

Ro 25
 Alameda County
 Environmental Health
 NOV 17 2003

Technology, Engineering & Construction, Inc.
dba TEC Accutite, Inc.
 35 South Linden Avenue
 South San Francisco, CA 94080
 Phone: (650) 952-5551 FAX: (650) 952-7631
 Contractor's License #762034
 WWW.TECACCUTITE.COM



LETTER OF TRANSMITTAL

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

DATE: 11/13/2003
 JOB NO.
 ATTN: Don Hwang
 RE: 1043 West MacArthur Blvd
 Emeryville, CA 94608

GENTLEMEN:

Attached Under separate cover via _____

WE ARE SENDING YOU

Copies	Date	Description
1	11/11/2003	UST Unauthorized Release (leak) / Contamination Site Report

These are Transmitted as checked below:

For approval For your use As requested For review & comment
 _____ FOR BIDS DUE: _____

REMARKS: As requested.

Copy to: file

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

ENVIRONMENTAL HEALTH SERVICES

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY (HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM)	
REPORT DATE 1/11/03		CASE # RO0002594		SIGNED: <i>Ralph Scott</i> DATE: 04/30/04	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Ralph Scott SR.		PHONE (510) 569-2732		SIGNATURE <i>Ralph Scott</i>
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Scott Land Company		
	ADDRESS 2511 Truman Avenue Oakland CA 94605				
RESPONSIBLE PARTY	NAME Scott Land Company <input type="checkbox"/> UNKNOWN		CONTACT PERSON Ralph Scott SR.		PHONE ()
	ADDRESS 2511 Truman Avenue Oakland CA 94605				
SITE LOCATION	FACILITY NAME (IF APPLICABLE)		OPERATOR		PHONE ()
	ADDRESS 1043 West MacArthur Boulevard, Emeryville, Alameda, 94608				
	CROSS STREET Adeline street				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Health Care Services Agency		CONTACT PERSON Don Hwang		PHONE (510) 567-6746
	REGIONAL BOARD San Francisco Bay Regional Water Quality Control Board				
SUBSTANCES INVOLVED	(1) NAME TPH ₂ / BTEX				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) <input type="checkbox"/> UNKNOWN				
DISCOVERY/ABATEMENT	DATE DISCOVERED 0/9/24/03		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 <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE				
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input 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		
	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 type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)				
COMMENTS	COMMENTS				

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

November 4, 2003

Mr. Ralph Scott
2511 Truman Avenue
Oakland, CA 94605

Dear Mr. Scott:

Subject: Fuel Leak Case No. RO0002594, Scott Land Company, 1043 West MacArthur Boulevard, Emeryville, CA 94608

Alameda County Environmental Health (ACEH) staff has reviewed "UNDERGROUND STORAGE TANK REMOVAL AND WORKPLAN," dated October 14, 2003, prepared by TEC Accutite. On September 24, 2003, one 700-gallon single-walled steel gasoline Underground Storage Tank (UST) was removed from the subject site. The UST was installed in 1953 and used until June 2003. Xylene and toluene were detected at up to 0.014 parts per million (ppm) and TPHG was ND in soil. No staining was observed in soil beneath the tank. However, the bottom of the UST had a 3-inch diameter hole and several small holes were also observed on the top and bottom. TEC Accutite recommends directed push sampling of soil and groundwater at this site. We generally concur with the work proposed. We request that you address the following technical comments, perform the proposed work, and send us the technical reports requested below.

TECHNICAL COMMENTS

1) Soil Sampling – The proposal to collect and analyze one soil sample from each borehole is insufficient. We recommend that soil samples be collected at a minimum of 5 foot intervals, changes in lithology, the soil/groundwater interface, and areas of obvious contamination. Please note, borings may need to be completed to depths greater than specified in the work plan to vertically any contamination encountered.

2) Soil & Groundwater Analyses – Collection and analyses of soil and groundwater samples from both borings is required at your site. We request that soil and groundwater samples be analyzed by EPA Method 8260 for BTEX, methyl tertiary-butyl ether (MTBE), Tertiary Amyl Methyl Ether (TAME), Ethyl Tertiary Butyl Ether (ETBE), Di-Isopropyl Ether (DIPE), Tertiary Butyl Alcohol (TBA), Ethanol, Ethylene Dibromide (EDB), Ethylene Dichloride (EDC), in addition to the TPHG analyses. you include and for of the grab groundwater samples.

Mr. Scott
November 4, 2003
Page 2 of 2

3) "Underground Storage Tank Unauthorized Release (Leak) / Contamination Site Report" -
Please complete the enclosed form and submit to us by the date specified below.

TECHNICAL REPORT REQUEST

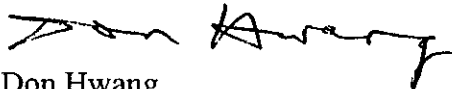
Please submit technical reports to Alameda County Environmental Health (Attention: Don Hwang), according to the following schedule:

November 14, 2003 - Underground Storage Tank Unauthorized Release (Leak) / Contamination Site Report

December 5, 2003 - Soil and Water Investigation Report

These reports are being requested pursuant to the Regional Water Quality Control Board's (Regional Board) authority under Section 13267 of the California Water Code. If you have any questions, please call me at (510) 567-6746.

Sincerely,



Don Hwang
Hazardous Materials Specialist
Local Oversight Program

C: Mr. Thomas Culig, TEC Accutite, Inc., 35 South Linden Ave., So. San Francisco, CA
94080-6407

D. Drogos, D. Hwang

PHOENIX COMERCIAL
REAL ESTATE SERVICES

Alameda County

MICHAEL R. NOTARO, J.D., BROKER
P (510)522-2666 F (510)522-2602

October 30, 2003

NOV 04 2003

Ms. Donna Drogos
Local Oversight Program Manager
Alameda County Environmental Health Services
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94501

Environmental Health

RE: 1043 West MacArthur Boulevard, Emeryville, California

Dear Ms. Drogos:

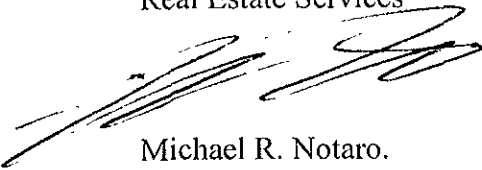
Thank you for your assistance in helping us move towards closure of the Scott family property at 1043 West MacArthur. As we discussed, this property includes three parcels at 3706-3722 San Pablo Avenue, 1066-1072 37th Street and 1043 West MacArthur.

We are currently under contract to sell this property in November. Enclosed please find a letter from the County of Alameda noticing the impending tax sale of the property. The original sale date was June, 2003. We continue to delay the tax sale in the hopes of resolving the environmental issues and closing the sale. This matter is urgent.

We respectfully ask for your assistance in expediting the environmental issues on this property. Thank you.

Sincerely,

Phoenix Commercial
Real Estate Services



Michael R. Notaro.
fc:ltr43758.doc

Cc:
Ms. Don Hwang, Hazardous Materials Specialist

*Mr. Ralph Scott
2511 Truman Avenue
Oakland, Ca. 94605*

*Alameda County
OCT 27 2003
Environmental Health*

October 21, 2003

Ms. Donna Drogos
Local Oversight Program Manager
Alameda County Environmental Health Services
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94501

RE: Soil and Groundwater Samples for 1043 West MacArthur Boulevard
Emeryville, California

Dear Ms. Drogos:

This will appoint Michael R. Notaro to act as our appointed representative on matters pertaining to the communication of environmental testing for our property. Michael Notaro's direct phone line is 510-522-2666

Right now, our partnership is under extreme financial pressure. We receive no rent from this property, have no money to pay the lender, and have mounting legal expenses resulting from 3 years of partnership litigation. Numerous liens have continued to accumulate on this property during the past three (3) years.

We now have a court order to sell this property and contract to sell this property with Mr. Bill Phua. Hence, we wish to expedite the environmental closure as quickly as possible to avoid foreclosure action by our lender, Wells Fargo, or the County of Alameda.

Thank you in advance for your consideration and cooperation.

Sincerely,



Mr. Ralph Scott
Property Owner

COUNTY OF ALAMEDA
OFFICE OF THE TREASURER AND TAX COLLECTOR
ADMINISTRATION BUILDING, 1221 OAK STREET, OAKLAND, CA 94612

NOTICE OF IMPENDING TAX COLLECTOR'S POWER TO SELL PROPERTY

ASSESSED TO:
SCOTT EDWIN W JR ETAL
2511 TRUMAN AV
OAKLAND CA 94605

ASSESSOR'S PARCEL 49-951-5-1
YEAR-DEFAULT NO. 1998 541581
SITUS: 1066 37TH ST

PURSUANT TO LAW, NOTICE IS HEREBY GIVEN THAT ON THE 1ST DAY OF JULY, 2003 AT THE HOUR OF 8:00 A.M., THE REAL PROPERTY DESCRIBED ABOVE, SITUATED IN ALAMEDA COUNTY, WILL BECOME SUBJECT TO THE POWER TO SELL OF THE UNDERSIGNED ALAMEDA COUNTY TAX COLLECTOR, STATE OF CALIFORNIA.

UNLESS THE PROPERTY IS REDEEMED OR AN INSTALLMENT PLAN OF REDEMPTION (IF ELIGIBLE) IS INITIATED NO LATER THAN 5:00 P.M. OF THE LAST BUSINESS DAY OF JUNE, 2003, UPON WHICH DATE FIVE OR MORE YEARS WILL HAVE ELAPSED FROM THE DATE THE PROPERTY BECAME TAX-DEFAULTED, IT WILL THEREAFTER BE SUBJECT TO SALE FOR DELINQUENT TAXES. WHEN APPLICABLE, A NOTICE WILL BE ISSUED NOT LESS THAN 45 DAYS NOR MORE THAN 60 DAYS BEFORE THE PROPOSED SALE OF THE PROPERTY.

THE AMOUNT NOW NECESSARY TO REDEEM THE DELINQUENCY IS \$ 6,436.91, IF PAID BY 06/30/03. TO REDEEM THE DELINQUENCY AFTER THIS DATE, PLEASE CALL THE PRIOR YEARS' TAX REDEMPTION UNIT AT (510) 272-6800 FOR THE CURRENT AMOUNT DUE, BECAUSE ADDITIONAL REDEMPTION PENALTIES ATTACH ON THE FIRST DAY OF EACH SUCCEEDING MONTH. INFORMATION REGARDING THE INSTALLMENT PLAN OF REDEMPTION CAN ALSO BE OBTAINED BY CALLING THIS TELEPHONE NUMBER.

PAYMENT TO REDEEM THE DELINQUENCY OR INITIATE AN INSTALLMENT PLAN OF REDEMPTION MUST BE IN THE FORM OF CASH, CASHIER'S CHECK, OR CERTIFIED CHECK, ONLY. PERSONAL CHECKS WILL NOT BE ACCEPTED.

WHEN REMITTING PAYMENT, MAKE ALL CHECKS PAYABLE TO THE TAX COLLECTOR, ALAMEDA COUNTY, AND WRITE THE ASSESSOR'S PARCEL NUMBER FOR THE PROPERTY ON THE UPPER RIGHT CORNER OF YOUR CHECK AND REMIT IT TOGETHER WITH THE EXTRA COPY OF THIS NOTICE IN THE REMITTANCE ENVELOPE PROVIDED TO ENSURE PROPER CREDIT. DO NOT MAIL CASH. YOU MAY SUBMIT PAYMENT IN PERSON AT THE TAX COLLECTOR'S OFFICE.

IMPORTANT NOTE: IF THE PROPERTY IS NOT REDEEMED AND IS SOLD AT A TAX SALE, YOU MAY HAVE THE RIGHT TO CLAIM PROCEEDS FROM THE SALE WHICH ARE IN EXCESS OF THE LIENS AND COSTS TO BE SATISFIED FROM THE PROCEEDS.

IF THIS DELINQUENCY HAS BEEN REDEEMED OR AN INSTALLMENT PLAN HAS BEEN INITIATED, PLEASE DISREGARD THIS NOTICE.

DATED THIS 2ND DAY OF JUNE, 2003.

DONALD R. WHITE, TREASURER-TAX COLLECTOR

Alameda County CUPA Program

Contaminated Site Case Transfer Form

Referral To:

Date	10-1-03
Agency	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502
Attention	Donna L. Drogos, LOP/SLIC Program Manager

Site Information:

Site Responsible Party(s)	Ralph Scott
Site Name	Wetland Lot
Site Address	1043 West MacArthur Blvd, Fremont
Site Phone	510-522-2666
Site Contractor/Consultant (if available)	Accufite
Site DBA	

Site Conditions:

UST			
USTs removed? # removed: <u>1</u> Date removed: <u>9-24-03</u>	Yes <input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Contents (circle): <u>gasoline</u> diesel waste oil heating oil solvents kerosene stoddard solvent other (specify) _____	Yes <input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Observations of system (holes, leaks)? <u>Holes</u>	Yes <input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Observed contamination (free product, smell, soil/water discoloration)?	Yes <input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
<input checked="" type="checkbox"/> Highest Concentration Detected in Soil Contaminant (specify) <u>Lead</u> Concentration <u>40.2</u> ppm			
<input type="checkbox"/> Highest Concentration Detected in Water Contaminant (specify) _____ Concentration _____ ppb			
Unauthorized Release Form filed? <u>unk.</u>	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Future intended use if known? Specify <u>unk.</u>	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
NON-UST			
Former industrial use?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/> Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm			
<input type="checkbox"/> Highest Concentration Detected in Water Contaminant (specify) _____ Concentration _____ ppb			
Future intended use if known? Specify _____	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
<i>If available, attach pertinent reports</i>			

Transferred as: LOP SLIC

Level of Update requested: distribution list all meetings all site visits closure sign off all the above

Transfer requested by Inspector: Larry Seto Date: 10-1-03

Transfer accepted by (ACEH): _____ Date: _____

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

October 1, 2003

Mr. Ralph Scott
Scott Land Company
2511 Truman Avenue
Oakland, CA 94605

RE: 1043 West MacArthur Blvd., ~~Oakland~~ *EMERYVILLE*

Dear Mr. Scott:

I have reviewed the laboratory analysis dated September 30, 2003 that was prepared by North State Labs for the soil samples collected during the underground tank removal at the above site on September 24, 2003. Low levels of toluene (6 ppb) and xylenes (14 ppb) were detected in a soil sample taken from the excavation. The composite stockpile soil sample contained 40.2 ppm of lead.

The underground tank had numerous holes in the bottom of the tank. The largest hole was approximately 2-3" in diameter.

Before this site can be considered for closure, a soil and groundwater sample must be collected from below the pit using a Geoprobe. The samples should be tested for the presence of TPH(gas), BTEX and MTBE.

If you have any questions, please contact Donna Drogos, Local Oversight Program Manager at (510) 567-6721.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

Cc: Donna Drogos, Local Oversight Program Manager
Susan Hugo, CUPA Manager, ACDEH
Tom Culing, TEC Accutite, 35 So. Linden Ave, So. San Francisco, CA 94118
Files

UNDERGROUND STORAGE TANK CLOSURE/REMOVAL FIELD INSPECTION REPORT

Facility Name: <i>Vacant Commercial Lot</i>	STID:	Date: <i>9/24/03</i>
Facility Address: <i>1043 W. MacArthur Blvd, Emery</i>	Contact on site: <i>Willie Green</i>	
Inspector: <i>Larry Sato</i>	Contractor/Consultant: <i>TEC Accutite</i>	

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.			✓

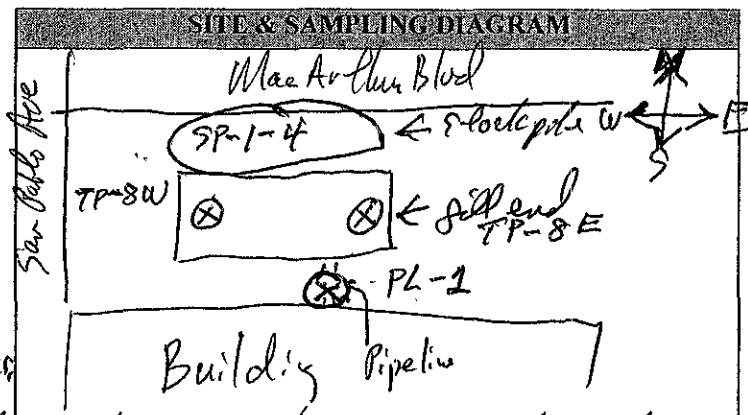
Tank Observations	T #1	T #2	T #3	T #4
Tank Capacity (gallons)	<i>700</i>			
Material last stored	<i>995</i>			
Dry ice used (pounds)	<i>100 lbs</i>			
Combustible gas concentration as %LEL. (Note time & sampling point)				
(1)	<i>0%</i>			
(2)				
(3)				
Oxygen concentration as % volume. (Note time & sampling point.)				
(1)	<i>5%</i>			
(2)				
(3)				
Tank Material	<i>Steel</i>			
Wrapping/Coating, if any	<i>No</i>			
Obvious holes?	<i>Yes</i>			

Tank Observations	T #1	T #2	T #3	T #4
Obvious corrosion?	<i>Yes</i>			
Obvious odors from tank?	<i>No</i>			
Seams intact?	<i>Yes</i>			
Tank bed backfill material	<i>Dirt</i>			
Obvious discoloration?	<i>No</i>			
Obvious odors ex tank bed?	<i>No</i>			
Water in excavation?	<i>No</i>			
Sheen/product on water?	<i>NA</i>			
Tank tagged by transporter?				
Tank wrapped for transport?	<i>Yes</i>			
Tank plugged w/ vent cap?	<i>Yes</i>			
Date/time tank hauled off?	<i>9/24, 1400 hrs</i>			
No. of soil samples taken?	<i>7</i>			
Depth of soil samples (ft. bgs)				

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?		<i>1, 2' bgs</i>	
Number & depth of water samples from piping trench?		<i>NA</i>	

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?		<i>NA</i>	
All samples properly preserved for transport?	✓		

Additional Observations	Yes	No	N/A
Soil/water sampling protocols acceptable?	✓		
Sampling "chain of custody" noted?	✓		
Tank pit filled in or covered?	✓		
Tank pit fenced or barricaded?	✓		
Transporter a registered HW hauler?	✓		
Uniform HW Manifest completed?	✓		
Contractor/Consultant reminded of complete UST Removal Report due within 30 days?	✓		
Date/Time removal/closure operations completed?		<i>9/24, 1600 hrs</i>	
OT hours or additional charges due from contractor?		<i>NA</i>	



Notes/Comments: A number of holes in the bottom of the tank below sill pipe. Largest hole approx. 2-3" in diameter. Sampler: Tom Culig, Accutite. Manifest # *22490763*, Stockpile soil samples - 4 samples taken and will be composite into one. Dennis McCowan, Public Works Inspector for City of Emeryville, approved getting excavated soil back into the excavation on site. (over)

USTCISrInspRpt form (0/08/01)

and 10 mil Visqueen will be put on top, then
clean fill will be ~~then~~ added to bring to
surface level.

No odors in excavation or soil samples (7) taken

Soil Samples:

TP-8W Tankpit west side

TP-8E " " east side

PL-1 Pipeline

SP-1 to SP-4 Stockpile samples

ALAMEDA COUNTY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 1131 HARBOR BAY PARKWAY
 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/reconstruction.

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

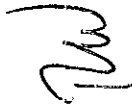
Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

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

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist



Robert Weston
 Accepted August 29, 2003

See attached Table 2 for contaminate analysis

UNDERGROUND STORAGE TANK CLOSURE PLAN

*** * * Complete closure plan according to instructions * * ***

1. Name of Business VACANT COMMERCIAL LOT
 Business Owner or Contact Person (PRINT) MR. MICHAEL & RALPH SCOTT
2. Site Address 1043 WEST MACARTHUR BLVD.
 City, State EMERYVILLE, CALIFORNIA Zip 94608 Phone (510) 522-2666
3. Mailing Address 2511 TRUMAN AVENUE
 City, State OAKLAND, CALIFORNIA Zip 94605 Phone (510) 522-2666
4. Property Owner MR. MICHAEL & RALPH SCOTT
 Business Name (if applicable) SCOTT LAND COMPANY Fax: 510-522-2602
 Address 2511 TRUMAN AVENUE
 City, State OAKLAND, CALIFORNIA Zip 94605 Phone (510) 522-2666
5. Generator name under which tank will be manifested
SCOTT LAND COMPANY
 EPA I.D. No. under which tank(s) will be manifested C A C 0 0 2 6 8 1 5 3

08-25-2003



SR0004915

AM

6. Contractor TEC ACCUTITE
Address 35 SOUTH LINDEN AVENUE
City, State S. SAN FRANCISCO, CA Zip 94080 Phone (650) 952-5551
License Type (A) (B) (HAZ) (C-36) ID# 762034
7. Consultant (if applicable) N/A
Address _____
City, State _____ Zip _____ Phone _____
8. Main Contact Person for Investigation (if applicable)
Name N/A Title _____
Company _____
Phone _____
9. Number of underground tanks being closed with this plan: (1) 300 GALLON STEEL
EMPTY UG REGULAR GASOLINE STORAGE TANK & (1) IN-GROUNG LIFT.
Length of piping being removed under this plan UNKNOWN
Total number underground tanks at this facility (**confirmed with owner or operator) (1)
10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).
- a) Product/Residual Sludge/Rinsate Transporter
Name ECOLOGY CONTROL INDUSTRIES EPA I.D. No. CAD 982 030 173
Hauler License No. 1533 License Exp. Date 3/31/2004
Address 255 PARR BLVD.
City, State RICHMOND, CALIFORNIA Zip 94801
- b) Product/Residual Sludge/Rinsate Disposal Site
Name ECOLOGY CONTROL INDUSTRIES EPA I.D. No. CAD 9466392
Address 255 PARR BLVD.
City, State RICHMOND, CALIFORNIA Zip 94801

c) Tank and Piping Transporter

Name ECOLOGY CONTROL INDUSTRIES EPA I.D. No. CAD 982 030 173

Hauler License No. 1533 License Exp. Date 3/31/04

Address 255 PARR BLVD.

City, State RICHMOND, CALIFORNIA Zip 94801

d) Tank and Piping Disposal Site

Name ECOLOGY CONTROL INDUSTRIES EPA I.D. No. CAD 946 6392

Address 255 PARR BLVD.

City, State RICHMOND, CALIFORNIA Zip 94801

11. Sample Collector

Name JOHN MURPHY

Company NORTH STATE LABS

Address 90 SOUTH SPRUCE AVENUE, SUITE W

City, State S. SAN FRANCISCO, CA Zip 94080 Phone (650) 266-4563

12. Laboratory

Name JOHN MURPHY

Company NORTH STATE LABS

Address 90 SOUTH SPRUCE AVENUE, SUITE W

City, State S. SAN FRANCISCO, CALIFORNIA Zip 94080

State Certification No. 1753

13. Have tank(s) or piping leaked in the past? Yes [] No [] Unknown [X]

If yes, describe: _____

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

SEE ATTACHED WORKPLAN

Before tank(s) 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 Sample(s)
Capacity (gallons)	Use History include date last used (estimated)		
700 GALLONS	INSTALLED 1953 TO JUNE 2003	REGULAR GASOLINE, SOIL & GROUNDWATER (IF PRESENT)	APPROXIMATELY 5 FEET

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

Excavated/Stockpiled Soil	
<p>Stockpiled Soil Volume (estimated)</p> <p>ESTIMATED 5 YARDS</p>	<p>Sampling Plan</p> <p>SEE ATTACHED WORKPLAN</p>

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 SEE ATTACHED WORKPLAN

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 sample(s):

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits shall be followed.

See Table 2, Recommended Minimum Verification Analyses for Underground Tank Leaks.

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPHg	SW5030	SW8015	500 UG/KG
BENZENE	SW5030	SW8020	5 UG/KG
TOLUENE	SW5030	SW8020	5 UG/KG
ETHYLBENZE	SW5030	SW8020	5 UG/KG
XYLENES	SW5030	SW8020	10 UG/KG
MTBE	SW5030	SW8020	5 UG/KG
		Positive detection of MTBE confirmed by 8260.	

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE COMPENSATION INSURANCE FUND

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 (URL) form.

22. **Submit a closure report to this office within 60 days of the tank removal. The closure 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 has been 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 TEC ACCUTITE

Name of Individual WILLIE GREEN

Signature Willie Green Date 8/13/03

PROPERTY OWNER OR [] MOST RECENT TANK OPERATOR (Check one)

Name of Business SCOTT LAND COMPANY

Name of Individual: MR. MICHAEL & RALPH SCOTT

Signature Ralph A Scott Sr. Date 8-13-03

**UNIFIED PROGRAM CONSOLIDATED FORM
TANKS
UNDERGROUND STORAGE TANKS - FACILITY**

(One page per site) Page ____ of ____

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

I. FACILITY/SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3			FACILITY ID#		
Scotland Company					
NEAREST CROSS STREET 401			FACILITY OWNER TYPE 402		
San Pablo AVENUE			<input checked="" type="checkbox"/> 1 CORPORATION <input type="checkbox"/> 4 LOCAL AGENCY/DISTRICT* <input type="checkbox"/> 2 INDIVIDUAL <input type="checkbox"/> 5 COUNTY AGENCY* <input type="checkbox"/> 3 PARTNERSHIP <input type="checkbox"/> 6 STATE AGENCY* <input type="checkbox"/> 7 FEDERAL AGENCY*		
BUSINESS TYPE 403			405		
<input type="checkbox"/> 1. GAS STATION <input type="checkbox"/> 3. FARM <input checked="" type="checkbox"/> 5. COMMERCIAL <input type="checkbox"/> 2. DISTRIBUTOR <input type="checkbox"/> 4. PROCESSOR <input type="checkbox"/> 6. OTHER			Is facility on Indian Reservation or trust lands? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TOTAL NUMBER OF TANKS REMAINING AT SITE 404			* 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		
UNKNOWN					

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407			PHONE 408		
Scotland Company			(510) 847-5731		
MAILING OR STREET ADDRESS 409					
2511 Truman AVENUE					
CITY 410		STATE 411		ZIP CODE 412	
Oakland		CA		94605	
PROPERTY OWNER TYPE 413					
<input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY					

III. TANK OWNER INFORMATION

TANK OWNER NAME 414			PHONE 415		
Scotland Company			(510) 847-5731		
MAILING OR STREET ADDRESS 416					
2511 Truman AVENUE					
CITY 417		STATE 418		ZIP CODE 419	
Oakland		CA		94605	
TANK OWNER TYPE 420					
<input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY					

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44-					Call (916) 322-9669 if questions arise	421
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V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(S) 422					
<input type="checkbox"/> 1. SELF-INSURED <input type="checkbox"/> 4. SURETY BOND <input type="checkbox"/> 7. STATE FUND <input type="checkbox"/> 10. LOCAL GOV'T MECHANISM <input type="checkbox"/> 2. GUARANTEE <input type="checkbox"/> 5. LETTER OF CREDIT <input type="checkbox"/> 8. STATE FUND & CFO LETTER <input type="checkbox"/> 99. OTHER _____ <input checked="" type="checkbox"/> 3. INSURANCE <input type="checkbox"/> 6. EXEMPTION <input type="checkbox"/> 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 (Agent) 424		DATE 425	
Willie Green		8/3/03	
NAME OF APPLICANT (print) 426		PHONE 427	
Willie GREEN		(650) 952-5551	
TITLE OF APPLICANT 427		428	
Project Manager		1998 UPGRADE CERTIFICATE NUMBER (Agency use only) 429	
STATE UST FACILITY NUMBER (Agency use only) (See Data Element 1, above) 428			

**UNIFIED PROGRAM CONSOLIDATED FORM
TANKS
UNDERGROUND STORAGE TANKS - TANK PAGE 1**

(Two pages per tank)

Page ____ of ____

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 4. AMENDED PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION	<input type="checkbox"/> 6. TEMPORARY TANK CLOSURE	430
	<input type="checkbox"/> 3. RENEWAL PERMIT			<input type="checkbox"/> 7. PERMANENTLY CLOSED ON SITE	
		(Specify reason)	(Specify reason)	<input checked="" type="checkbox"/> 8. TANK REMOVED	

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3	FACILITY ID:	CAC002568153	1
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LOCATION WITHIN SITE (Optional) in sidewalk	431
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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	TANK MANUFACTURER	433	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input type="checkbox"/> No	434
4		UNKNOWN		If "Yes," complete one page for each compartment	
DATE INSTALLED (YEAR/MO)	435	TANK CAPACITY IN GALLONS	436	NUMBER OF COMPARTMENTS	437
1953		300 gallons		UNKNOWN	
ADDITIONAL DESCRIPTION (For local use only)					438

II. TANK CONTENTS

TANK USE	439	PETROLEUM TYPE		440
<input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL (If checked, complete Petroleum Type)		<input checked="" type="checkbox"/> 1a. REGULAR UNLEADED	<input type="checkbox"/> 2. LEADED	<input type="checkbox"/> 5. JET FUEL
<input type="checkbox"/> 2. NON-FUEL PETROLEUM		<input type="checkbox"/> 1b. PREMIUM UNLEADED	<input type="checkbox"/> 3. DIESEL	<input type="checkbox"/> 6. AVIATION GAS
<input type="checkbox"/> 3. CHEMICAL PRODUCT		<input type="checkbox"/> 1c. MIDGRADE UNLEADED	<input type="checkbox"/> 4. GASOHOL	<input type="checkbox"/> 99. OTHER:
<input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil)		COMMON NAME (from Hazardous Materials Inventory page)		441
<input type="checkbox"/> 95. UNKNOWN				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 A VAULT	<input type="checkbox"/> 95. UNKNOWN	
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"/> 99. OTHER:
TANK MATERIAL - secondary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL	445
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 9. FRP NON-CORRODABLE JACKET	<input type="checkbox"/> 99. OTHER
		<input type="checkbox"/> 5. CONCRETE	<input checked="" type="checkbox"/> 95. UNKNOWN	446
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	447
	<input type="checkbox"/> 2. ALKYD LINING	<input type="checkbox"/> 4. PHENOLIC LINING	<input type="checkbox"/> 6. UNLINED	<input type="checkbox"/> 99. OTHER
OTHER CORROSION PROTECTION (If Applicable)	<input type="checkbox"/> 1. MANUFACTURED CATHODIC PROTECTION	<input type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC	<input checked="" type="checkbox"/> 95. UNKNOWN	448
	<input type="checkbox"/> 2. SACRIFICIAL ANODE	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 99. OTHER	449
SPILL AND OVERFILL (Check all that apply)	YEAR INSTALLED	450	TYPE	451
<input type="checkbox"/> 1. SPILL CONTAINMENT				OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED
<input type="checkbox"/> 2. DROP TUBE				<input type="checkbox"/> 1. ALARM
<input type="checkbox"/> 3. STRIKER PLATE				<input type="checkbox"/> 2. BALL FLOAT
				<input type="checkbox"/> 3. FILL TUBE SHUT OFF VALVE
				<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	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only)	454
<input checked="" type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY)		<input type="checkbox"/> 1. VISUAL (SINGLE WALL IN VAULT ONLY)	
<input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG)		<input type="checkbox"/> 2. CONTINUOUS INTERSTITIAL MONITORING	
<input type="checkbox"/> 3. CONTINUOUS ATG		<input type="checkbox"/> 3. MANUAL MONITORING	
<input type="checkbox"/> 4. STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING			
<input type="checkbox"/> 5. MANUAL TANK GAUGING (MTG)			
<input type="checkbox"/> 6. VADOSE ZONE			
<input type="checkbox"/> 7. GROUNDWATER			
<input type="checkbox"/> 8. TANK TESTING			
<input type="checkbox"/> 99. OTHER			

V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY)	455	ESTIMATED QUANTITY OF SUBSTANCE REMAINING	456	TANK FILLED WITH INERT MATERIAL?	457
JUNE 2003		0 gallons		UNKNOWN <input type="checkbox"/> Yes <input type="checkbox"/> No	

**UNIFIED PROGRAM CONSOLIDATED FORM
TANKS
UNDERGROUND STORAGE TANKS - TANK PAGE 2**

Page of

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/ MANUFACTURER	<input 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
	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER		
MANUFACTURER				461.	MANUFACTURER	463.		
<input 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 WITH CONTENTS	<input type="checkbox"/> 95. UNKNOWN	<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
<p>SINGLE WALL PIPING 466.</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p><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.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>CONVENTIONAL SUCTION SYSTEMS</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p>EMERGENCY GENERATORS ONLY (Check all that apply)</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>	<p>SINGLE WALL PIPING 467.</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p><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.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 4. DAILY VISUAL CHECK</p> <p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM</p> <p><input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW (Check all that apply):</p> <p><input type="checkbox"/> 8. DAILY VISUAL MONITORING</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p>EMERGENCY GENERATORS ONLY (Check all that apply)</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	468.	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK	469.
DATE INSTALLED		<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH/LINER MONITORING	
		<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input 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 (AGENT)	DATE:	470
<i>Willie Green</i> (AGENT)	8/13/03	
NAME OF OWNER/OPERATOR (print):	TITLE OF OWNER/OPERATOR:	472
Willie Green	Project Manager	

Permit Number (Agency use only)	473.	Permit Approved By (Agency use only)	474.	Permit Expiration Date (Agency use only)	475.
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Figure 1

Date: - . .

Revised:

Key:

Balpol Scott

2511 Summer ave

Palmdale Calif 94605

NOT TO SCALE

Title:

Tank Removal Site Plan

300 # 11

Site: *1043 West MacArthur*

Calloma

Emeryville

ACCUTITE

ENVIRONMENTAL

ENGINEERING

35 South Linden Avenue

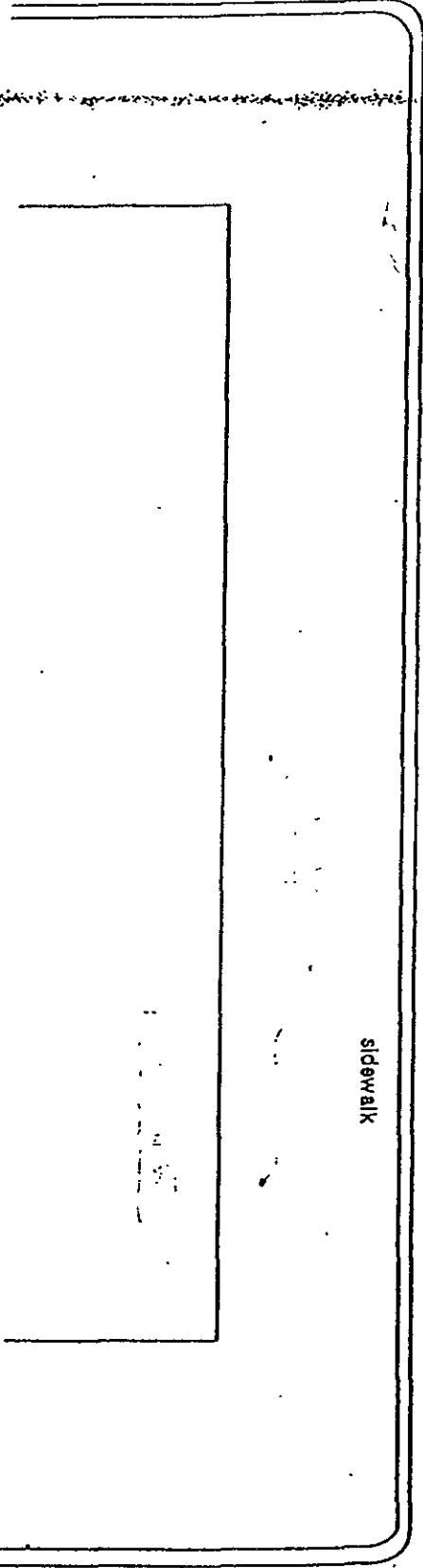
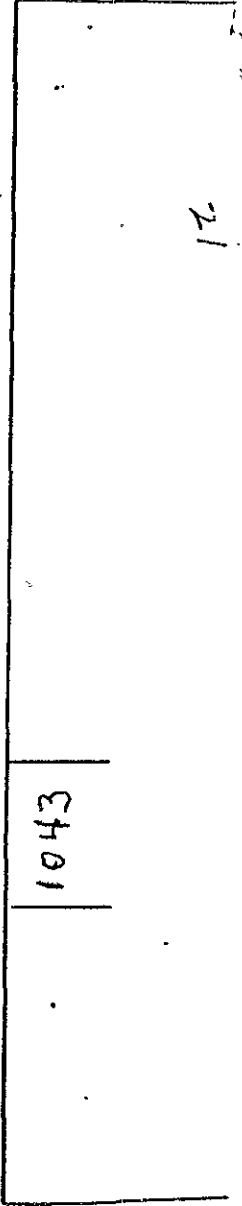
South San Francisco
California 94080

sidewalk

sidewalk

West MacArthur

San Pablo ave



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BG
TECAC-1

DATE (MM/DD/YYYY)
07/07/03

PRODUCER
Andreini & Company-San Mateo
 License 0208825
 220 West 20th Ave
 San Mateo CA 94403
 Phone: 650-573-1111 Fax: 650-378-4395

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

T.E.C. Accutite
Tanya Burda
 35 South Linden Avenue
 South San Francisco CA 94080

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Golden Eagle Insurance Corp.	
INSURER B: State Compensation Ins Fund	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	CBP9503004	07/01/03	07/01/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	9237102	10/01/02	10/01/03	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

30 days cancellation notice except with respect to non-pay which is 10 days.

CERTIFICATE HOLDER	CANCELLATION
0000000 For Information Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Sandy Hamilton</i>

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
07/10/2003

PRODUCER BC ENVIRONMENTAL INS.BROKERS INC 1037 SUNCAST LANE, SUITE 103 DORADO HILLS, CA 95762 (916) 939-1080	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED TECHNOLOGY ENGINEERING & CONSTRUCTION dba TEC/ACCUTITE 35 SOUTH LINDEN AVENUE SOUTH SAN FRANCISCO, CA 94080	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC#</th> </tr> <tr> <td>INSURER A: AMERICAN SAFETY CASUALTY</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: AMERICAN SAFETY CASUALTY		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC#												
INSURER A: AMERICAN SAFETY CASUALTY													
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

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

INSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONT. POLLUTION <input checked="" type="checkbox"/> PROF-CLMS.MADE GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	HSR 03-4468-001	07/01/03	07/01/04	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
		MED EXP (Any one person) \$ 5,000				
		PERSONAL & ADV INJURY \$ 1,000,000				
		GENERAL AGGREGATE \$ 2,000,000				
		PRODUCTS - COMP/OP AGG \$ 2,000,000				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	AXS 03-4468-001	07/01/03	07/01/04	EACH OCCURRENCE \$ 9,000,000
		AGGREGATE \$ 9,000,000				
		\$				
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS

CERTIFICATE HOLDER

FOR INFORMATION ONLY

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

M Wallace



State Of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **762034**

Entity **CORP**

Business Name **TECHNOLOGY ENGINEERING &
CONSTRUCTION INC DBA ACCUTITE**

Classification(s) **A HAZ B C36**

Expiration Date **04/30/2005**





Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 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: EDDY ARMAND TABET
License No.: 762034
Business Name:



WITNESS my hand and official seal this

24

day of

AUGUST 1999

TECHNOLOGY ENGINEERING & CONSTRUCTION INC
ACCUTITE

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

Registrar of Contractors

13L-36 (12/97)



Technology, Engineering & Construction, Inc.

35 South Linden Ave. • So. San Francisco, CA 94080-6407 • Contractor's Lic. #762034
Tel: (650) 952-5551 • Fax: (650) 952-7631 • www.tecaccutite.com

SITE SAFETY PLAN

RALPH A. SCOTT
1043 WEST MACARTHUR BLVD.
EMERYVILLE, CA

This specific Safety and Plan establishes the general safety requirements necessary to protect the public, contractor, employees, owner/operator and properties involved in this project.

SCOPE OF WORK:

- TEC-Accutite will be excavating, removing & disposing of one (1) 300 gallon steel empty underground regular storage tank located at the above location.

- **TEC-ACCUTITE PERSONNEL:**

Project Manager: Willie Green, Designated Health & Safety Coordinator (HSC)
 Foreman: _____
 Laborer/s: _____
 Equipment Operator: _____
 Engineer/s: _____

TEC-Accutite personnel have taken the 40 hour Hazardous Waste Operations and Emergency Response Class and, as required by OSHA 29 CFR 1910.120.

The Health and Safety Coordinator will be on site during all work to verify adherence with the Site Safety Plan. The Health and Safety Coordinator will also coordinate all work with Local and State Health and Safety Representative as needed.

SAFETY AND PROTECTIVE PROCEDURES:

1. TEC-Accutite personnel fills out daily, an on-site Job Site Safety Meeting Report and a Daily Inspection Checklist and Correction Form. (Sample copies attached).
2. If required, TEC-Accutite will notify USA 48 hours before the scheduled removal to locate underground utilities.
3. If required, TEC-Accutite will notify Bay Area Air Quality Management District 5 days prior to the scheduled removal. We will also comply with BAAQMD 8-40-401 Regulation 8, Rule 40.
4. The Health and Safety Coordinator will monitor the site during all work for the presence of gasoline vapors utilizing a combustible Gas Detector (GasTech Model 1314).
5. The Health and Safety Coordinator will mark the exclusion zone and monitor the site for the presence of non-OSHA trained personnel on-site. All visitors shall sign in. If non-OSHA trained visitors or personnel are on-site the HSC will ask the individual/s to exit the exclusion zone
6. **No smoking, drinking or eating will be allowed in work areas.**

RALPH A. SCOTT
1043 WEST MACARTHUR BLVD.
EMERYVILLE, CA

- 7 All personnel are properly trained and will wear half-mask air purifying cartridge respirators (organic cartridge with dust prefilter) when significant detector readings are recorded, or if a significant gasoline odor is detected.
8. Should any emergency arise, work shall be halted and the following regulatory agencies will be notified:
 - (1) Emeryville Fire Department (510) 596-3753
 - (2) California Regional Water Quality Control Board San Francisco Region (510) 622-2300
 - (3) Alameda County of Environmental Health (510) 705-8150

Personnel required to work in the area of gasoline pooling will wear neoprene rubber gloves, chemical goggles, protective clothing, chemical resistant safety boots and a cartridge respirator.

In the event of emergency, personnel will be taken to the nearest hospital, in this case:

CHILDRENS HOSPITAL OAKLAND
747 – 52ND STREET
EMERYVILLE, CA
(510) 428-3000

**** PLEASE SEE ATTACHED DIRECTIONS**
EMERGENCY DIAL 911 WHEN INJURED PERSON(S) CANNOT BE REMOVED FROM SITE
DUE TO SEVERE INJURIES.

Note: Information will be listed on site.

If any of the following exist, please list:

Physical Hazards: _____

Chemical Hazards: _____

Level of Protection (A to D): _____

Nearest Phone and Emergency Numbers: _____

RALPH A. SCOTT
 1043 WEST MACARTHUR BLVD.
 EMERYVILLE, CA



DEPARTMENT/JOBSITE SAFETY MEETING REPORT

DEPARTMENT: _____

MEETING DATE: _____

JOBSITE: _____

TIME: _____ A.M./P.M.

EMPLOYEES IN ATTENDANCE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ACCIDENTS:

REVIEW OF ANY ACCIDENTS THAT HAVE OCCURRED SINCE LAST MEETING:

UNSAFE ACTS/CONDITIONS FROM INSPECTION:

REVIEW OF UNSAFE ACTS/CONDITIONS FROM LAST MEETING:

SAFETY TOPICS DISCUSSED:

EMPLOYEE/SUBCONTRACTOR/SUGGESTIONS/RECOMMENDATIONS/REMARKS:

JOBSITE FOREMAN/SUGGESTIONS/RECOMMENDATIONS/REMARKS:

RALPH A. SCOTT
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EMERYVILLE, CA



**TEC-ACCUTITE ENVIRONMENTAL ENGINEERING
INSPECTION CHECKLIST AND CORRECTION FORM**

MONTHLY: _____
 DAILY: _____
 WEEKLY: _____

GENERAL AREA OR JOB SAFETY CLASS: **TANK INSTALLATIONS, REMOVALS,
OVEREXCAVATIONS & DRILLING**

DATE PREPARED _____ PREPARER _____

**SAFE WORK CONDITION, SAFE WORK PRACTICES
OR PERSONAL PROTECTIVE EQUIPMENT** **CHECKED
(INITIAL)**

1. CAL/OSHA PERMIT ON SITE (IF REQUIRED)
2. U.G. UTILITIES MARKED BY U.S.A.
3. EXCAVATION BARRICADED
4. SPOILS PILES 2 FEET OR MORE FROM EDGE
5. EMPLOYEES WEARING PROPER PROTECTION
5A. HARD HATS
5B. SAFETY SHOES
5C. RESPIRATORS AVAILABLE
6. FIRE EXTINGUISHERS WITHIN 75 FEET OF EXCAVATION
7. FIRST AID KITS ON SITE
8. ALL VEHICLES, EQUIPMENT, AND POWER TOOLS IN SAFE OPERATING ORDER
9. POTABLE WATER AVAILABLE
10. EMERGENCY MEDICAL SERVICES AVAILABLE

CORRECTIVE ACTION NEEDED/TAKEN: _____

IS EQUIPMENT LOCKED OUT DUE TO IMMINENT HAZARD? _____

PERSON RESPONSIBLE FOR CORRECTION: _____

COPY PROVIDED: _____
(DATE) (TIME)

CORRECTED: _____

REVIEWED BY: _____ **DATE:** _____

RALPH A. SCOTT
 1043 WEST MACARTHUR BLVD.
 EMERYVILLE, CA

