corrective action costs required by the regulatory agency to protect human health, safety and the environment can be claimed for reimbursement. You must comply with all regulatory agency time schedules and requirements and you must obtain three bids for any required corrective action. Unless waived in writing, you are required to obtain preapproval of costs for all future corrective action work. ***If you do not obtain three bids and cost preapproval, reimbursement is not assured and costs may be rejected as ineligible.***

If you have any questions, please contact me at (916) 341-5714.

Sincerely,

Shari Knieriem

Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

cc: Mr. Steve Morse
RWQCB, Region 2
1515 Clay Street, Ste. 1400
Oakland, CA 94612

Ms. Susan Hugo
Alameda County EHD
✓ 1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577

C A M B R I A

ENVIRONMENTAL
PROTECTION
00 JUN 27 PM 12:00

June 21, 2000

Larry Seto
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

Re: **Former Shell Service Station**
2160 Otis Drive
Alameda, California
Incident # 98995140
Cambria Project # 242-0627



Mr. Seto,

In response to your May 22 and June 12, 2000 correspondence(s) to Karen Petryna of Equilon Enterprises LLC (Equilon) regarding the referenced site, Cambria Environmental Technology, Inc. (Cambria) is currently in the process of obtaining the necessary Right of Entry (ROE) agreement from the property owner/manager to begin the monitoring well installation proposed in our March, 1998 work plan. As you are aware, this installation has been delayed due to the construction of an OfficeMax building onsite. Once the ROE agreement has been acquired, Cambria will notify your office and proceed with the scheduling and coordination of drilling and sampling activities outlined in the previously submitted work plan.

Please call us at (510) 420-3333 if you have any questions or comments.

Sincerely,
Cambria Environmental Technology, Inc.

Troy A. Bugge
Project Scientist

Oakland, CA
San Ramon, CA
Sonoma, CA
Portland, OR

**Cambria
Environmental
Technology, Inc.**

Cc: Ms. Karen Petryna, Equiva Services LLC, P.O. Box 7869, Burbank, CA 91510-7869
Mr. Preston Niette, Harsch Investment Group, 523 W. Plaza, Alameda, CA

G:\Oakland2001\Response.Doc

1144 65th Street
Suite B
Oakland, CA 94608
Tel (510) 420-0700
Fax (510) 420-9170

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

June 12, 2000

Ms. Karen Petryna
Equiva Services LLC
PO Box 7869
Burbank, CA 91510-7869
STID 590

RE: Former Shell, 2160 Otis Drive, Alameda, CA 94501

Dear Ms. Petryna:

I have received the Quarterly Status Report – First Quarter 2000 for the above site. The report stated it is anticipated that a new monitoring well will be installed by June 15, 2000. If this installation is not completed by July 1, 2000, please inform this office of the delay.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Stephan A. Bork, Cambria, 1144 65th Street, Suite B, Oakland, CA 94608
Harsch Investment Group, 523 W. Plaza, Alameda, CA 94501
Files

C A M B R I A

ENVIRONMENTAL
PROTECTION June 5, 2000

00 JUN -8 AM 8:48

Mr. Larry Seto
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, 2nd Floor
Alameda, California 94502

Re: **Quarterly Status Report - First Quarter 2000**
Former Shell Service Station
2160 Otis Drive
Alameda, CA
Incident No. 98995140

Dear Mr. Seto:

On behalf of Equiva Services LLC, Cambria Environmental Technology, Inc. is submitting this letter in accordance with the reporting requirements of 23 CCR 2652d.

Current Quarter's Activities

No activities were required or performed at this site during the first quarter of 2000.

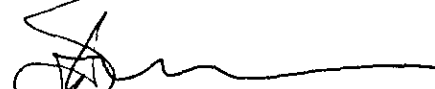
Proposed Activities

Cambria is currently negotiating the access agreement to install one groundwater monitoring well at the site. We anticipate that this new well will be installed by June 15, 2000.

We appreciate the opportunity to work with you on this project. Please call us if you have any questions.

Sincerely,

Cambria Environmental Technology, Inc.



Stephan A. Bork, C.E.G., C.H.G.
Associate Hydrogeologist

Oakland, CA
San Ramon, CA
Sonoma, CA
Portland, OR

cc: Karen Petryna, Equiva Services LLC, P.O. Box 7869, Burbank California 91510-7869
Harsch Investment Group, 523 W. Plaza, Alameda, CA 94501

**Cambria
Environmental
Technology, Inc.**

1144 65th Street
Suite B
Oakland, CA 94608
Tel (510) 420-0700
Fax (510) 420-9170

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

May 22, 2000

Ms. Karen Petryna
Equiva Services LLC
PO Box 7869
Burbank, CA 91501-7869
STID 590

RE: Former Shell, 2160 Otis Drive, Alameda, CA 94501

Dear Ms. Petryna:

In a letter dated March 30 1998, this office approved the workplan prepared by Cambria Environmental dated March 25, 1998 to install a monitoring well. Please inform this office with 5 days of the receipt of this letter if this well has been installed. The site file in this office has no record of this well being installed.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

Cc: Ailsa S. Le May, Cambria, Environmental, 1144 65th Street, Suite B,
Oakland, CA 94608

Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION (LOP)
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

November 30, 1999

Ms. Karen Petryna
Equiva Services LLC
PO Box 6249
Carson, CA 90749-6249

RE: Certified List of Record Fee Title Owners

Dear Ms. Petryna:

This letter is to acknowledge that this office has received from Cambria Environmental the Certified List of Record Fee Title Owners for the following sites:

- 1) 610 Market Street, Oakland, CA 94607
- 2) 105 5th Street, Oakland, CA 94607
- 3) 2160 Otis Drive, Alameda, CA 94501

This information will be place in the site file for each location.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Ailsa S. Le May, Cambria Environmental, 1144 65th Street, Suite B,
Oakland, CA 94608

Files

C A M B R I A

November 23, 1999

Mr. Larry Seto
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, 2nd Floor
Alameda, California 94502


Re: Certified List of Record Fee Title Owners for:
2160 Otis Dr.
Alameda, CA
Incident No. 98995140

Dear Mr. Seto:

In accordance with section 25297.15(a) of Chapter 6.7 of the Health Safety Code and on behalf of Equiva Services LLC, we certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site.

Harsh Investment Group, 2160 Otis Drive, Alameda, CA 94501

Sincerely,


Ailsa S. Le May, R.G.
Senior Geologist

cc: Karen Petryna, Equiva Services LLC, P.O. Box 6249, Carson, California, 90749-6249
Harsh Investment Group, 2160 Otis Drive, Alameda, CA 94501

Oakland, CA
Sonoma, CA
Portland, OR
Seattle, WA

**Cambria
Environmental
Technology, Inc.**

1144 65th Street
Suite B
Oakland, CA 94608
Tel (510) 420-0700
Fax (510) 420-9170

November 23, 1999

Mr. Larry Seto
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, 2nd Floor
Alameda, California 94502

RE: Relocation of Equiva Services LLC West Coast Administrative Center

Dear Mr. Seto:

Effective December 1, 1999, Equiva Services LLC will relocate its West Coast Administrative Center from Carson, California to Burbank, California. Please send future correspondence that would formerly have gone to the Carson address to the following address:

Karen Petryna
Equiva Services LLC
P.O. Box 7869
Burbank, California 91501-7869

Thank you in advance for your assistance with this address change. Please do not hesitate to contact me if you have any questions.

Sincerely,



Karen Petryna P.E.
Civil Engineer
Equiva Services LLC
Science & Engineering, West Coast
(559) 645-9306
(559) 645-5643 fax
(510) 719-7182 mobile
Email: kepetryna@equiva.com

99 DEC -1 PM 2:43
ENVIRONMENTAL
PROTECTION

C A M B R I A

November 23, 1999

Mr. Larry Seto
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, 2nd Floor
Alameda, California 94502

Re: Certified List of Record Fee Title Owners for:
2160 Otis Dr.
Alameda, CA
Incident No. 98995140



Dear Mr. Seto:

In accordance with section 25297.15(a) of Chapter 6.7 of the Health Safety Code and on behalf of Equiva Services LLC, we certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site.

Harsh Investment Group, 2160 Otis Drive, Alameda, CA 94501

Sincerely,

A handwritten signature in black ink, appearing to read 'ASL', written over a horizontal line.

Ailsa S. Le May, R.G.
Senior Geologist

cc: Karen Petryna, Equiva Services LLC, P.O. Box 6249, Carson, California, 90749-6249
Harsh Investment Group, 2160 Otis Drive, Alameda, CA 94501

Oakland, CA
Sonoma, CA
Portland, OR
Seattle, WA

**Cambria
Environmental
Technology, Inc.**

1144 65th Street
Suite B
Oakland, CA 94608
Tel (510) 420-0700
Fax (510) 420-9170

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



June 4, 1998

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9432

Mr. Michael Dosen
Harsch Investment Corp.
523 West Plaza
Alameda, CA 94501
STID 590

RE: Former Shell Site, 2160 Otis Drive, Alameda, CA 94501

Dear Mr. Dosen:

I have received your letter dated June 2, 1998, with a copy of the site plan showing the proposed Office Max with an overlay of the former Shell Station (Figure 2, dated 5/18/98, Cambria Environmental Technology). This overlay included tank locations and future well location. After reviewing this material, **this office will support the construction of this commercial building.** As I mentioned in our meeting of May 7, 1998, Environmental Health does not issue out building permit. Building and occupancy permits are issued by the City of Alameda.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Tom Peacock, Supervisor, Environmental Health
Paul Waite, Cambria Environmental, 1144-65th St., Suite B, Oakland, CA 94608
A.E. (Alex) Perez, Shell Oil, P.O. Box 8080, Martinez, CA 94553
Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



June 4, 1998

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700
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Mr. Michael Dosen
Harsch Investment Corp.
523 West Plaza
Alameda, CA 94501
STID 590

RE: Former Shell Site, 2160 Otis Drive, Alameda, CA 94501

Dear Mr. Dosen:

I have received your letter dated June 2, 1998, with a copy of the site plan showing the proposed Office Max with an overlay of the former Shell Station (Figure 2, dated 5/18/98, Cambria Environmental Technology). This overlay included tank locations and future well location. After reviewing this material, **this office will support the construction of this commercial building.** As I mentioned in our meeting of May 7, 1998, Environmental Health does not issue out building permit. Building and occupancy permits are issued by the City of Alameda.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Tom Peacock, Supervisor, Environmental Health
Paul Waite, Cambria Environmental, 1144-65th St., Suite B, Oakland, CA 94608
A.E. (Alex) Perez, Shell Oil, P.O. Box 8080, Martinez, CA 94553
Files

5-7-98

The following persons met with Larry Seto in our office:

A.E. (Alex) Perez, Shell Oil, Environmental Engineer
Michael Dosen, Vice President, Harsch Investment
Diane Lundquist, Cambria, Principal Engineer
Paul Waite, Cambria, Engineer

It was agreed that Paul Waite would reduce the blue print drawing of the proposed Office Max onto a 8"x11" piece of paper, and give it to Michael Dosen. Dosen will send this reduced blue print, and a cover letter indicating his company plans to build an Office Max at the site, and request an approval letter from Environmental Health.



A. E. (ALEX) PEREZ

Environmental Engineer
Western Region Retail
SHELL OIL PRODUCTS COMPANY

P.O. Box 8080
MARTINEZ, CA 94553
(510) 335-5027
Fax (510) 335-5029
email aeperez@shellus.com

MICHAEL DOSEN
VICE PRRESIDENT
BAY AREA SHOPPING CENTERS



523 WEST PLAZA • ALAMEDA, CA 94501
TELEPHONE (510) 521-8100 • FAX (510) 521-3493



PAUL D. WAITE
ENGINEER

CAMBRIA
ENVIRONMENTAL
TECHNOLOGY, INC.
1144 65TH STREET, SUITE B
OAKLAND, CA 94608
PHONE: (510) 420-0700
FAX: (510) 420-9170



DIANE M. LUNDQUIST, PE
PRINCIPAL ENGINEER

CAMBRIA
ENVIRONMENTAL
TECHNOLOGY, INC.
270 PERKINS STREET,
P.O. BOX 259
SONOMA, CA 95476
PHONE: (707) 935-4850
FAX: (707) 935-6649

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700

March 30, 1998

Mr. A.E. (Alex) Perez
Shell Oil Products Company
P.O. Box 8080
Martinez, CA 94553
STID 590

RE: Former Shell Station, 2160 Otis Drive, Alameda, CA

Dear Mr. Perez:

I have reviewed the Well Installation Work Plan dated March 25, 1998 for the above site that was prepared by Cambria Environmental. It is acceptable.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,

Larry Seto
Sr. Hazardous Materials Specialist

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700

March 30, 1998

Mr. A.E. (Alex) Perez
Shell Oil Products Company
P.O. Box 8080
Martinez, CA 94553
STID 590

RE: Former Shell Station, 2160 Otis Drive, Alameda, CA

Dear Mr. Perez:

I have reviewed the Well Installation Work Plan dated March 25, 1998 for the above site that was prepared by Cambria Environmental. It is acceptable.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,

Larry Seto
Sr. Hazardous Materials Specialist

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

March 27, 1998

Mr. Paul Waite
Cambria Environmental Technology
1144-65th Street
Suite C
Oakland, CA 94608

RE: 2160 Otis Drive, Alameda, CA

This office has received the Underground Storage Tank Unauthorized Release Report for the above site. In your transmittal dated March 17, 1998, you mentioned a statement that I made that I would like to clarify. During our conversation, I said I was not concerned that this report will be filed after the required time frame, and that I would not press the issue since Shell immediately informed us verbally after the release was confirmed.

Section 2652(c), California Underground Storage Tank Regulations, Title 23 requires that the owner or operator shall submit to the local agency a full written report within five working days of detecting an unauthorized release. This office does not decide whether legal action will be taken against a responsible party for violations of the Health and Safety Code.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist



CAMBRIA Environmental Technology

1144 65th Street, Suite C • Oakland, CA 94608 • (510) 420-0700 • Fax (510) 420-9170

TRANSMITTAL

TO: Larry Seto

FROM: Paul Waite

COMPANY:

DATE: March 17, 1998

Alameda County Department of Environmental Health

SUBJECT: Unauthorized Release Report

2160 Otis Drive
Alameda, California

98 MAR 20 PM 2:50
PROTECTION

COMMENTS:

Mr. Seto:

Included is an Underground Storage Tank Unauthorized Release Report (Form 5) for this site. As we discussed on March 12, 1998, a Form 5 was not submitted at the time of the September 1997 tank pull because one was already on file for the previous waste oil tank release at the site. Based on recent analytical results, you requested that another Form 5 be submitted for this site because the previous release case was closed. You also stated it was not a concern that the new Form 5 was not submitted immediately after the tank pull.

If you have any questions about these documents, please feel free to contact me at (510) 420-3305.

Thank You,

Paul Waite
Project Engineer

This transmittal is intended solely for use by the person or entity identified above. Any copying or distribution of this document by anyone other than the intended recipient is strictly prohibited. If you are not the intended recipient, please telephone us immediately and return the original transmittal to us at the address listed above.

591

RO# 2433 ec

Kit Clip board file

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 03/17/98		CASE #		SIGNED: _____ DATE: _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT J. V. K.		PHONE (415) 335-5025		SIGNATURE J. V. K.	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Shell Oil Products Company			
	ADDRESS P.O. Box 8080 Martinez CA 94553					
RESPONSIBLE PARTY	NAME Shell Oil Products Company UNKNOWN		CONTACT PERSON Alex Perez		PHONE (510) 335-5027	
	ADDRESS P.O. Box 8080 Martinez CA 94553					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Former Shell Station		OPERATOR None		PHONE () None	
	ADDRESS 2160 Otis Drive Alameda Alameda 94501		CROSS STREET Park Street			
	LOCAL AGENCY AGENCY NAME CONTACT PERSON PHONE Alameda County Health Care Services Larry Seto (510) 567-6744 REGIONAL BOARD San Francisco Bay Region Steven Hill (510) 286-1255					
SUBSTANCES INVOLVED	(1) Gasoline		NAME		QUANTITY LOST (GALLONS)	
	(2) Used Oil				<input checked="" type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 09/04/97		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input checked="" type="checkbox"/> OTHER Station Demolition			
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> OTHER Remove tanks, dispensers, and piping.			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 09/04/97					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CASE TYPE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	REMEDIAL ACTION <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB)* <input checked="" type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)					
COMMENTS	All tanks, piping, dispensers, and structures were removed from the site. Site is currently a vacant lot with no improvements.					

591

file copy

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT			
EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
REPORT DATE 03/17/98		CASE # 4-9-98	
FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT D. T. Kirk		SIGNATURE D. T. Kirk for Shell Oil Products
	PHONE (510) 335-5035		DATE 4-9-98
	COMPANY OR AGENCY NAME Shell Oil Products Company		
RESPONSIBLE PARTY	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		ADDRESS P. O. Box 8080 Martinez CA 94553
	NAME Shell Oil Products Company UNKNOWN		CONTACT PERSON Alex Perez
	ADDRESS P. O. Box 8080 Martinez CA 94553		PHONE (510) 335-5027
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Former Shell Station		OPERATOR None
	ADDRESS 2160 Otis Drive Alameda Alameda 94501		PHONE () None
	CROSS STREET Park Street		
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Care Services		CONTACT PERSON Larry Seto
	REGIONAL BOARD San Francisco Bay Region		PHONE (510) 567-6744
SUBSTANCES INVOLVED	(1) Gasoline		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) Used Oil		<input type="checkbox"/> UNKNOWN
DISCOVERY/ABATEMENT	DATE DISCOVERED 09/04/97		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input checked="" type="checkbox"/> OTHER Station Demolition
	DATE DISCHARGE BEGAN UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 09/04/97		<input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER Remove tanks, dispensers, and piping.
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> CORROSION <input type="checkbox"/> OTHER
	CASE TYPE CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)		
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION		
	<input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS		
REMEDIAL ACTION	<input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY		
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT)		
	<input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS)		
COMMENTS	<input type="checkbox"/> CONTAINMENT BARRIER (CB) <input checked="" type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS)		
	<input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)		
All tanks, piping, dispensers, and structures were removed from the site. Site is currently a vacant lot with no improvements.			

Transfer of Eligible Local Oversight Case

STID 590 Date transferred 3/1/98 ^(na)
~~2-27-98~~

2160 Otis Dr
Alameda CA 94501
SHELL STATION

3/29/97
SHELL

From: Larry Selo

60 OTIS City: ALAMEDA Zip: 94501

To be eligible for LOP, case must meet 3 qualifications:

1. Y N Tanks Removed? # of removed? 4 Date removed: 9/4/97
2. Y N Samples received? Contamination level: 12 ppm
Type of test TEPH water
Contamination should be over 100 ppm TPH to qualify for LOP
3. Y N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
• diesel • waste oil • kerosene • solvents

Procedure to follow should your site meet all the above qualifications:

1.
 - a. Close the deposit refund case.
 - b. Account for **ALL** time you have spent on the case.
 - c. Turn in account sheet to Leslie.
If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: ~~1367.20~~ \$ 897.20
DepRef Case Closed with Candyce/Leslie? Y N (If no, explain why below.)

2. Submit the completed **A** and **B** permit application forms to **NORMA**.
3. Give the entire case to the proper LOP staff.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



February 10, 1998

ENVIRONMENTAL HEALTH SERVICES
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9335 (FAX)

Mr. A.E. (Alex) Perez
Shell Oil Products Company
P.O. Box 8080
Martinez, CA 94553
STID 590

RE: Former Shell Station, 2160 Otis Drive, Alameda, CA

Dear Mr. Perez:

I have reviewed your Investigation Report dated January 28, 1998 that was prepared by Cambria Environmental. Grab ground water samples from borings G-1 (down gradient of the former gas tank pit) and G-2 (down gradient of the former dispenser island) contained 240 ppb and 110 ppb of benzene respectively. In addition, 920 ppb and 57 ppb of MTBE was detected in G-1 and G-2 respectively.

A monitoring well must be installed downgradient from the former gas tank pit and monitored on a quarterly basis for a minimum of one year. The water samples must be tested for TPH(g), TPH(d), BTEX, MTBE and oil and grease. As per Title 23, California Code of Regulations, Article 11, **please submit a Groundwater Investigation workplan within 45 days of the receipt of this letter.**

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Paul Waite, Cambria Environmental, 1144 -65th St., Suite B, Oakland, CA 94608
Captain Steve McKinley, Alameda Fire
Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

December 10, 1997

Ms. Lisa Maglines
Mr. A.E. (Alex) Perez
Shell Oil Products Company
P.O. Box 8080
Martinez, CA 94553

RE: Former Shell Station, 2160 Otis Drive, Alameda

Dear Ms. Malines & Mr. Perez:

I have reviewed your **Investigative Work Plan** dated November 25, 1997, that was prepared by Cambria Environmental for the above site. It is acceptable. Please submit a copy of your Site Health and Safety Plan to this office before work commence.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



November 13, 1997

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

Ms. Lisa Maglines
Mr. A.E. (Alex) Perez
Shell Oil Products Company
P.O.Box 8080
Martinez, CA 94553

RE: Former Shell Station, 2160 Otis Drive, Alameda

Dear Ms. Malines & Mr. Perez:

I have reviewed your Tank Removal and Sampling Report dated October 3, 1997 that was prepared by Cambria. Soil sample D-4 collected on September 4, 1997, contained 270 ppm of TPPH (total purgable petroleum hydrocarbons - gasoline) and 1.7 ppm of benzene. In addition, water sample TPW-1 collected on September 4, 1997, contained 8,300 ppb of TPPH.

Before this office can determine whether further remediation or monitoring is necessary, the following must be performed:

1. Resample in the dispenser area where sample D-4 was taken, and/or excavate the soil where sample D-4 was taken, aerate, and take confirmatory samples.
2. Water samples must be taken in the verified downgradient direction from the former location of the underground tanks, and fuel dispenser area.
3. Please submit a workplan to this office for review and approval.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

cc: Paul Waite, Cambria
Files

Paradiso Mechanical, Inc.

Transmittal

97 SEP 30 AM 10:42
PARADISO MECHANICAL
ENVIRONMENTAL
SERVICES

To: MR. DON HWANG - ALAMEDA CO. DEPT. OF ENV. HEALTH

Phone: 510/567-6746

Date: September 29, 1997

Re: SHELL OIL COMPANY, 2160 OTIS DRIVE, ALAMEDA

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

● **Comments:**

HERE'S A COPY OF THE APPROVAL FOR YOUR "MISSING" FILE.

PLEASE CONTACT ME ANY ADDITIONAL INFORMATION IS REQUIRED AT THIS TIME.

THANK YOU,

Tracy W. Lum

2600 Williams Street, San Leandro, CA 94577 510/514-8390, FAX: 510/614-8396

Paradiso Mechanical, Inc.

Fax

To: MS. JULIET SHIN - ALAMEDA COUNTY DEPT. OF ENV. HEALTH

Fax: 510/567-6700

Pages: 5

Phone: 510/337-9335

Date: June 25, 1997

Re: CERTIFICATION OF PARADISO MECHANICAL PERSONNEL FOR UST
REMOVAL PROJECT AT SHELL OIL COMPANY, 2160 OTIS DRIVE,
ALAMEDA

Urgent For Review Please Comment Please Reply Please Recycle

● **Comments:**

HERE'S THE INFORMATION AS REQUESTED. WHEN APPROVED,
COULD YOU PLEASE CALL ME AND I WILL DROP BY YOUR
OFFICE AND PICK UP THE APPROVALS.

PLEASE CONTACT ME IF ANY ADDITIONAL INFORMATION IS REQUIRED AT
THIS TIME.

THANK YOU,

Tracy W. Lum



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number

677909

Entity CORP

Business Name

PARADISO MECHANICAL INC

Classification(s)

B C-8 C10 C61/D23 HAZ A

Expiration Date

09/30/97



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PARKWAY, RM 250
ALAMEDA, CA 94502-6577
PHONE # 510/567-6700
FAX # 510/337-9335**

6/25/97

Juliet Shin

Project Specialist

Please address the additional requests in red. Please notify this office at least one week in advance of tank removal.

ACCEPTED

Underground Storage Tank Closure Permit Application
Alameda County Division of Hazardous Materials
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destruction.

One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal. Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Departments to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- _____ Removal of Tank(s) and Piping
 - _____ Sampling
 - _____ Final Inspection
- Issuance of a permit to operate, by permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Contact Specialist:

6245 W. COLTON RD
ALAMEDA, CA 94501

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business SHELL OIL COMPANY
Business Owner or Contact Person (PRINT) BRETT HOVLAND
 2. Site Address 2160 OTIS DRIVE
City ALAMEDA Zip 94501 Phone -
 3. Mailing Address P.O. BOX 4023
City CONCORD Zip 94524 Phone 510/675-6100
 4. Property Owner SHELL OIL COMPANY
Business Name (if applicable) SHELL OIL COMPANY
Address P.O. BOX 4023, 1390 WILLOW PASS ROAD
City, State CONCORD Zip 94520
 5. Generator name under which tank will be manifested
SHELL OIL COMPANY
- EPA ID# under which tank will be manifested CA 2481403181

6. Contractor PARADISO MECHANICAL, INC. (Tracy & Lum)
Address 2600 WILLIAMS ST
City SAN LEANDRO Phone 510/6148390
License Type A,B,C-8, C10, 661/D23, HAZ ID# 677909

*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board.

✓ 7. Consultant (if applicable) CAMBRIA ENVIRONMENTAL

Address 1144 65TH ST, #C

City, State OAKLAND Phone 510/420-0700

8. Main Contact Person for Investigation (if applicable)

Name SCOTT MC CLOUD Title PROJ MGR

Company CAMBRIA ENVIRONMENTAL

Phone 510/420-0700

✓ 9. Number of underground tanks being closed with this plan 4

Length of piping being removed under this plan 270' APPROX

Total number of underground tanks at this facility (**confirmed with owner or operator) 4

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

✓ ** Underground storage tanks must be handled as hazardous waste **

a) Product/Residual Sludge/Rinsate Transporter CAD 982524480

Name CROSBY & OVERTON STATE HEALTH #0025
EPA I.D. No. #0025

CHP
Hauler License No. #55235 License Exp. Date _____

Address 8430 AMELIA ST.

City OAKLAND State CA Zip 94621

b) Product/Residual Sludge/Rinsate Disposal Site

Name ROMECC EPA ID# CAD009452657

Address 2081 BAY DR

City EAST PALO ALTO State CA Zip 94303

c) Tank and Piping Transporter

STATE HEALTH # 0025

Name CROSBY & OVERTON EPA I.D. No. _____

Hauler ^{CHP} License No. # 55235 License Exp. Date _____

Address 8430 AMELIA ST.

City OAKLAND State CA Zip 94621

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. Sample Collector

Name CAMBRIA ENVIRONMENTAL SCOTT MCCLOUD

Company CAMBRIA ENVIRONMENTAL

Address 1144 64TH ST., #C

City OAKLAND State CA Zip 94608 Phone 510/420-0700

12. Laboratory

Name SEQUOIA ANALYTICAL LABS

Address 2549 MIDDLEFIELD RD

City REDWOOD CITY State CA Zip 94063

State Certification No. 1271

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

If yes, describe. _____

14. Describe methods to be used for rendering tank(s) inert:

50 LBS PER 1,000 GAL OF TANK CAPACITY

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 permanently plugged.

The Bay Area Air Quality Management District, 415/771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert.

15. Tank History and Sampling Information *** (see instructions) ***

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
10,000 GAL 10,000 10,000 550	uncertain UNIDENTIFIED FUEL (GASOLINE) ↓ WASTE OIL	SOIL & GROUNDWATER (IF NECESSARY) ↓	AT THE END OF EACH TANK (UNDERNEATH) ↓

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

Excavated/Stockpiled Soil

Stockpiled Soil Volume (estimated)

Sampling Plan:

One composite sample per every 80 cubic yards if disposing off site. If plans to try & reuse, the one discreet sample per every 20 cubic yards.

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

Will the excavated soil be returned to the excavation immediately after tank removal? [] yes [] no [X] unknown

If yes, explain reasoning _____

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling operations.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit	
			Soil	Water
Wasteoils 8270 8010 8020 TPHg, TPHd	AS REQUIRED PER TABLE #2	BTEX	.005 to 0.5ppm	0.5ppb
	Also, <u>MTBE</u> for gas tanks. + total lead	TPHg + TPHd	1ppm	50ppb

Preliminary UST Site Investigations

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 G GCFID(5030)
	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Leaded Gas	TPH G GCFID(5030)	TPH G GCFID(5030)
	BTX&E 8020 OR 8240	BTX&E 602 or 624
	TPH AND BTX&E 8260	TOTAL LEAD AA
	TOTAL LEAD AA	
	-----Optional-----	
	TEL DHS-LUFT	TEL DHS-LUFT
EDB DHS-AB1803	EDB DHS-AB1803	
Unleaded Gas	TPH G GCFID(5030)	TPH G GCFID(5030)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Diesel, Jet Fuel and Kerosene	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Fuel/Heating Oil	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Chlorinated Solvents	CL HC 8010 or 8240	CL HC 601 or 624
	BTX&E 8020 or 8240	BTX&E 602 or 624
	CL HC AND BTX&E 8260	CL HC AND BTX&E 8260
Non-chlorinated Solvents	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602 or 624
	TPH AND BTX&E 8260	TPH and BTX&E 8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G GCFID(5030)	TPH G GCFID(5030)
	TPH D GCFID(3550)	TPH D GCFID(3510)
	TPH AND BTX&E 8260	
	O & G 5520 D & F	O & G 5520 B & F
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	CL HC 8010 or 8240	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*	PCB	
PCP*	PCP	
PNA	PNA	
CREOSOTE	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

18. Submit Worker's Compensation Certificate copy

Name of Insurer REPUBLIC INDEMNITY

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 written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.

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

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

I declare that to the best of my knowledge and belief that 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 approval from the Environmental Protection Division 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.

CONTRACTOR INFORMATION

Name of Business PARADISO MECHANICAL, INC

Name of Individual TRACY W. LUM, PROJ. MGR

Signature [Signature] Date 6/19/97

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business SHELL OIL COMPANY

Name of Individual BRETT HOLLAND

Signature [Signature] Date 6/19/97

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.

SITE INFORMATION:

Site ID Number
(if known)

SHELL OIL COMPANY
Name of Site

2160 OTIS DRIVE
Street Address

ALAMEDA, CA 94501
City, State & Zip Code

I designate the following person or business to receive any refund due at the completion of all deposit/refund projects:

TRACY W. LUM, PARADISO MECHANICAL, INC
Name

2600 WILLIAMS ST
Street Address

SAN LEANDRO, CA 94577
City, State & Zip Code

Brett Hovland
Signature of Payor

6/17/97
Date

Brett Hovland
Name of Payor
(PLEASE PRINT CLEARLY)

Shell Oil Company
Company Name of Payor

RETURN FORM TO:

County of Alameda, Environmental Protection
1131 Harbor Bay Parkway, Rm 250
Alameda CA 94502-6577
Phone#(510) 567-6700

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
1/01/97

PRODUCER

MEIER COMMERCIAL INSURANCE BROKERAGE
P.O. BOX 1510
L VALLEY, CA 94942

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

PHONE: (415) 383-7518 FAX: (415) 383-7528

INSURED

PARADISO MECHANICAL, INC.
P.O. BOX 1836
SAN LEANDRO CA 94577

- COMPANY A
- COMPANY B
- COMPANY C
- COMPANY D REPUBLIC INDEMNITY CO OF AMERICA

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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	00498809	1/01/97	1/01/98	<input checked="" type="checkbox"/> 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

RE: ALL CALIFORNIA OPERATIONS PERFORMED BY NAMED INSURED

CERTIFICATE HOLDER

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

ANITA TONI MEIER

PERMIT

Permit Issued To

(Insert Employer's Name, Address and Telephone No.)

Paradiso Mechanical, Inc 2600 Williams Street San Leandro, CA 94577 (510) 614-8390

No.	Headquarters
Date	11/27/96
Region	1
District	4
Tel.	(510) 568-8602

Type of Permit T1-ANNUAL TRENCH/EXCAVATION

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number		677909		Permit Valid through		December 31, 1997	
Description of Project	Location Address	City and County	Anticipated Dates				
			Starting	Completion			
Various	Statewide		1/1/97	12/31/97			

This Permit is issued upon the following conditions:

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

Received From		Received By	
Eric Montesano		Bob Low	
<input type="checkbox"/> Cash	Amount	Date	
<input checked="" type="checkbox"/> Check 20269	\$100.00	11/27/96	

Investigated by _____
 Safety Engineer _____ Date _____

Approved by *[Signature]* _____
 Permit Unit _____ Date 11/29/96

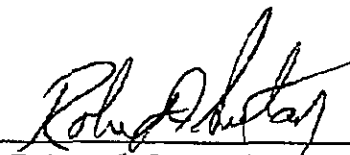


Clayton Environmental Consultants, Inc.

Certifies that

Luis Aguilar

has successfully completed an 8-hour Refresher Course for
Hazardous Waste Operations and Emergency Response
in compliance with 29 CFR 1910.120 and GISO 5192



Robert J. Sutay, CIH
Corporate Health and Safety Officer

Course Date: March 22, 1997



Clayton Environmental Consultants, Inc.

Certifies that

Dave Timmerman

has successfully completed an 8-hour Refresher Course for
Hazardous Waste Operations and Emergency Response
in compliance with 29 CFR 1910.120 and GISO 5192



Robert J. Sutay, CIH
Corporate Health and Safety Officer

Course Date: March 22, 1997



Clayton Environmental Consultants, Inc.

Certifies that

Mike Pena

has successfully completed an 8-hour Refresher Course for
Hazardous Waste Operations and Emergency Response
in compliance with 29 CFR 1910.120 and GISO 5192



Robert J. Sutay, CIH
Corporate Health and Safety Officer

Course Date: March 22, 1997



Clayton Environmental Consultants, Inc.

Certifies that

Mark Freitas

has successfully completed an 8-hour Refresher Course for
Hazardous Waste Operations and Emergency Response
in compliance with 29 CFR 1910.120 and GISO 5192



Robert J. Sutay, CIH
Corporate Health and Safety Officer

Course Date: March 22, 1997

STATE OF CALIFORNIA
 STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A
 COMPLETE THIS FORM FOR EACH FACILITY/SITE



MARK ONLY ONE ITEM

<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED SITE
<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME SHELL OIL COMPANY		NAME OF OPERATOR —	
ADDRESS 2160 OTIS DRIVE		NEAREST CROSS STREET	PARCEL # (OPTIONAL)
CITY NAME ALAMEDA		STATE CA	ZIP CODE 94510
SITE PHONE # WITH AREA CODE —		LOCAL-AGENCY DISTRICTS	
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*		* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST _____	
TYPE OF BUSINESS <input checked="" type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 4 E. P. A. I. D. # (optional)

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) HOVLAND BRETT	PHONE # WITH AREA CODE 510/6756100	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME SHELL OIL COMPANY	CARE OF ADDRESS INFORMATION
MAILING OR STREET ADDRESS P.O. BOX 4023	<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY
CITY NAME CONCORD	STATE CA
	ZIP CODE 94520
	PHONE # WITH AREA CODE 510/6756100

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER SAME AS ABOVE	CARE OF ADDRESS INFORMATION
MAILING OR STREET ADDRESS	<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY
CITY NAME	STATE
	ZIP CODE
	PHONE # WITH AREA CODE

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TY (TK) HQ **44-01101177**

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED

box to indicate

<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input checked="" type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 7 STATE FUND
<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOVT. MECHANISM	<input type="checkbox"/> 99 OTHER			

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:

I. II. III.

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) BRETT HOVLAND	TANK OWNER'S TITLE DISTRICT ENGINEER	DATE 6/18/97
---	--	------------------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="text"/>	JURISDICTION # <input type="text"/>	FACILITY # <input type="text"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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

OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM

<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: SHELL OIL COMPANY

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#	B. MANUFACTURED BY: <u>OWENS CORNING</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>10,000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	
			C. A. S. #:		

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 9 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	
	DROP TUBE YES ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
	<input type="checkbox"/> 99 OTHER				

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE TANK USED (MO/DAY/YR) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--	--

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>BRETT HOVLAND</u>	DATE <u>6/18/97</u>
--	---------------------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY TANK CLOSURE 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: SHELL OIL COMPANY

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

A. OWNER'S TANK I.D.# 2 B. MANUFACTURED BY: OWENS CORNING

C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN D. TANK CAPACITY IN GALLONS: 10,000

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

A. 1 MOTOR VEHICLE FUEL 2 PETROLEUM 3 CHEMICAL PRODUCT 4 OIL 80 EMPTY 95 UNKNOWN

B. 1 PRODUCT 2 WASTE

C. 1a REGULAR UNLEADED 1b PREMIUM UNLEADED 1c MIDGRADE UNLEADED 2 LEADED 3 DIESEL 4 GASAHOL 5 JET FUEL 6 AVIATION GAS 7 METHANOL 8 M85 99 OTHER (DESCRIBE IN ITEM D BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ C. A. S. #: _____

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN 99 OTHER _____

B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 5 CONCRETE 9 BRONZE 2 STAINLESS STEEL 6 POLYVINYL CHLORIDE 10 GALVANIZED STEEL 3 FIBERGLASS 7 ALUMINUM 95 UNKNOWN 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC 8 100% METHANOL COMPATIBLE W/FRP 99 OTHER _____

C. INTERIOR LINING OR COATING 1 RUBBER LINED 5 GLASS LINING 2 ALKYD LINING 6 UNLINED 95 UNKNOWN 3 EPOXY LINING 4 PHENOLIC LINING 99 OTHER _____

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 5 CATHODIC PROTECTION 2 COATING 91 NONE 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC 95 UNKNOWN 99 OTHER _____

E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
DROPTUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

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

A. SYSTEM TYPE A U 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER

B. CONSTRUCTION A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER

C. MATERIAL AND CORROSION PROTECTION A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE W/FRP A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 95 UNKNOWN A U 99 OTHER

D. LEAK DETECTION 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER _____

V. TANK LEAK DETECTION

1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING 7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE LAST USED (MO/DAY/YR) N/A 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS 3. WAS TANK FILLED WITH INERT MATERIAL? YES NO

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) Brett Howland DATE 6/18/97

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.# _____ COUNTY # _____ JURISDICTION # _____ FACILITY # _____ TANK # _____

PERMIT NUMBER _____ PERMIT APPROVED BY/DATE _____ PERMIT EXPIRATION DATE _____

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE
			<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
			<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: SHELL OIL COMPANY

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	A. OWNER'S TANK I. D. # <u>3</u>	B. MANUFACTURED BY: <u>OWENS CORNING</u>
	C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS:

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input checked="" type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED
			<input type="checkbox"/> 2 LEADED
			<input type="checkbox"/> 3 DIESEL
			<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input type="checkbox"/> 6 AVIATION GAS
			<input type="checkbox"/> 7 METHANOL
			<input type="checkbox"/> 8 M85
			<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E			
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
		<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___			
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN
			<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	
DROP TUBE YES ___ NO ___		STRIKER PLATE YES ___ NO ___	
		DISPENSER CONTAINMENT YES ___ NO ___	

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE					
A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	<input checked="" type="checkbox"/> 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
					<input type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION					
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>Brett Houland</u>	DATE <u>6/18/97</u>
---	------------------------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D. #	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM

<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: SHELL OIL COMPANY

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# 4

B. MANUFACTURED BY: UNKNOWN

C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN

D. TANK CAPACITY IN GALLONS: 550

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

A. 1 MOTOR VEHICLE FUEL 4 OIL 2 PETROLEUM 80 EMPTY 3 CHEMICAL PRODUCT 95 UNKNOWN

B. 1 PRODUCT 2 WASTE

C. 1a REGULAR UNLEADED 3 DIESEL 6 AVIATION GAS
 1b PREMIUM UNLEADED 4 GASAHOL 7 METHANOL
 1c MIDGRADE UNLEADED 5 JET FUEL 8 MBS
 2 LEADED 99 OTHER (DESCRIBE IN ITEM D BELOW)

D. IF (A-1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E. C. A. S. #

A. TYPE OF SYSTEM 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN

B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC 5 CONCRETE 6 POLYVINYL CHLORIDE 7 ALUMINUM 8 100% METHANOL COMPATIBLE W/FRP 9 BRONZE 10 GALVANIZED STEEL 95 UNKNOWN 99 OTHER

C. INTERIOR LINING OR COATING 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING 5 GLASS LINING 6 UNLINED 95 UNKNOWN 99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 99 OTHER

E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
 DROP TUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

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

A. SYSTEM TYPE A U 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER

B. CONSTRUCTION A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER

C. MATERIAL AND CORROSION PROTECTION A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 95 UNKNOWN A U 99 OTHER
 A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE W/FRP
 A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 99 OTHER

D. LEAK DETECTION 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER

V. TANK LEAK DETECTION

1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING 7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE LAST USED (MO/DAY/YR) N/A

2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS

3. WAS TANK FILLED WITH INERT MATERIAL? YES ___ NO ___

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) Brett Howland Brett Howland DATE 6/18/97

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.# _____ COUNTY # _____ JURISDICTION # _____ FACILITY # _____ TANK # _____

PERMIT NUMBER _____ PERMIT APPROVED BY/DATE _____ PERMIT EXPIRATION DATE _____

1131 Harbor Bay Pkwy.
Suite 250
Alameda, CA 94502-6577
(510) 567-6700

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

II, III

white -env.health
yellow -facility
pink -files

Site ID # 590 Site Name SHELL Today's Date 9/4/97

Site Address 2160 OTIS
City ALAMEDA Zip 94501 Phone _____

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

Inspection Categories:

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

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

Comments:

EAST TANK - # 112048 10,000 GAL
OWENS CORNING FIBERGLASS

NO HOLES

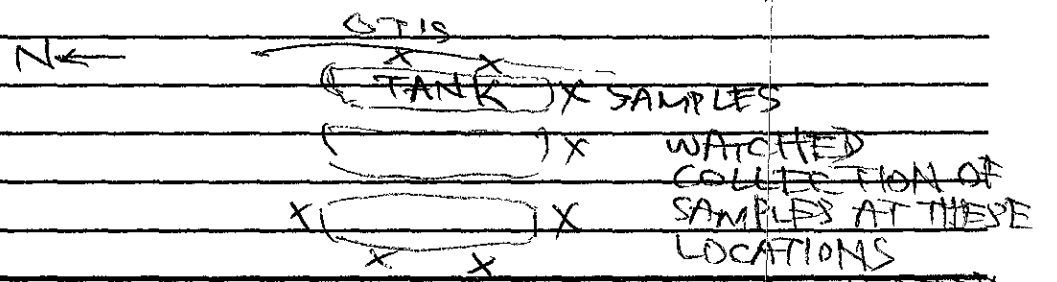
MIDDLE TANK - 10K GAL
OWENS CORNING FIBERGLASS

NO HOLES

WEST TANK - # 112043 10K GAL
OWENS CORNING FIBERGLASS

NO HOLES

WATER IN PIT - NO ODOR, NO SHEEN



ADDITIONAL SAMPLES WILL BE COLLECTED
SAMPLES COLLECTED BY RALPH WATT
CAMBRIA ENVIRONMENTAL TECHNOLOGY

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ MATLS

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

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|---|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
| | 4) Monthly Gndwater
One time soils |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily Inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other |
| New Tanks | <input type="checkbox"/> 7. Precls Tank Test Date: 2643 |
| | <input type="checkbox"/> 8. Inventory Rec. 2644 |
| | <input type="checkbox"/> 9. Soil Testing. 2646 |
| | <input type="checkbox"/> 10. Ground Water. 2647 |
| | <input type="checkbox"/> 11 Monitor Plan 2632 |
| | <input type="checkbox"/> 12. Access Secure 2634 |
| | <input type="checkbox"/> 13. Plans Submit Date: 2711 |
| | <input type="checkbox"/> 14. As Built Date: 2635 |

Contact: Paradise Mech
Title: Foreman
Signature: [Signature]

Inspector: _____
Signature: [Signature]

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

1131 Harbor Bay Pkwy.
Suite 250
Alameda, CA 94502-6577
(510) 567-6700

II, III

Site ID # _____ Site Name SHELL Today's Date 7/4/97

Site Address 2160 OTIS

City ALAMEDA Zip 94501 Phone _____

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

Inspection Categories:

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

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

Comments:

WASTE OIL - 560 GAL FIBERGLASS WATER IN PIT - DROP OF WASTE OIL ON SURFACE, NO ODOR

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'L'S

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

III. UNDERGROUND TANKS (Title 23)

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

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

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

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

II, III

Contact: Paradise Nech

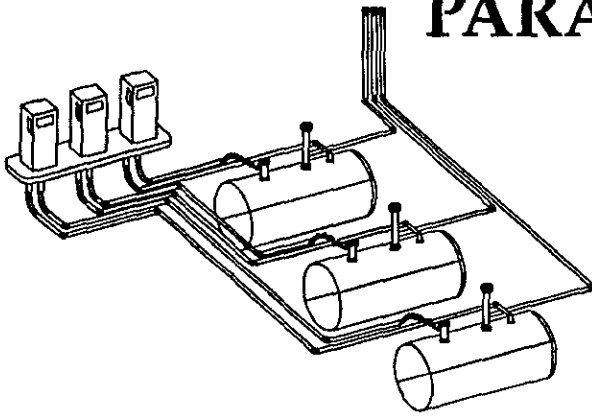
Title: Farmer

Signature: [Signature]

Inspector: _____

Signature: [Signature]

PARADISO MECHANICAL, INC.



GENERAL & PETROLEUM CONTRACTORS
and ENVIRONMENTAL SERVICES

P.O. BOX 1836
2600 WILLIAMS STREET
SAN LEANDRO, CA 94577

LICENSE NO. 677909
PHONE (510) 614-8390
FAX (510) 614-8396

March 10, 1997

Mr. Larry Seto
ALAMEDA COUNTY HEALTH AGENCY
DIVISION OF HAZARDOUS MATERIALS
DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 Harbor Bay Parkway, Room 250
Alameda, CA 94502-6577

**RE: UNDERGROUND STORAGE TANK REMOVAL
SHELL OIL COMPANY
2160 OTIS DRIVE
ALAMEDA**

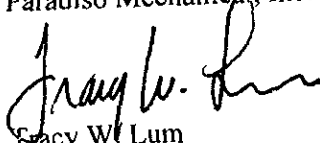
Mr. Seto,

On behalf of Shell Oil Company, we would like submit an application to remove (4) existing underground fuel storage tanks at the site referenced above, this facility is scheduled for demolition. Enclosed is a check for \$1809.00 (one thousand eight hundred nine dollars and 00/100), (3) sets of applications with state A & B forms, (3) site plans, (3) Site Health & Safety Plans and our Contractor information.

We would like to start construction as soon as possible.

Please contact me if any additional information and/or fees is required at this time.

Very truly yours,
Paradiso Mechanical, Inc.


Tracy W. Lum
Project Manager

enclosures

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7/11/97