

**URS****Facsimile**Date: 5/6/2003To: Eva ChuShannon CouchFirm: ACHCSAURSFacsimile: 510.337.9335510.874.3268Subject: Well Completion Report Release Agreement Form

## Message:

Dear Ms. Chu,

A conduit/well survey was requested for the site at 2770 Castro Valley Boulevard, Castro Valley, Ca. Department of Water Resources requires that the Well Completion Report Release Agreement be filled out by both the regulator and the consultant. Please fill out and sign the government agency portion of the form and fax the form back to URS, attention Shannon Couch. If you have any questions or concerns, please feel free to contact me at 510.874.3194. Thank you for your time.

Sincerely,



Shannon Couch

URS Corporation  
500 12<sup>th</sup> Street, Suite 200  
Oakland, CA 94607  
Tel: 510.893.3600  
Fax: 510.874.3268  
www.urscorp.com

**CONFIDENTIALITY NOTICE**

The information in this facsimile transmission is intended solely for the stated recipient of this transmission. If you have received this fax in error, please notify the sender immediately by telephone. If you are not the intended recipient, please be advised that dissemination, distribution, or copying of the information contained in this fax is strictly prohibited.

Attn. Shannon Cooch RO-2436

STATE OF CALIFORNIA - THE RESOURCES AGENCY  
DEPARTMENT OF WATER RESOURCES

GRAY DAVIS, Governor

CENTRAL DISTRICT  
3251 S Street  
Sacramento, CA 95816  
(916) 227-7632  
(916) 227-7600(Fax)

NORTHERN DISTRICT  
2440 Main Street  
Red Bluff, CA 95080  
(530) 529-7300  
(530) 529-7322 (Fax)

SAN JOAQUIN DISTRICT  
3374 East Shields Avenue  
Fresno, CA 93726  
(559) 230-3300  
(559) 230-3301 (Fax)

SOUTHERN DISTRICT  
770 Fairmont Avenue  
Glendale, CA 91203  
(818) 543-4600  
(818) 543-4604 (Fax)

WELL COMPLETION REPORT RELEASE AGREEMENT--AGENCY  
(Government and Regulatory Agencies and their Authorized Agents)

Project/Contract No. 38486124 County ALAMEDA

Township, Range, and Section T 3S R 2W (2770 Castro Valley Blvd, Castro Valley, CA) Radius 1/2 MILE  
(Must include entire study area and a map that shows the area of interest.)

Under California Water Code Section 13752, the agency named below requests permission from Department of Water Resources to inspect or copy, or for our authorized agent named below to inspect or copy, Well Completion Reports filed pursuant to Section 13751 to (check one):

Make a study, or,

Perform an environmental cleanup study associated with an unauthorized release of a contaminant within a distance of 2 miles. (1/2 MILE RADIUS WELL SURVEY)

In accordance with Section 13752, information obtained from these reports shall be kept confidential and shall not be disseminated, published, or made available for inspection by the public without written authorization from the owner(s) of the well(s). The information shall be used only for the purpose of conducting the study. Copies obtained shall be stamped **CONFIDENTIAL** and shall be kept in a restricted file accessible only to agency staff or the authorized agent.

SCOTT ROBINSON FOR ATLANTIC REEFIELD COMPANY  
Authorized Agent

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
Government or Regulatory Agency

500 12TH STREET, SUITE 200  
Address

1131 HARBOR BAY PARKWAY, SUITE 250  
Address

OAKLAND, CA 94607  
City, State, and Zip Code

ALAMEDA, CA 94502-6577  
City, State, and Zip Code

Signature [Signature]

Signature [Signature]

Title Project Manager

Title Haz Mat Specialist

Telephone (510) 874-3280

Telephone (510) 567-6762

Fax (510) 874-3268

Fax (510) 337-9335

Date 5/6/03

Date 5/7/03

E-mail Scott.Robinson@URS

E-mail echw@co.alameda.ca.us

URS Corp. Com

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RO0002469

April 21, 2003

Mr. Paul Supple  
ARCO Products  
P.O. Box 6549  
Moraga, CA 94570

Mr. Michael Seroy  
2770 Castro Valley Blvd  
Castro Valley, CA 94546

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

**RE: Conduit and Water Well Survey at 2770 Castro Valley Blvd, Castro Valley, CA**

Dear Messrs. Supple and Seroy:

I have completed review of the case file for the above referenced site. When three underground storage tanks (USTs) were removed in March 2001, soil samples collected revealed the presence of TPHg, benzene and MTBE. Three groundwater monitoring wells were installed and each well is impacted by gasoline constituents. Groundwater flow direction was calculated to flow southwest (twice) and southeast (once).

At this time, a conduit and water well survey should be conducted for the site to identify potential preferential pathways for the migration of contaminants and to determine if there are sensitive receptors that can be potentially impacted by the plume. This survey will help to determine locations of off-site groundwater monitoring wells, if deemed necessary, at a future date.

The conduit/water well survey is due within 45 days of the date of this letter, or by **June 10, 2003**. If you have any question, I can be reached at (510) 567-6762, or at [echu@co.alameda.ca.us](mailto:echu@co.alameda.ca.us).

eva chu  
Hazardous Materials Specialist

c: Donna Drogos

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

October 30, 2002

RO 2436

Mr. Paul Supple  
Atlantic Richfield Company  
P.O. Box 6549  
Moraga, CA 94570

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

RE: ARCO Service Station #4977, 2770 Castro Valley Boulevard, Castro Valley - Request for Total Fuel Oxygenate Analyses

Dear Mr. Supple:

The case file for the referenced site was recently reviewed, up to and including the June 2002 Delta Environmental, Inc. well installation report. This review was primarily conducted to identify the current suite of target compounds sought in water samples collected from the various wells within the network. Our review revealed that a number of potential fuel oxygenates may not have been sought historically from samples collected from these wells.

Please direct your consultant to analyze all samples collected during the next scheduled sampling event for the presence of total fuel oxygenates (MtBE, TAME, EtBE, DIPE, and TBA) and lead scavengers (EDB and 1,2-DCA / EDC) using EPA Method 8260. Such expanded analyses may be required to continue depending upon what is found.

In addition, you are reminded that all reports for this case, as well as all other ARCO cases, are to be submitted under ARCO cover that is signed, under penalty of perjury, by the official ARCO project representative.

Please contact me at (510) 567-6783 should you have any questions.

Sincerely,

Scott O. Seery, CHMM  
Hazardous Materials Specialist

cc: Chuck Headlee, RWQCB  
Robert Weston, ACDEH  
Michael Seroy, 2770 Castro Valley Blvd., Castro Valley, CA 94546  
Steven Meeks, Delta Environmental Consultants, Inc.  
3164 Gold Camp Drive, Ste. 200, Rancho Cordova, CA 95670-6021



3164 Gold Camp Drive  
Suite 200  
Rancho Cordova, CA 95670-6021  
U.S.A.  
916 638-2085  
FAX: 916 638-8325

July 8, 2002

JUL 16 2002

Mr. Scott Seery  
Alameda County Health Care Services Agency  
Department of Environmental Health  
1131 Harbor Bay Parkway, 2<sup>nd</sup> Floor  
Alameda, CA 94502

Subject: Replacement Boring Logs for *Work Plan for Preliminary Hydrogeological Assessment*,  
dated June 25, 2002  
ARCO Station No. 4977  
2770 Castro Valley Road  
Castro Valley, California  
Delta Project No. D000-845

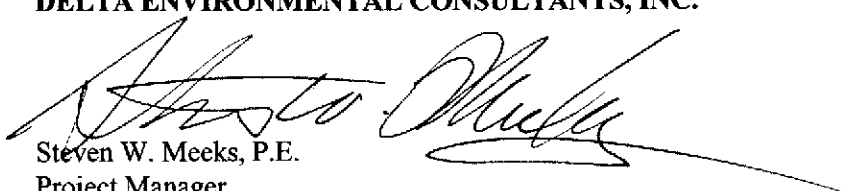
Dear Mr. Seery:

Please find enclosed the replacement boring logs for B-1 and MW-2 for Delta Environmental Consultant Inc.'s *Work Plan for Preliminary Hydrogeological Assessment*, dated June 25, 2002. The existing boring log B-1 inadvertently listed the incorrect OVA readings. The existing boring log for MW-2 inadvertently listed the incorrect surface elevation. Please replace the existing boring logs with the enclosed ones.

If you have any questions regarding this project, please contact me at (916) 638-2164.

Sincerely,

**DELTA ENVIRONMENTAL CONSULTANTS, INC.**



Steven W. Meeks, P.E.  
Project Manager

BAB (CL001.D000845 - 4977)

Attachments

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 11, 2002

STID 658 / RO0002436

Mr. Paul Supple  
ARCO Products Company  
P.O. Box 6549  
Moraga, CA 94570

RE: ARCO Station #4977, 2770 Castro Valley Boulevard, Castro Valley -- Preliminary Site Assessment

Dear Mr. Supple:

In correspondence from this office dated September 27, 2001, a Delta Environmental Consultants, Inc. (Delta) work plan dated September 20, 2001 was accepted by this office for the preliminary assessment of the subject property. You were requested to contact this office when field work associated with the project was scheduled to begin. I am not aware that this contact has been made, nor am I aware that the cited work plan has been implemented.

As nearly 6 months have now passed since the Delta work plan was accepted, you are now directed, within 10 working days of the date of this letter, to inform when this work will begin, or to submit the final report documenting said work if it has already occurred.

Please be advised that this letter constitutes a request for technical reports pursuant to California Water Code Sec. 13267(b).

Please call me at (510) 567-6783 should you have any questions or to advise me of the status of this project.

Sincerely,



Scott O. Seery, CHMM  
Hazardous Materials Specialist

cc: Chuck Headlee, RWQCB  
Michael Seroy, 2770 Castro Valley Blvd., Castro Valley, CA 94546  
Steven Meeks, Delta Env. Consultants, Inc.  
3164 Gold Camp Dr., Rancho Cordova, CA 95670-6021

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

September 27, 2001

STID 658 / RO0002436

Mr. Paul Supple  
ARCO Products Company  
P.O. Box 6549  
Moraga, CA 94570

RE: ARCO Station #4977, 2770 Castro Valley Boulevard, Castro Valley – Preliminary Site Assessment Work Plan

Dear Mr. Supple:

Thank you for our receipt of the September 20, 2001 Delta Environmental Consultants, Inc. work plan for the initial investigation at the subject site. Delta proposes the installation of five (5) soil borings in locations about the tank cluster and dispenser islands. Three of these borings will be converted to permanent monitoring wells.

The cited Delta work plan has been accepted as submitted.

Please call me at (510) 567-6783 should you have any questions, and to inform this office when field work will begin.

Sincerely,



Scott O. Seery, CHMM  
Hazardous Materials Specialist

cc: Chuck Headlee, RWQCB  
Michael Seroy, 2770 Castro Valley Blvd., Castro Valley, CA 94546  
Steven Meeks, Delta Env. Consultants, Inc.  
3164 Gold Camp Dr., Rancho Cordova, CA 95670-6021

ARCO Products Company

4 Centerpointe Drive  
La Palma, California 90623-1066  
Telephone 714 670 5300

Mailing Address: Box 5077  
Buena Park, California 90622-5077



AUG 07 2001

August 1, 2001

Scott Seery  
Alameda County Health Care Services  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

**Re: New Law Requiring Notification of All Current Owners of Fee Title of  
Proposed Cleanup of Closure**

Dear Mr. Seery:

ARCO has received your letter, dated June 28, 2001, concerning Assembly Bill 681. Your letter requested that I provide you with a mailing list of all record fee owners for ARCO facility #4977, 2770 Castro Valley Boulevard, Castro Valley, California. I researched the property ownership for this site and found that ARCO facility #2162 is owned by ARCO.

Please call me at (925) 299-8891 if you have any questions concerning this letter.

Sincerely,

  
Paul Supple  
Environmental Engineer

cc: Steve Meeks, Delta



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

July 23, 2001

STID 658 / RO0002436

Mr. Paul Supple  
ARCO Products Company  
P.O. Box 6549  
Moraga, CA 94570

Mr. Michael Seroy  
ARCO Station #4977  
2770 Castro Valley Boulevard  
Castro Valley, CA 94546

RE: ARCO Station #4977, 2770 Castro Valley Boulevard, Castro Valley – Request  
for Preliminary Site Assessment Work Plan

Dear Messrs. Supple and Seroy:

One 10,000-gallon and two 12,000-gallon gasoline underground storage tanks (UST) were removed from this site on March 15, 2001. Evidence of an unauthorized release was identified through observations of the uncovered tanks / product lines and their respective excavations, and later substantiated through analyses of soil samples collected from these excavations during closure activities. Up to 1450 parts per million (ppm) total petroleum hydrocarbons as gasoline (TPH-G) and 8.0 ppm benzene, among other compounds detected, were identified in shallow samples collected from beneath one dispenser. Up to 1170 ppm TPH-G was identified in a sidewall sample collected from the tank excavation at an approximate depth of 8.0' below grade. Groundwater was present in the UST excavation, and appeared impacted by this unauthorized release.

Consistent with provisions of Article 11, *Corrective Action Requirements*, Section 2720 et seq., Title 23, California Code of Regulations (CCR), a Preliminary Site Assessment (PSA) must be conducted to initially assess the extent of the release at the site. The PSA typically involves the installation of several soil borings and construction of an array of monitoring wells strategically located to track contaminant location.

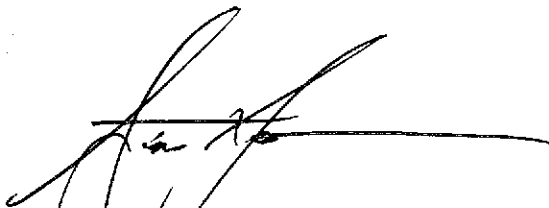
Messrs. Supple and Seroy  
RE: 2770 Castro Valley Blvd., Castro Valley  
July 23, 2001  
Page 2 of 2

In order to facilitate this task, you are required to hire a California-registered engineer or geologist with the appropriate experience conducting such environmental projects to draft and submit a PSA workplan. Such licensing and registration is by provision of the California Business and Professions Code. The PSA work plan will present the anticipated scope of work necessary to complete this phase of the site assessment. Attached to this letter please find "Appendix A", a guide you may give to your chosen consultant to assist them in the submittal of an appropriate PSA work plan.

**The PSA work plan is due within 60 days of the date of this letter.**

Please call me at (510) 567-6783 should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Scott O. Seery', is written over a horizontal line. The signature is stylized and cursive.

Scott O. Seery, CHMM  
Hazardous Materials Specialist

Attachment (addressee, only)

cc: Chuck Headlee, RWQCB  
Robert Weston, ACDEH



ARCO Products Company  
4 Centerpointe Drive, LPR4-462  
La Palma, California 90623-1066

Mailing Address: Box 6038  
Artesia, CA 90702-6038

Voice (714) 870-5423  
Fax (714) 670-5420  
Email HERTZR1@bp.com

Wednesday, March 21, 2001  
9:03 AM

via Facsimile  
(510) 337-9335  
(2 pages)

Mr. Robert Weston  
Sr. Hazardous Materials Specialist  
Alameda County Health Care Services Agency  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

Re: ARCO Facility No. 4977

Dear Mr. Weston:

With this, I am transmitting an Underground Storage Tank Unauthorized Release Report in connection with a discovery at the facility noted above. Please feel free to call me at (714) 670-5423 with any questions.

Best regards,

Robert Hertz  
Environmental Compliance Contractor  
on assignment to:  
bp West Coast Retail Unit

c: Terri Harlan / LPR4-464  
File 4977  
Paul Supple, ARCO, fax: 925-299-8872  
Steve Meeks, SECOR, fax: 916-638-8385

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

EMERGENCY HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?

YES  NO  YES  NO

**FOR LOCAL AGENCY USE ONLY**  
 1. CHECK TO INDICATE IF THIS REPORT IS BEING SUBMITTED TO THE LOCAL AGENCY RESPONSIBLE FOR THE DISTRICT OR LOCAL AGENCY INSTRUCTIONS AND SET UP OF THE BACKPAGE OF THIS FORM.

REPORT DATE: 0 3 2 1 0 1

M M D D Y Y

CASE #

REPORTED BY: NAME OF INDIVIDUAL FILING REPORT: **Robert Hertz** PHONE: **(714) 670-5423** SIGNATURE: *[Signature]*

REPRESENTING:  OWNER/OPERATOR  REGIONAL BOARD COMPANY OR AGENCY NAME: **Atlantic Richfield Company**

LOCAL AGENCY  OTHER ADDRESS: **Four Centerpointe Drive, LPR4-462** **La Palma** **CA** **90622**

STREET CITY STATE ZIP

RESPONSIBLE PARTY: NAME: **Atlantic Richfield Company**  UNKNOWN CONTACT PERSON: **Robert Hertz** PHONE: **(714) 670-5423**

ADDRESS: **Four Centerpointe Drive, LPR4-462** **La Palma** **CA** **90622**

STREET CITY STATE ZIP

SITE LOCATION: FACILITY NAME (IF APPLICABLE): **Arco Facility No. 4977** OPERATOR: **Atlantic Richfield Company** PHONE: **(714) 670-5423**

ADDRESS: **2770 Castro Valley Road** **Castro Valley** **Solano** **94546**

STREET CITY COUNTY ZIP

CROSS STREET: **Wisteria**

IMPLEMENTING AGENCIES: LOCAL AGENCY: **Alameda** AGENCY NAME: **County Health Care Services** CONTACT PERSON: **Robert Weston** PHONE: **(510) 567-6700**

REGIONAL BOARD: **California Regional Water Quality Board** PHONE: **(213) 567-6747**

SUBSTANCES INVOLVED: (1) **Gasoline** NAME: QUANTITY LOST (GALLONS):  UNKNOWN

(2)  UNKNOWN

DISCOVERY/ABATEMENT: DATE DISCOVERED: 0 3 1 5 0 1 HOW DISCOVERED:  INVENTORY CONTROL  SUBSURFACE MONITORING  NUISANCE CONDITIONS

TANK TEST  TANK REMOVAL  OTHER

DATE DISCHARGE BEGAN: 0 0 0 0 0 0 METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY):  REMOVE CONTENTS  CLOSE TANK & REMOVE  REPAIR PIPING

REPAIR TANK  CLOSE TANK & FILL IN PLACE  CHANGE PROCEDURE

HAS DISCHARGE BEEN STOPPED?  YES  NO IF YES, DATE: 0 3 1 3 0 1  REPLACE TANK  OTHER: **Facility shut down**

SOURCE/CAUSE: SOURCE OF DISCHARGE:  TANK LEAK  UNKNOWN  PIPING LEAK  OTHER CAUSE(S):  OVERFILL  RUPTURE/FAILURE  SPILL  CORROSION  UNKNOWN  OTHER

CASE TYPE: CHECK ONLY ONE:  UNDETERMINED  SOIL ONLY  GROUNDWATER  DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS: CHECK ONLY ONE:  NO ACTION TAKEN  PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED  POLLUTION CHARACTERIZATION  LEAK BEING CONFIRMED  PRELIMINARY SITE ASSESSMENT UNDERWAY  POST CLEANUP MONITORING IN PROGRESS  REMEDIATION PLAN  CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY)  CLEANUP UNDERWAY

REMEDIAL ACTION: CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS):  EXCAVATE & DISPOSE (ED)  REMOVE FREE PRODUCT (FP)  ENHANCED BIO DEGRADATION (IT)  CAP SITE (CD)  EXCAVATE & TREAT (ET)  PUMP & TREAT GROUNDWATER (GR)  REPLACE SUPPLY (RS)  CONTAINMENT BARRIER (CB)  NO ACTION REQUIRED (NA)  TREATMENT AT HOOKUP (HU)  VENT SOIL (VS)  VACUUM EXTRACT (VE)  OTHER: **None as of this date**

COMMENTS:

white -env.health  
yellow -facility  
pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy  
Alameda CA 94502  
510/567-6700

## Hazardous Materials Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name SELMY'S AUTO Today's Date 3/15/01  
Site Address 2770 CASTLE VALLEY BLVD  
City CASTLE VALLEY Zip 94 Phone \_\_\_\_\_

\_\_\_\_ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?  
**Inspection Categories:**  
\_\_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER  
\_\_\_\_ II. Hazardous Materials Business Plan, Acutely Hazardous Materials  
 III. Under ground Storage Tanks

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

**Comments:** ON THE JOB TODAY TO WITNESS  
REMOVAL OF THREE SW FRP MUF TANKS.  
ALL TANKS RINSED CLEAN CERTIFIED AND  
DISPOSED AS NON HAZ. NO EVIDENCE OF  
DAMAGE TO THE THREE TANKS.  
  
STRONG ODOR OF GASOLINE FROM EXCAVATION,  
STAINED SOIL AND FREE PRODUCT FLOATING ON  
WATER IN THE PIT. WATER APPEARS TO BE  
PERCHED. BOTTOM OF PIT IS SHALE.  
  
BARRIER TANK ON SITE FOR STORAGE OF CONTAMINATED  
WATER.

II, III

Contact \_\_\_\_\_  
Title \_\_\_\_\_ Inspector \_\_\_\_\_  
Signature \_\_\_\_\_ Signature \_\_\_\_\_

# ADAMS SERVICES, INC.

406 E. Alondra Blvd., Gardena, CA 90248-2902  
(310) 523-4430 Δ FAX (310) 523-1518

March 15, 2001

To: Rob Weston  
Fax: 510-567-6700 387-9335  
From: Ann Scott

SUBJECT: ARCO  
270 Castro Valley Blvd./Wisteria  
Castro Valley, CA

Rinsate Disposal Facility: DeMenno/Kerdoon  
2000 N. Alameda Street  
Compton, CA 90222-2799  
310-537-7100  
EPA #CAT080013352

Rinsate Transporter: Adams Services, Inc.  
406 E. Alondra Blvd.  
Gardena, CA 90248-2902  
310-523-4430  
EPA #CAL922125668  
Transporter Registration No. 3216

Tank Disposal Facility: Pacheco Pass Landfill  
3675 Pacheco Pass  
Gilroy, CA 95020  
408-847-4142

Tank Transporter: Tom Cipponeri Trucking  
2017 Patterson Road  
Riverbank, CA 95367  
800-654-9493

Marine Chemist: Henry M. Sorensen  
Pacific Chemical Labs, Inc.  
Foot of 20<sup>th</sup> Street  
San Francisco, CA 94107  
800-821-0050

# ADAMS SERVICES, INC.

406 E. Alondra Blvd., Gardena, CA 90248  
(310) 523-4430 Δ FAX (310) 523-1518

## TANK CLEANING, DEGASSING & CUTTING PROCEDURES FOR UNDERGROUND GASOLINE TANKS

1. Properly ground and bond vacuum truck, degasser and tank cleaning equipment.
2. Take stick readings and L.E.L. readings in tank.
3. Place vacuum hose in low end of tank.
4. If within the South Coast AQMD, begin burning vapors with AQMD approved degassing machine, Permit #D93903.
5. Begin rinsing tank from high end using 3,000 PSI washer and 8' washing wand.
6. Clean and degas tanks to less than 5% L.E.L.
7. Place Copus blower on tank to maintain or lower L.E.L. readings.
8. If needed to gain better access for cleaning, begin cutting 20" access hole in center of tank using air operated pneumatic cutting equipment as follows: Ingersall Rand SRB11 or A-90.  
Monitor tank while cutting using either a calibrated Gastech GT202 Monitor or a MSA2A Explosimeter.  
Stop cutting tank and continue venting if L.E.L. is above 5%.
9. Continue washing tank through access hole; pump dry and degas to "0" L.E.L.
10. Dry ice after Inspector witnesses L.E.L. readings or Certify by Marine Chemist as required.
11. Hazardous waste transportation by Adams Services, Inc.  
EPA # CAL 922125668; Transporter Registration #3216
12. Waste Disposal Facility: DeMenno/Kerdoon; EPA #CAT 080013352

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550  
 GENERATOR FACILITY

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. C A I 0 0 0 0 0 9 8 7 1		Manifest Document No. 0 0 0 0 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ARCO PRODUCTS CO. 4 CENTERPOINTE DR.; LA PALMA, CA 90623-1066						A. State Manifest Document Number <b>20830873</b>							
4. Generator's Phone (800) 272-6349						B. State Generator's ID							
5. Transporter 1 Company Name ADAMS SERVICES, INC.				6. US EPA ID Number C A I 9 2 2 1 2 5 6 6 8		C. State Transporter's ID (Reserved)							
7. Transporter 2 Company Name						D. Transporter's Phone 310-523-4430							
9. Designated Facility Name and Site Address DeMENNO/KERDOON 2000 N. ALAMEDA ST. COMPTON, CA 90222						10. US EPA ID Number C A T 0 8 0 0 1 3 3 5 2		E. State Transporter's ID (Reserved)					
						F. Transporter's Phone							
						G. State Facility's ID C A T 0 8 0 0 1 3 3 5 2		H. Facility's Phone 310-537-7100					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) a. (OIL & WATER, NON-R.C.R.A. HAZARDOUS WASTE LIQUID						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste Number	
						0 0 1 T T		00500		G		State 241 EPA/Other NONE	
b.										State		EPA/Other	
c.										State		EPA/Other	
d.										State		EPA/Other	
12. Additional Descriptions for Materials Listed Above 99% WATER 1% OIL						K. Handling Codes for Wastes Listed Above a. 01 b. c. d.							
15. Special Handling Instructions and Additional Information DON PROPER PROTECTIVE GEAR NO SMOKING; E.R.G. #27 EMERGENCY #:						Site: ARCO 2770 Castro Valley Bl/Wisteria; Castro Valley, CA Contractor: K.E.Curtis Construction Co., Inc.							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Tom DeVusser				Signature Tom DeVusser (AGENT)				Month Day Year 03 11 14 10 11					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name CHAD CHRISTIE		Signature Chad Christie				Month Day Year 03 11 14 10 11	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name		Signature				Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Printed/Typed Name		Signature				Month Day Year	

DO NOT WRITE BELOW THIS LINE.



# TANK CLOSURE CERTIFICATION FORM

Page      of     

## I. FACILITY IDENTIFICATION

BUSINESS NAME ARCO Station #4977	3	FACILITY ID # 4977	1
SITE ADDRESS 2770 Castro Valley Blvd./Wisteria St.			
BUSINESS CITY Castro Valley, CA		105	BUSINESS ZIP 94546
TANK OWNER NAME ARCO PRODUCTS CO.			
TANK OWNER ADDRESS 4 Centerpointe Drive			
TANK OWNER CITY La Palma		502	STATE 503 CA
			ZIP 90623-1066

## II. TANK CLOSURE INFORMATION

Tank # (State Tank ID#, if applicable)	Flammable Vapor			Oxygen		
	Top	Center	Bottom	Top	Center	Bottom
Three (south)	0% LCL	0% LCL	0% LCL	20.4% LCL	20.8% LCL	20.4% LCL

## III. CERTIFICATION

On examination of the tank, I certify the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), rinseate and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.

CERTIFIER SIGNATURE CERTIFIER NAME (PRINT) Henry M. Sorensen CERTIFIER TITLE Certified Marine Chemist ADDRESS Foot of 20th Street CITY San Francisco, CA 94107 PHONE 800-821-0050 DATE CERTIFIED 3/14/01	STATUS OR AFFILIATION OF CERTIFYING PERSON Certifier is a representative of the CUPALIA: YES <input type="checkbox"/> NO <input type="checkbox"/> Name of CUPALIA _____ If certifier is other than CUPALIA check appropriate box below: <input type="checkbox"/> Certified Industrial Hygienist (CIH) <input type="checkbox"/> Certified Safety Professional (CSP) <input checked="" type="checkbox"/> Certified Marine Chemist (CMC) <input type="checkbox"/> Registered Environmental Health Specialist (REHS) <input type="checkbox"/> Professional Engineer (PE) <input type="checkbox"/> Class II Registered Environmental Assessor <input type="checkbox"/> CSLB licensed contractor (with hazardous substance certificate)
CERTIFICATION TIME 1650	

Yes  No This tank previously held flammable or combustible materials. If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.

Certifier's tank management instructions for accept dealer, disposal facility, etc.

A copy of this certificate shall accompany the tank to the recycling/disposal facility.

TANK CLOSURE CERTIFICATION FORM

Page      of     

I. FACILITY IDENTIFICATION

BUSINESS NAME	ARCO Station #4977	3	FACILITY ID #	4977	1
SITE ADDRESS	2770 Castro Valley Blvd./Wisteria St.				104
BUSINESS CITY	Castro Valley, CA	105	BUSINESS ZIP	94546	108
TANK OWNER NAME	ARCO PRODUCTS CO.				500
TANK OWNER ADDRESS	4 Centerpointe Drive				501
TANK OWNER CITY	La Palma	502	STATE 503	CA	504
			ZIP	90623-1066	

II. TANK CLOSURE INFORMATION

Tank # (State Tank ID#, if applicable)	Flammable Vapor			Oxygen		
	Top	Center	Bottom	Top	Center	Bottom
Two (middle)	0% LEL	0% LEL	0% LEL	20.8%	20.4%	20.8%

III. CERTIFICATION

On examination of the tank, I certify the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), rinseate and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.

CERTIFIER SIGNATURE	<i>Henry M. Sorensen</i>	STATUS OR AFFILIATION OF CERTIFYING PERSON	505
CERTIFIER NAME (PRINT)	Henry M. Sorensen	Certifier is a representative of the CUPALIA: YES <input type="checkbox"/> NO <input type="checkbox"/>	
CERTIFIER TITLE	Certified Marine Chemist	Name of CUPALIA _____	
ADDRESS	Foot of 20th Street	If certifier is other than CUPALIA check appropriate box below:	
CITY	San Francisco, CA 94107	<input type="checkbox"/> Certified Industrial Hygienist (CIH)	
PHONE	800-821-0050	<input type="checkbox"/> Certified Safety Professional (CSP)	
DATE CERTIFIED	03/14/01	<input checked="" type="checkbox"/> Certified Marine Chemist (CMC)	
CERTIFICATION TIME	1650	<input type="checkbox"/> Registered Environmental Health Specialist (REHS)	
		<input type="checkbox"/> Professional Engineer (PE)	
		<input type="checkbox"/> Class II Registered Environmental Assessor	
		<input type="checkbox"/> CSLB licensed contractor (with hazardous substance certificate)	

Yes  No This tank previously held flammable or combustible materials. If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.

Certifier's tank management instructions for scrap dealer, disposal facility, etc.

A copy of this certificate shall accompany the tank to the recycling/disposal facility.

TANK CLOSURE CERTIFICATION FORM

I. FACILITY IDENTIFICATION


BUSINESS NAME	ARCO Station #4977	FACILITY ID #	4977
SITE ADDRESS	2770 Castro Valley Blvd./Wisteria St.		
BUSINESS CITY	Castro Valley, CA	BUSINESS ZIP	94546
TANK OWNER NAME	ARCO PRODUCTS CO.		
TANK OWNER ADDRESS	4 Centerpointe Drive		
TANK OWNER CITY	La Palma	STATE	CA
		ZIP	90623-1066

II. TANK CLOSURE INFORMATION

Tank Interior Atmosphere Readings	Tank # (State Tank ID#, if applicable)	Flammable Vapor			Oxygen		
		Top	Center	Bottom	Top	Center	Bottom
	DNE (North)	0% LLL	0% LLL	0% LLL	20.8%	20.8%	20.8%

III. CERTIFICATION

On examination of the tank, I certify the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), rinseate and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.

CERTIFIER SIGNATURE		STATUS OR AFFILIATION OF CERTIFYING PERSON	505
CERTIFIER NAME (PRINT)	Henry M. Sorensen	Certifier is a representative of the CUPALIA: YES <input type="checkbox"/> NO <input type="checkbox"/>	
CERTIFIER TITLE	Certified Marine Chemist	Name of CUPALIA	
ADDRESS	Foot of 20th Street	If certifier is other than CUPALIA check appropriate box below:	
CITY	San Francisco, CA 94107	<input type="checkbox"/> Certified Industrial Hygienist (CIH)	
PHONE	800-821-0050	<input type="checkbox"/> Certified Safety Professional (CSP)	
DATE CERTIFIED	03/14/01	<input checked="" type="checkbox"/> Certified Marine Chemist (CMC)	
CERTIFICATION TIME	1650	<input type="checkbox"/> Registered Environmental Health Specialist (REHS)	
		<input type="checkbox"/> Professional Engineer (PE)	
		<input type="checkbox"/> Class II Registered Environmental Assessor	
		<input type="checkbox"/> CSLB licensed contractor (with hazardous substance certificate)	

Yes  No This tank previously held flammable or combustible materials. If yes, the tank interior atmosphere shall be rechecked with a combustible gas indicator prior to work being conducted on the tank.

Certifier's tank management instructions for scrap dealer, disposal facility, etc.

A copy of this certificate shall accompany the tank to the recycling/disposal facility.

# PACIFIC CHEMICAL LABS, INC.

San Francisco (800) 821 - 0050

San Diego (800) 821 - 0051

# CHEMIST CERTIFICATE

NO.

Survey Requested by <b>ADAMS</b>	Vessel Owner or Agent <b>ARCO</b>	Date <b>03/14/01</b>
Vessel <b>UST'S</b>	Type of Vessel <b>UST'S</b>	Specific Location of Vessel <b>CASTRO VALLEY</b>
Last Three (3) Cargoes <b>GASOLINE 3X</b>	Tests Performed <b>O<sub>2</sub> / CO<sub>2</sub> / VISUAL</b>	Time Survey Completed <b>1650</b>

TANK #1 (NORTH)  
TANK #2 (MIDDLE)  
TANK #3 (SOUTH)

Oxygen = 20.8%  
COMB. GAS = 0% vol

THESE TANKS HAVE BEEN CLEARED + VISUALLY INSPECTED AND FOUND TO HAVE NO VISIBLE RESIDUES OF PRODUCT.

In the event of any physical or atmospheric changes adversely affecting the STANDARD SAFETY DESIGNATIONS assigned to any of the above spaces, or if in any doubt, immediately stop all work and contact the undersigned Marine Chemist.

**QUALIFICATIONS:** Transfer of ballast or manipulation of valves or closure equipment tending to alter conditions in pipe lines, tanks or compartments subject to gas accumulation, unless specifically approved in this Certificate, requires inspection and endorsement or reissue of Certificate for the spaces so affected. All lines, vents, heating coils, valves, and similarly enclosed appurtenances shall be considered "not safe" unless otherwise specifically designated.

**STANDARD SAFETY DESIGNATIONS** (partial list, paraphrased from NFPA 306 Subsections 2-3.1 through 2-3.5, and Subsection 6-3.2)

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

**NOT SAFE FOR WORKERS:** Means that in the compartment or space so designated, the requirements of Safe for Workers have not been met.

**ENTER WITH RESTRICTIONS:** Means that in any compartment or space so designated, entry for work may be made only if conditions of proper protective equipment, clothing, and time are as specified.

**SAFE FOR HOT WORK:** Means that in the compartment so designated: (a) oxygen content of the atmosphere is at least 19.5 percent by volume, with the exception of inerted spaces or where external hot work is to be performed; and that, (b) the concentration of flammable materials in the atmosphere is below 10 percent of the lower flammable limit; and that, (c) the residues are not capable of producing a higher concentration than permitted by (b) above under existing atmospheric conditions in the presence of fire, and while maintained as directed on the Marine Chemist's Certificate; and further, that, (d) all adjacent spaces containing or having contained flammable or combustible materials have been cleaned sufficiently to prevent the spread of fire, or are satisfactorily inerted, or, in the case of fuel tanks or lube oil tanks, or engine room or fire room bilges, have been treated in accordance with the Marine Chemist's requirements.

**NOT SAFE FOR HOT WORK:** Means that in the compartment so designated, the requirements of Safe for Hot Work have not been met.

**SAFE FOR REPAIR YARD ENTRY:** Means that the compartments and spaces of the flammable cryogenic liquid carrier so designated: (a) have been tested by sampling at remote sampling stations, and results indicate the atmosphere tested to be above 19.5 percent oxygen, and less than 10 percent of the lower flammable limit, or (b) are inerted.

**CHEMIST'S ENDORSEMENT:** This is to certify that I have personally determined that all spaces in the foregoing list are in accordance with NFPA 306 Control of Gas Hazards on Vessels and have found the condition of each to be in accordance with its assigned designation.

"The undersigned acknowledges receipt of this Certificate under Section 2-6 of NFPA 306 and understands conditions and limitations under which it was issued."

This Certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

Signed ADAMS SUKS. Date 3-14-01 Signed [Signature] Certificate No. 637

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 ENVIRONMENTAL HEALTH SERVICES  
 1131 HARBOR BAY PARKWAY, RM 250  
 ALAMEDA, CA 94502-6577  
 PHONE # 510/567-6700

**ACCEPTED**

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

These closure 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 submitted by this Department are to ensure compliance with State and local laws. The project proposed herein is new and is subject to the requirements of any required building permits for construction.

One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the project.

Any change or alterations of these plans and specifications must be submitted to the Fire Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify the 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, b) placement of closure, c) compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT COMPLETING THESE INSPECTIONS.

Contract Signature

ROBERT WESTON

AUG 30 2000

UNDERGROUND TANK CLOSURE PLAN

\* \* \* Complete plan according to attached instructions \* \* \*

1. Name of Business ARCO Facility # 4977  
 Business Owner or Contact Person (PRINT) Michael Seroy
2. Site Address 2770 Castro Valley Rd @ Wisteria St  
 City Castro Valley Zip 94546 Phone (510) 582-6919
3. Mailing Address P.O. Box 6038  
 City Artesia, Ca Zip 90702-6038 Phone 714 470 5405
4. Property Owner ARCO Products Company  
 Business Name (if applicable) ARCO 4977  
 Address P.O. Box 6038  
 City, State Artesia, Ca Zip 90702-6038
5. Generator name under which tank will be manifested  
ARCO Products Company (ARCO Fac # 4977)  
 EPA ID# under which tank will be manifested CA L 000002871

6. Contractor KE CURTIS CONSTRUCTION CO., INC.  
Address 1400 OLD CONEJO ROAD  
City NEWBURY PARK, CA 91320 Phone 805-499-0428  
License Type ABC-8C21HAZ

7. Consultant (if applicable) Tait and Associates  
Address 1001 Galaxy Way, Ste 304  
City, State Concord, Ca 94520 Phone (925) 680-6800

8. Main Contact Person for Investigation (if applicable)  
Name Steve Meeks Title Project Manager  
Company Delta Environmental  
Phone 916 930 2013

9. Number of underground tanks being closed with this plan 3  
Length of piping being removed under this plan 120-150 L.F.  
Total number of underground tanks at this facility (\*\*confirmed with owner or operator) 3

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

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

a) Product/Residual Sludge/Rinsate Transporter

NA

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_  
Hauler License No. \_\_\_\_\_ License Exp. Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

b) Product/Residual Sludge/Rinsate Disposal Site

NA

Name \_\_\_\_\_ EPA ID# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c) Tank and Piping Transporter

Name E.C.I. (Ecology Control Industry) EPA I.D. No. S10 235 1393  
Hauler License No. 1533 License Exp. Date 3-31-01  
Address 255 Parr Avenue  
City Richmond State Ca Zip 94801

d) Tank and Piping Disposal Site

Name E.C.I. (Ecology Control Industry) EPA I.D. No. 002 400 392  
Address 255 Parr Avenue  
City Richmond State Ca Zip 94801

11. Sample Collector

Name Steve Meeks  
Company Delta Environmental  
Address 3164 Gold Camp Drive  
City Rancho Cordova State Ca Zip 95670 Phone (916) 536-2613

12. Laboratory

Name Columbia Analytical Services  
Address 3334 Victor Court  
City Santa Clara State Ca Zip 95054  
State Certification No. \_\_\_\_\_

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

If yes, describe. 7/2000 PIPING RELEASE ON  
92 LINE IN STP SUMPT AREA.

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

DRY ICE (CO2)

Before tanks are pumped out and inerted, all associated piping must be flushed back into the tank(s). All accessible piping must then be removed. Inaccessible piping must be permanently plugged using grout.

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 have a functional combustible gas indicator on-site to verify that the tank(s) is inerted.

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)		
12 000	92 GASOLINE 9-20-00	g.water	High water mark @ sidewall 1 sample per sidewall
8 000	89 GASOLINE 9-20-00	g.water	"
12 000	87 GASOLINE 9-20-00	g.water	"

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

<p>Stockpiled Soil Volume (estimated)</p> <p>± 650 YD<sup>3</sup> PER GRAVEL SALVAGE</p>	<p>Sampling Plan</p> <p>IF OVER EXCAVATION IS SELECTED FOR CONTAMINA- TION REMEDIATION, SOIL WILL SAMPLED FOR DISPOSAL UNDER SUPER- VISION OF ENVIRON. CONSULTANT</p>
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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  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 this office. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling activities.

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
TPH G	5030		
BTEX	8020 or 8240		
MTBE	8260		
TOTAL LEAD	AA		

18. Submit Worker's Compensation Certificate copy

Name of Insurer CALIFORNIA STATE FUND  
238 UNIT 200

19. Submit Plot Plan **\*\*\* (See Instructions) \*\*\***

20. Enclose Deposit (See Instructions)

21. Report all 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 \_\_\_\_\_

Name of Individual \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business ARCO PRODUCTS CO.  
ARCO 4977, CASTRO VALLEY

Name of Individual THOMAS SCHOENSTEIN AGENT FOR OWNER

Signature [Handwritten Signature] Date 8-18-00

## INSTRUCTIONS

### General Instructions

- \* Three (3) copies of this plan plus attachments and a deposit must be submitted to this Department.
- \* Any cutting into tanks requires local fire department approval.
- \* One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- \* State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

### Line Item Specific Instructions

2. SITE ADDRESS  
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested  
EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781.
6. CONTRACTOR  
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
  - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
  - c) Tanks must be hauled as hazardous waste.
  - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION  
Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.  
  
Material to be sampled - e.g. water, oil, sludge, soil, etc.  
  
Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

01-0007

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

EMERGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY 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 05/19/95	CASE # N/A	SIGNED: _____	DATE: _____
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REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Therese C. Brignoni	PHONE 714 670 5409	SIGNATURE Therese C. Brignoni
	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 ARCO Products Co	
	ADDRESS P.O. Box 6038, Artesia, CA 90702-6038		

RESPONSIBLE PARTY	NAME ARCO Products Co	CONTACT PERSON Chris Rybak	PHONE 714 670-5405
	ADDRESS Same as above		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) # 4977	OPERATOR Michael Seroy	PHONE 510 582-6919
	ADDRESS 2770 Castro Valley Rd., Castro Valley Alameda 94546		
	CROSS STREET Wisteria		

IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda Co. Env. Health	AGENCY NAME Alameda Co. Env. Health	CONTACT PERSON Dono Erickson / Don Atkinson-Adam	PHONE 510 567-6730
	REGIONAL BOARD _____			

SUBSTANCES INVOLVED	(1) gasoline (reg unleaded)	NAME	QUANTITY LOST (GALLONS) 1 Qt.	<input type="checkbox"/> UNKNOWN
	(2)			<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 05/18/95	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input checked="" type="checkbox"/> OTHER <u>Drive-off</u>
	DATE DISCHARGE BEGAN 05/18/95	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> OTHER <u>Shut off Valve</u>
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 05/18/95	

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> CORROSION <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> SPILL <input checked="" type="checkbox"/> OTHER <u>Customer drive-off</u>
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CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> CLEANUP UNDERWAY
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input checked="" type="checkbox"/> OTHER (OT) <u>Site attendant cleaned up</u> <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VENT SOIL (VS)
-----------------	---

COMMENTS  
with absorbent material. Material kept on site. Gettler-Ryan Contractor was dispatched for maintenance.

cc: Kyle Christie - ARCO

01-0091

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

<b>EMERGENCY</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>FOR LOCAL AGENCY USE ONLY</b> 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.		
<b>REPORT DATE</b> 10/18/94		<b>CASE #</b> -		SIGNED _____ DATE _____		
<b>REPORTED BY</b>	<b>NAME OF INDIVIDUAL FILING REPORT</b> DELIA SAN PEDRO		<b>PHONE</b> (714) 670-5406		<b>SIGNATURE</b> <i>Delia San Pedro</i>	
	<b>REPRESENTING</b> <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		<b>COMPANY OR AGENCY NAME</b> ARCO PRODUCTS COMPANY			
	<b>ADDRESS</b> P.O. BOX 6038 STREET CITY STATE ZIP ANTEJIA CA 90702-6038					
<b>RESPONSIBLE PARTY</b>	<b>NAME</b> ARCO PRODUCTS CO. <input type="checkbox"/> UNKNOWN		<b>CONTACT PERSON</b> DELIA SAN PEDRO		<b>PHONE</b> (714) 670-5408	
	<b>ADDRESS</b> P.O. BOX 6038 STREET CITY STATE ZIP ANTEJIA CA 90702 6038					
<b>SITE LOCATION</b>	<b>FACILITY NAME (IF APPLICABLE)</b> ARCO FACILITY # H977		<b>OPERATOR</b> MICHAEL SEPOY		<b>PHONE</b> (714) 582-6919	
	<b>ADDRESS</b> 2770 CASTRO VALLEY RD., CASTRO VALLEY, ALAMEDA 94546 STREET CITY COUNTY ZIP					
	<b>CROSS STREET</b> WISTERIA					
<b>IMPLEMENTING AGENCIES</b>	<b>LOCAL AGENCY</b> ALAMEDA CO. PUBLIC HEALTH		<b>CONTACT PERSON</b> CARMEN BERRY		<b>PHONE</b> (510) 567-6700	
	<b>REGIONAL BOARD</b> ( )					
<b>SUBSTANCES INVOLVED</b>	<b>(1) NAME</b> GASOLINE		<b>QUANTITY LOST (GALLONS)</b> 53 GALS. <input type="checkbox"/> UNKNOWN			
	<b>(2)</b> <input type="checkbox"/> UNKNOWN					
<b>DISCOVERY/ABATEMENT</b>	<b>DATE DISCOVERED</b> 10/14/94		<b>HOW DISCOVERED</b> <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER <u>DISCOVER</u>			
	<b>DATE DISCHARGE BEGAN</b> 10/14/94 <input type="checkbox"/> UNKNOWN		<b>METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> OTHER <u>SHUT-DOWN IMPACT VALVE</u>			
	<b>HAS DISCHARGE BEEN STOPPED?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 10/14/94					
<b>SOURCE/CAUSE</b>	<b>SOURCE OF DISCHARGE</b> <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		<b>CAUSE(S)</b> <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL TO SHUT-DOWN <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER <u>IMPACT VALVE</u>			
	<b>CHECK ONE ONLY</b> <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
<b>CURRENT STATUS</b>	<b>CHECK ONE ONLY</b> <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 type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	<b>CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)</b> <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT) <u>CLEANED SPILL W/ ABSORBENT MATERIAL SPREAD</u>					
	<b>COMMENTS</b> AT SITE FOR PROPER DISPOSAL; 1 HOUR PETROLEUM DISPATCHED TO REPAIR IMPACT VALVE.					

001 10/18/94 (ARCO)

01-0097

# 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. <i>Camela Evans</i> CALIFORNIA/REGIONAL SIGNED DATE
REPORT DATE 09/12/94	CASE # -	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <i>DELIA SAN PEDRO</i>	PHONE <i>(714) 670-5408</i>	SIGNATURE <i>Delia San Pedro</i>	DATE <b>SEP 27 1994</b>
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <i>QUALITY CONTROL ARCO PRODUCTS COMPANY</i>		
	ADDRESS <i>P.O. BOX 6038 ARTESIA CA 90702 6038</i>			

RESPONSIBLE PARTY	NAME <i>ARCO PRODUCTS CO.</i> <input type="checkbox"/> UNKNOWN	CONTACT PERSON <i>MERISE BIGNANI</i> <i>DELIA SAN PEDRO</i>	PHONE <i>(714) 670 5408</i>
	ADDRESS <i>P.O. BOX 6038 ARTESIA CA 90702-6038</i>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <i>ARCO FACILITY # 4977</i>	OPERATOR <i>MICHAEL SEROY</i>	PHONE <i>(570) 582-6919</i>
	ADDRESS <i>2770 CASTRO VALLEY RD., CASTRO VALLEY, ALAMEDA 94546</i>		
	CROSS STREET <i>WISTERIA</i>		

IMPLEMENTING AGENCIES	LOCAL AGENCY <i>ALAMEDA CO. ENV. HEALTH</i>	AGENCY NAME	CONTACT PERSON <i>DAM EVANS</i>	PHONE <i>(570) 587-6700</i>
	REGIONAL BOARD			PHONE ( )

SUBSTANCES INVOLVED	(1) NAME <i>GASOLINE (UNLD.)</i>	QUANTITY LOST (GALLONS) <i>1 GAL.</i> <input type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED <i>09/10/94</i>	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER <i>VISUAL</i>	<input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS
	DATE DISCHARGE BEGAN <i>09/10/94</i> <input type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> OTHER <i>SHUTDOWN IMPACT VALVE</i>	
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <i>09/10/94</i>		

SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input 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 <i>DRIVE-OFF</i> <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER <i>FR. DISR#1</i>
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CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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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 type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL(VS) <input checked="" type="checkbox"/> OTHER (OT) <i>SPILL CLEANED W/ ABSORBENT MATERIAL</i>
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COMMENTS  
*SPRINK AT SITE FOR PROPER DISPOSAL; AIR HOSE DETACHMENT REPAIRED THE DISPENSER.*

CA: KYLE CHARISTE (ARCO)

*Certified Mail P 687 781 509 01-0097*

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

EMERGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>FOR LOCAL AGENCY USE ONLY</b> 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.
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REPORT DATE <i>05/14/93</i>	CASE # <i>NIA</i>	SIGNED <i>T.C. Brignoni</i>	DATE <i>P.P. →</i>
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REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <i>T.C. Brignoni</i>	PHONE <i>(310) 407-2609</i>	SIGNATURE <i>T.C. Brignoni</i>
	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 <i>ARCO Products Co</i>	
	ADDRESS <i>P.O. Box 6038, Artesia, CA 90702-6038</i>		

RESPONSIBLE PARTY	NAME <i>ARCO Products Co</i>	CONTACT PERSON <i>T.C. Brignoni</i>	PHONE <i>(310) 407-2609</i>
	ADDRESS <i>P.O. Box 6038, Artesia, CA 90702-6038</i>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <i># 4977</i>	OPERATOR <i>Michael Seroy</i>	PHONE <i>(510) 582-6919</i>
	ADDRESS <i>2770 Castro Valley Rd., Castro Valley, Alameda</i>		
	CROSS STREET <i>Wisteria</i>		

IMPLEMENTING AGENCIES	LOCAL AGENCY <i>Alameda Co. Public Health</i>	AGENCY NAME <i>Alameda Co. Public Health</i>	CONTACT PERSON <i>Tim Spates</i>	PHONE <i>(510) 271-4320</i>
	REGIONAL BOARD _____			

SUBSTANCES INVOLVED	(1) NAME <i>gasoline</i>	QUANTITY LOST (GALLONS) <i>25 gals</i>
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED <i>05/13/93</i>	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER <i>Visual</i>	<input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS
	DATE DISCHARGE BEGAN <i>05/13/93</i>	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)	
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <i>05/13/93</i>	<input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER <i>NIA</i>	

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	CAUSE(S) <i>Customer</i>	<input checked="" type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input checked="" type="checkbox"/> CLEANUP UNDERWAY
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE)	<input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input checked="" type="checkbox"/> OTHER (OT) <i>Absorbent was used</i>	<input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VENT SOIL (VS)
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COMMENTS  
*to clean up and remains on site.*

*cc: Tye Christie*



certified mail P 689-781-615 01-0097

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

<b>EMERGENCY</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>FOR LOCAL AGENCY USE ONLY</b> 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.		
<b>REPORT DATE</b> 04/05/93		<b>CASE #</b> N/A		<b>SIGNED</b> [Signature] <b>DATE</b> 4/10/93		
<b>REPORTED BY</b>	<b>NAME OF INDIVIDUAL FILING REPORT</b> T. C. Brignoni		<b>PHONE</b> (310) 407-2609		<b>SIGNATURE</b> T. C. Brignoni P.R. → W	
	<b>REPRESENTING</b> <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		<b>COMPANY OR AGENCY NAME</b> ARCO Products Co.			
	<b>ADDRESS</b> P.O. Box 6038, Artesia, CA 90702-6038					
<b>RESPONSIBLE PARTY</b>	<b>NAME</b> ARCO Products		<b>CONTACT PERSON</b> T. C. Brignoni		<b>PHONE</b> (310) 407-2609	
	<b>ADDRESS</b> P.O. Box 6038, Artesia, CA 90702-6038					
<b>SITE LOCATION</b>	<b>FACILITY NAME (IF APPLICABLE)</b> # 4977		<b>OPERATOR</b> <del>Michael Seroy</del>		<b>PHONE</b> <del>(510) 582-6919</del>	
	<b>ADDRESS</b> 2770 Castro Valley Rd., Castro Valley, Alameda					
	<b>CROSS STREET</b> Whisperia					
<b>IMPLEMENTING AGENCIES</b>	<b>LOCAL AGENCY</b> Alameda Co. Public Health		<b>AGENCY NAME</b> Alameda Co. Public Health		<b>CONTACT PERSON</b> Tim Spates	
	<b>REGIONAL BOARD</b> —		<b>PHONE</b> (510) 271-4320		<b>PHONE</b> ( ) - ( )	
<b>SUBSTANCES INVOLVED</b>	<b>(1) NAME</b> Gasoline				<b>QUANTITY LOST (GALLONS)</b> 3-4 gals	
	<b>(2)</b> <input type="checkbox"/> UNKNOWN					
<b>DISCOVERY/ABATEMENT</b>	<b>DATE DISCOVERED</b> 04/02/93		<b>HOW DISCOVERED</b> <input checked="" type="checkbox"/> TANK TEST <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER Visual			
	<b>DATE DISCHARGE BEGAN</b> N/A		<b>METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER N/A			
	<b>HAS DISCHARGE BEEN STOPPED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE M M D D Y Y					
<b>SOURCE/CAUSE</b>	<b>SOURCE OF DISCHARGE</b> <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		<b>CAUSE(S)</b> <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> OTHER Customer had hole in auto			
	<input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN					
<b>CASE TYPE</b>	<input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
<b>CURRENT STATUS</b>	<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					
<b>REMEDIAL ACTION</b>	<input type="checkbox"/> REMEDIATION PLAN <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	<b>CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)</b> <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 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 checked="" type="checkbox"/> OTHER (OT) Absorbent was used to					
<b>COMMENTS</b>	clean up and is kept on site.					

cc: Kyle Christie - ARCO

01-0097

# 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 01 27 93	CASE #	SIGNED _____ DATE _____

NAME OF INDIVIDUAL FILING REPORT DELIA SAN PEDRO	PHONE 310 407 2608	SIGNATURE <i>Delia San Pedro</i>
REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD	COMPANY OR AGENCY NAME ARCO PRODUCTS COMPANY
ADDRESS P.O. BOX 6038 ARTESIA CA 90702-6038		

NAME ARCO PRODUCTS CO.	CONTACT PERSON DELIA SAN PEDRO	PHONE 310 407 2608
ADDRESS P.O. BOX 6038	ARTEZIA	CA 90702 6038

FACILITY NAME (IF APPLICABLE) ARCO FACILITY # 4977	OPERATOR MICHAEL SERDY	PHONE 510 382-6919
ADDRESS 2770 CASTRO VALLEY RD. CASTRO VALLEY ALAMEDA 94546	CASTRO VALLEY	ALAMEDA 94546
CROSS STREET WISTERIA		

LOCAL AGENCY ALAMEDA CO. PUBLIC HEALTH SVCS.	AGENCY NAME	CONTACT PERSON TIM SPATES	PHONE 510 471-4320
REGIONAL BOARD			PHONE ( )

(1) NAME GASOLINE	QUANTITY LOST (GALLONS) 2.2 GAL	<input type="checkbox"/> UNKNOWN
(2)		<input type="checkbox"/> UNKNOWN

DATE DISCOVERED 01 26 93	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER VISUAL
DATE DISCHARGE BEGAN 01 26 93	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> OTHER N/A
HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 01 26 93	

SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL TOP OFF <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER CUSTOMER
--

CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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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 type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
--

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

COMMENTS IN SECURED AREA.
------------------------------

Delia San Pedro (ARCO)

Sent Via Certified Mail: P 674-025078 01-0097 (01)

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT			
EMERGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
REPORT DATE 1/1/06 9:2		CASE # 25849	
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. <i>APRO</i> SIGNED _____ DATE _____			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT T. Brignoni		PHONE 1310 407 2609
	SIGNATURE T. Brignoni		
	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 ARCO Products Co.	
ADDRESS P.O. Box 6038, Artesia, CA 90703-6038			
RESPONSIBLE PARTY	NAME ARCO Products Co.		CONTACT PERSON T. Brignoni
	ADDRESS P.O. Box 6038, Artesia, CA 90702-6038		PHONE 1310 407 2609
SITE LOCATION	FACILITY NAME (IF APPLICABLE) # 4977		OPERATOR Michael Seroy
	ADDRESS 2770 Castro Valley Rd, Castro Valley, Alameda		PHONE 1510 582-6919
	CROSS STREET Wisteria		CITY STATE ZIP Castro Valley Alameda 94546
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda Co. Public Health		CONTACT PERSON Tim Spates
	REGIONAL BOARD		PHONE ( )
SUBSTANCES INVOLVED	(1) NAME gasoline		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)		<input type="checkbox"/> UNKNOWN
DISCOVERY/ABATEMENT	DATE DISCOVERED 1/1/06 9:2		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER Dealer inspection
	DATE DISCHARGE BEGAN 1/1/06 9:2		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> OTHER Shut down product
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1/1/06 9:2		
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> CORROSION <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER major leaking
	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) Dripping on pea gravel		
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> CLEANUP UNDERWAY		
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VENT SOIL (VS)		
	COMMENTS Contractor called for maintenance.		
01-0097			

Sent Via Certified Mail of P 674-025 OIS, 8/11/92

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

<b>EMERGENCY</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>FOR LOCAL AGENCY USE ONLY</b> 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.
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<b>REPORT DATE</b> 08/11/92	<b>CASE #</b> N/A	<b>SIGNED</b> _____ <b>DATE</b> _____
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<b>REPORTED BY</b>	<b>NAME OF INDIVIDUAL FILING REPORT</b> T. Brignoni	<b>PHONE</b> (310) 407-2609	<b>SIGNATURE</b> <i>T. Brignoni</i>	
	<b>REPRESENTING</b> <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	<b>COMPANY OR AGENCY NAME</b> ARCO Products Company		
	<b>ADDRESS</b> P.O. Box 6038, Artesia, CA 90702-6038			

<b>RESPONSIBLE PARTY</b>	<b>NAME</b> ARCO Products	<b>CONTACT PERSON</b> T. Brignoni	<b>PHONE</b> (310) 407-2609
	<b>ADDRESS</b> P.O. Box 6038 Artesia, CA 90702 6038		

<b>SITE LOCATION</b>	<b>FACILITY NAME (IF APPLICABLE)</b> # 4977	<b>OPERATOR</b> Michael Seroj	<b>PHONE</b> (510) 582-6919	
	<b>ADDRESS</b> 2770 Castro Valley Rd., Castro Valley, CA 94546			
	<b>CROSS STREET</b> Wisperrig Alameda Co.			

<b>IMPLEMENTING AGENCIES</b>	<b>LOCAL AGENCY</b> Alameda Co. Public Health	<b>AGENCY NAME</b> Alameda Co. Public Health	<b>CONTACT PERSON</b> Tim Spates	<b>PHONE</b> (415) 271-4320
	<b>REGIONAL BOARD</b> _____			

<b>SUBSTANCES INVOLVED</b>	<b>(1) NAME</b> Gasoline	<b>QUANTITY LOST (GALLONS)</b> ~ 1 gal <input type="checkbox"/> UNKNOWN
	<b>(2)</b> _____ <input type="checkbox"/> UNKNOWN	

<b>DISCOVERY/ABATEMENT</b>	<b>DATE DISCOVERED</b> 08/11/92	<b>HOW DISCOVERED</b> <input checked="" type="checkbox"/> TANK TEST <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS	<input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER <u>Visual</u>	
	<b>DATE DISCHARGE BEGAN</b> 08/11/92 <input type="checkbox"/> UNKNOWN	<b>METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER _____		
	<b>HAS DISCHARGE BEEN STOPPED?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 08/11/92			

<b>SOURCE/CAUSE</b>	<b>SOURCE OF DISCHARGE</b> <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input checked="" type="checkbox"/> SPILL/CUSTOMER	<b>CAUSE(S)</b> <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____
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<b>CASE TYPE</b>	<b>CHECK ONE ONLY</b> <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
------------------	--

<b>CURRENT STATUS</b>	<b>CHECK ONE ONLY</b> <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 type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
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<b>REMEDIAL ACTION</b>	<b>CHECK APPROPRIATE ACTION(S)</b> <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS)	<input checked="" type="checkbox"/> OTHER (OT) <u>Site personnel cleaned</u>
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**COMMENTS**  
 up with kitty litter, placed same in plastic bag & kept on site.

cc: Kyle Burke

# 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY (I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACKPAGE OF THIS FORM.)		
REPORT DATE 02/27/92		CASE # 2233		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT MARY LAURENZANO		PHONE (210) 401-2609		SIGNATURE Mary Laurenzano	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME ARCO PRODUCTS			
	ADDRESS 17215 STUDEBAKER RD, BERRIOS CITY, CA 94701					
RESPONSIBLE PARTY	NAME ARCO PRODUCTS		CONTACT PERSON MARY LAURENZANO		PHONE (210) 401-2609	
	ADDRESS 17215 STUDEBAKER RD, BERRIOS CITY, CA 94701					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) 54977		OPERATOR MICHAEL SERRY		PHONE (510) 2-6919	
	ADDRESS 2710 CADINO VALLEY RD, ASTRO VALLEY, ALAMEDA COUNTY, CA 94606					
	CROSS STREET WILKINSON					
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA CITY PUBLIC HEALTH		CONTACT PERSON TIM: WOULD NOT TAKE REPORT OVER PHONE (ALL QUESTIONS FAX IN HEAD)		PHONE (415) 271-4320	
	REGIONAL BOARD JES		NAME TIM		PHONE (210) 352-7300	
SUBSTANCES INVOLVED	NAME GASOLINE				QUANTITY LOST (GALLONS) 2 <input type="checkbox"/> UNKNOWN	
	(2) <input type="checkbox"/> UNKNOWN					
DISCOVERY/ABATEMENT	DATE DISCOVERED 02/26/92		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER drive off			
	DATE DISCHARGE BEGAN 02/26/92		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> OTHER Shut off pump			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE _____					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER drive off			
	CASE TYPE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT) cleaned up absorbent material					
COMMENTS	detaching labels in report					
	* FAX REPORT SENT PER TIM'S REQUEST					

QUALITY CONTROL BOARD  
 MAR 2 - 1992  
 94701 ZIP

ES

ARCO PRODUCTS COMPANY  
 FACILITY LIST - LOS ANGELES REGION  
 BY STATE COUNTY  
 10/24/1991, 09:20 AM

STATE: CALIFORNIA COUNTY: ALAMEDA

FAC	DEALER	ADDRESS	CITY/STATE	ZIP	CROSS STREET	PHONE
00276	DAI VAN VO	10600 MACARTHUR BLVD	OAKLAND	CA 94605	10TH AVE/MACARTHUR B	415-635-4641
00374	SANTOSH KUMAR SUD	6407 TELEGRAPH AVENU	OAKLAND	CA 94609	ALCATRAZ AVE/TELEGRA	415-658-7508
00498	REGION OPERATION 5157	286 SO LIVERMORE AVE	LIVERMORE	CA 94550	3RD ST/S LIVERMORE A	415-449-1448
00608	JAIME & LEONORA ABADAM	17601 HESPERIAN BLVD	SAN LORENZO	CA 94580	HACIENDA/HESPERIAN B	415-278-2977
00771	JERRY SHIELDS	899 RINCON AVENUE	LIVERMORE	CA 94550	PINE/RINCON AVE	415-447-1329
02035	RAHMAN FARSI/MAJID GHANADAN	1001 SAN PABLO AVENU	ALBANY	CA 94706	MARIN/SAN PABLO AVE	415-525-1362
02107	PRITINDER ARORA	3310 PARK BLVD.	OAKLAND	CA 94610	MACARTHUR/PARK BLVD	415-532-1716
02112	JAVAD ROOSHAN	1260 PARK STREET	ALAMEDA	CA 94501	ENCINAL/PARK ST	415-865-7335
02152	JAMES A WALKER	22141 CENTER ST.	CASTRO VALLEY	CA 94546	GROVE/CENTER ST	415-581-1268
02169	RAMESH SOOD	889 W GRAND AVE	OAKLAND	CA 94607	MARKET/W GRAND AVE	415-465-4450
02185	B J A INC	9800 E 14TH ST	OAKLAND	CA 94603	98TH/E 14TH	415-568-0590
04494	KHALIL N ROOSHAN	566 HEGENBERGER RD.	OAKLAND	CA 94605	EDES/HEGENBERGER RD	415-569-7561
04931	VINTNERS DISTRIBUTORS INC	731 W MACARTHUR BLVD	OAKLAND	CA 94611	WEST/W MACARTHUR BLV	415-658-5000
04977	MICHAEL SEROY	2770 CASTRO VALLEY R	CASTRO VALLEY	CA 94546	WISTERIA/CASTRO VALL	415-582-6919
06002	SAMIR PATEL	6235 SEMINARY AVENUE	OAKLAND	CA 94605	HWY 580/SEMINARY	415-633-1042
06041	RONALD E TEUTSCH	7249 VILLAGE PARKWAY	DUBLIN	CA 94566	AMADOR/VILLAGE PKWY	415-828-3163
06113	PRESTIGE STATIONS INC 5158	785 E STANLEY BLVD	LIVERMORE	CA 94550	MURRIETTA/E STANLEY	415-449-2024
06148	JIN H KANG	5131 SHATTUCK AVE.	OAKLAND	CA 94609	52ND/SHATTUCK	415-654-3461

ARCO Products Company  
Monitoring and Response Plans

County Mamuda - Public Health

Facility	Product Tanks		Product Lines		ELECTRONIC Tank Monitor	Probe in Sump	LINE Leak Detector	Used Oil Tank		Monitoring Plan
	DW	SW	DW	SW				DW	SW	
100 MacArthur Blvd. Oak	PS 216	✓		✓	✓	✓	✓			I
1407 Telegraph Ave. Oakland	SH 314	✓		✓	✓	✓	✓			I
86 S. Livermore Ave.	SH 498	✓		✓			✓			IVA
7601 Hesperian Blvd. S.F.	PE 1008 5yr	✓		✓	✓	✓	✓	✓		IA
399 Rincon Ave. Liv.	SH 771		✓		✓		✓			III
601 San Pablo, Albany	LS 2035	✓		✓	✓	✓	✓			I
310 Park Blvd. Oak	PS 2107	✓		✓	✓		✓			IIIB
56000 St. S.F.	2112		✓		✓		✓		✓	III, V
260 PARK ST. ALABAMA	SH 2117 5yr	✓		✓	✓	✓	✓			I
2441 Center St. C.V.	SS 2152	✓		✓	✓	✓	✓			I
19 W. GRAND AVE. OAK	PB 2169		✓		✓		✓			III
800 E. 14th St. Oakland	BC 2185		✓		✓		✓			III
4 Hagenberg Dr. Oak	BC 44945		✓		✓		✓			III
3160 Mac Oakland	SH 4931		✓		✓		✓			III
2770 Castro Valley Blvd.	SS 4977		✓		✓		✓			III
235 Seminary Ave. Oak	PS 6002 5yr		✓		✓		✓			III
249 Village Parkway Dublin	PA 6041		✓		✓		✓			III
185 E. Stanley Liv.	SH 6113	✓		✓			✓			IVA
5131 Shattuck Ave. Oak	SH 6148		✓		✓		✓			III

SH-7 PB-1  
 PS-2 BC-2  
 LS-1 RA-1  
 PE-1 SS-2

\* # 560 Hagenberg Rd - approved closure & installation plan site contaminated.

5y permit Remediation

ARCO Products Company  
2000 Alameda de las Pulgas  
Mailing Address: Box 5811  
San Mateo, California 94402  
Telephone 415 571 2400



Date: October 14, 1991

Re: ARCO Station #

" I declare, that to the best of my knowledge at the present time, that the information and/or recommendations contained in the attached proposal or report are true and correct."

Submitted by:

Kyle A. Christie  
Environmental Engineer

91 OCT 15 PM 8:29



October 14, 1991

Alameda County Department of Environmental Health  
80 Swan Way  
Oakland, California 94621

Attention: Mr. Edgar Howell

**ARCO Products Company Facilities in Alameda County**

Dear Mr. Howell:

Please find attached, Quarterly Summary Reports (QSRs) for ARCO Products Company Service Stations in Alameda County. The QSRs summarize activities conducted by ARCO at the respective sites during the third quarter of 1991; also included are projected site activities for the fourth quarter of 1991 and a bibliography of reports submitted for each location.

The QSRs are classified by County and by address within the County. We are submitting this document and attached QSRs as previously agreed. Please note that we are forwarding copies of the QSRs to the Regional Water Quality Control Board (RWQCB).

Please also note that ARCO Products Company has reviewed the RWQCB's February 19, 1991 printout of ARCO fuel leak sites. We evaluated each site with respect to ARCO's responsibility for investigation, monitoring, and/or remediation. Those locations for which ARCO is not responsible were listed and described in the QSR package delivered to you on July 15, 1991. The attached QSRs therefore represent only those locations for which ARCO is responsible.

ARCO is planning a subsequent QSR submittal for ARCO sites on January 15, 1992. Please do not hesitate to contact me with any questions regarding this submittal.

Sincerely,

  
Kyle A. Christie  
Environmental Engineer

Attachments:  
ARCO Facility QSRs

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

<b>EMERGENCY</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>FOR LOCAL AGENCY USE ONLY</b> I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100.7 OF THE HEALTH AND SAFETY CODE.
<b>REPORT DATE</b> 09/23/91		<b>CASE #</b> 19290
<b>NAME OF INDIVIDUAL FILING REPORT</b> S. Douglas		<b>PHONE</b> 909-414-5310

<b>REPORTED BY</b>	<b>NAME OF INDIVIDUAL FILING REPORT</b> S. Douglas	<b>PHONE</b> 909-414-5310	<b>SIGNATURE</b> 
	<input checked="" type="checkbox"/> <b>OWNER/OPERATOR</b> <input type="checkbox"/> <b>REGIONAL BOARD</b> <input type="checkbox"/> <b>LOCAL AGENCY</b> <input type="checkbox"/> <b>OTHER</b>	<b>COMPANY OR AGENCY NAME</b>	

**ADDRESS**  
 17315 Stuebaker Rd, Corvallis, OR 97331

<b>RESPONSIBLE PARTY</b>	<b>NAME</b> Inco Products	<input type="checkbox"/> <b>UNKNOWN</b>	<b>CONTACT PERSON</b> S. Douglas	<b>PHONE</b> 831-404-5310
	<b>ADDRESS</b> 17315 Stuebaker Rd, Corvallis, OR 97331			

<b>SITE LOCATION</b>	<b>FACILITY NAME (IF APPLICABLE)</b> I 49.77	<b>OPERATOR</b> Michael Seroy	<b>PHONE</b> 415-882-6919
	<b>ADDRESS</b> 2770 Castro Valley Blvd, Castro Valley, Alameda, CA 94546		
	<b>CROSS STREET</b> Wisteria		

<b>IMPLEMENTING AGENCIES</b>	<b>LOCAL AGENCY</b> Health - County	<b>AGENCY NAME</b>	<b>CONTACT PERSON</b> Barbara	<b>PHONE</b> 415-271-4320
	<b>REGIONAL BOARD</b> Wiscasset		<b>CONTACT PERSON</b> Kazemi	<b>PHONE</b> 415-464-1255

<b>SUBSTANCES INVOLVED</b>	<b>(1)</b> Gas	<b>NAME</b>	<b>QUANTITY LOST (GALLONS)</b> 7 gals	<input type="checkbox"/> <b>UNKNOWN</b>
	<b>(2)</b> None			

<b>DISCOVERY/ABATEMENT</b>	<b>DATE DISCOVERED</b> 09/23/91	<b>HOW DISCOVERED</b> <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> <b>OTHER</b>	<input type="checkbox"/> <b>INVENTORY CONTROL</b> <input type="checkbox"/> <b>SUBSURFACE MONITORING</b> <input type="checkbox"/> <b>NUISANCE CONDITIONS</b>	dumped into pavement
	<b>DATE DISCHARGE BEGAN</b> 09/23/91	<input type="checkbox"/> <b>UNKNOWN</b>	<b>METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> <b>OTHER</b> Stopped pumping	

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

**CASE TYPE**  
 UNDETERMINED  **CONCRETE ONLY**  SOIL ONLY  GROUNDWATER  DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

**CURRENT STATUS**  
 NO ACTION TAKEN  LEAK BEING CONFIRMED  REMEDIATION PLAN  PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED  PRELIMINARY SITE ASSESSMENT UNDERWAY  **CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY)**  POLLUTION CHARACTERIZATION  POST CLEANUP MONITORING IN PROGRESS  CLEANUP UNDERWAY

**REMEDIAL ACTION**  
 EXCAVATE & DISPOSE (ED)  REMOVE FREE PRODUCT (FP)  ENHANCED BIO DEGRADATION (IT)  
 CAP SITE (CD)  EXCAVATE & TREAT (ET)  PUMP & TREAT GROUNDWATER (GT)  REPLACE SUPPLY (RS)  
 CONTAINMENT BARRIER (CB)  NO ACTION REQUIRED (NA)  TREATMENT AT HOOKUP (HU)  VENT SOIL (VS)  
 **OTHER (OT)** litter in spill, swept up, placed in bag.

**COMMENTS**  
 placed in bag.

UST LEAK Date of Last Current  
SITE UPDATE Review/Update April 15, 1991 Date September 6, 1991

SITE IDENTIFICATION

Name ARCO Service Station 4977 Case No.  
Address 2770 Castro Valley Road Street  
Street Number Street  
City Castro Valley ZIP Code 94546  
County Alameda Substance  
Local Agency Alameda County Health Care Services Agency  
Regional Board Regional Water Quality Control Board - San Francisco Bay Area

LEAD STAFF PERSON ACHCSA

CASE TYPE

Undetermined  Soil Only  Ground Water  Drinking Water

STATUS (Date indicates when case moved into status)

<input checked="" type="checkbox"/> No Action Taken	Date	3/89
<input checked="" type="checkbox"/> Leak Being Confirmed	Date	
<input type="checkbox"/> Preliminary Site Assessment Workplan Submitted	Date	
<input type="checkbox"/> Preliminary Site Assessment Underway	Date	
<input type="checkbox"/> Pollution Characterization	Date	
<input type="checkbox"/> Remediation Plan	Date	
<input type="checkbox"/> Remedial Action Underway	Date	
<input type="checkbox"/> Post Remedial Action Monitoring	Date	
<input checked="" type="checkbox"/> Case Referred to Regional Board (ACHCSA)	Date	6/88
<input type="checkbox"/> Case Referred to Dept. of Health Services	Date	
<input type="checkbox"/> Case Closed	Date	

REMEDIAL ACTIONS

None.

COMMENTS

In March 1988, vapor/vent line leaks were detected in the system during annual tank testing. The system was repaired. In May 1988, the system passed retest. An Underground Storage Tank Unauthorized Release (Leak) Report and the results of the tank test were sent from Brown & Caldwell to ACHCSA on June 7, 1988.

No further work is planned at this site at this time.

Reports documenting the site's history are listed on page 2.

REPORT

Underground Storage Tank  
Unauthorized Release (LEAK)/  
Contamination Site Report  
for ARCO 4977

DATE

6/7/88

CONSULTANT

Brown & Caldwell

July 15, 1991

Alameda County Department of Environmental Health  
80 Swan Way  
Oakland, California 94621

Attention: Mr. Rafat Shahid

**ARCO Products Company Facilities in Alameda County - RWQCB Fuel Leaks List**

Dear Mr. Shahid

Please find attached, Quarterly Summary Reports (QSRs) for ARCO Products Company Service Stations in Alameda County. The QSRs summarize activities conducted by ARCO at the respective sites during the second quarter of 1991; also included are projected site activities for the third quarter of 1991 and a bibliography of reports submitted for each location.

The QSRs are classified by address within the County. We are submitting this document and attached QSRs as agreed in our recent meeting with the RWQCB. Please note that we are forwarding copies of the QSRs to the RWQCB as well.

ARCO Products Company has reviewed the Regional Water Quality Control Board's (RWQCB) February 19, 1991 printout of ARCO fuel leak sites in the San Francisco Bay Area. We have evaluated each site with respect to ARCO's responsibility for investigation, monitoring, and/or remediation. It is ARCO's belief that several of the sites originally attributed to ARCO are actually the responsibility of other parties. We have therefore prepared QSRs and a brief discussion regarding those sites which we believe should either be removed from ARCO responsibility or be considered for closure.

ARCO is planning a subsequent comprehensive QSR submittal for ARCO sites on October 15, 1991. Please do not hesitate to contact us with any questions regarding this submittal.

Sincerely,



*for* Kyle A. Christie  
Environmental Engineer

Attachments:

Non-ARCO Facility/Site Closure Discussion and QSRs  
ARCO Facility QSRs

**NON-ARCO FACILITY/SITE CLOSURE DISCUSSION AND QSRS**

**Alameda County**

### Alameda County Sites

Two ARCO facilities including Station Numbers 4977 and 6002 (located at 2770 Castro Valley Road, Castro Valley and 6235 Seminary Avenue, Oakland) experienced vapor/vent line failure during UST system precision testing. In accordance with State Water Resources Control Board (SWRCB) letter LG-43, ARCO requests that these facilities be removed from the RWQCB fuel leaks list.

A small volume of hydrocarbons were released from ARCO Station Number 498 located at 286 South Livermore Avenue, Livermore. The product was released to an on-site secondary containment trench and was subsequently removed; no product was released to the soil or groundwater. Alameda County issued a letter to ARCO on May 24, 1991 stating that no further action is necessary at this site.

A total of seven Alameda County ARCO facilities listed by the RWQCB were not ARCO-owned at the time of the release discovery and/or report. These sites include Station Numbers 188, 329, and 623 (respectively located at 4191 First Street, Pleasanton, 2032 12th Street, Oakland, and 2110 Mountain, Oakland) and facilities located at 2951 High Street, 4401 Market Street, 2844 Mountain Boulevard, and 2740 98th Street, Oakland.

ARCO has prepared QSRs for each of these facilities; however, we request that the cases be omitted from the leaks list or be referred to the actual responsible party, as appropriate. The ownership information for the individual sites is included on the attached QSRs.

Finally, the RWQCB February 19, 1991 printout lists two sites which are actually the same. The facility listed as 71 MacArthur Boulevard is actually ARCO Service Station Number 4931 located at 731 West MacArthur Boulevard in Oakland.

Attachment:

Non-ARCO Facility QSRs

UST LEAK Date of Last Current  
SITE UPDATE Review/Update January 15, 1991 Date April 15, 1991

SITE IDENTIFICATION

Name ARCO Service Station 4977 Case No.  
Address 2770 Castro Valley Road Street  
Street Number Street  
Castro Valley 94546  
City ZIP Code  
County Alameda Substance  
Local Agency Alameda County Health Care Services Agency  
Regional Board Regional Water Quality Control Board - San Francisco Bay Area

LEAD STAFF PERSON ACHCSA

CASE TYPE

Undetermined Soil Only Ground Water Drinking Water

STATUS (Date indicates when case moved into status)

No Action Taken Date  
Leak Being Confirmed Date  
Preliminary Site Assessment Workplan Submitted Date  
Preliminary Site Assessment Underway Date  
Pollution Characterization Date  
Remediation Plan Date  
Remedial Action Underway Date  
Post Remedial Action Monitoring Date  
Case Referred to Regional Board Date  
Case Referred to Dept. of Health Services Date  
Case Closed Date

REMEDIAL ACTIONS

COMMENTS

In March 1988, vapor/vent line leaks were detected in the system during annual tank testing. The system was repaired. In May 1988, the system passed retest. An Underground Storage Tank Unauthorized Release (Leak) Report and the results of the tank test were sent from Brown & Caldwell to ACHCSA on June 7, 1988.

No further work is planned at this site at this time.

RESPONSIBLE PARTY IDENTIFICATION (Only if newly discovered or changed)

Name  
Contact Phone ( )  
Address  
Street Number Street  
City State ZIP Code



REPORT

Underground Storage Tank  
Unauthorized Release (LEAK)/  
Contamination Site Report  
for ARCO 4977

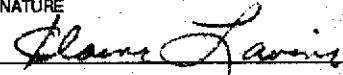
DATE

6/7/88

CONSULTANT

Brown & Caldwell

# 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>FOR LOCAL AGENCY USE ONLY</b> I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100.7 OF THE HEALTH AND SAFETY CODE. SIGNED: <u>Paul M. Smith</u> DATE: <u>3/4/92</u>	
REPORT DATE 0 M 5 M 1 d 0 d 9 Y 0 Y		CASE # 10759			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Elaine Lavine		PHONE (415) 571-2427		SIGNATURE 
	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 ARCO Products Company		
	ADDRESS P.O. Box 5811    ST: Env. Compl. Dept.    CITY: San Mateo    STATE: CA    ZIP: 94402				
RESPONSIBLE PARTY	NAME ARCO Products Company <input type="checkbox"/> UNKNOWN		CONTACT PERSON Elaine Lavine		PHONE (415) 571-2462
	ADDRESS P.O. Box 5811    ST: Env. Compl. Dept.    CITY: San Mateo    STATE: CA    ZIP: 94402				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) ARCO Facility #2107		OPERATOR Prithinder Khora		PHONE (415) 532-1716
	ADDRESS 8310 Park Blvd.    CITY: Oakland    STATE: CA    ZIP: 94610				
	CROSS STREET MacArthur				
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda Cnty. Public Health		CONTACT PERSON Mr. Ed Howell		PHONE (415) 271-4320
	REGIONAL BOARD San Francisco Bay Region		CONTACT PERSON Mr. Steve Luquire		PHONE (415) 464-1255
SUBSTANCES INVOLVED	(1)    NAME Gasoline		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2)		<input type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED M M D D Y Y		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER see below		
	DATE DISCHARGE BEGAN M M D D Y Y <input type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER see below		
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, DATE M M D D Y Y				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER		
	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input checked="" type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT)				
COMMENTS	Dealer failed to turn off safety valve under pump while changing filter. Pump was turned on and gas came out from filter area. Fire dept. was called and dealer cleaned up gas with absorbent material. OES & Env. Health were notified.				

CND

# 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 HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE. SIGNED: <i>[Signature]</i> DATE: JUN 17 1988
REPORT DATE M M D D Y Y	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>KYLE A. CHRISTIE</b>	PHONE <b>(415) 571-2434</b>	SIGNATURE <i>[Signature]</i>
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <b>Arco Products Company</b>	
	ADDRESS <b>2000 Alameda de las Pulgas, San Mateo, CA 94403</b>		

RESPONSIBLE PARTY	NAME <b>Arco Products Co.</b> <input type="checkbox"/> UNKNOWN	CONTACT PERSON <b>Kyle Christie</b>	PHONE <b>(415) 571-2434</b>
	ADDRESS <b>2000 Alameda de las Pulgas, San Mateo, CA 94403</b>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <b>Arco Station 4977</b>	OPERATOR <b>Pelkey &amp; Family, Inc.</b>	PHONE <b>(415) 582-6919</b>
	ADDRESS <b>2770 Castro Valley Rd.</b>		
	CROSS STREET <b>Wisteria</b>	TYPE OF AREA <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	TYPE OF BUSINESS <input checked="" type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> FARM <input type="checkbox"/> OTHER

IMPLEMENTING AGENCIES	LOCAL AGENCY <b>Alameda Co. Health Dept.</b>	AGENCY NAME	CONTACT PERSON <b>ED Howell</b>	PHONE <b>(415) 874-7237</b>
	REGIONAL BOARD <b>S.F. Bay Regional W.Q.C.B.</b>		<b>Greg Zentner</b>	PHONE <b>(415) 464-0804</b>

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

DISCOVERY/ABATEMENT	DATE DISCOVERED <b>0 M 3 M 0 D 9 D 8 Y 8 Y</b>	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input checked="" type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input checked="" type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER DISCONTINUE TANK TEST
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <b>0 M 3 M 0 D 9 D 8 Y 8 Y</b>	

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input checked="" type="checkbox"/> OTHER <b>vapor/vent line</b>	TANKS ONLY/CAPACITY GAL _____ AGE _____ YRS <input type="checkbox"/> UNKNOWN	MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER
--------------	--	---	---	---

CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
-----------	--

CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input checked="" type="checkbox"/> SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES
----------------	--

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

COMMENTS  
**Tests showed vapor/vent line leaks only. Repairs will be made and retest results submitted.**

## HAZARDOUS MATERIALS

Site Brief for UNDERGROUND TANKS  
for the City of Alameda

ALAMEDA COUNTY

as of 12/28/90

pg 1

UTID/ Status BillID	Name of Site	Site Address	#Tanks	PERMITS:
-0- T61043	C Arco Station #02112	1260 Park St. Alameda, CA 94501	5	I:09/06/88 F:-0-
784 T61043	C Arco Station #02035	1001 San Pablo Ave. Albany, CA 94706	4	I:09/06/88 F:-0-
658 T61043	C Arco Station #04977 AM/PM	2770 Castro Valley Blvd. Castro Valley, CA 94546	3	I:09/06/88 F:07/05/88
-0- T61043	C Arco Station #02152	22141 Center St. Castro Valley, CA 94546	3	I:09/06/88 F:-0-
*1053 T61043	C Arco Station #06041	7249 Village Pkwy. Dublin, CA 94568	4	I:09/06/88 F:-0-
*813 T10115	C Arco K&V Gas Foodmart	6211 San Pablo Ave. Emeryville, CA 94608	3	I:-0- F:-0-
I * T61043	C Arco Station #05387	20200 Hesperian Blvd. Hayward, CA 94541	4	I:09/06/88 F:-0-
*0- T21120	C Airport Arco	20450 Hesperian Blvd. Hayward, CA 94541	3	I:02/03/89 F:-0-
*2112 T42311	C Springtown Arco	909 Bluebell Dr. Livermore, CA 94550	3	I:-0- F:-0-
-0- T61043	C Arco Station #00771	899 Rincon Ave. Livermore, CA 94550	5	I:09/06/88 F:-0-
198 R T61026	Wong's Arco	2032 E. - 12th St. Oakland, CA 94606	0	I:-0- F:-0-
*-0- T61043	C Arco Station #02185	9800 E. - 14th St. Oakland, CA 94603	4	I:09/06/88 F:-0-
1130 C TA1036	Freeway Arco	2740 - 98th Ave. Oakland, CA 94605	4	I:10/13/87 F:-0-
-0- T61043	C Arco Station #02169	889 W. Grand Ave. Oakland, CA 94607	5	I:09/06/88 F:-0-
*-0- -0-	R Gin's Arco Service	706 Harrison St. Oakland, CA 94612	0	I:-0- F:-0-
-0- T61043	C Arco Station #04494	566 Hegenberger Rd. Oakland, CA 94621	3	I:02/05/88 F:-0-
*1038 T21043	C High St. Arco	2951 High St. Oakland, CA 94619	5	I:02/05/88 F:-0-
-0- T61043	C Arco Station #04931	731 W. MacArthur Blvd. Oakland, CA 94609	4	I:09/06/88 F:-0-
-0- T61043	C Arco Station #00276	10600 MacArthur Blvd. Oakland, CA 94605	3	I:09/06/88 F:-0-
851 C T41043	Mountain Blvd. Arco	2844 Mountain Blvd. Oakland, CA 94602	4	I:04/14/88 F:-0-
-0- T61043	C Arco Station #02107	3310 Park Blvd. Oakland, CA 94610	3	I:09/06/88 F:-0-
-0- T61043	C Arco Station #06002	6235 Seminary Ave. Oakland, CA 94605	4	I:09/06/88 F:-0-
-0- T61043	C Arco Station #06148	5131 Shattuck Ave. Oakland, CA 94609	3	I:09/06/88 F:-0-
-0- T61043	C Arco Station #00374	6407 Telegraph Ave. Oakland, CA 94609	3	I:09/06/88 F:-0-
? -0- -0-	F Freedom Arco	15101 Freedom Ave. San Leandro, CA 94578	3	I:-0- F:-0-
1794 C T81053	Pharco	2222 Grant Ave. San Lorenzo, CA 94580	1	I:08/16/88 F:-0-
779 C T61043	Arco Station #00608	17601 Hesperian Blvd. San Lorenzo, CA 94580	4	I:09/06/88 F:-0-

entered

FUELLEAK CASE FORM

Review Date 7/25/88

Site Name ARCO

Street Number 2770

Street Castro Valley Rd

City Castro Valley

County Number 01

Priority B3

Rank \_\_\_\_\_

Primary Substance 12031

Secondary Substance \_\_\_\_\_

Waste Oil \_\_\_\_\_

Case Type  U  G  D

Status F

Well Status OK NW

Soil Affected Y  U

Max. Soil Conc. (ppm) \_\_\_\_\_

Max. Residual Soil (ppm) \_\_\_\_\_

Soil Status N

Groundwater Affected Y  U

Max. Groundwater Impact \_\_\_\_\_

Groundwater Status N

Depth to Groundwater \_\_\_\_\_

Drinking Water Affected Y  U

Drinking Water Status N

Remedial Action NT

Proof of Action Needed ST RA

Date of Last Corr. 6/22/88

Date Case Received 6/22/88

Case Evaluated By LE

## HAZARDOUS MATERIALS

Site Brief for UNDERGROUND TANKS  
for the City of Castro Valley

ALAMEDA COUNTY

as of 12/28/90  
pg 1

UTID/

Status Name of Site

Site Address

#Tanks PERMITS:

BillID =====

658 C	Arco Station #04977 AM/PM	2770 Castro Valley Blvd.	3	I:09/06/88
T61043		Castro Valley , CA 94546		F:07/05/88
-0-	C AM/PM Mini Market #5157	286 S. Livermore Ave.	3	I:09/06/88
T61043		Livermore , CA 94550		F:-0-
-0-	C AM/PM Mini Market #5158	785 E. Stanley Blvd.	3	I:09/06/88
T61043		Livermore , CA 94550		F:-0-
1237 C	AM/PM Service Co	251 - 5th Ave.	1	I:-0-
TC1238		Oakland , CA 94606		F:-0-

-----  
Count = 4

Site Brief for A B - 2 1 8 5  
for the city of Alameda

printed: 12/28/90  
page: 1

ABID/BillID	Name of Site	Site Address	Zip	SysEntry	S
/L71107	Arco Station #02112	1260 Park St.	501	10/24/90	C
/L91227	Arco Station #02035	1001 San Pablo Ave.	706	08/14/89	C
658/HL7111	Arco Station #04977	2770 Castro Valley Blvd.	546	08/14/89	C
/HL7112	Arco Station #02152	22141 Center St.	546	08/14/89	C
1053/HL7114	Arco Station #06041	7249 Village Pkwy.	568	06/04/90	C
/LC1217	Arco Station #05387	20200 Hesperian Blvd.	541	06/04/90	C
/L22223	Airport Arco	20450 Hesperian Blvd.	541	08/01/89	C
/	Springtown Arco	909 Bluebell St.	550		P
/L41112	Arco Station #00771	899 Rincon Ave.	550	07/28/89	C
/L81123	Arco Station #02185	9800 E. - 14th St.	603	08/14/89	C
1130/L91386	Freeway Arco	2740 - 98th Ave.	608	09/18/89	C
/L81146	Arco Station #02169	889 W. Grand Ave.	607	08/14/89	C
/L81176	Arco Station #04494	566 Hegenberger Rd.	621	08/14/89	C
1038/	High St. Arco	2951 High St.	619	03/21/89	P
/L81178	Arco Station #04931	731 W. MacArthur Blvd.	609	06/04/90	C
/L81128	Arco Station #00276	10600 MacArthur Blvd.	605	11/20/89	C
851/L12017	Mountain Blvd. Arco Servi	2844 Mountain Blvd.	602	11/30/90	M
/L81188	Arco Station #02107	3310 Park Blvd.	610	08/14/89	C
/L81295	Sunshine Petroleum, Inc.	6211 San Pablo Ave.	608	12/28/90	M
/HL8112	Arco Station #06002	6235 Seminary Ave.	605	08/31/90	C
/L81130	Arco Station #06148	5131 Shattuck Ave.	609	06/04/90	C
/L81179	Arco Station #00374	6407 Telegraph Ave.	609	08/14/89	C
744/HL7116	Arco Station #02111	1156 Davis St.	577	08/14/89	C
/HL7118	Arco Station #00601	712 Lewelling Blvd.	579	08/14/89	C
<del>1794/L11469</del>	<del>Tharee</del>	<del>2222 Grand Ave.</del>	<del>580</del>	<del>07/28/89</del>	<del>C</del>
779/HL7119	Arco Station #00608	17601 Hesperian Blvd.	580	08/14/89	C

Arco Stati

Report Total : 26

Status Codes: C=Current/Part2 M=Current/Part1 P=awaiting busPla  
B=ready for Billing A=ready for Billing I=Inactive

*6211 San Pablo Ave  
No 1187 MP.*