RO 2443

U.S. Department of Homeland Security

United States Coast Guard

Commanding Officer
United States Coast Guard
Civil Engineering Unit Oakland

2000 Embarcadero, Suite 200
Oakland, CA 94606-5337
Staff Symbol: evd
Phone: (510) 535-7200
Fax: (510) 535-7288

16475
November 13, 2007

Mr. Steven Plunkett
Alameda County
Environmental Health Services
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

Ref: Fuel Leak Case No RO0002443

Dear Mr. Plunkett:

The United States Coast Guard (CG) has taken into service the consulting firm of Engineering/Remediation Resources Group Incorporated (ERRG) to obtain the additional information that you requested in your letter dated December 2006. The requested information was in regard to the closure of an underground storage tank that was removed at CG Island, Building 44, Alameda, California in 2001.

ERRG is acting on the CG's behalf in the process of obtaining permits, conducting the site investigation, and all hard and electronic documentation submittals required by Alameda County. For questions regarding this project or other issues related to the site, please contact Amanda Velasquez at (510) 535-7278, fax (510) 535-7288, or e-mail Amanda.L.Velasquez@uscg.mil.

Sincerely,

DAVE STALTERS
Chief, Environmental Division
U.S. Coast Guard
By direction of the Commanding Officer

Copy: ERRG

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
DAVID J. KEARS, Agency Director

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

December 18, 2006

Mr. Joseph Sabel
US Coast Guard
2000 Embarcadero, Suite 200
Oakland, CA 946606-5337

Subject: Fuel Leak Case No. RO0002443, Coast Guard Island, Building 44, Alameda, CA

Dear Mr. Sabel:

I am the caseworker recently assigned to your case. Please send future correspondence or inquiries regarding this case to my attention. Alameda County Environmental Health (ACEH) staff has reviewed the fuel leak case file for the above-referenced site. The most recent report received in our files is entitled, "Final Closure Report, Underground Storage Tank Removal at Building 44," dated January 2002. This site is located in close proximity to San Francisco Bay and Estuary and Total Petroluem Hydrocarbon as Diesel (TPHd) concentrations on site exceed the Environmental Screening Levels (ESLs) for estuary aquatic habitat as described in "Screening For Environmental Concerns At Sites With Contaminated Soil and Groundwater", California Regional Water Quality Control Board San Francisco Bay Region, February 2005.

Moreover, residual petroleum hydrocarbon contamination remains on site as established by the observation made during the UST removal and sampling. Considering that no Photo-Ionizing Detector (PID) was used during tank removal, excavation or sampling, combined with observations made during the UST excavation, ACEH does not believe the extent of soil and groundwater contamination at your site has been fully defined. Additionally, ACEH does not agree with the recommendation that the site be considered for closure based on low concentrations of hydrocarbons that do not appear to be gasoline or diesel. In particular, a grab groundwater sample collected from the UST excavation pit tested 100,000 µg/L for TPHd. In addition, confirmation soil samples tested 6,000 µg/L for TRICHLOROETHANE-1,1,2 and 3,000 µg/L for Naphthalene. Furthermore, the horizontal and vertical extent of fuel hydrocarbons contamination in soil and groundwater has not been delineated and no source area remediation has been completed to mitigate impacts to the estuary. Lastly, ACEH does not believe qualitative visual observations performed during two short periods can accurately demonstrate that groundwater in the excavation pit is not in communication with waters of the adjacent Bay.

Therefore, ACEH requests that you prepare a work plan to conduct additional investigations and address the following technical comments, perform the proposed work, and send us the technical reports requested below.

TECHNICAL COMMENTS

1. **Characterization of Lateral and Vertical Extent of Contamination.** The three-dimensional extent of soil and groundwater contamination at your site has not been fully

defined. Specifically, the lateral extent of dissolved petroleum hydrocarbon contamination in groundwater in the vicinity of the former UST has not been determined. Groundwater flow in this area would be toward the estuary, which is approximately 50 feet west of the former UST location. During the January 2002 investigation, confirmation sampling was only performed in the vicinity of the former UST. No data have been collected downgradient -toward the estuary- of the former UST. In order to fully characterize the lateral and vertical extent of contamination, we request that you perform a detailed site to define and quantify the full three-dimensional extent of fuel contamination in soil and groundwater. Please submit a detailed Work Plan presenting your proposal to fully characterize the lateral and vertical extent of soil and groundwater contamination and potential impacts to the adjacent estuary. The Work Plan should be prepared by a qualified professional and must fully describe the proposed scope and methods for the soil and groundwater investigation.

2. **Soil and Grab Groundwater Sampling.** All soils from the boreholes are to be examined for staining and odor and are to be screened using a PID. Soil samples are to be collected from any interval where staining, odors, change in lithology or elevated PID readings are observed. If no staining, odor, or elevated PID readings are observed, soil sample are to be collected from each boring at the capillary fringe and at intervals determined during the investigaton. After soil sampling has been completed grab groundwater samples should be collected from the soil boring at the intervals suggested by the soil boring data. All soil and groundwater samples are to be analyzed for TPHg, TPHd, TPH oil & grease, BTEX and fuel oxygenates including MtBE, TAME, ETBE, DIPE, TBA, EtOH, SVOCs and Metals using EPA methods 8015M, 8260B, 2870 and 6010, respectively. Lastly, ACEH recommends the use of silica gel cleanup to reduce interference caused by other constituents that may bias sample analysis for TPHd. Results from the soil and groundwater samples are to be presented in the Soil and Groundwater Investigation Report requested below.

3. **Geologic Cross Sections.** In the future, reports and work plans are to include geologic cross sections that are to include analytical data from soil and groundwater samples for each of the borings on the cross sections. The cross sections are to illustrate the lateral and vertical extent of soil layers, depth where groundwater was first encountered in borings and the static water levels, observations of free product, staining, and odor, and sample locations and results.

4. **Geotracker EDF Submittals** - A review of the case file and the State Water Resources Control Board's (SWRCB) Geotracker website indicate that electronic copies of analytical data have not been submitted for your site. Pursuant to CCR Sections 2729 and 2729.1, beginning September 1, 2001, all analytical data, including monitoring well samples, submitted in a report to a regulatory agency as part of the LUFT program, must be transmitted electronically to the SWRCB Geotracker website via the internet. Additionally, beginning January 1, 2002, all permanent monitoring points utilized to collected groundwater samples (i.e. monitoring wells) and submitted in a report to a regulatory agency, must be surveyed (top of casing) to mean sea level and latitude and longitude accurate to within 1-meter accuracy, using NAD 83, and transmitted electronically to the SWRCB Geotracker website. Beginning July 1, 2005, electronic submittal of a complete copy of all reports is required in Geotracker (in PDF format). In order to remain in regulatory compliance, please upload all analytical data (collected on or after September 1, 2001), to the SWRCB's Geotracker database website in accordance with the above-cited

regulation. Please perform the electronic submittals for applicable data and submit verification to this Agency by **January 15, 2006**.

TECHNICAL REPORT REQUEST

Please submit technical reports to Alameda County Environmental Health (Attention: Steven Plunkett), according to the following schedule:

- **January 15, 2007** - Work Plan for Soil and Groundwater Investigation

These reports are being requested pursuant to California Health and Safety Code Section 25296.10. 23 CCR Sections 2652 through 2654, and 2721 through 2728 outline the responsibilities of a responsible party in response to an unauthorized release from a petroleum UST system, and require your compliance with this request.

ELECTRONIC SUBMITTAL OF REPORTS

ACEH's Environmental Cleanup Oversight Programs (LOP and SLIC) now request submission of reports in electronic form. The electronic copy is intended to replace the need for a paper copy and is expected to be used for all public information requests, regulatory review, and compliance/enforcement activities. Instructions for submission of electronic documents to the Alameda County Environmental Cleanup Oversight Program FTP site are provided on the attached "Electronic Report Upload Instructions." Submission of reports to the Alameda County FTP site is an addition to existing requirements for electronic submittal of information to the State Water Resources Control Board (SWRCB) Geotracker website. In September 2004, the SWRCB adopted regulations that require electronic submittal of information for groundwater cleanup programs. For several years, responsible parties for cleanup of leaks from underground storage tanks (USTs) have been required to submit groundwater analytical data, surveyed locations of monitoring wells, and other data to the Geotracker database over the Internet. Beginning July 1, 2005, electronic submittal of a complete copy of all reports is required in Geotracker (in PDF format). Please visit the State Water Resources Control Board for more information on these requirements (http://www.swrcb.ca.gov/ust/cleanup/electronic_reporting).

PERJURY STATEMENT

All work plans, technical reports, or technical documents submitted to ACEH must be accompanied by a cover letter from the responsible party that states, at a minimum, the following: "I declare, under penalty of perjury, that the information and/or recommendations contained in the attached document or report is true and correct to the best of my knowledge." This letter must be signed by an officer or legally authorized representative of your company. Please include a cover letter satisfying these requirements with all future reports and technical documents submitted for this fuel leak case.

PROFESSIONAL CERTIFICATION & CONCLUSIONS/RECOMMENDATIONS

The California Business and Professions Code (Sections 6735, 6835, and 7835.1) requires that work plans and technical or implementation reports containing geologic or engineering evaluations and/or judgments be performed under the direction of an appropriately registered or

certified professional. For your submittal to be considered a valid technical report, you are to present site specific data, data interpretations, and recommendations prepared by an appropriately licensed professional and include the professional registration stamp, signature, and statement of professional certification. Please ensure all that all technical reports submitted for this fuel leak case meet this requirement.

UNDERGROUND STORAGE TANK CLEANUP FUND

Please note that delays in investigation, later reports, or enforcement actions may result in your becoming ineligible to receive grant money from the state's Underground Storage Tank Cleanup Fund (Senate Bill 2004) to reimburse you for the cost of cleanup.

AGENCY OVERSIGHT

If it appears as though significant delays are occurring or reports are not submitted as requested, we will consider referring your case to the Regional Board or other appropriate agency, including the County District Attorney, for possible enforcement actions. California Health and Safety Code, Section 25299.76 authorizes enforcement including administrative action or monetary penalties of up to $10,000 per day for each day of violation.

If you have any questions, please call me at (510) 383-1767.

Sincerely,

Steven Plunkett
Hazardous Materials Specialist

cc: Gail Bouffard
United States Coast Guard
Building 15, Coast Guard Island
Alameda, CA 94510

Bradley Hall
Tetra Tech Inc
180 Howard Street, Suite 250
San Francisco, CA 94105-1617

Donna Drogos, ACEH
Steven Plunkett, ACEH
File

U.S. Department of Transportation
United States Coast Guard

Civil Engineering Unit Oakland
United States Coast Guard

500 Embarcadero, Suite 200
Oakland, CA 94606-5337
Staff Symbol: evd
Phone: 510-535-7239
FAX: 510-535-7288

5090
January 28, 2002

Ms. Eva Chu
Alameda County
Environmental Health Services
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502

FEB 05 2002

Record ID RO0002443

Dear Ms. Chu:

In response to your letter of 16 January, there are not now, nor were there ever other owners of record of the subject property. For questions regarding this or other issues related to the site, please contact Mr. Joseph Sabel at 510-535-7239. Fax transmissions may be sent to 510-535-7288. Electronic mail may be sent to jsabel@d11.uscg.mil.

Sincerely,

Dave Stalters

DAVE STALTERS
Chief, Environmental Division
U.S. Coast Guard
By direction of the Commanding Officer

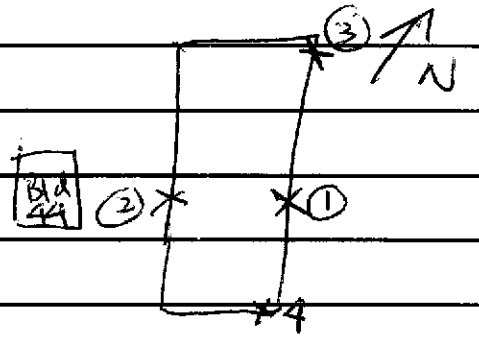
ALAMEDA COUNTY ENVIRONMENTAL HEALTH / HAZARDOUS MATERIALS DIVISION
1131 HARBOR BAY PKWY., RM. 250, ALAMEDA, CA 94502-6577 (510)567-6700 FAX (510) 337-9355

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #:	FACILITY NAME: COAST GUARD ISLAND BLD 44	PG. ____ OF ____

SUPPLEMENTAL FORM: UST Removal

TANK is 10K XERXES FG, HELD DWN BY STRAPS SITTING IN A PEA GRAVEL BED
NO LEL OR O2 READINGS TAKEN, TANK WAS 3X RINSED
PIT APPROX 15' X 35' X 10'
SOME WATER IN PIT, NO OBVIOUS SHEEN OR ODOR
APPROX 90 cy SPOILS, COVERED IN PARKING LOT NEXT TO PIT.
SPOILS ARE MAINLY PEA GRAVEL WITH SOME SOIL - NOTICEABLE PETROLEUM ODOR IN MOIST SPOILS.
MANHOLE ON UST WAS HELD BY ONLY 1 BOLT ∴ LID NOT SECURE (POSSIBLE SOURCE OF LEAK IF TANK WAS OVERFILLED.)
- Several brown liter bottles / plastic ~200 ml bottles / 40 ml VOA samples taken of groundwater for analysis



SOIL SAMPLES TAKEN @ ~8' JUST ABOVE GW IN BLUE-GRAY SANDY-CLAY
SOME PETROLEUM ODOR OBSERVED
SAMPLE 3 - Blue gray sandy clay - gasoline odor
SAMPLE 4 - MAINLY BROWN CLAYEY SAND MILD PETROLEUM ODOR

CONTRACTORS REQUESTED TO TAKE 4 DISCRETE SAMPLES FROM STOCKPILE.

PRINT NAME:	INSPECTED BY: B. CHAN
SIGNATURE:	DATE: 11-15-01

GEN/SUPP RPT(REV. 7/94) JNS /ECO

UNDERGROUND STORAGE TANK CLOSURE/REMOVAL
FIELD INSPECTION REPORT

SR0001528 11/15/01

Facility Name: COAST GUARD	STID:	Date: 11-14-01	
Facility Address: COAST GUARD ISLAND	Contact on site: AARON / JOE SABER		
Inspector: ROBERT WESTON / BARNEY CHAN	Contractor/Consultant: FOSS ENV		

General Requirements	Yes	No	N/A
Approved closure plan on site.	✓		
Changes to approved plan noted.			
Residuals properly stored/transported.			
Receipt for adequate dry ice noted.			✓

General Requirements	Yes	No	N/A
Site Safety Plan properly signed.	✓		
40B:C fire extinguisher on site.	✓		
"No Smoking" signs posted.			
Gas detector challenged by inspector.			✓

Tank Observations	T #1	T #2	T #3	T #4
Tank Capacity (gallons)	10,000			
Material last stored	W/O			
Dry ice used (pounds)	—			
Combustible gas concentration as %LEL. *(Note time & sampling point)*				
(1) TANK TRIPE RINSED	NA			
(2)				
(3)				
Oxygen concentration as % volume. *(Note time &sampling point.)*				
(1) TANK TRIPLE RINSED	NA			
(2)				
(3)				
Tank Material	FRP			
Wrapping/Coating, if any	NONE			
Obvious holes?	NONE			

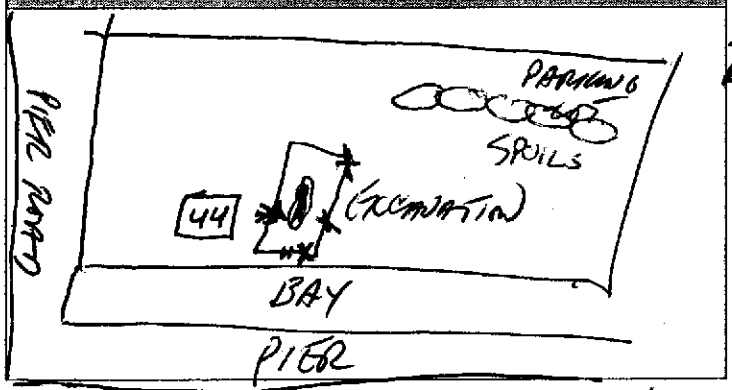
Tank Observations	T #1	T #2	T #3	T #4
Obvious corrosion?	NO			
Obvious odors from tank?	NO			
Seams intact?				
Tank bed backfill material	PEA GRAVEL			
Obvious discoloration?	NO			
Obvious odors ex tank bed?	NO			
Water in excavation?	YES			
Sheen/product on water?	NO			
Tank tagged by transporter?	NA			
Tank wrapped for transport?	NA			
Tank plugged w/ vent cap?	NA			
Date/time tank hauled off?				
No. of soil samples taken?	4 from pit			
Depth of soil samples (ft. bgs)	8'			

Piping Removal	Yes	No	N/A
All piping removed hauled off w/ tanks?		X	
Obvious holes on pipes?			X
Obvious odors from pipes?			X
Obvious soil discoloration in piping trench?			X
Obvious odors from piping trench?			X
Water in piping trench?			X
Number & depth of soil samples from piping trench?			
Number & depth of water samples from piping trench?			

General Observations	Yes	No	N/A
Leak from any tank suspected? Odor in GW	✓		
"Leak Report" form given to the operator?		✓	
Obviously contaminated soil excavated?			✓
Soil stockpile sampled?	✓		
Stockpile lined AND covered?	✓		
Water in excavation sampled?	✓		
Number/depth of water samples taken?	GW @ ~9', Sidewall Soils N,S,E+W @ ~8'		
All samples properly preserved for transport?	✓		

Additional Observations	Yes	No	N/A
Soil/water sampling protocols acceptable?	✓		
Sampling "chain of custody" noted?	✓		
Tank pit filled in or covered?		✓	
Tank pit fenced or barricaded?	✓		
Transporter a registered HW hauler?			✓
Uniform HW Manifest completed?			✓
Contractor/Consultant reminded of complete UST Removal Report due within 30 days?			
Date/Time removal/closure operations completed?		11/15/01 1200	
OT hours or additional charges due from contractor?			

SITE & SAMPLING DIAGRAM



Notes/Comments: TATIANA - Tota Tech Sampler, Petroleum odor noted in gw + moist soils TANK WILL BE CUT AND DISPOSED AS NON-HAZ AT PORTLAND LANDFILL 4 discrete stockpile soil samples to be taken. Spoils intended for reuse due to undermining of walls.


11/14/2001 3:49pm


11/14/2001 4:22pm


11 15 2001


11 15 2001


11 15 2001


11/14/2001 3:49pm


11/14/2001 4:22pm

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 Hazardous Materials
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destruction.
One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.
Any changes or alterations of these plans and specifications must be submitted to this this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws.
Notify this Department at least 72 hours prior to the following required inspections:

✓ Removal of Tank(s) and Piping
Sampling
Final Inspection

Issuance of a) permit to operate, b) permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Contact Specialist: 11-8-01 ROBERT WESTON

1. SITE SAFETY PLAN REQUIRED ON SITE FOR FOSS.
2. COMPLETE AND SUBMIT HAZARDOUS WASTE TANK CLOSURE CERTIFICATION FORM.

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

1. Name of Business UNITED STATES COAST GUARD

   Business Owner or Contact Person (PRINT) JOE SABLE

2. Site Address U.S. COAST GUARD IS. INTEGRATED SUPPORT COMMAND BLDG # 44

   City ALAMEDA Zip 94501 Phone (510)535-7239

3. Mailing Address 2000 EMBARCADERO, SUITE 200

   City OAKLAND, CA. Zip 94606-5337 Phone (510) 535-7239

4. Property Owner USA

   Business Name (if applicable) _____

   Address _____

   City, State _____ Zip _____

5. Generator name under which tank will be manifested
   U.S. COAST GUARD

   EPA ID# under which tank will be manifested C A 7 6 9 0 3 9 0 0 3 7

6. Contractor FOSS ENVIROMENTAL

Address 1605 FERRY POINT

City ALAMEDA Phone (510) 749-1390

License Type HAZARDOUS ID# 716581

7. Consultant (if applicable) TETRA TECH

Address 180 HOWARD STREET, SUITE 250

City, State SAN FRANCISCO, CA. 94105 Phone (415) 974-1221

8. Main Contact Person for Investigation (if applicable)

Name DICK BRUNNER Title SENIOR GEOLOGIST

Company TETRA TECH

Phone (415) 974-1221

9. Number of underground tanks being closed with this plan ONE

Length of piping being removed under this plan 15' LF

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

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name FOSS ENVIROMENTAL EPA I.D. No. CAR000030114

Hauler License No. 114013 License Exp. Date 3-31-02

Address PIER D BERTH D47

City LONG BEACH State CA. Zip 90802

b) Product/Residual Sludge/Rinsate Disposal Site

Name CLEAR WATER ENVIROMENTAL EPA ID# CAL000161743

Address 5002 ARCHER ST.

City ALVISO State CA. Zip 95002

c) Tank and Piping Transporter

Name FOSS EPA I.D. No. CAR000030114

Hauler License No. 114013 License Exp. Date 3-31-02

Address PIER D BERTH D47

City LONG BEACH State CA. Zip 90802

d) Tank and Piping Disposal Site

Name FORWARD LANFILL EPA I.D. No. CAL000190080

Address 9999 SOUTH AUSTIN RD.

City MANTECA State CA. Zip 95336

11. Sample Collector

Name DICK BRUNNER

Company TETRA TECH

Address 180 HOWARD ST. SUITE 250

City SAN FRANCISCO State CA. Zip 94105 Phone (415) 974-1221

12. Laboratory

Name CHROMOLAB

Address 1220 QUARRY LN.

City PLEASANTON State CA. Zip 94566

State Certification No.

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

If yes, describe.

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

TRIPLE RINSE/ DRY ICE 30LBS/1KGAL

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)		
10K	WATER/OIL FROM BILGE OF USCG SHIPS	SOIL, GROUND-WATER	BOTTOM SAMPLES AT APPROX 12FT SIDEWALL SAMPLES AT SOIL-GROUNDWATER INTERFACE

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (estimated) 100 cy	Sampling Plan 2 SAMPLES FROM BOTTOM AT EACH END IF GROUND WATER 1 SAMPLE 2 SAMPLES FROM WALLS AT SOIL–GROUNDWATER INTERFACE 1 SAMPLE EVERY 20 FT FROM TRENCH

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 [X] 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
SEE ATTACHMENT 17A			

18. Submit Worker's Compensation Certificate copy

Name of Insurer MARSH RISK & INSURANCE SERVICES

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)

estimates that one four-point composite soil sample will be collected from the soil stockpile.

2.6 BACKFILL OF EXCAVATION

If the excavated soil in the stockpile is determined to be clean, FOSS will backfill the excavation with the stockpiled soil and additional imported fill materials. If the excavated soil is contaminated, FOSS will backfill the excavation with imported fill materials only. The contaminated soil will then be disposed by FOSS. Tetra Tech will document how the excavation was backfilled. The backfill material will be compacted to approximately 90 percent; however, it is our understanding that compaction testing is not part of the scope of work.

An area of approximately 300 square feet will be finished with approximately 6 to 8 inches of concrete reinforced with rebar. The edges of the old concrete slab will be saw cut to provide a smooth edge between the replaced slab and existing paved surfaces.

2.7 LABORATORY ANALYSES

The soil samples collected at the site will be submitted for analyses to Applied Physics and Chemistry Laboratory (APCL) of Chino, California, a state-certified analytical laboratory. A list of the analyses to be conducted on the samples is presented in Table 1.

NA

Table 1
Project Analyses
USCG ISC Alameda

Total Petroleum Hydrocarbons as gasoline	USEPA 8015 Modified
Total Petroleum Hydrocarbons as diesel	USEPA 8015 Modified
Oil and Grease	USEPA 5520 D&E
Benzene, toulene, ethylbenzene, xylene	USEPA 8260
Oxygenates	USEPA 8260
Chlorinated hydrocarbons	USEPA 8260
Semivolatile organic compounds	USEPA 8270
Metals(Cd, Cr, Pb, Zn, Ni)	USEPA 6010

SECTION 3

SECTION 4

SECTION 5

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 FOSS ENVIRONMENTAL SERVICES

Name of Individual AARON GRIGALVA

Signature Aaron Grigalva Date 11-07-01

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business U S COAST GARD

Name of Individual _____

Signature _____ Date _____

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.

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

Page of

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3	FACILITY ID# 0 1 0 0 0 1
TANK OWNER NAME 740	
TANK OWNER ADDRESS 741	
TANK OWNER CITY 742	STATE 743 / ZIP CODE 744

II. TANK CLOSURE INFORMATION

TANK INTERIOR ATMOSPHERE READINGS	Tank ID # (Attach additional copies of this page for more than three tanks)	Concentration of Flammable Vapor			Concentration of Oxygen		
		Top	Center	Bottom	Top	Center	Bottom
1	745	746a	746b	746c	747a	747b	747c
2	748	749a	749b	749c	750a	750b	750c
3	751	752a	752b	752c	753a	753b	753c

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.

SIGNATURE OF CERTIFIER

NAME OF CERTIFIER (Print) 754

TITLE OF CERTIFIER 755

ADDRESS 756

CITY 757

PHONE 758

DATE 759 | CERTIFICATION TIME

STATUS OR AFFILIATION OF CERTIFYING PERSON

Certifier is a representative of the CUPA, authorized agency, or LIA: 760

☐ Yes ☐ No

Name of CUPA, authorized agency, or LIA: 761

If certifier is other than CUPA / LIA check appropriate box below: 762

- ☐ a. Certified Industrial Hygienist (CIH)
- ☐ b. Certified Safety Professional (CSP)
- ☐ c. Certified Marine Chemist (CMC)
- ☐ d. Registered Environmental Health Specialist (REHS)
- ☐ e. Professional Engineer (PE)
- ☐ f. Class II Registered Environmental Assessor
- ☐ g. Contractors' State License Board licensed contractor (with hazardous substance removal certification)

TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS 763

(If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.) ☐ Yes ☐ No

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC: 764

A copy of this certificate shall accompany the tank to the recycling / disposal facility and be provided to the CUPA. If there is no CUPA, copies shall be submitted to the LIA and authorized agency; owner / operator of the tank system; removal contractor; and the recycling / disposal facility.

Hazardous Waste Tank Closure Certification

Complete and submit this page prior to initiating any cleaning, cutting, dismantling, or excavation of a tank system that meets the conditions below:
- Any tank system that previously held a hazardous material or a hazardous waste, that is identified as a hazardous waste, and that is destined to be disposed, reclaimed or closed in place.
- This does not apply to tank systems regulated under a hazardous waste facility permit, other than permit by rule (PBR), or to tank systems regulated under a grant of interim status, nor to a tank system or any portion thereof, that meets the definition of scrap metal in 22 CCR 66260.10 and is excluded from regulation pursuant to 22 CCR 66261.6(a)(3)(B).

Refer to 22 CCR 67383.3 and 23 CCR 2672 for disposal requirements for tank systems.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

3. BUSINESS NAME - Enter the full legal name of the business.

740. TANK OWNER NAME -
741. TANK OWNER ADDRESS
742. TANK OWNER CITY
743. TANK OWNER STATE
744. TANK OWNER ZIP CODE

Complete items 740-744, unless all items are the same as the Business Owner information (items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" across this section

745. TANK ID NUMBER 1-3 - Enter up to three owner's tank ID numbers. This is a unique number used by the owner to identify the tank. If more than three tanks are being closed, complete additional copies of this page. (Enter additional tank numbers in 748 and 751.)

746. CONCENTRATION OF FLAMMABLE VAPOR 1-3 - Enter three interior flammable vapor levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 749 and 752.)

747. CONCENTRATION OF OXYGEN 1-3 - Enter three interior oxygen levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 750 and 753).

SIGNATURE - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided.

754. CERTIFIER NAME - Enter the full printed name of the person signing the page.

755. CERTIFIER TITLE - Enter the title of the person signing the page.

756. CERTIFIER ADDRESS - Enter the address of the person signing the page.

757. CERTIFIER CITY - Enter the city for the signer's address.

758. CERTIFIER PHONE - Enter the phone number for the person signing the page.

759. DATE CERTIFIED - Enter the date that the document was signed. Enter the time that the readings were taken.

760. CERTIFIER REPRESENTS LOCAL AGENCY - Check "Yes" if the person certifying the tank is a representative of the CUPA, authorized agency, or LIA, check "No" if not.

761. NAME OF LOCAL AGENCY - Enter the name of the local agency represented by the person certifying the tank.

762. AFFILIATION OF CERTIFYING PERSON - Check the certification, license, or organization which the certifier holds or to which the certifying person belongs, if not a CUPA/ LIA.

763. TANK HELD FLAMMABLE OR COMBUSTIBLE MATERIALS - Check "Yes" if the tank held flammable or combustible materials, check "No" if not.

764. MANAGEMENT INSTRUCTIONS - Provide tank management instructions to the scrap dealer, disposal facility, etc., in this space.

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

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

REGULATION 8, RULE 40 NOTIFICATION FORM

Check √ ☑ Removal or Replacement of Tanks
☐ Excavation of Contaminated Soil

SITE INFORMATION

Site Address COAST GARD ISLAND INTEGRATED SUPPORT COMMAND BLDG #44

City, State ALAMEDA, CA. Zip 94501

Owner Name U S COAST GARD

Specific location of project

Tank Removal

Scheduled startup date 11-12-01

Vapors removed by:

☑ Water wash

☑ Vapor freeing (CO^2)

☐ Ventilation

Indicate below if an A/C was obtained for tank replacement:

Yes_____ No X If yes, A/C or P/O #_____

Contaminated Soil Excavation

Scheduled Startup Date 11-13-01

Stockpiles will be covered? Yes ✓ No_____

Indicate below the method used to comply with Regulation 8, Rule 40, Section 402.4:

Check (√) 8-40-301 ☑ 8-40-302 ☐ (permit required)

A/C or P/O # N/A

A/C = Authority to Construct P/O = Permit to Operate

What other public agency have you notified (e.g., Fire District, Hazardous Materials Department, City or County)?

Agency ENVIROMENTAL HEALTH Contact ROBERT WESTON Phone # (510) 567-6700

BAAQMD # CONTRACTOR INFORMATION

Name FOSS ENVIROMENTAL

Address 1605 FERRY POINT

City, State, Zip ALAMEDA, CA. 94501

Contact AARON GRIJALVA

Phone (510) 749-1390

CELL (510) 715-2633

CONSULTANT INFORMATION (if applicable)

Name TETRA TECH

Address 180 HOWARD ST SUITE 250

City, State, Zip SAN FRANCISCO CA. 94105

Contact DICK BRUNNER

Phone (415) 974-1221

FOR OFFICE USE ONLY

Date Received Fax:	Date Postmarked:	
Inspector No.:	Date:	By_____
Update: Contact Name	Date:	By_____
Update: Contact Name	Date:	By_____

See reverse for instructions

CERTIFICATE OF INSURANCE

Issued Date: 08/06/01

Marsh Risk & Insurance Services
1215 Fourth Avenue, Suite 2300
Seattle, Washington 98161-1095

CA License #0437153

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED HEREIN.

Companies Affording Coverage

COMPANY LETTER	A Eagle Pacific Insurance Company
COMPANY LETTER	B Lumberman's Mutual Casualty Company
COMPANY LETTER	C
COMPANY LETTER	D

Insured

Foss Environmental Services Company
1605 Ferry Point
Alameda, CA 94501

COVERAGES

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

Co Ltr.	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits		
	General Liability ☐Commercial General Liability ☐☐Claims Made ☐Occur. ☐Owner's Contract Prot. ☐ ☐				General Aggregate Products-Comp/Op Agg Personal & Adv Injury Each Occurrence Fire Damage (Any one fire) Med. Expense (Any one person)	$ $ $ $ $ $	
	Automobile Liability ☐Any Auto ☐All Owned Autos ☐Scheduled Autos ☐Hired Autos ☐Non-Owned Autos				Combined Single Limit Bodily Injury (Per person) Bodily Injury (Per accident) Property Damage	$ $ $ $	
	Garage Liability ☐Any Auto ☐GKLL ☐				Auto Only—Each Accident Other Than Auto Only Each Accident Aggregate	$ $ $ $	
	Excess Liability ☐Umbrella Form ☐Other Than Umbrella Form				Each Occurrence Aggregate	$ $	
A	***Workers' Compensation and Employers Liability Including USL&H***	IS 01 02267	07/01/2001	07/01/2002	Statutory Limits Each Accident	$ $	Statutory 1,000,000
B		3BA035782-00	07/01/2001	07/01/2002	Disease—Policy Limit Disease—Each Employee	$ $	1,000,000 1,000,000
	Other						

Description of Operations/Locations/Vehicles/Special Items
Evidence of insurance as respects the operations of Foss Environmental Services Company.

Certificate Holder

To Whom It May Concern

Cancellation

SHOULD ANY OF THE POLICIES LISTED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURED AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

MARSH USA INC.
BY Sandra J. Dillmann

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

Page of

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 739: U.S. COAST GUARD

FACILITY ID# 739: 01 [redacted] 000 [redacted] 054202

TANK OWNER NAME 740: U.S COAST GUARD Island

TANK OWNER ADDRESS 741: ALAMEDA, CA

TANK OWNER CITY 742: | STATE 743: CA | ZIP CODE 744: 94501

II. TANK CLOSURE INFORMATION

TANK INTERIOR ATMOSPHERE READINGS	Tank ID # (Attach additional copies of this page for more than three tanks)		Concentration of Flammable Vapor			Concentration of Oxygen		
			Top	Center	Bottom	Top	Center	Bottom
	1	NONE 745	Ø 746a	Ø 746b	Ø 746c	20.9 747a	20.9 747b	20.9 747c
	2	748	749a	749b	749c	750a	750b	750c
	3	751	752a	752b	752c	753a	753b	753c

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.

SIGNATURE OF CERTIFIER: Aaron Grijalva

NAME OF CERTIFIER (Print) 754: AARON GRIJALVA

TITLE OF CERTIFIER 755: ASSISTANT PROJECT MANAGER

ADDRESS 756: 1605 FERRY POINT

CITY 757: ALAMEDA

PHONE 758: (510) 749-4128

DATE 759: 11-15-01

CERTIFICATION TIME: 0930

STATUS OR AFFILIATION OF CERTIFYING PERSON 760

Certifier is a representative of the CUPA, authorized agency, or LIA: Yes ☒ No

Name of CUPA, authorized agency, or LIA: 761

If certifier is other than CUPA / LIA check appropriate box below: 762

- ☐ a. Certified Industrial Hygienist (CIH)
- ☐ b. Certified Safety Professional (CSP)
- ☐ c. Certified Marine Chemist (CMC)
- ☐ d. Registered Environmental Health Specialist (REHS)
- ☐ e. Professional Engineer (PE)
- ☐ f. Class II Registered Environmental Assessor
- ☒ g. Contractors' State License Board licensed contractor (with hazardous substance removal certification)

TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS 763

(If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.) ☐ Yes ☒ No

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC: 764

USE APPROPRIATE PPE

A copy of this certificate shall accompany the tank to the recycling / disposal facility and be provided to the CUPA. If there is no CUPA, copies shall be submitted to the LIA and authorized agency; owner / operator of the tank system; removal contractor; and the recycling / disposal facility.

Telecopier Cover Sheet

Support Center Alameda

Serve Customers Always

U. S. Department of Transportation
United States Coast Guard

Date: 11-16-01

FROM: Commanding Officer
U.S.C.G. Integrated Support Command
Coast Guard Island, Building 15
Alameda, CA 94501-5100
Engineering Division
Phone:(510) 437-_____
Reply Attn to: AARON (POSS) FAX: (510) 337-9335

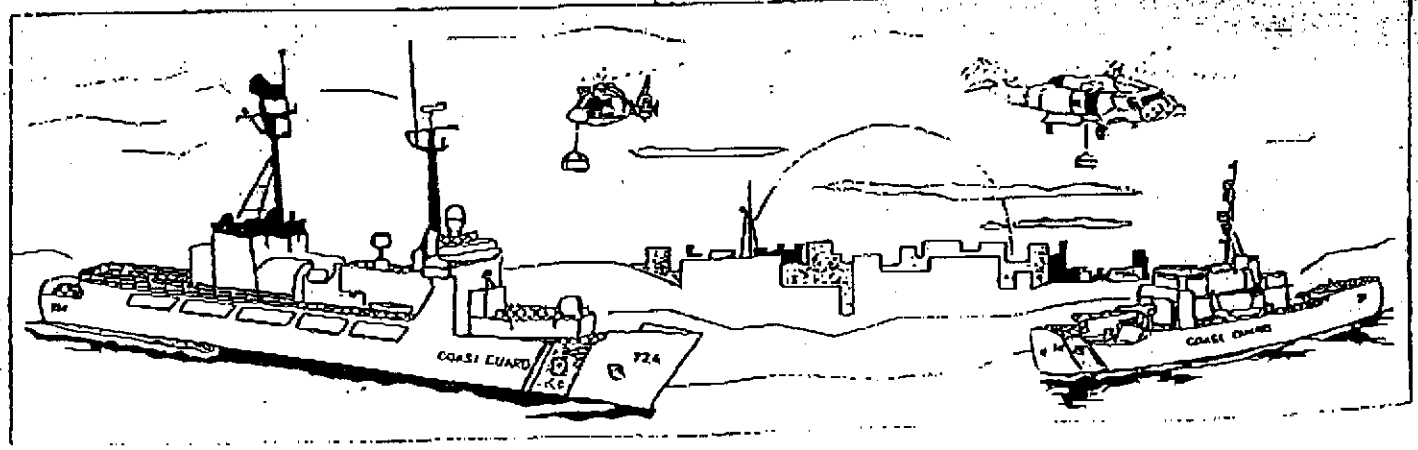
To: ROBERT WESTON

Subject: TANK CLOSURE CERTIFICATION

Reference:

Number of pages including this cover sheet. 2

Comments:



NOV 0 9 2001

FOSS ENVIRONMENTAL & INFRASTRUCTURE *Always Ready*

Site - Specific Health & Safety Plan

Job # A1933

Customer: Tetra Tech Date: 11/8/2001

Business Type (Industry): U.S. Military Site

I. Site Information

Address: Building 44, McCollough Drive, Alameda, CA

Contact: Dick Bunner Title: Project Manager Phone: _____

II. Emergency Contacts

Regional Foss Office: Alameda. Spill/Release Contact: Todd Roloff

Customer Contact: Name: Same Phone: Same.

Nearest Medical Center (Emergency) Telephone & Address: Alameda Hospital

2070 Clinton Ave. Alameda, CA 94501 510-522-3700

III. Project Summary

Description of Material(s) (Proper shipping name): Oily Water / Waste Oil

Is the MSDS readily available? ☒ No ☐ Yes (If so, please attach)

Scope of Work (Check all that apply):

☐ Labpacking	☐ Haz. Cat.	☐ Overpacking	☐ Bulking
☐ Repacking	☐ Sampling	☐ T & D	☐ E R

☒ Other Tank Removal / Soil Disposal / Backfill / Compaction

Site Hazards (Check all that apply): *- Requires H & S Officer Review (Physical)

☐ Corrosive	☐ Flammable	☐ Sharps	☐ Reactive
☐ Poor Lighting	☒ Poor Ventilation	☐ Cold	☒ Heat
☐ Biohazard*	☒ Oxygen Deficient*	☒ Confined Space*	☐ Radioactivity*
☐ Carcinogens*	☐ Explosives*	☒ Noise	☐ Electrical

☐ Other (list) _____

Site Hazards (Continued):

Exposure Limits: **IDLH:** ☒ Yes ☐ No

N/A **ppm** (**TWA** unless otherwise noted)

Toxicity by: (Chemical)

☒ Inhalation Hazard	☒ Slight	☐ Moderate	☐ Severe
☒ Ingestion Hazard	☒ Slight	☐ Moderate	☐ Severe
☒ Skin Absorption Hazard	☒ Slight	☐ Moderate	☐ Severe

Training Requirements:

☒ Site Orientation ☒ Hazard Communication ☒ Evacuation Procedure
☒ Emergency Response ☒ Confined Space
☐ Other _____

Work Plan: First phase of job includes Confined Space Entry (Vertical) for tank cleaning w/ pressure washer. (See Confined Space Entry Procedures Page) Rinse water to be removed using Vacuum truck. Once tank is cleaned, tank Removal procedures will take place. Once tank has been removed, Soil (contaminated) will be stockpiled for disposal; tank will be recycled. * Soil stockpile will be covered overnight w/ 6 mil Visqueen; any open excavation will be barricaded w/ snow fence or equivalent. * tailgate Safety meetings will be held every work day to review site-safety & to update any new concerns.

IV. Safety Control

Safety Equipment Required:

☐ Fixed Eyewash / Shower	☒ Portable Eyewash /Shower	☒ First Aid Kit	☒ Spill Kit
☒ Decon Supplies	☒ Fire Extinguisher	☐ Non-Sparking Tools	☐ Drum Dolly
☒ Bonding Clips / Grounds / Wires	☐ Barrier Shields	☒ Caution Tape	☒ Cones
☒ Specific Hazard Warning Signs	☐ Portable Hood	☐ Portable Lights	☐ Pallet Jack

PPE: ☐ Level A ☐ Level B ☒ Level C ☐ Level D

☒ Other Full Face Respirator w/ organic Vapor Cartridges during tank Cleaning

Standard Safety Equipment required on all jobs includes Foss Coveralls (or like), Hard Hat, Safety Shoes & Safety Glasses with side shields.

V. Site Diagram:

Sketch the work area or attach a schematic drawing. Please include the following:

- ♦Evacuation Route
- ♦Exclusion zone
- ♦Exits / Alarms
- ♦Decontamination Zone
- ♦Telephone
- ♦Support Zone
- ♦Eyewash / Shower
- ♦Fire Extinguisher

_____ Wind Direction

___ North

VI. Approvals

H & S Officer review needed for this plan (See section 3): ☒ Yes ☐ No

H & S Officer Signature _____ Date 11/8/2001

Operations / Project Manager Karen Grigaha Date 11/8/01

VII. Acknowledgments

Instructions:

This form is to be signed by all on-site Foss Environmental personnel, including sub-contractors, before commencing work. Any changes to the conditions at the site or the work to be performed, requires a new Site-Specific Health and Safety Plan.

Acknowledgments:

I acknowledge that I have received and read the attached Site-Specific Health and Safety plan for the this project. I also certify to the best of my knowledge this plan reflects the current work to be performed and the hazards present. By signing below, I agree to abide by the all procedures and/or instructions contained in this plan and/or Foss Environmental Health & Safety Procedures and that I am ready to perform this work with the materials required.

Name (print)	Title	Signature	Date

Welcome, beastie99_9

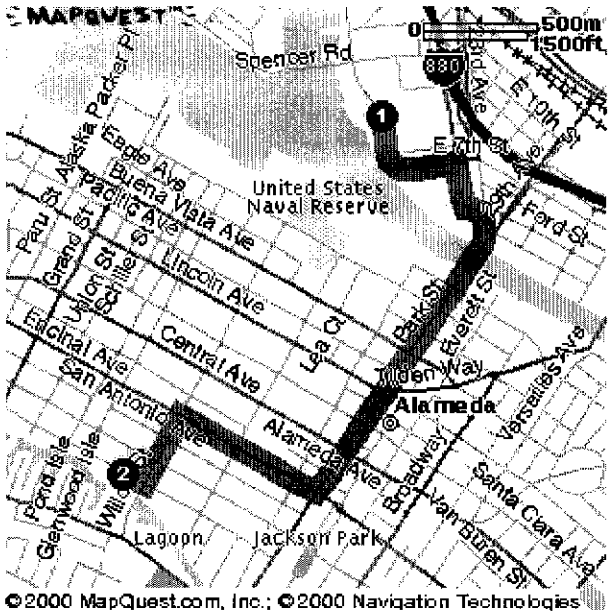
Yahoo! Yellow Pages

Starting from: Embarcadero, Oakland, CA 94606

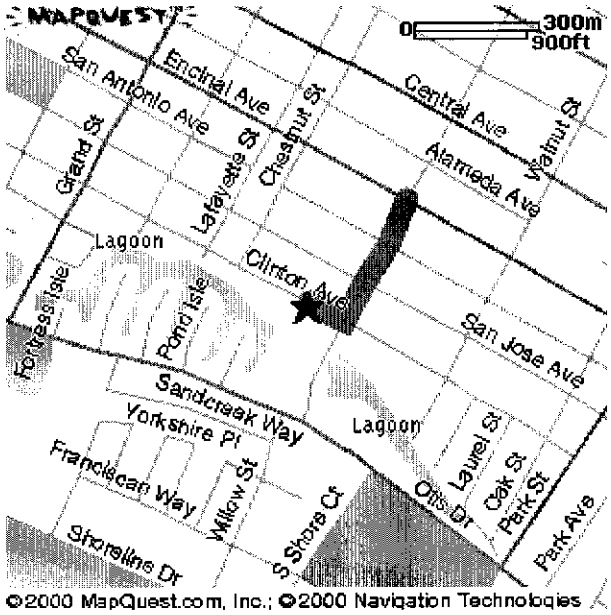
Arriving at: ★Alameda Hospital
2070 Clinton Ave, Alameda, CA 94501
(510) 522-3700

- Email Directions
- Get Reverse Directions
- Text Only Driving Directions

Distance: 2.0 miles **Approximate Travel Time:** 5 mins



Full Route



Destination

Directions	Miles
1. Start out going Southeast on **EMBARCADERO E** towards **E 7TH ST** by turning right.	0.2
2. **EMBARCADERO E** becomes **E 7TH ST**.	0.1
3. Turn RIGHT onto **KENNEDY ST**.	0.2
4. Turn SLIGHT RIGHT onto **23RD AVE**.	0.1
5. Turn SLIGHT RIGHT onto **29TH AVE**.	0.0
6. **29TH AVE** becomes **PARK ST**.	0.8
7. Turn RIGHT onto **ENCINAL AVE/CA-61**.	0.4
8. Turn LEFT onto **WILLOW ST**.	0.2
9. Turn RIGHT onto **CLINTON AVE**.	0.1

PROCEDURE 24

CONFINED SPACE ENTRY

LAST REVISED 2/97 APPROVED BY: CT/PFG

1. OBJECTIVE

Foss Environmental and Infrastructure Services Corporation (FEIS) shall enforce this procedure as a means of protecting the health and safety of workers while entering, working in, and exiting confined spaces. Before entry, the worker will be made aware of the hazards of confined space work and the safe work practices necessary.

2. PURPOSE

The purpose of this procedure is to establish confined space entry standards for all FEIS employees and subcontractors. This procedure meets and exceeds the guidelines in the Occupational Safety and Health Administration (OSHA) proposed Confined Space Entry Standard 29 CFR 1910.146.

3. PROCEDURE

3.1 Permitting - All "permit required confined space" entries will be proceeded by the completion of a confined space entry permit. The FEIS confined space entry permit follows this procedure.

3.2 Written Rescue Procedure - Prior to any confined space work, a site specific written rescue plan will be developed that addresses minimum requirements.

If fire department rescue will be utilized vs. site rescue it will be necessary to procure a letter from the fire department agreeing to provide rescue services. It will also be necessary to have the fire department review the Health and Safety Plan and be provided with a copy of the site map. The letter becomes part of the Health and Safety Plan.

The Rescue Plan for the project will be reviewed at the daily tailgate safety meeting and practiced at least quarterly.

3.2.1 Rescue

- The equipment required to rescue an unconscious victim must be in-place before the first person enters the confined space.
- A trained stand-by person will be assigned to each confined space with a fully charged SCBA or airline and egress unit.
- The stand-by is to keep life lines clear, to maintain contact with all workers within the confined space and to summon help if needed.
- The stand-by must never enter the confined space unless relieved by rescue assistance.
- The stand-by may attempt rescue by lifeline while waiting for rescue assistance.

4. PERMIT SYSTEM

All confined space entry permits will address the following:

- Location
- Hazards Isolation
- Lockout / Tagout
- PPE and special equipment
- Air monitoring requirements and results of such monitoring
- Personal monitoring
- Training required
- Stand-by persons to be present as alternates
- Communication procedures

- Emergency / rescue procedures
- Confined space classification
- Posting of notification

6. TRAINING

FEIS will train employees involved in confined space entry and confined space rescue on the hazards associated with confined space work. This training will, as a minimum, cover the following:

- Hazard recognition
- Emergency entry and exit
- Respirator use
- First aid
- Lock-out procedures
- Safety equipment
- Rescue drills
- Permit system
- Work practices
- Communication requirements

7. TESTING AND MONITORING

7.1 Initial Monitoring - Entry into a confined space is prohibited until initial testing of the atmosphere for oxygen content and toxic gas concentration is conducted from the outside. Initial monitoring gives critical information concerning oxygen level, flammability and toxicity hazards.

7.2 Hot Work - All hot work is prohibited in confined space where monitoring indicates that there are flammable compounds in excess of 10% of the Lower Explosive Limit (LEL). The monitoring

device will be intrinsically safe for flammable atmospheres or explosion proof. If hot work must be performed in the confined space, a hot work permit must be completed. Cutting gas cylinders and welding machines will not be taken into confined space.

7.3 Calibration - All monitoring equipment will be calibrated before each use and those calibrations will be logged in the equipment records. The calibration record will be kept for a minimum of one year from the date of measurement.

7.4 Oxygen Requirement - The percent oxygen for entry will not be less than 19.5% for confined space entry without supplied air respirators. If elevated (greater than 22%) oxygen levels are detected, the confined space must be ventilated prior to any "hot work". Any oxygen reading above or below 20.9% will be reported to the project manager before further entry is attempted.

7.5 Permissible Exposure Limits (PEL) - FEIS employees will be provided with and will be required to properly use protective clothing and respiratory protective equipment when contaminants in the atmosphere reach or exceed the PEL. The personal protective equipment (PPE) selected will reduce exposure to contaminants to acceptable levels.

8. LABELING AND POSTING

8.1 Any signs warning of dangers in the work area will be in English and the predominant language of any non-English reading workers.

8.2 All entrances to confined spaces at FEIS facilities and on-going projects will have appropriate signs posted. The signs should include the following, if applicable:

Danger
Confined Space Entry
Entry by Permit Only

The following statements shall be added where necessary:

Respirator Required for Entry
Lifeline Required for Entry
Hot Work Permitted
or
No Hot Work

8.3 Emergency numbers will be conspicuously posted near the work area or at the telephone nearest the work area.

9. SAFETY EQUIPMENT AND PPE

The project manager or site supervisor will determine and list on the confined space permit the necessary safety equipment and PPE. The site supervisor will ensure that the safety equipment is properly used and is maintained in the proper working condition. These items may include, but are not limited to:

- Eye / face protection
- Head protection
- Foot protection
- Protective clothing
- Hearing protection
- Respiratory protection
- Safety bells/Alarms
- Harnesses
- Lifelines
- Wrist harnesses
- Life jackets
- Fall nets
- Barricades
- Retrieval systems

10. WORK PRACTICES

10.1 Purge and Ventilation - During purge and ventilation procedures, blower controls will be a safe distance from the confined space.

Initial testing is to be conducted prior to purge/ventilation to determine what precautions are necessary. If a flammable atmosphere exists, all electrical equipment must be intrinsically safe or explosion proof. Continuous ventilation will be required when welding or painting in a confined space, or where a toxic atmosphere may form from desorption from walls, or evaporation of chemicals. Ventilation systems must not prevent egress from the area or interfere with communications.

10.2 Isolation / Lock-out / Tag-out - Each confined space will have isolation procedures specifically developed. The confined space must be completely isolated from all systems by physical disconnect, block and bleed, or blanking and tagging. Electrical systems must be de-energized and locked out. All systems should be checked for stored energy before any entry into confined space is attempted.

10.3 Cleaning - Cleaning procedures will be reviewed and approved by the qualified person. Initial cleaning will be conducted from outside the tank whenever possible to minimize exposures to employees. Cleaning may be accomplished by flushing with water or chemical cleaners. At times the use of a "Butterworth" cleaning head may be required. In any case, the cleaning method must be reviewed before entry is performed.

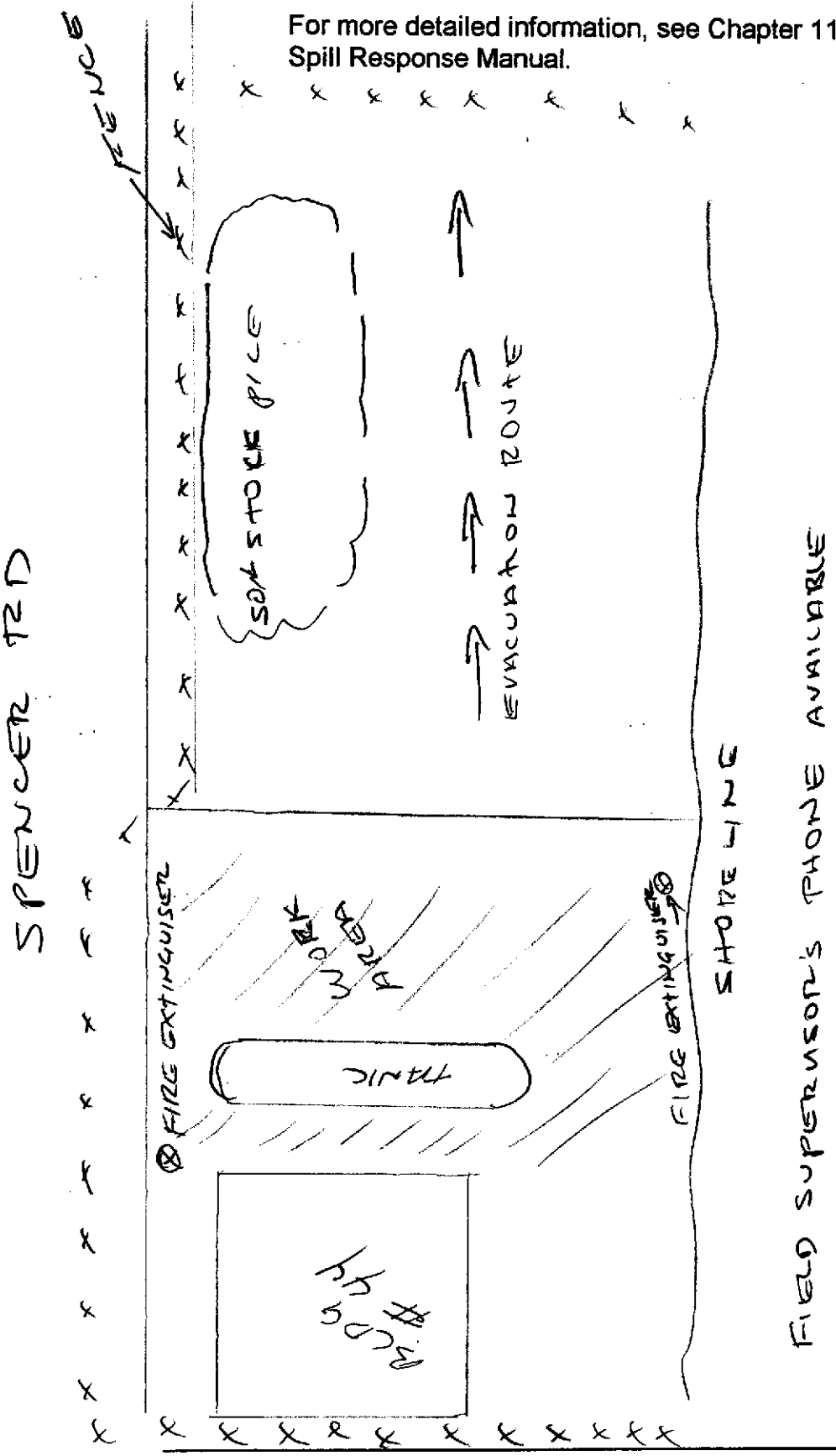
11. EQUIPMENT AND TOOLS

All equipment that is used in confined space will be inspected and as a minimum, will meet the following requirements:

- Hand tools will be kept clean and in proper working condition.
- Electric tools, equipment and lighting will be intrinsically safe or explosion proof for flammable atmospheres and be equipped with ground fault circuits interrupters (GFCI).
- Extension cords will be industrial quality, 3 wire and 12 gauge as a minimum.
- Cylinders of compressed gas will never be taken into a confined space, with the exception of SCBA tanks or life saving equipment.
- Ladder and scaffolding will meet or exceed OSHA requirements in 29 CFR 1910.25-28.

12. SUPERVISOR PROTOCOL MANUAL

For more detailed information, see Chapter 11 of the FEIS Supervisor's Spill Response Manual.



FOSS ENVIRONMENTAL & INFRASTRUCTURE

CONFINED SPACE ENTRY PERMIT

Date: _____ No. _____

This permit must be completed and signed by the project manager and involved employees each time entry is planned. Whenever employee(s) leave the confined space, oxygen, LEL and toxicity testing must be redone to revalidate the permit before re-entry.

NOTE: MAXIMUM VALID TIME = ONE (1) EIGHT (8) HOUR SHIFT

DESCRIBE CONFINED SPACE LOCATION:

CHEMICAL

DESCRIBE WORK TO BE DONE/SPECIAL PRECAUTIONS

ANSWER ALL QUESTIONS BEFORE WORK STARTS

		Yes	N/A
1.	Have all involved in the job been instructed in testing, entry, emergency procedures and protective equipment and clothing that must be used?	☐	☐
2.	Has electrical service and valving been locked out, tagged, and tried?	☐	☐
3.	Is work area properly identified/barricaded?	☐	☐
4.	Personal Protective Equipment (PPE) level A B C D used? *circle one*	☐	☐
5.	Have the flanges on the pipelines feeding/emptying this space been broken, slip blanked and tested?	☐	☐
6.	Has mechanical equipment been checked, chocked, and disengaged where necessary?	☐	☐
7.	Has the space been depressurized, cleaned, washed and purged as necessary?	☐	☐
8.	Is continuous monitoring required?	☐	☐
9.	Has the atmosphere been LEL, oxygen and toxicity tested? ***Enter results below.***	☐	☐
10.	Has the space been appropriately ventilated?	☐	☐
11.	Is air intake free of combustible dusts, vapors and toxic substances?	☐	☐
12.	Has rescue tripod been set up with applicable lifelines and harnesses connected?	☐	☐
13.	Do workers have proper tools, i.e., non-sparking, UL Class 1, etc.	☐	☐
14.	Have work platforms, scaffolding or ladders been secured?	☐	☐
15.	Is lighting adequate? Is it explosion proof or 12 volts or less?	☐	☐
16.	Has standby been assigned?	☐	☐
17.	Is standby properly equipped and do they understand responsibilities and rescue procedures?	☐	☐
18.	Provisions made for constant visual or auditory communication?	☐	☐
19.	Describe rescue procedure for injured person(s): _____		

TESTING

Instrument Brand _____ **Model** _____ **Calibration Date** _____

Oxygen Minimum 19.5%-Maximum 22%			Combustible Gas LEL must be 10% or less			Toxicity Use lowest PEL available		
Time	%	Initials	Time	%	Initials	Time	%	PPM

I HAVE CHECKED EACH STEP IN PREPARING TO DO THIS WORK AND AM SATISFIED THAT THIS PERMIT ACCURATELY REPRESENTS THE STEPS TAKEN TO ASSURE SAFE ENTRY.

Signature of Project Manager/Supervisor or Site Safety Manager

Signature of Standby

Signature of Worker

Signature of Worker

Signature of Worker

Signature of Worker

DISTRIBUTION: To job file.

HSFORMS24.1

Compliance Solutions

"Today's Training....Tomorrow's Solution"

10515 E 40th Ave, Suite 116, Denver Colorado 80239
Phone: 800-711-2706

Student Affiliation:
Foss Environmental
9814582

Certificate of Completion

This is to certify that

Nicolas Hernandez

has successfully completed the classroom requirements for

40 Hour HAZWOPER
29 CFR 1910.120(e)

Presented

Friday, January 07, 2000

Compliance Solutions Occupational Trainers, Inc.

Certificate Number: 21355

Neval Gupta
Vice President

Larry Erwin
National Training Manager

CERTIFICATE OF TRAINING

This is to certify that

Nicolas Hernandez

Has successfully completed 8 hours of Confined Space training
In accordance with 29 CFR 1910.146 and
8 CCR 5156, 5157, 5158 Topics Covered:

Definitions	Permit-Required Confined Space Program	General Requirements
Permit System	Duties of Authorized Entrants	Lock-out/Tag-out Protocols
Entry Permit	Duties of Attendants	Rescue and Emergency Services
Training	Duties of Entry Supervisors	Atmospheric Testing/LEL

On

January 15, 2000

Joe Fetrow
Health & Safety Supervisor

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Always Ready

NATIONAL SEAL COMPANY

HAZWOPER TRAINING COMPLIANCE COURSE

40 HOURS HAZARDOUS MATERIAL TRAINING

This is to certify that

JOHN SEAU	550-53-5305
STUDENT	ID NUMBER

has completed the 40 Hours Hazardous Material Training Course in compliance with OSHA 29CFR1910.120.

	7/25/98
INSTRUCTOR JEFFERY BALDWIN	DATE COMPLETED
WESTERN REGION	
LOCATIONAL OFFICE	

CERTIFICATE OF TRAINING

This is to certify that

John Seau

Has successfully completed 8 hours of Confined Space training
In accordance with 29 CFR 1910.146 and
8 CCR 5156, 5157, 5158 Topics Covered:

Definitions	Permit-Required Confined Space Program	General Requirements
Permit System	Duties of Authorized Entrants	Lock-out/Tag-out Protocol
Entry Permit	Duties of Attendants	Rescue and Emergency Services
Training	Duties of Entry Supervisors	Atmospheric Testing/LEL

On

November 30, 1999

Joe Fetrow
Health & Safety Supervisor

FOSS
ENVIRONMENTAL & INFRASTRUCTURE
Always Ready

Certificate of Award

THIS CERTIFIES THAT

5359I

Sean Kuipers

has successfully completed the **initial 40 Hour** requirements
listed under **OSHA Regulation 29 CFR 1910.120** and **Title 8 GISO 5192**

HAZARDOUS WASTE OPERATIONS AND EMERGENCY RESPONSE

this Twenty-fifth day of August, 2000

Geo Line
630 University Avenue
San Jose, CA 95110

Steve Arsenault
Training Coordinator

Geo Line

CERTIFICATE OF TRAINING

This is to certify that

Sean Kuipers

Has successfully completed 8 hours of Confined Space training
In accordance with 29 CFR 1910.146 and
8 CCR 5156, 5157, 5158 Topics Covered:

Definitions	Permit-Required Confined Space Program	General Requirements
Permit System	Duties of Authorized Entrants	Lock-out/Tag-out Protocols
Entry Permit	Duties of Attendants	Rescue and Emergency Services
Training	Duties of Entry Supervisors	Atmospheric Testing/LEL

On

September 22, 2000

Joe Fetrow
Health & Safety Supervisor

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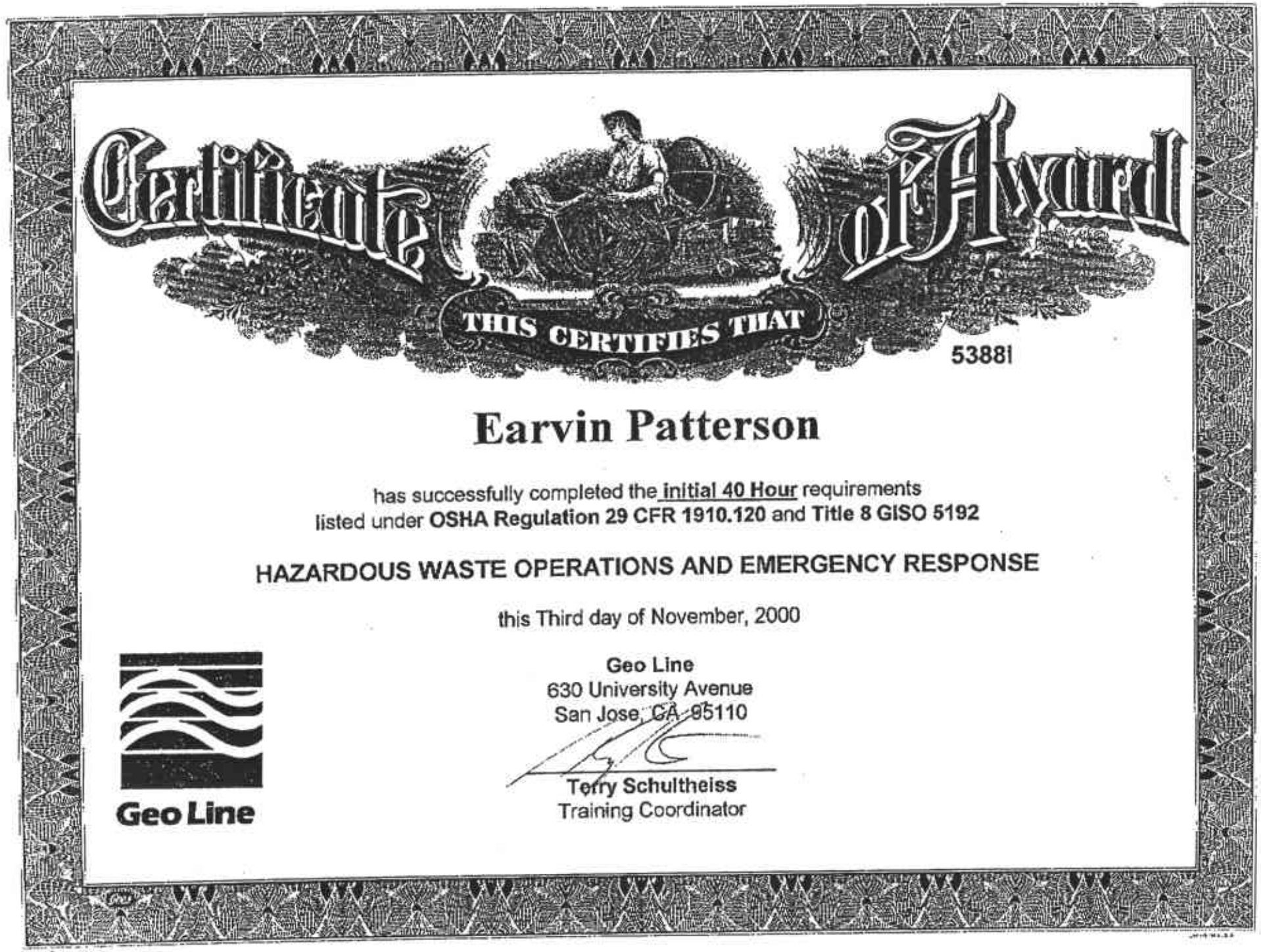
ENVIRONMENTAL & INFRASTRUCTURE
Always Ready



Certificate of Award

THIS CERTIFIES THAT

53881

Earvin Patterson

has successfully completed the initial 40 Hour requirements
listed under **OSHA Regulation 29 CFR 1910.120** and **Title 8 GISO 5192**

HAZARDOUS WASTE OPERATIONS AND EMERGENCY RESPONSE

this Third day of November, 2000

Geo Line
630 University Avenue
San Jose, CA 95110

Terry Schultheiss
Training Coordinator

Geo Line

NOV 0 9 2001

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 FOSS ENVIRONMENTAL SERVICES

Name of Individual AARON GRIJALVA

Signature Aaron Grijalva Date 11-07-01

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business U S COAST GARD

Name of Individual DAVE STALTERS

Signature Dave Stalters Date 11/8/01