

**Plunkett, Steven, Env. Health**

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**From:** Plunkett, Steven, Env. Health  
**Sent:** Tuesday, May 22, 2007 8:45 AM  
**To:** 'ekirk.marks@earthlink.net'  
**Cc:** Drogos, Donna, Env. Health; Wickham, Jerry, Env. Health; Chan, Barney, Env. Health; 'sramdass@waterboards.ca.gov'  
**Subject:** RO2520 3800 San Pablo Avenue

Ms Kirk:

This correspondence is in regard to the soil and groundwater investigation currently being conducted at the above referenced site. Yesterday there were several problems at the site including the following:

1. I previously arranged to meet Environ Soil Tech ( your consultant) on site at 10:00 AM 5/21/2007. The consultant did not show up as arranged, nor did the consultant call to inform me they would not arrive until after 12:30.
2. When the consultant arrived on site they did not have the equipment necessary to perform the investigation as described in the Work Plan. In addition, proper personal protective equipment was not used by the consultant during soil and groundwater sampling. In general, the work area was disorderly and sloppy indicating a the lack of proper preparation prior to mobilization for the field work. Consequently, only one soil boring was completed, at which point the consultant was asked to return tomorrow with the proper equipment to complete the investigation.

Should you have any questions or concerns, please feel free to contact me

Sincerely,  
Steven Plunkett  
Hazardous Materials Specialist  
Alameda County Environmental Health  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
510-383-1767  
510-337-9355 Fax  
steven.plunkett@acgov.org

5/29/2007

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



F

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

April 17, 2007

Mr. Fillmore Marks  
c/o Eileen Kirk  
Marks Management Co.  
505 Sansome St. # 1400  
San Francisco, CA 94111-3118

Subject: Fuel Leak Case No. RO0002520, Maz Glass, 3800 San Pablo Avenue, Emeryville, CA

Dear Ms. Kirk:

Alameda County Environmental Health (ACEH) staff has reviewed the fuel leak case file for the above-referenced site and the document entitled, "Revised Work Plan for Assessment of Soil and Groundwater Contamination," and received on November 30, 2007. The scope of work for the Soil and Groundwater Investigation (SWI) proposes the installation of nine soil borings adjacent to and immediately downgradient of the former UST location. ACEH generally concurs with the proposed scope of work as stated in the Work Plan, provided the following technical comments are addressed prior to the implementation of the Work Plan.

We request that prior to the implementation of the Work Plan you the address the technical comments discussed below, perform the proposed work, and send us the reports described below. Please provide 72-hour advance written notification to this office (e-mail preferred to [steven.plunkett@acgov.org](mailto:steven.plunkett@acgov.org)) prior to the start of field activities.

**TECHNICAL COMMENTS**

1. **Soil Sampling and Analysis.** All soils from the boreholes are to be examined for staining and hydrocarbon odor and are to be screened using a photo-ionizing detector (PID). Soil samples are to be collected from any interval where staining or hydrocarbon odor are present, at changes 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, immediately above the zone where groundwater is first encountered and at 10 ft interval to the total depth of the boring.

ACEH concurs with the proposed soil sampling analysis as recommended by Enviro Soil Technical Consultants (ESTC). Results from the investigation are to be presented in the SWI requested below.

2. **Groundwater Sampling and Analysis.** ACEH concurs with the proposed soil sampling analysis as recommended by ESTC. Results from the investigation are to be presented in the SWI requested below.

### TECHNICAL REPORT REQUEST

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

- **June 15, 2007** – 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

The Alameda County Environmental Cleanup Oversight Programs (LOP and SLIC) require submission of all reports in electronic form to the county's ftp site. Paper copies of reports will no longer be accepted. The electronic copy replaces the paper copy and will 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 (ftp) Instructions." Please do not submit reports as attachments to electronic mail.

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. Submission of reports to the Geotracker website does not fulfill the requirement to submit documents to the Alameda County ftp site. 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 monitor wells, and other data to the Geotracker database over the Internet. Beginning July 1, 2005, electronic submittal of a complete copy of all necessary reports was required in Geotracker (in PDF format). Please visit the SWRCB website for more information on these requirements ([http://www.swrcb.ca.gov/ust/cleanup/electronic\\_reporting](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

Ms. Eileen Kirk  
March 19, 2007  
Page 3

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.

Should you have any questions, do not hesitate to call me at (510) 383-1767.

Sincerely,



Steven Plunkett  
Hazardous Materials Specialist

cc: Frank Hamedi-Fard  
Enviro Soil Technical Consultants  
131 Tully Road  
San Jose, CA 95111

Donna Drogos, ACEH  
Steven Plunkett, ACEH  
File



# State Water Resources Control Board



**Terry Tamminen**  
Secretary for  
Environmental  
Protection

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

**Arnold Schwarzenegger**  
Governor

DEC 18 2003

San Pablo Avenue Venture  
Marks Management Co.  
Elaine Kirk  
505 Sansome Street # 1400  
San Francisco, CA 94111

**Alameda County**  
DEC 23 2003  
**Environmental Health**

**UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), CLAIM NO. 017758, FOR SITE ADDRESS: 3800 SAN PABLO AVE, EMERYVILLE**

The State Water Resources Control Board (State Board) is able to issue, pursuant to applicable regulations, the enclosed Letter of Commitment (LOC) in an amount not to exceed \$50,000. This LOC is based upon our review of the corrective action costs you reported to have incurred to date. The LOC may be modified by the State Board.

It is very important that you read the terms and conditions listed in the enclosed LOC. Claims filed with the Underground Storage Tank Cleanup Fund far exceed the funding available and it is very important that you make use of the funding that has been committed to your cleanup in a timely manner.

You are reminded that you must comply with all regulatory agency time schedules and requirements and you must obtain three bids for any required corrective action. Only corrective action costs *required* by the regulatory agency to protect human health, safety and the environment can be claimed for reimbursement. **You are encouraged to obtain preapproval of costs for all future corrective action work (form enclosed).** If you have any questions on obtaining preapproval of your costs or the three bid requirement, please call Sunil Ramdass, our Technical Reviewer assigned to claims in your Region, at (916) 341-5757. Failure to obtain preapproval of your future costs may result in the costs not being reimbursed.

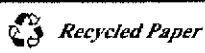
The following documents needed to submit your reimbursement request are enclosed:

"Reimbursement Request Instructions" package. **Retain this package for future reimbursement requests.** These instructions must be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988. Included in the instruction package are samples of completed reimbursement request forms and spreadsheets.

"Bid Summary Sheet" to list information on bids received which **must be completed and returned.**

"Reimbursement Request" forms which you **must use to request reimbursement of costs incurred.**

*California Environmental Protection Agency*



"Spreadsheet" forms which you **must use in conjunction with your reimbursement request.**

"Notice of Change of Address" form if needed.

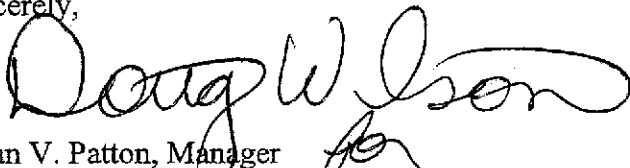
**THIS IS IMPORTANT TO YOU, PLEASE NOTE:**

**Signature(s) on the application will be the signature(s) required for all future Fund documents.**

You have 90 calendar days from the date of this letter to submit your first reimbursement request for incurred corrective action costs. **NO EXTENSIONS CAN BE GRANTED.** If you fail to do so, your LOC funds will automatically be reduced to zero (deobligated). Once this occurs, any future funds for this site are subject to availability when you submit your first reimbursement request. We continuously review the status of all active claims. You must continue to remain in compliance and submit a reimbursement request every 6 months. Failure to do so will result in the Fund taking steps to withdraw your LOC.

If you have any questions regarding the enclosed documents, please contact Toru Okamoto at (916) 341-5649.

Sincerely,



Allan V. Patton, Manager  
Underground Storage Tank Cleanup Fund

Enclosures

cc: Ms. Donna Drogos  
Alameda County EHD  
1131 Harbor Bay Pkway, 2nd Fl.  
Alameda, CA 94502-6577



# State Water Resources Control Board



**Winston H. Hickox**  
Secretary for  
Environmental  
Protection

## Division of Financial Assistance

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

**Gray Davis**  
Governor

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

*Template: (UST2\_WAV.dot (Rev.11/01)); Macro: UST2Wav; Button: UST2Wav*

San Pablo Avenue Venture  
Elaine Kirk  
555 Montgomery St # 1205  
San Francisco, CA 94111

August 26, 2003

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), NOTICE OF PERMIT WAIVER AND ELIGIBILITY DETERMINATION: CLAIM NUMBER 017758 ; FOR SITE 3800 SAN PABLO AVE, EMERYVILLE

Your claim has been accepted for placement on the Priority List in Priority Class "B".

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

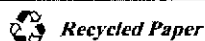
Permit Waiver: Under the amended provisions of Section 25299.57 of the Health and Safety Code (H&SC), the State Board has granted your request for a waiver for the permit requirement as a condition for eligibility to the Fund. It is important to note that when a claimant failed to apply for or obtain the permits required pursuant to Chapter 6.7, Division 20, of the H&SC, by January 1, 1990, and the State Board grants a waiver pursuant to Section 2811(a)(2)(B) of the Underground Storage Tank Cleanup Fund Regulations, the claimant's level of financial responsibility (deductible) is twice the amount otherwise required. In this case, you will be responsible for the first \$10,000 of eligible corrective action costs before the Fund coverage begins.

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

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

Compliance with Corrective Action Requirements: In order to be reimbursed for your eligible costs of cleanup incurred after December 2, 1991, you must have complied with corrective action requirements of Article 11,

***California Environmental Protection Agency***



Chapter 16, Division 3, Title 23, California Code of Regulations. Article 11 categorized the corrective action process into *phases*. In addition, Article 11 requires the responsible party to submit an *investigative workplan/Corrective Action Plan* (CAP) before performing any work. This phasing process and the workplan/CAP requirements were intended to:

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

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

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

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

Sincerely,

Shari Knieriem  
Claims Review Unit  
Underground Storage Tank Cleanup Fund

cc: Ms. Donna Drogos  
Alameda County EHD  
1131 Harbor Bay Pkway, 2nd Fl.  
Alameda, CA 94502-6577





# State Water Resources Control Board



**Winston H. Hickox**  
Secretary for  
Environmental  
Protection

**Division of Financial Assistance**  
1001 I Street • Sacramento, California 95814  
P.O. Box 944212 • Sacramento, California • 94244-2120  
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**Gray Davis**  
Governor

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

07/21/03

San Pablo Avenue Venture  
Elaine Kirk  
555 Montgomery St # 1205  
San Francisco, CA 94111

**UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), REQUEST FOR FURTHER DOCUMENTATION DURING INITIAL REVIEW: CLAIM NUMBER 017758; FOR SITE ADDRESS: 3800 SAN PABLO AVE, EMERYVILLE**

After reviewing your claim application to the Cleanup Fund, we find that the following additional information is needed to determine your eligibility for placement on the Priority List:

Submit a removal permit for all underground storage tanks listed in claim application.

Provide a copy the Unauthorized Release Report (verification) from the local agency that an unauthorized release of petroleum from the UST was discovered on a specified date.

Copy of **the first** letter from the local regulatory agency naming you a responsible party and directing you to cleanup the contamination at the subject site.

A copy of the permit to own or operate the UST from the local implementing agency dated between January 1, 1984 and January 1, 1990 (pursuant to Chapter 6.7 of the Health and Safety Code).

If you were not subject to the permit requirement, submit documentation to confirm this claim. Situations where the permit was not required by January 1, 1990, can include: a) you removed all USTs prior to January 1, 1990; and not replaced; b) you decommissioned all USTs pursuant to the direction of the regulatory agency prior to January 1, 1984; c) you sold the property and tanks by January 1, 1990.

If you were subject to the permit requirement but failed to comply by January 1, 1990, you can request the State Board to waive the requirement as a condition for eligibility. To request a waiver, complete the enclosed "Permit Waiver Request" form and return with any additional information requested below.

Priority Class "B" small business is for those businesses that are independently owned and operated, not dominant in its field of operation and employs 100 or less employees, including all affiliates, and averages annual gross receipts of \$10 million dollars or less over the previous three years. If a business is a manufacturer, there is no revenue test. However, the manufacturer must also employ 100 or less employees including affiliates.

If you believe that you qualify, you may request the Fund review your claim to determine eligibility for Priority Class "B". In order to determine eligibility, the following documents must be submitted and reviewed:

- Complete the Enclosed form "Request for Assignment of Claim to Priority Class B".

**AND**

***California Environmental Protection Agency***

- Submit the three previous years of complete federal tax returns. Refer to the enclosed "Chart of Required Federal Tax Returns" to determine all federal tax forms that must be submitted.

**AND**

- Submit documentation supporting the number of employees for the claimant, claimants business and any affiliates (i.e. Department of Employment Development (DE6) payroll reports for the last four quarters).

**NOTE:** Failure to respond to this request within thirty (30) calendar days from the date of this letter may result in an ineligibility determination of your claim.

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

Sincerely,

Shari Knieriem  
Claims Review Unit  
Underground Storage Tank Cleanup Fund

cc: Ms. Donna Drogos  
Alameda County EHD  
1131 Harbor Bay Pkway, 2nd Fl.  
Alameda, CA 94502-6577



State Water Resources Control Board  
Underground Storage Tank Cleanup Fund

**PERMIT WAIVER REQUEST FORM**

CLAIM NO.: 017758

CLAIMANT NAME: SAN PABLO AVENUE VENTURE

SITE ADDRESS: 3800 SAN PABLO AVE, EMERYVILLE

Claimants who were subject to the permit requirement but failed to comply by January 1, 1990, can request the State Water Resources Control Board (SWRCB) to waive the requirement as a condition for eligibility if the four requirements listed below have been met. Where the SWRCB grants the waiver, the level of required deductible is twice the amount otherwise required. In this case, the above-named claimant will be responsible for the first \$ of eligible corrective action costs before Fund coverage begins.

I, SAN PABLO AVENUE VENTURE, HEREBY REQUEST THE SWRCB TO GRANT A PERMIT WAIVER. TO QUALIFY FOR THIS WAIVER, I AM SUBMITTING DOCUMENTATION SHOWING THAT THE FOLLOWING FOUR PERMIT WAIVER REQUIREMENTS HAVE BEEN MET:

1. The claimant was unaware of the permit requirement prior to January 1, 1990, and did not intend to avoid the permit requirement or the associated fees.

**DOCUMENTATION:** Provide a brief history of the UST(s) and an explanation as to why the UST(s) were not permitted by January 1, 1990. Explain when and how you became aware of the law requiring a permit to own or operate the UST(s). (Attach additional sheets as necessary.)

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2. Prior to filing a claim, the claimant has complied with the financial responsibility requirements of Section 25299.31 of the Health & Safety Code (H&SC).

**DOCUMENTATION:** Attach a copy of the Certificate of Financial Responsibility that is on file with the local regulatory agency.

3. The claimant has obtained and paid for all currently required permits.

**DOCUMENTATION:** If you owned or operated the UST(s) at the time of submitting the claim application, attach a copy of the permit to own or operate the UST(s) or a copy of the application to the local agency for a permit indicating that you are diligently pursuing the acquisition of a permit. If the UST(s) were removed prior to submitting your claim application, attach evidence that the UST(s) were removed, and the local regulatory agency notified, and a copy of the removal permit.

4. The claimant has paid all current UST fees imposed by Section 25299.41 of the H&SC, and all prior fees due on and after January 1, 1991.

**DOCUMENTATION:** If any of the USTs owned or operated had product placed in them on or after January 1, 1991, attach the most recent copy of the UST Fee Return Form filed with the State Board of Equalization with proof of payment.

CLAIMANT SIGNATURE: \_\_\_\_\_

PRINT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**Note:** Mail completed "Permit Waiver Request" and documentation to the address on the cover letter.

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RO0002520

June 13, 2003

Mr. Fillmore Marks  
San Pablo Ave Venture  
555 Montgomery Street, Suite 1205  
San Francisco, CA 94111

**RE: 3800 San Pablo Ave, Emeryville, CA**

Dear Mr. Marks:

I have completed review of Enviro Soil Tech Consultants' June 4, 2003 *Proposed Work Plan for Preliminary Site Assessment* report prepared for the above referenced site. Five soil borings, of which three will be converted into groundwater monitoring wells, are proposed.

I would like to recommend that direct-push technologies be employed for a rapid site assessment to delineate the horizontal and vertical extent of the contaminant plume. Soil and groundwater samples can be collected at multiple depths with this technology. The boreholes can be advanced in the immediate vicinity of the former tanks and further downgradient (presumed to be west or southwest of the tanks). Soil samples should be collected just above the capillary fringe, and at approximately 3 feet interval and at significant changes in lithology to 10 feet below groundwater elevation. Grab groundwater samples should also be collected at various depths (a maximum of three soil and water samples per borehole). All soil and water samples should be analyzed for TPHg, TPHd, and VOCs (BTEX, MTBE) using EPA Method 8260. Based on data collected from this phase of investigation, an informed decision can be made to sight permanent groundwater monitoring wells, if warranted.

If you are in agreement to perform an expedited site assessment, please have your consultant submit an amended work plan with a site plan depicting proposed boring locations. The site plan should include a north arrow. The work plan is due within 30 days of the date of this letter, **or by July 17, 2003.**

Should you have any questions about the content of this letter, please contact me at (510) 567-6762 or by email at [echu@co.alameda.ca.us](mailto:echu@co.alameda.ca.us).

eva chu  
Hazardous Materials Specialist

c: Donna Drogos  
Frank Hamedi, Enviro Soil Tech Consultants, 131 Tully Road, San Jose, CA 95111

maz-3

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

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RO0002520

April 15, 2003

Mr. Fillmore Marks  
San Pablo Ave Venture  
555 Montgomery Street, Suite 1205  
San Francisco, CA 94111

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

RE: 3800 San Pablo Ave, Emeryville, CA

Dear Mr. Marks:

I have completed review of the case file for the above referenced site. When two underground storage tanks (USTs) were removed in May 2002, soil samples collected contained up to 440 parts per million total petroleum hydrocarbons as gasoline (TPHg), 280 ppm TPH as diesel, and low to non-detectable levels of benzene, toluene, ethylbenzene, and xylenes (BTEX). This is confirmation that an unauthorized release of petroleum hydrocarbons resulted from the use of the former USTs.

At this time, addition investigation is required to delineate the extent of soil and possibly groundwater contamination at the site. Such an investigation shall be in the form of a **Preliminary Site Assessment**, or PSA. The information gathered by the PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The PSA must be conducted in accordance with the RWQCB Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and Article 11 of Title 23, California Code of Regulations. The major elements of such an investigation are summarized in the attached Appendix A.

The PSA proposal is due **within 45 days** of the date of this letter **or by June 6, 2003**. Once the proposal is approved, field work should commence within 60 days. A report must be submitted within 45 days after the completion of this phase of work at the site. All reports and proposals must be submitted under seal of a California Registered Geologist, Certified Engineering Geologist, or Registered Civil Engineer.

**Please be advised that this is a formal request for technical reports pursuant to Title 23, CCR, Section 2722(c). Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by this agency.**

Should you have any questions about the content of this letter, please contact me at (510) 567-6762.

eva chu  
Hazardous Materials Specialist

attachment

maz-2

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



03-03-03

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

RO0002520

March 3, 2003

Mr. Fillmore Marks  
San Pablo Ave Venture  
555 Montgomery St. Suite 1250  
San Francisco, CA 94111

**SUBJECT: NEW LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS  
FOR 3800 SAN PABLO AVE, EMERYVILLE, CA**

This letter is to inform you of new legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

For purposes of implementing these sections, you have been identified as the primary or active responsible party. Please provide to this agency, within twenty calendar days of receipt of this notice, a complete mailing list of all current record owners of fee title to the site. You may use the enclosed "list of landowners" form (sample letter 2) to comply with this requirement. If the list of current record owners of fee title to the site changes, you must notify the local agency of the change within 20 calendar days from when you are notified of the change.

If you are the sole landowner, please indicate that on the landowner list form. The following notice requirements do not apply to responsible parties who are the sole landowner for the site.

In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

- 1) consider a cleanup proposal (corrective action plan)
- 2) consider a site closure proposal
- 3) make a determination that no further action is required
- 4) issue a closure letter

You may use the enclosed "notice of proposed action" form (sample letter 3) to comply with this requirement. Before approving a cleanup proposal or site closure proposal, determining that no further action is required, or issuing a closure letter, the local agency will take all reasonable steps necessary to accommodate responsible landowner participation in the cleanup and site closure process and will consider all input and recommendations from any responsible landowner.

Fillmore Marks  
RE: 3800 San Pablo, Emeryville  
March 3, 2003  
Page 2 of 2

If you have any questions, I can be reached at (510) 567-6762.



eva chu  
Hazardous Materials Specialist

Attachments

c: Betty Graham, RWQCB

**SAMPLE LETTER (2): LIST OF LANDOWNERS FORM**

Alameda County Environmental Health  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577

**SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR (SITE NAME AND ADDRESS)**

Fill out item 1 if there are multiple site landowners. If you are the sole site landowner, skip item 1 and fill out item 2.

1. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, name of primary responsible party, certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:

2. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, name of primary responsible party, certify that I am the sole landowner for the above site.

Sincerely,

\_\_\_\_\_  
Signature of primary responsible party

\_\_\_\_\_  
Name of primary responsible party



**SAMPLE LETTER 3: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY**

Alameda County Environmental Health  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577

**SUBJECT: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY (FOR NAME AND ADDRESS OF SUBJECT SITE)**

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, (name of primary responsible party), certify that I have notified all responsible landowners of the enclosed proposed action. Check space for applicable proposed action(s):

- cleanup proposal (corrective action plan)
- site closure proposal
- local agency intention to make a determination that no further action is required
- local agency intention to issue a closure letter

Sincerely,

\_\_\_\_\_  
Signature of primary responsible party

\_\_\_\_\_  
Name of primary responsible party

cc: Names and addresses of all record fee title owners

# 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	<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.	
REPORT DATE 03/03/03	CASE #	SIGNED <i>[Signature]</i>	DATE 3/3/03

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Eszach	PHONE (510) 567-6762	SIGNATURE <i>[Signature]</i>
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME Alameda Co. Environmental Health	
	ADDRESS 1131 Harbor Bay Pkwy Alameda CA 94502		

RESPONSIBLE PARTY	NAME San Pablo Ave Venture <input type="checkbox"/> UNKNOWN	CONTACT PERSON Fillmore Marks	PHONE ( )
	ADDRESS 555 Montgomery Ste 1250 San Francisco CA 94111		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Maz Glass	OPERATOR	PHONE ( )
	ADDRESS 3800 San Pablo Ave Emeryville CA 94608		
	CROSS STREET	CITY	COUNTY ZIP

IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda Co. LOP	AGENCY NAME	CONTACT PERSON Eszach	PHONE (510) 567-6762
	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 05/02/02	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <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
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE	

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <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"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input checked="" 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 type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
----------------	--

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 type="checkbox"/> OTHER (OT)
-----------------	--

COMMENTS	
----------	--

**MARKS MANAGEMENT CO.**

555 MONTGOMERY STREET, SUITE 1205

SAN FRANCISCO, CALIFORNIA 94111

REAL ESTATE INVESTMENTS  
COMMERCIAL PROPERTY MANAGEMENT

TELEPHONE (415) 392-3558  
FAX (415) 362-7756

November 22, 2002

Via UPS Overnight

Alameda County Environmental Health

Attn: Robert Weston

1311 Harbor Bay Parkway

Alameda, California 94502

Re: 3800 San Pablo Avenue, Emeryville *San Pablo Ave Venture*  
*c/o Fillmore Marks*

Dear Mr. Weston:

Thank you for returning my call about our San Pablo Avenue property. I am enclosing:

1. Enviro Soil Tech Consultants' June 11, 2002 report entitled, "Soil Sampling Beneath Removed UST from the Property Located at 3800 San Pablo Avenue, Emeryville, California".
2. Enviro Soil Tech Consultants' June 17, 2002 report entitled, "Disposal of Stockpiled Soil from the Property Located at 3800 San Pablo Avenue, Emeryville, California".

I apologize for not having provided you with these reports sooner—I had failed to understand that ESTC would not take care of that for us.

When you've had a chance to review these reports, we hope you will call again and let us know if we may expect further investigation or remediation.

Very truly yours,



Elaine Kirk

Enclosures  
sp\TankReports.xmt

*12-4-02*  
*rw*

## UNDERGROUND STORAGE TANK CLOSURE/REMOVAL FIELD INSPECTION REPORT

Facility Name: <b>MAZ GLASS</b>	STID:	Date: <b>5-2-02</b>
Facility Address: <b>3840 SAN PABLO AVENUE</b>	Contact on site: <b>FRANK HARMON</b>	
Inspector: <b>DWIGHT</b> <b>EMERY</b>	Contractor/Consultant:	

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)	1000	500		
Material last stored	FUEL	W/O		
Dry ice used (pounds)	0	0		
Combustible gas concentration as %LEL. (Note time & sampling point)				
(1)	0	0		
(2)	0	0		
(3)	0	0		
Oxygen concentration as %volume. (Note time & sampling point)				
(1)	21	21		
(2)	21	21		
(3)	21	21		
Tank Material	ST	ST		
Wrapping/Coating, if any	NA	NA		
Obvious holes?	TOP	TOP		

Tank Observations	T #1	T #2	T #3	T #4
Obvious corrosion?	Y	Y		
Obvious odors from tank?	Y	Y		
Seams intact?	Y	Y		
Tank bed backfill material	FINE	GRAVEL		
Obvious discoloration?	Y	Y		
Obvious odors ex tank bed?	Y	Y		
Water in excavation?	NO	NO		
Sheen/product on water?	NA	NA		
Tank tagged by transporter?	NA	NA		
Tank wrapped for transport?	NA	NA		
Tank plugged w/ vent cap?	NA	NA		
Date/time tank hauled off?	5-2-02	1:00 PM		
No. of soil samples taken?	1	2		
Depth of soil samples (ft. bgs)	7	8		

Piping Removal	Yes	No	N/A
All piping removed hauled off w/ tanks?	✓		
Obvious holes on pipes?			✓
Obvious odors from pipes?			✓
Obvious soil discoloration in piping trench?			✓
Obvious odors from piping trench?			✓
Water in piping trench?		✓	
Number & depth of soil samples from piping trench?		NO DATA	
Number & depth of water samples from piping trench?		0	

General Observations	Yes	No	N/A
Leak from any tank suspected?	✓		
"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?			
All samples properly preserved for transport?	✓		DWICE

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?	✓	PLANSATE	
Uniform HW Manifest completed?	✓	PLANSATE	
Contractor/Consultant reminded of complete UST Removal Report due within 30 days?			
Date/Time removal/closure operations completed?			
OT hours or additional charges due from contractor?			

SITE & SAMPLING DIAGRAM

**Notes/Comments:** TANKS CUT OPEN TOP SURFACE FOR PUNTING AND PUMP OUT. TANKS TO BE TRANSPORTED AS SCRAP STEEL. STRONG ODOR FROM BOTTOM OF TANK PIT. BLUE GREEN STAINED SOIL.



Maz Glass  
3800 San Pablo Avenue  
Emeryville, CA  
two usts removed 5-2-02 RWeston

5/2/2002 10:15am

Maz Glass  
3800 San Pablo Avenue  
Emeryville, CA  
two units removed 5-2-02 RWeston



5/2/2002 10:16am



Maz Glass  
3800 San Pablo Avenue  
Emeryville, CA  
Two usts removed 5-2-02 RWeston

5/2/2002 10:14am



Maz Glass  
3800 San Pablo Avenue  
Emeryville, CA  
two usts removed 5-2-02 RWeston

5/2/2002 10:33am





Maz Glass  
3800 San Pablo Avenue  
Emeryville, CA  
Two curbs removed 5-2-02 RWeston

5/2/2002 12:53pm

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 Department and to the Fire and Building Inspectors 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:

- X Removal of Tank(s) and Piping
- X Sampling
- X 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 Inspector:

*ROBERT WESTON*

*5-1-02*

*SITE SAFETY PLAN  
 REQUIRED ON JOBSITE!*

**UNDERGROUND TANK CLOSURE PLAN**

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

1. Name of Business MAZ  
 Business Owner or Contact Person (PRINT) Ed Hemmet

2. Site Address 3800 San Pablo Avenue  
 City Emeryville Zip 94608 Phone 510-773-7100

3. Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

4. Property Owner Marks Management Co.  
 Business Name (if applicable) \_\_\_\_\_  
 Address 555 Montgomery Street #1205  
 City, State San Francisco, CA Zip 94111

5. Generator name under which tank will be manifested  
San Pablo Avenue Venture

EPA ID# under which tank will be manifested C A C 0 0 2 5 5 1 3 6 1

6. Contractor Alpha Geo Services  
Address 1093 Petroni Way  
City San Jose Phone 95120  
License Type C57 & General "A" & HAZMAT ID# 507520
7. Consultant (if applicable) Enviro Soil Tech Consultants  
Address 131 Tully Road  
City, State San Jose, CA Phone 408-297-1500
8. Main Contact Person for Investigation (if applicable)  
Name Frank Hamed Title General Manager  
Company Alpha Geo Services  
Phone 408-292-2090 408 772 3998 Cell
9. Number of underground tanks being closed with this plan 2  
Length of piping being removed under this plan Unknown  
Total number of underground tanks at this facility (\*\*confirmed with owner or operator) 2
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 Asbury Environmental Services EPA I.D. No. CAD028277036  
Hauler License No. 0015 License Exp. Date 4/30/03  
Address 1300 South Santa Fe Avenue  
City Compton State CA Zip 90221

b) Product/Residual Sludge/Rinsate Disposal Site

Name Artesian Oil Recovery EPA ID# CAL000233905  
Address 2306 Magnolia Street  
City Oakland State CA Zip 94607

c) Tank and Piping Transporter

Name Alpha Geo Services EPA I.D. No. \_\_\_\_\_  
Hauler License No. \_\_\_\_\_ License Exp. Date \_\_\_\_\_  
Address 1093 Petroni Way  
City San Jose State CA Zip 95120

d) Tank and Piping Disposal Site

Name Valley Recycling EPA I.D. No. \_\_\_\_\_  
Address 1615B South Seventh Street  
City San Jose State CA Zip 95112

11. Sample Collector

Name Frank Hamedi-Fard  
Company Enviro Soil Tech Consultants  
Address 131 Tully Road  
City San Jose State CA Zip 95111 Phone 408-297-1500

12. Laboratory

Name Curtis & Tompkins, Ltd.  
Address 2323 Fifth Street  
City Berkeley State CA Zip 510-486-0900  
State Certification No. CA ELAP #1459

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:

Tanks to be inerted with dry ice.  
\_\_\_\_\_  
\_\_\_\_\_

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)		
550 Gallon		Soil and/or groundwater (if water is encountered)	
550 Gallon		Soil and/or groundwater (if water is encountered)	

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (estimated)	Sampling Plan

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
THPg	8015/3550		
TPHd	8015/3550		
TOG	5520		
BTEX	8260B		
MIIBE	8260B		
Other Fuel Oxgenate	8260B		
<i>SEE ATTACHED LIST OF USED OIL ANALYSES!</i>			

18. Submit Worker's Compensation Certificate copy

Name of Insurer Exempt

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.

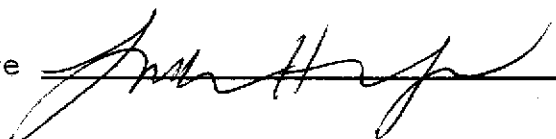
I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner 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 Alpha Geo Services

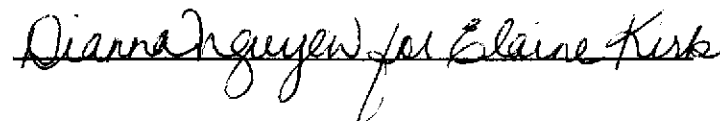
Name of Individual Frank Hamed-Frad

Signature  Date 4-29-02

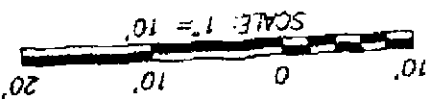
PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Marks Management Co.

Name of Individual Elaine Kirk

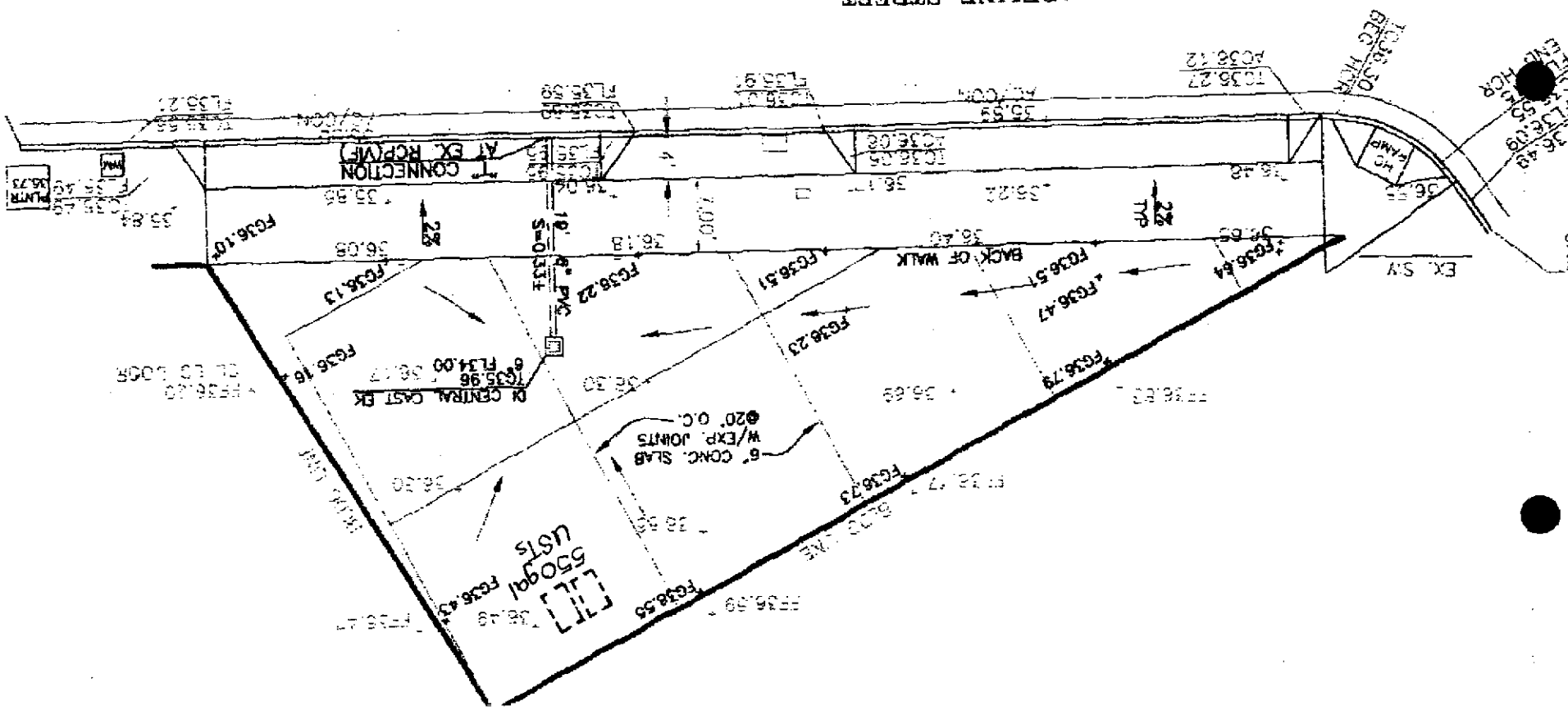
Signature  Date 4-29-02

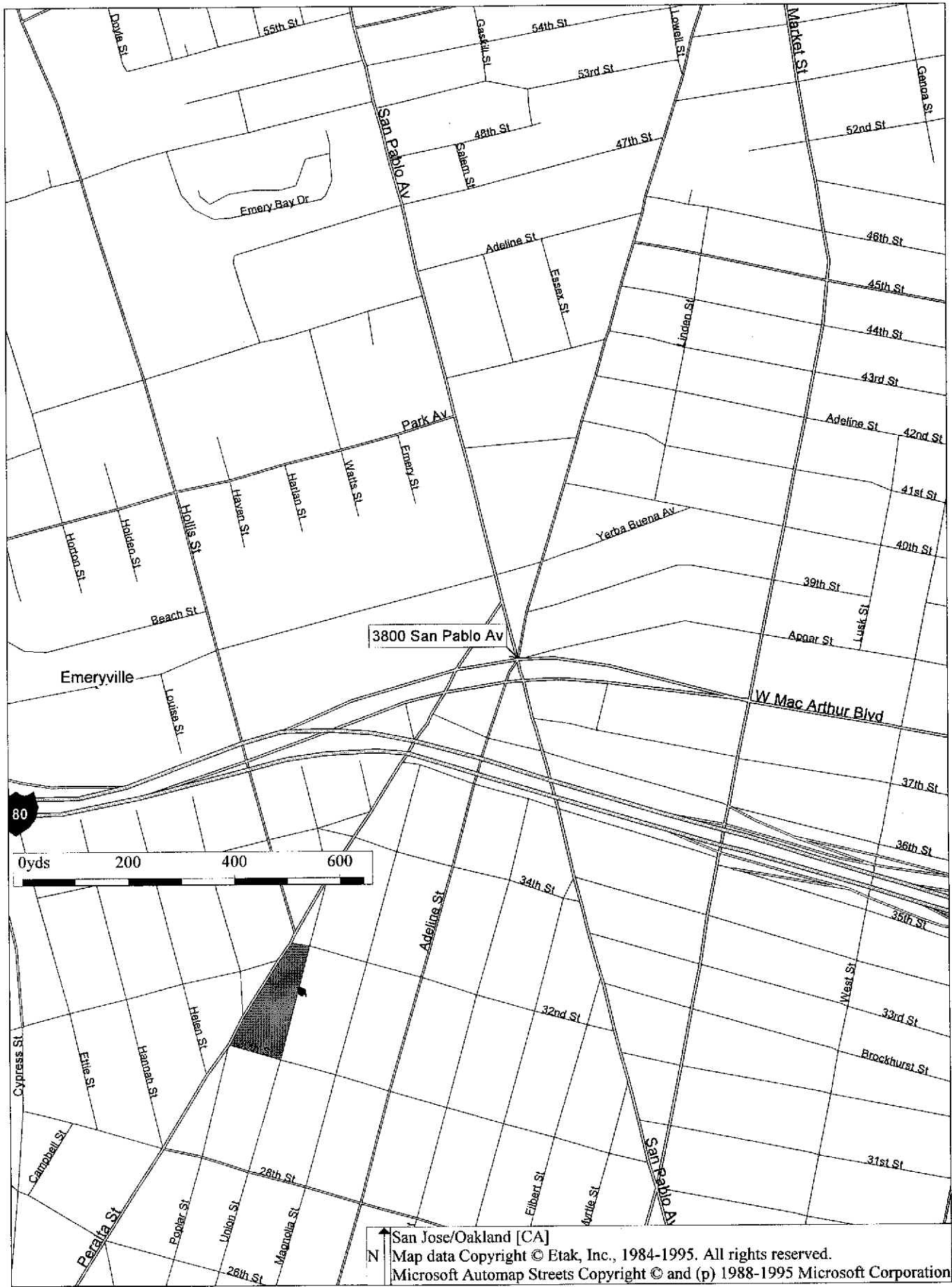




### ADELINE STREET

NOTES:  
1. CONTRACT UTILITIES PRIC  
2. ELEVATION





3800 San Pablo Av

Emeryville

W Mac Arthur Blvd

80



San Jose/Oakland [CA]  
N  
Map data Copyright © Etak, Inc., 1984-1995. All rights reserved.  
Microsoft Automap Streets Copyright © and (p) 1988-1995 Microsoft Corporation

UNDERGROUND STORAGE TANKS - FACILITY

(one page per site) Page 1 of 1

TYPE OF ACTION  1. NEW SITE PERMIT  3. RENEWAL PERMIT  5. CHANGE OF INFORMATION  7. PERMANENTLY CLOSED SITE  
 (Check one item only)  4. AMENDED PERMIT specify change local use only  8. TANK REMOVED  
 6. TEMPORARY SITE CLOSURE 400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 MAZ FACILITY ID# C A C 0 0 2 5 5 1 3 6 1 1  
 NEAREST CROSS STREET 401 Mac Arthur Blvd. FACILITY OWNER TYPE  4. LOCAL AGENCY/DISTRICT\*  
 1. CORPORATION  5. COUNTY AGENCY\*  
 BUSINESS TYPE  1. GAS STATION  3. FARM  5. COMMERCIAL  2. INDIVIDUAL  6. STATE AGENCY\*  
 2. DISTRIBUTOR  4. PROCESSOR  6. OTHER 403  3. PARTNERSHIP  7. FEDERAL AGENCY\* 402  
 TOTAL NUMBER OF TANKS REMAINING AT SITE 2 404 Is facility on Indian Reservation or trustlands?  Yes  No 405 \*If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.) 406

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407 Marks Management Co. PHONE 408 415-392-3558  
 MAILING OR STREET ADDRESS 409 555 Montgomery Street #1205  
 CITY 410 San Francisco STATE 411 CA ZIP CODE 412 94111  
 PROPERTY OWNER TYPE  1. CORPORATION  2. INDIVIDUAL  4. LOCAL AGENCY / DISTRICT  6. STATE AGENCY  
 3. PARTNERSHIP  5. COUNTY AGENCY  7. FEDERAL AGENCY 413

III. TANK OWNER INFORMATION

TANK OWNER NAME 414 San Pablo Avenue Venture PHONE 415 415-392-3558  
 MAILING OR STREET ADDRESS 416 555 Montgomery Street #1205  
 CITY 417 San Francisco STATE 418 CA ZIP CODE 419 94111  
 TANK OWNER TYPE  1. CORPORATION  2. INDIVIDUAL  4. LOCAL AGENCY / DISTRICT  6. STATE AGENCY  
 3. PARTNERSHIP  5. COUNTY AGENCY  7. FEDERAL AGENCY 420

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- Call (916) 322-9669 if questions arise 421

V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(S)  1. SELF-INSURED  4. SURETY BOND  7. STATE FUND  10. LOCAL GOVT MECHANISM  
 2. GUARANTEE  5. LETTER OF CREDIT  8. STATE FUND & CFO LETTER  99. OTHER: ..... 422  
 3. INSURANCE  6. EXEMPTION  9. STATE FUND & CD

VI. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing.  
 Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.  1. FACILITY  2. PROPERTY OWNER  3. TANK OWNER 423

VII. APPLICANT SIGNATURE

Certification - I certify that the information provided herein is true and accurate to the best of my knowledge.  
 SIGNATURE OF APPLICANT DATE 424 4-29-02 PHONE 425 408-292-2090  
 NAME OF APPLICANT (print) 426 Frank Hamedi-Fard TITLE OF APPLICANT 427 Agent  
 STATE UST FACILITY NUMBER (For local use only) 428 1998 UPGRADE CERTIFICATE NUMBER (For local use only) 429

## UST - Facility

Formerly SWRCB Form A.

Complete the UST - Facility page for all new permits, permit changes or any facility information changes. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes.

Submit one UST - Facility page per facility, regardless of the number of tanks located at the site. This form is completed by either the permit applicant or the local agency underground tank inspector. As part of the application, the tank owner must submit a scaled facility plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [23 CCR 2711 (a)(8)], a description of the tank and piping leak detection monitoring program [23 CCR 2711 (a)(9)], and, for tanks containing petroleum, documentation showing compliance with state financial responsibility requirements [23 CCR 2711 (a)(11)].

Refer to 23 CCR 2711 for state UST information and permit application requirements.

(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.
400. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.
401. NEAREST CROSS STREET - Enter the name of the cross street nearest to the site of the tank.
402. FACILITY OWNER TYPE - Check the type of business ownership.
403. BUSINESS TYPE - Check the type of business.
404. TOTAL NUMBER OF TANKS REMAINING AT SITE - Indicate the number of tanks remaining on the site after the requested action.
405. INDIAN OR TRUST LAND - Check whether or not the facility is located on an Indian reservation or other trust lands.
406. PUBLIC AGENCY SUPERVISOR NAME - If the facility owner is a public agency, enter the name of the supervisor for the division, section or office which operates the UST. This person must have access to the tank records.
407. PROPERTY OWNER NAME - Complete items 407- 412 for the property owner, unless all items are the same as the Owner Information (Items 111-116) on the Business
408. PROPERTY OWNER PHONE
409. PROPERTY OWNER MAILING OR STREET ADDRESS
410. PROPERTY OWNER CITY
411. PROPERTY OWNER STATE
412. PROPERTY OWNER ZIP CODE
413. PROPERTY OWNER TYPE - Check the type of property ownership.
414. TANK OWNER NAME - Complete items 414- 419 for the tank owner., unless all items are the
415. TANK OWNER PHONE
416. TANK OWNER MAILING OR STREET ADDRESS
417. TANK OWNER CITY
418. TANK OWNER STATE
419. TANK OWNER ZIP CODE
420. TANK OWNER TYPE - Check the type of tank ownership.
421. BOE NUMBER - Enter your Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products. This is required before your permit application can be processed. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at (916) 322-9669 or write to the BOE at: Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0030.
422. PETROLEUM UST FINANCIAL RESPONSIBILITY CODE - Check the method(s) used by the owner and/or operator in meeting the Federal and State financial responsibility requirements. CHECK ALL THAT APPLY. If the method is not listed, check "other" and enter the method(s). USTs owned by any Federal or State agency and non-petroleum USTs are exempt from this requirement.
423. LEGAL NOTIFICATION AND MAILING ADDRESS - Indicate the address to which legal notifications and mailings should be sent. The legal notifications and mailings will be sent to the tank owner unless the facility (box 1) or the property owner (box 2) is checked.  
SIGNATURE OF APPLICANT - The business owner/operator of the tank facility, or officially designated representative of the owner/operator, shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is accurate and complete.
424. DATE CERTIFIED - Enter the date that the page was signed.
425. APPLICANT PHONE - Enter the phone number of the applicant (person certifying).
426. APPLICANT NAME - Enter the full printed name of the person signing the page.
427. APPLICANT TITLE - Enter the title of the person signing the page.
428. STATE UST FACILITY NUMBER - Leave this blank. This number is assigned by the CUPA as follows: the number is composed of the two digit county number, the three digit jurisdiction number, and a six digit facility number. The facility number must be the same as shown in item 1.
429. 1998 UPGRADE CERTIFICATE NUMBER - Leave this blank. This number is assigned by the CUPA.

UNDERGROUND STORAGE TANKS - TANK PAGE 1

(two pages per tank)

Page 1 of 2

TYPE OF ACTION  1 NEW SITE PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6 TEMPORARY SITE CLOSURE  
 (Check one item only)  7 PERMANENTLY CLOSED ON SITE  
 3 RENEWAL PERMIT (Specify reason - for local use only) (Specify reason - for local use only)  8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) MAZ 3 FACILITY ID: C A C 0 0 2 5 5 1 3 6 1 1

LOCATION WITHIN SITE (Optional) 3800 San Pablo Avenue, San Pablo Avenue, Emeryville, CA 431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # 432 1	TANK MANUFACTURER 433 Unknown	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 434 If "Yes", complete one page for each compartment.
DATE INSTALLED (YEAR/MO) 435 Unknown	TANK CAPACITY IN GALLONS 436 550 Gallon	NUMBER OF COMPARTMENTS 437 1

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439 <input type="checkbox"/> 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input checked="" type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 95. UNKNOWN	PETROLEUM TYPE <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION FUEL <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input checked="" type="checkbox"/> 99. OTHER Waste Oil
COMMON NAME (from Hazardous Materials Inventory page) 441 Waste Oil	CAS# (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only) <input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER <input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443 <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 4. SINGLE WALL IN VAULT <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER	TANK MATERIAL - primary tank (Check one item only) <input checked="" type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE 444 <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER
TANK MATERIAL - secondary tank (Check one item only) <input checked="" type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE 445 <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 99. OTHER <input type="checkbox"/> 10. COATED STEEL	TANK INTERIOR LINING <input type="checkbox"/> 1. RUBBER LINED <input type="checkbox"/> 3. EPOXY LINING <input type="checkbox"/> 5. GLASS LINING <input checked="" type="checkbox"/> 95. UNKNOWN 446 OR COATING (Check one item only) <input type="checkbox"/> 2. ALKYD LINING <input type="checkbox"/> 4. PHENOLIC LINING <input type="checkbox"/> 6. UNLINED <input type="checkbox"/> 99 OTHER (For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only)  1 MANUFACTURED CATHODIC PROTECTION  2 SACRIFICIAL ANODE  3 FIBERGLASS REINFORCED PLASTIC  4 IMPRESSED CURRENT  95 UNKNOWN 448  
 99 OTHER (For local use only)

SPILL AND OVERFILL (Check all that apply) YEAR INSTALLED 450 TYPE (local use only) 451 <input type="checkbox"/> 1 SPILL CONTAINMENT <input type="checkbox"/> 2 DROP TUBE <input type="checkbox"/> 3 STRIKER PLATE	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452 <input type="checkbox"/> 1 ALARM <input type="checkbox"/> 3 FILL TUBE SHUT OFF VALVE <input type="checkbox"/> 2 BALL FLOAT <input type="checkbox"/> 4 EXEMPT
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IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453 <input checked="" type="checkbox"/> 1 VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 5 MANUAL TANK GAUGING (MTG) <input type="checkbox"/> 2 AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 6 VADOSE ZONE <input type="checkbox"/> 3 CONTINUOUS ATG <input type="checkbox"/> 7 GROUNDWATER <input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING <input type="checkbox"/> 8 TANK TESTING <input type="checkbox"/> 99 OTHER	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454 <input type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY) <input type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3 MANUAL MONITORING
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IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455 Unknown	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 0 gallons	TANK FILLED WITH INERT MATERIAL? 457 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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## Formerly SWRCB Form B

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CCR §2711 for state UST information and permit application requirements.

(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.
430. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner's tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.
439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check Aother= and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check Aother= and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check Aother= and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check Aother= and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check Aother= and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check Aother= and enter system.
454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

## ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.
2. Provide a description of the monitoring program.

UNDERGROUND STORAGE TANKS - TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY
CONSTRUCTION	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. LINED TRENCH <input type="checkbox"/> 99. OTHER	460	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 95. UNKNOWN
MANUFACTURER	<input type="checkbox"/> 2. DOUBLE WALL <input checked="" type="checkbox"/> 95. UNKNOWN	461	<input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 99. OTHER
MANUFACTURER . . . . .			MANUFACTURER . . . . .
<input checked="" type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> Unknown <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 99. Other <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 9. CATHODIC PROTECTION		464	<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 99. OTHER <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 9. CATHODIC PROTECTION <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 95. UNKNOWN

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SINGLE WALL PIPING		SINGLE WALL PIPING	
466	467		
PRESSURIZED PIPING (Check all that apply): <b>Unknown</b> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <b>WITH</b> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)  CONVENTIONAL SUCTION SYSTEMS <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH) SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING): <input type="checkbox"/> 7. SELF MONITORING GRAVITY FLOW <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	PRESSURIZED PIPING (Check all that apply): <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <b>WITH</b> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH) <input type="checkbox"/> 4. DAILY VISUAL CHECK CONVENTIONAL SUCTION SYSTEMS (Check all that apply) <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM <input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH) SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING): <input type="checkbox"/> 7. SELF MONITORING GRAVITY FLOW (Check all that apply): <input type="checkbox"/> 8. DAILY VISUAL MONITORING <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)		
SECONDARILY CONTAINED PIPING		SECONDARILY CONTAINED PIPING	
PRESSURIZED PIPING (Check all that apply): 10. CONTINUOUS TURBINE SUMP SENSOR <b>WITH</b> AUDIBLE AND VISUAL ALARMS AND (Check one) <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <b>WITH</b> FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) SUCTION/GRAVITY SYSTEM <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS <b>EMERGENCY GENERATORS ONLY (Check all that apply)</b> <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <b>WITHOUT</b> AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <b>WITHOUT</b> FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK	PRESSURIZED PIPING (Check all that apply): 10. CONTINUOUS TURBINE SUMP SENSOR <b>WITH</b> AUDIBLE AND VISUAL ALARMS AND (Check one) <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) SUCTION/GRAVITY SYSTEM <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS <b>EMERGENCY GENERATORS ONLY (Check all that apply)</b> <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <b>WITHOUT</b> AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK		

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
<b>Unknown</b>	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR <b>WITH</b> AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input checked="" type="checkbox"/> 6. NONE

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR	DATE
<i>Dianna Nguyen / Elaine Kirk</i>	4-29-02
NAME OF OWNER/OPRATOR (PRINT)	TITLE OF OWNER/OPERATOR
Elaine Kirk	Manager for Property Owner

Permit Number (For local use only)	473	Permit Approved (For local use only)	475
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UST - Tank Page 2

Formerly SWRCB Form B

(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.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the tank=s piping system information. CHECK ALL THAT APPLY.
459. PIPING SYSTEM TYPE (ABOVEGROUND)
460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank=s piping construction information. CHECK ALL THAT APPLY.
461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.
462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank=s piping construction information. CHECK ALL THAT APPLY.
463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.
464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - For items 464 and 465, check the tank=s piping material and corrosion protection.
465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND)
466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the leak detection system(s) used to comply with the monitoring requirements for the piping.
467. PIPING LEAK DETECTION (ABOVEGROUND)
468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.
469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.
- SIGNATURE OF OWNER/OPERATOR - The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.
470. DATE CERTIFIED - Enter the date the page was signed.
471. OWNER/ OPERATOR NAME - Print the name of signatory.
472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.
473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.
474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.
475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA.



UNDERGROUND STORAGE TANKS - TANK PAGE 1

(two pages per tank)

Page 1 of 2

TYPE OF ACTION  1 NEW SITE PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6 TEMPORARY SITE CLOSURE  
 (Check one item only)  3 RENEWAL PERMIT (Specify reason - for local use only) (Specify reason - for local use only)  7 PERMANENTLY CLOSED ON SITE  
 8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) MAZ 3 FACILITY ID: C A C 0 0 2 5 5 1 3 6 1 1 431

LOCATION WITHIN SITE (Optional) 3800 San Pablo Avenue, Emeryville, CA 431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # 432 2	TANK MANUFACTURER 433 Unknown	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 434 If "Yes", complete one page for each compartment.
DATE INSTALLED (YEAR/MO) 435 Unknown	TANK CAPACITY IN GALLONS 436 550 Gallon	NUMBER OF COMPARTMENTS 437 1

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS 440

TANK USE 439 <input type="checkbox"/> 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input checked="" type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 95. UNKNOWN	PETROLEUM TYPE <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION FUEL <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input checked="" type="checkbox"/> 99. OTHER..... Waste Oil
COMMON NAME (from Hazardous Materials Inventory page) 441 Waste Oil	CAS# (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION 443

TYPE OF TANK (Check one item only) <input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER <input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 4. SINGLE WALL IN VAULT <input type="checkbox"/> 99. OTHER.....	TANK MATERIAL - primary tank (Check one item only) <input checked="" type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 95. UNKNOWN 444 <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPITBLE W/100% METHANOL <input type="checkbox"/> 99. OTHER.....
TANK MATERIAL - secondary tank (Check one item only) <input checked="" type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 95. UNKNOWN 445 <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPITBLE W/100% METHANOL <input type="checkbox"/> 99. OTHER..... <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 10. COATED STEEL	TANK INTERIOR LINING OR COATING (Check one item only) <input type="checkbox"/> 1. RUBBER LINED <input type="checkbox"/> 3. EPOXY LINING <input type="checkbox"/> 5. GLASS LINING <input checked="" type="checkbox"/> 95. UNKNOWN 446 <input type="checkbox"/> 2. ALKYD LINING <input type="checkbox"/> 4. PHENOLIC LINING <input type="checkbox"/> 6. UNLINED <input type="checkbox"/> 99 OTHER..... (For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only)  1 MANUFACTURED CATHODIC PROTECTION  3 FIBERGLASS REINFORCED PLASTIC  95 UNKNOWN 448  
 2 SACRIFICIAL ANODE  4 IMPRESSED CURRENT  99 OTHER (For local use only)

SPILL AND OVERFILL (Check all that apply) <input type="checkbox"/> 1 SPILL CONTAINMENT <input type="checkbox"/> 2 DROP TUBE <input type="checkbox"/> 3 STRIKER PLATE	YEAR INSTALLED 450	TYPE (local use only) 451	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452 <input type="checkbox"/> 1 ALARM..... <input type="checkbox"/> 3 FILL TUBE SHUT OFF VALVE..... <input type="checkbox"/> 2 BALL FLOAT..... <input type="checkbox"/> 4 EXEMPT
--	--------------------	---------------------------	---

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453 <input checked="" type="checkbox"/> 1 VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 5 MANUAL TANK GAUGING (MTG) <input type="checkbox"/> 2 AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 6 VADOSE ZONE <input type="checkbox"/> 3 CONTINUOUS ATG <input type="checkbox"/> 7 GROUNDWATER <input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING <input type="checkbox"/> 8 TANK TESTING <input type="checkbox"/> 99 OTHER.....	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454 <input type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY) <input type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3 MANUAL MONITORING
---	--

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455 Unknown	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 0 gallons	TANK FILLED WITH INERT MATERIAL? 457 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CCR 2711 for state UST information and permit application requirements.

(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.
430. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner's tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.
439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check Aother= and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check Aother= and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check Aother= and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check Aother= and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check Aother= and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check Aother= and enter system.
454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.
2. Provide a description of the monitoring program.

UNDERGROUND STORAGE TANKS - TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

UNDERGROUND PIPING				ABOVEGROUND PIPING				
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459
CONSTRUCTION	<input checked="" type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462
MANUFACTURER	<input type="checkbox"/> 2. DOUBLE WALL	<input checked="" type="checkbox"/> 95. UNKNOWN		461	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER		463
MANUFACTURER . . . . .					MANUFACTURER . . . . .			
<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL	<input type="checkbox"/> 1. BARE STEEL			<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL			
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL	<input type="checkbox"/> 2. STAINLESS STEEL			<input type="checkbox"/> 7. GALVANIZED STEEL			
<input type="checkbox"/> 3. PLASTIC COMPATIBLE w/ CONTENTS	<input type="checkbox"/> 99. Other	<input type="checkbox"/> 3. PLASTIC COMPATIBLE w/ CONTENTS			<input type="checkbox"/> 8. FLEXIBLE (HDPE)		<input type="checkbox"/> 99. OTHER	
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 4. FIBERGLASS			<input type="checkbox"/> 9. CATHODIC PROTECTION			
<input type="checkbox"/> 5. STEEL w/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION	<input type="checkbox"/> 5. STEEL w/COATING		464	<input type="checkbox"/> 95. UNKNOWN		465	

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SINGLE WALL PIPING		SINGLE WALL PIPING	
466	467		
PRESSURIZED PIPING (Check all that apply): <b>Unknown</b>		PRESSURIZED PIPING (Check all that apply):	
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.		<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST		<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)		<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)	
CONVENTIONAL SUCTION SYSTEMS		CONVENTIONAL SUCTION SYSTEMS (Check all that apply)	
<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM	
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):		SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):	
<input type="checkbox"/> 7. SELF MONITORING		<input type="checkbox"/> 7. SELF MONITORING	
GRAVITY FLOW		GRAVITY FLOW (Check all that apply):	
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 8. DAILY VISUAL MONITORING	
		<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	
SECONDARILY CONTAINED PIPING		SECONDARILY CONTAINED PIPING	
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):	
10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)		10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)	
<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS		<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	
<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION		<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF		<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	
<input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION		<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR	
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	
SUCTION/GRAVITY SYSTEM		SUCTION/GRAVITY SYSTEM	
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	
EMERGENCY GENERATORS ONLY (Check all that apply)		EMERGENCY GENERATORS ONLY (Check all that apply)	
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS	
<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION		<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)	
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)	
<input type="checkbox"/> 17. DAILY VISUAL CHECK		<input type="checkbox"/> 17. DAILY VISUAL CHECK	

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
<b>Unknown</b>	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input checked="" type="checkbox"/> 6. NONE
		469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR <i>Dianna Neupfner Elaine Kirk</i>	DATE <i>4-29-02</i>	470
NAME OF OWNER/OPRATOR (print) <b>Elaine Kirk</b>	TITLE OF OWNER/OPERATOR <i>Manages for Property Owner</i>	472

Formerly SWRCB Form B

(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.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the tank=s piping system information. CHECK ALL THAT APPLY.
459. PIPING SYSTEM TYPE (ABOVEGROUND)
460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank=s piping construction information. CHECK ALL THAT APPLY.
461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.
462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank=s piping construction information. CHECK ALL THAT APPLY.
463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.
464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - For items 464 and 465, check the tank=s piping material and corrosion protection.
465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND)
466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the leak detection system(s) used to comply with the monitoring requirements for the piping.
467. PIPING LEAK DETECTION (ABOVEGROUND)
468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.
469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.
- SIGNATURE OF OWNER/OPERATOR - The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.
470. DATE CERTIFIED - Enter the date the page was signed.
471. OWNER/ OPERATOR NAME - Print the name of signatory.
472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.
473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.
474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.
475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA.

HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

Page 1 of 1

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <sup>3</sup> MAZ

FACILITY ID# C A C 0 0 2 5 5 1 3 6 1

TANK OWNER NAME San Pablo Avenue Venture

TANK OWNER ADDRESS 555 Montgomery Street #1205

TANK OWNER CITY San Francisco STATE CA ZIP CODE 94111

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	1	746a	746b	746c	747a	747b	747c
2	2	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)

TITLE OF CERTIFIER

ADDRESS

CITY

PHONE

DATE CERTIFICATION TIME

STATUS OR AFFILIATION OF CERTIFYING PERSON

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

Yes  No

Name of CUPA, authorized agency, or LIA:

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

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

(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:

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.

TABLE #2  
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR  
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TOTAL LEAD AA	
	TOTAL LEAD AA			
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E	8260	CL HC AND BTX&E	8260
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D.	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TPH and BTX&E	8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E	8260		
	O & G	5520 D & F	O & G	5520 C & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni			
	METHOD 8270 FOR SOIL OR WATER TO DETECT:			
	PCB*		PCB	
	PCP*		PCP	
	PNA		PNA	
	CREOSOTE		CREOSOTE	

\* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

#### EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal



10 August 1990

from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

California Home

Tuesday,



License Detail

CALIFORNIA CONTRACTORS STATE LIC

Contractor License # 507520

**DISCLAIMER**

A license status check provides information taken from the CSLB license data base. Before on this information, you should be aware of the following limitations:

- CSLB is prohibited by law from disclosing complaints until they are referred for legal
- Per B&P 7071.17, only construction related civil judgments known to the CSLB are disclosed.
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered on Board's license data base.

Extract Date: **04/30/2002****\*\*\* Business Information \*\*\***

ALPHA GEO SERVICES  
1093 PETRONI WAY  
SAN JOSE, CA 95120  
Business Phone Number: (408) 997-8906

Entity: **Corporation**Issue Date: **03/17/1987** Expire Date: **03/31/2003****\*\*\* License Status \*\*\***

This license is current and active. **All information below should be reviewed.**

**\*\*\* Classifications \*\*\***

Class	Description
A	GENERAL ENGINEERING CONTRACTOR
C57	WELL DRILLING (WATER)

**\*\*\* Certifications \*\*\***

Cert	Description
HAZ	HAZARDOUS SUBSTANCES REMOVAL

**\*\*\* Bonding Information \*\*\***

**CONTRACTOR'S BOND:** This license filed Contractor's Bond number **6049081** in the a  
**\$7,500** with the bonding company  
**SURETY COMPANY OF THE PACIFIC.**  
Effective Date: **12/29/2001**

**Contractor's Bonding History**

**BOND OF QUALIFYING INDIVIDUAL(1):** The Responsible Managing Officer (RMO) F  
HAMEDI-FARD certified that he/she owns 10 percent or more of the voting stock/equity  
corporation. A bond of qualifying individual is **not** required.  
Effective Date: **03/17/1987**

**\*\*\* Workers Compensation Information \*\*\***

This license is exempt from having workers compensation insurance; they have no empl  
this time.  
Effective Date: **06/01/1998** Expire Date: **None**

**Personnel List**

**License Number Request**      **Contractor Name Request**      **Personnel Name Request**

**Salesperson Request**

**Salesperson Name Request**

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STATE OF CALIFORNIA  
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD

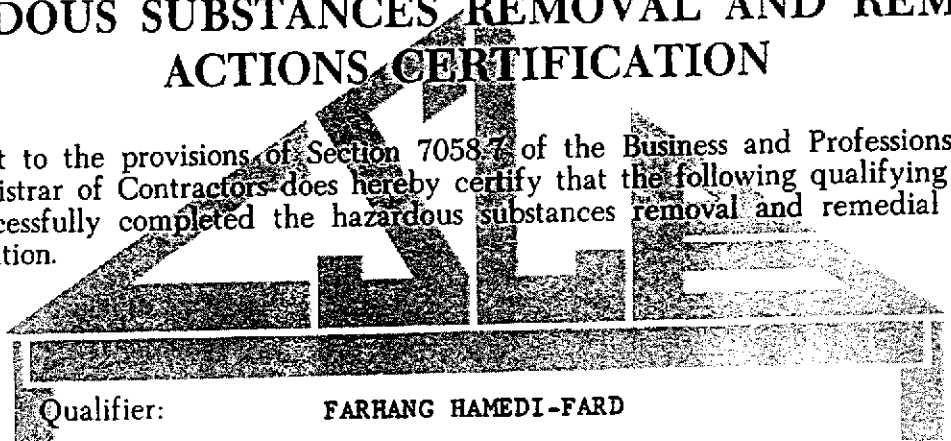


*Building Quality*



## HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 70587 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: FARHANG HAMEDI-FARD  
License No.: 507520  
Namestyle: ALPHA GEO SERVICES

WITNESS my hand and official seal this  
14TH day of MARCH, 1990  
*David R. Phillips*  
Registrar of Contractors

13L-36 (7/88)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

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