

**Alameda County CUPA Program**  
**Contaminated Site Case Transfer Form**

**Referral To:**

<b>Date</b>	10-14-03
<b>Agency</b>	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502
<b>Attention</b>	Donna L. Drogos, LOP/SLIC Program Manager

**Site Information:**

<b>Site Responsible Party(s)</b>	<b>George Haldeman</b>
<b>Site Name</b>	<b>Neptune Apartments</b>
<b>Site Address</b>	<b>600 Central Avenue, Alameda</b>
<b>Site Phone</b>	<b>NA</b>
<b>Site Contractor/Consultant (if available)</b>	<b>Golden Gate Tank Removal</b>
<b>Site DBA</b>	<b>NA</b>

**Site Conditions:**

<b>UST</b>			
USTs removed? # removed: <u>1</u> Date removed: <u>July 14, 2003</u>	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Contents (circle): gasoline diesel waste oil <u>heating oil</u> solvents kerosene stoddard solvent other (specify) _____	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Observations of system (holes, leaks)? <u>FREE PRODUCT</u>	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Observed contamination ( <u>free product</u> smell, soil/water discoloration)?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
o Highest Concentration Detected in Soil Contaminant (specify) <u>Stockpile</u> Concentration <u>0</u> ppm			
o Highest Concentration Detected in Water Contaminant (specify) <u>TPH-D 2.89 ppm</u> <u>FREE PRODUCT PUMPED OUT OF WET HOLE</u>			
Unauthorized Release Form filed?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Future intended use if known? Specify <u>Parking lot</u>	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>NON-UST</b>			
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"/>
o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm			
o 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: Robert Weston Date: 10-14-03

Transfer accepted by (ACEH): \_\_\_\_\_ Date: \_\_\_\_\_





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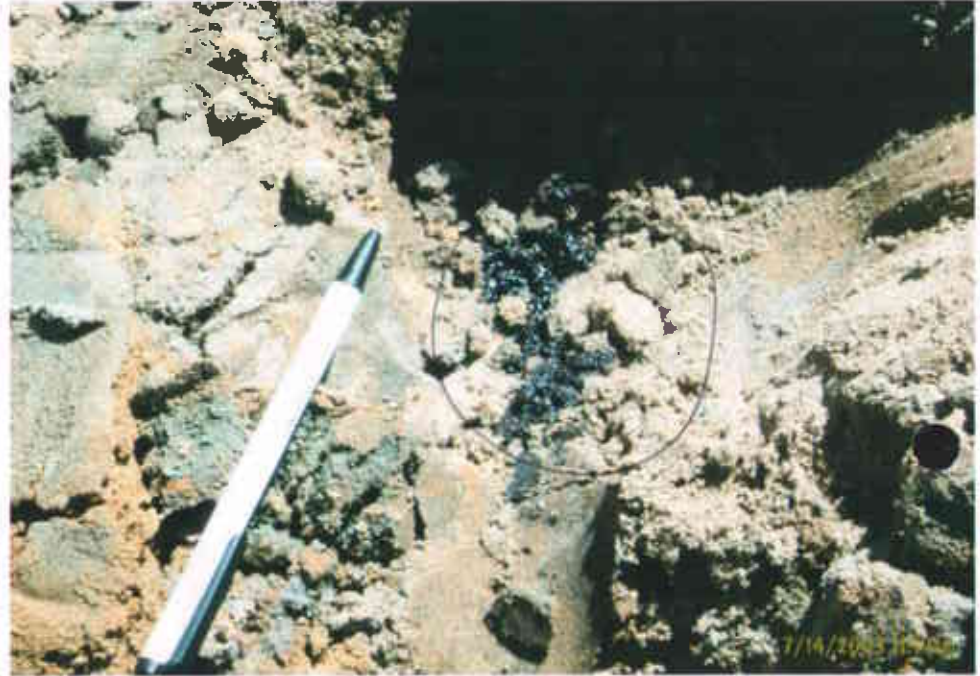
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FREE PRODUCT



PUMPING CONTAMINATED  
H<sub>2</sub>O FROM EXCAVATION



FREE PRODUCT ON H<sub>2</sub>O



FACE Product

7/24/2009 10:08am



7/24/2009 10:30am



7/24/2009 10:28am



7/24/2009 10:29am

## UNDERGROUND STORAGE TANK CLOSURE/REMOVAL FIELD INSPECTION REPORT

Facility Name: <b>APARTMENT COMPLEX</b>	STID:	Date: <b>7-14-03</b>
Facility Address: <b>600 CENTRAL AVE, ANAHEIM</b>	Contact on site: <b>SALVADOR</b>	
Inspector: <b>LOUANN WEBSTER</b>	Contractor/Consultant: <b>G G T R</b>	

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)	1500			
Material last stored	HEATING OIL			
Dry ice used (pounds)				
Combustible gas concentration as %LEL. (Note time & sampling point)				
(1)	0	10:30		
(2)				
(3)				
Oxygen concentration as % volume. (Note time & sampling point)				
(1)	21	10:30		
(2)				
(3)				
Tank Material	STEEL			
Wrapping/Coating, if any	NONE			
Obvious holes?	NO			

Tank Observations	T #1	T #2	T #3	T #4
Obvious corrosion?	YES			
Obvious odors from tank?	YES			
Seams intact?	YES			
Tank bed backfill material	SAND			
Obvious discoloration?	YES			
Obvious odors ex tank bed?	YES			
Water in excavation?	YES			
Sheen/product on water?	YES			
Tank tagged by transporter?	YES			
Tank wrapped for transport?	NO			
Tank plugged w/ vent cap?	YES			
Date/time tank hauled off?	7-14-03			
No. of soil samples taken?	0			
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?			/
Number & depth of water samples from piping trench?			/

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?			1 - SURFACE
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 90 days?	✓		
Date/Time removal/closure operations completed?			
OT hours or additional charges due from contractor?			

**SITE & SAMPLING DIAGRAM**

**Notes/Comments:** GROUND WATER APPROX 3 FT BGS  
HYDROCARBONS FLOATING ON GW PUNTERED OUT PRIOR TO SAMPLING

INSPECTION NOTES

KEN THAKUR, ALAMEDA FIRE ON SITE FOR REMOVAL.

REMOTE FILL STARTS AT CURBSIDE ON CENTRAL AND  
BACK THRU COMPLEX TO THE TANK. IRON PLATE TO BE  
REMOVED AND OPEN (4 INCH) PIPE TO BE GROUTED AT LEAST  
24" DEEP. BOX TO BE FINISH GRADE TO MATCH SIDEWALK.

TO PIPE STUBS INSIDE EQUIPMENT ROOM TO BE  
CUT OFF FLUSH W/ FLOOR AND GROUTED CLOSED.

SIGNIFICANT FLOATING PRODUCT PUMPED OUT OF  
EXCAVATION.

EXCAVATION TO BE FILLED W/ CRUSHED ROCK AND FILL.  
SANDY OVER EXCAVATION MATERIAL APPROX  
30 YARDS TO BE EXPORTED FOR DISPOSAL.

7-15-03 ON SITE TO WITNESS SAMPLING AFTER  
STABILIZATION OF WATER IN PIT.

TWO AMBER BOTTLES (1 LT) AND 2 VOA FILLED.

ON 7-16-03 ABSORBENT PADS WILL BE USED TO ABSORB  
AS MUCH FLOATING PRODUCT AS POSSIBLE.  
THEN EXCAVATION WILL BE FILLED W/ ROCK.



# RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR UNDERGROUND TANK LEAKS

*For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction*

**TABLE #2**  
**REVISED 1 MARCH 1999**

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u> (SW-846 METHOD)		<u>WATER ANALYSIS</u> (Water/Waste Water Method)	
<b>Gasoline</b> (Leaded and Unleaded)	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and		524.2/624 (8260) for water	
	TOTAL LEAD	AA	TOTAL LEAD	AA
	-Optional-			
	Organic Lead	DHS-LUFT	Organic Lead	DHS-LUFT
<b>Unknown Fuel</b>	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and		524.2/624 (8260) for water	
	TOTAL LEAD	AA	TOTAL LEAD	AA
	-Optional-			
	Organic Lead	DHS-LUFT	Organic Lead	DHS-LUFT
<b>Diesel, Jet Fuel, Kerosene,</b> <b>and Fuel/Heating Oil</b>	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and		524.2/624 (8260) for water	
<b>Chlorinated Solvents</b>	CL HC	8260	CL HC	524.2/624 (8260)
	BTEX	8260 or 8021	BTEX	524.2/624 (8260) or 502.2/602 (8021)
<b>Nonchlorinated Solvents</b>	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260 or 8021	BTEX	524.2/624 (8260) or 502.2/602 (8021)
<b>Waste, Used, or Unknown Oil</b>	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	O&G	9070	O&G	418.1
	BTEX	8260	BTEX	524.2/624 (8260)
	CL HC	8260	CL HC	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and		524.2/624 (8260) for water	
	METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil water			
	PCB*, PCP*, PNA, CREOSOTE by 8270 for soil and 524/625 (8270) for water			
	If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)			

**NOTES:**

1. 8021 replaces old methods 8020 and 8010
2. 8260 replaces old method 8240
3. Reference: Table B-1 in Appendix B of "Expedited Site Assessment Tools for Underground Storage Tank Sites: A Guide for Regulators" (EPA 510-B-97-001).



### Yahoo! Maps

[Back to Map](#)

★ 600 Central Ave, Alameda, CA 94501-3766



**When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.**

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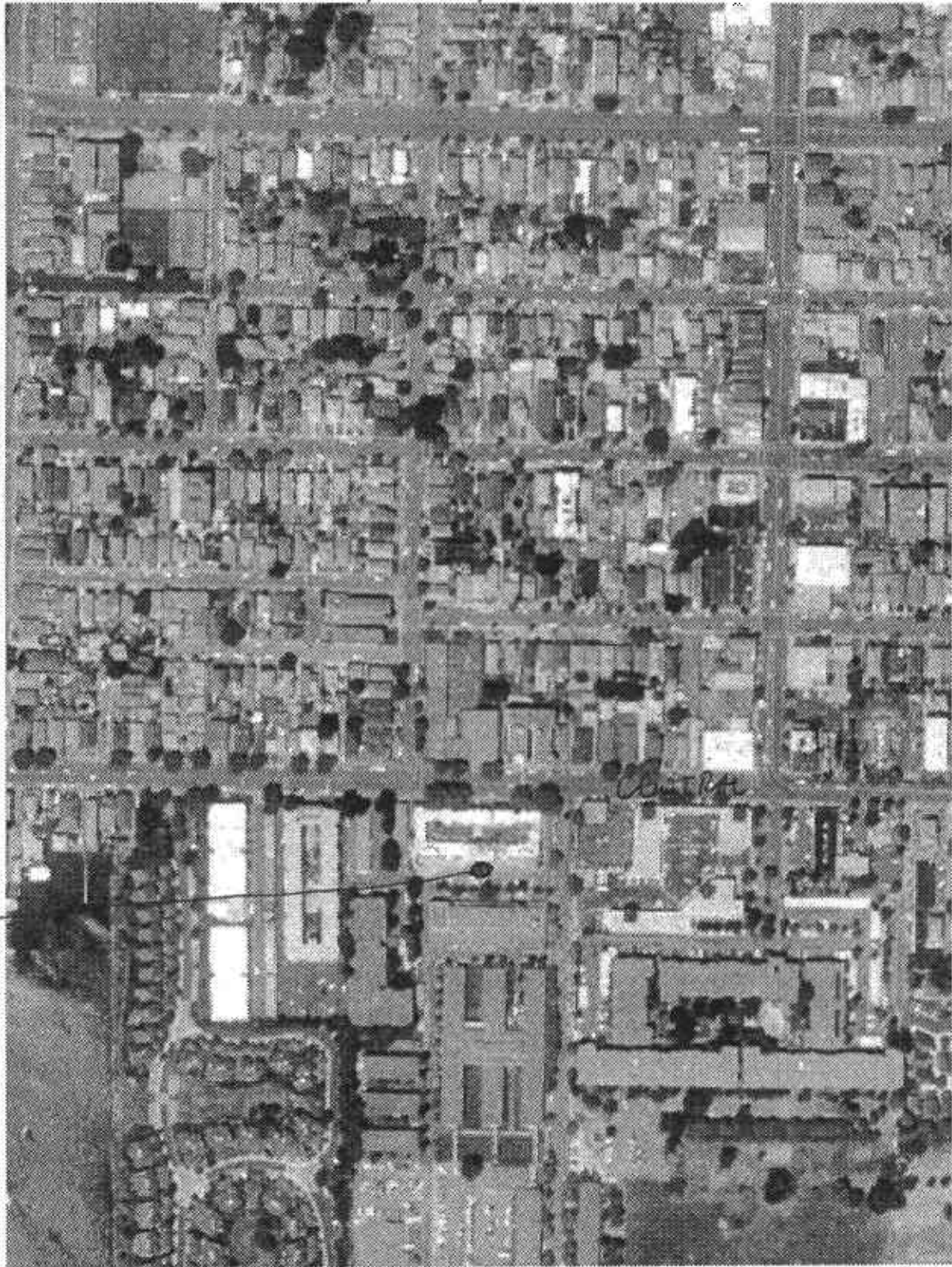
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Show Grid Lines

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USGS Oakland, California, United States 10 Jul 1993



TANK  
LOCATION

Central

0 100M

0 100yd

Image courtesy of the U.S. Geological Survey  
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600 CENTRAL AVE, Alameda A

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 plan indicated by the Department are to assure compliance with State and local laws. The project proposed herein is now returned for issuance of any required building permits for construction/demolition.

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, 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\***

Contract Specialist:

*Robert Weston*

*6-19-03*

*SEE TABLE #2*

*FOR ANALYSES*

*OF SOIL AND GROUNDWATER*

**UNDERGROUND TANK CLOSURE PLAN**

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

1. Name of Business Residential Apartment Building  
 Business Owner or Contact Person (PRINT) Mr. George Haldeman
  2. Site Address 600 Central Avenue  
 City Alameda Zip 94501 Phone (415) 929-1367
  3. Mailing Address 3286 Jackson Street  
 City San Francisco Zip 94118 Phone (415) 929-1367
  4. Property Owner Mr. George Haldeman  
 Business Name (if applicable) N/A  
 Address 3286 Jackson Street  
 City, State San Francisco, CA Zip 94118
  5. Generator name under which tank will be manifested  
Mr. George Haldeman
- EPA ID# under which tank will be manifested 002566501 *pu*





The first part of the document  
 discusses the general principles  
 of the system and its  
 components. It covers the  
 basic concepts and the  
 overall structure of the  
 system.

The second part of the document  
 describes the implementation  
 details and the specific  
 components of the system.  
 It provides a detailed  
 overview of the system's  
 architecture and the  
 various modules that  
 make up the system.

The third part of the document  
 discusses the performance  
 characteristics and the  
 results of the system.  
 It presents the data and  
 the analysis of the system's  
 performance under various  
 conditions.

The fourth part of the document  
 discusses the conclusions and  
 the future work. It  
 summarizes the findings of  
 the study and identifies  
 the areas for further  
 research.

6. Contractor Golden Gate Tank Removal, Inc.  
Address 255 Shipley Street  
City San Francisco, CA 94107-1010 Phone (415) 512-1555  
License Type A, Haz, 616521 ID# 94-3381177
7. Consultant (if applicable) None  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Phone \_\_\_\_\_
8. Main Contact Person for Investigation (if applicable)  
Name Tracy Wallace Title President  
Company Golden Gate Tank Removal, Inc.  
Phone (415) 512-1555
9. Number of underground tanks being closed with this plan One  
Length of piping being removed under this plan Unknown  
Total number of underground tanks at this facility (\*\*confirmed with owner or operator) One
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 Clearwater Environmental Management, Inc. EPA I.D. No. CAR000007013  
Hauler License No. 118459 License Exp. Date November 11, 2003  
Address P.O. Box 2407  
City Union City State CA zip 94587-2407

b) Product/Residual Sludge/Rinsate Disposal Site

Name Clearwater Environmental EPA ID# CAR000007013  
Address P.O. Box 2407  
City Union City State CA zip 94587-2407

c) Tank and Piping Transporter

Name Ecology Control Industries (E.C.I.) EPA I.D. No. CAD009466392  
Hauler License No. 1533 License Exp. Date March 3, 2004  
Address 255 Parr Boulevard  
City Richmond, State CA Zip 94801

d) Tank and Piping Disposal Site

Name E.C.I. EPA I.D. No. CAD009466392  
Address 255 Parr Boulevard  
City Richmond, State CA Zip 94801

11. Sample Collector

Name Salvador Mora, Project Manager  
Company Golden Gate Tank Removal, Inc.  
Address 255 Shipley Street  
City San Francisco, State CA Zip 94107 Phone (415) 559-3092

12. Laboratory

Name North State Labs  
Address 90 South Spruce Avenue, Suite V  
City South San Francisco, State CA Zip 94080  
State Certification No. 1753

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:

Removal of residual product, purge, inert (dry ice) and rinse. If necessary, with the consent of  
the Alameda Fire Department,  
\_\_\_\_\_

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)		
1,500 gallon	Diesel (Heating Oil)	Soil, Groundwater if encountered	TBD

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)

10 Yards

Sampling Plan

4 point composite for every 50 cubic yard,

4 point composite for every 20 cubic yards if reused.

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

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

If yes, explain reasoning \_\_\_\_\_

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

16. Chemical methods and associated detection limits to be used for analyzing samples:

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPH-D	Brass tube containment	8015	0.5 ppm
BTEX		8210	.005 ppm
MTBE		8020 (Confirmed by method 8260)	.005 ppm

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 (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.

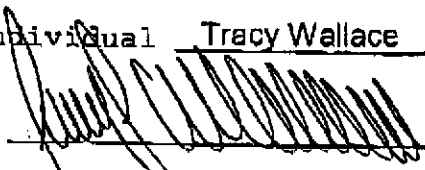
I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner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

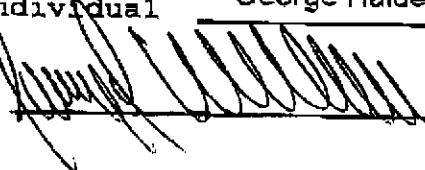
Name of Individual Tracy Wallace

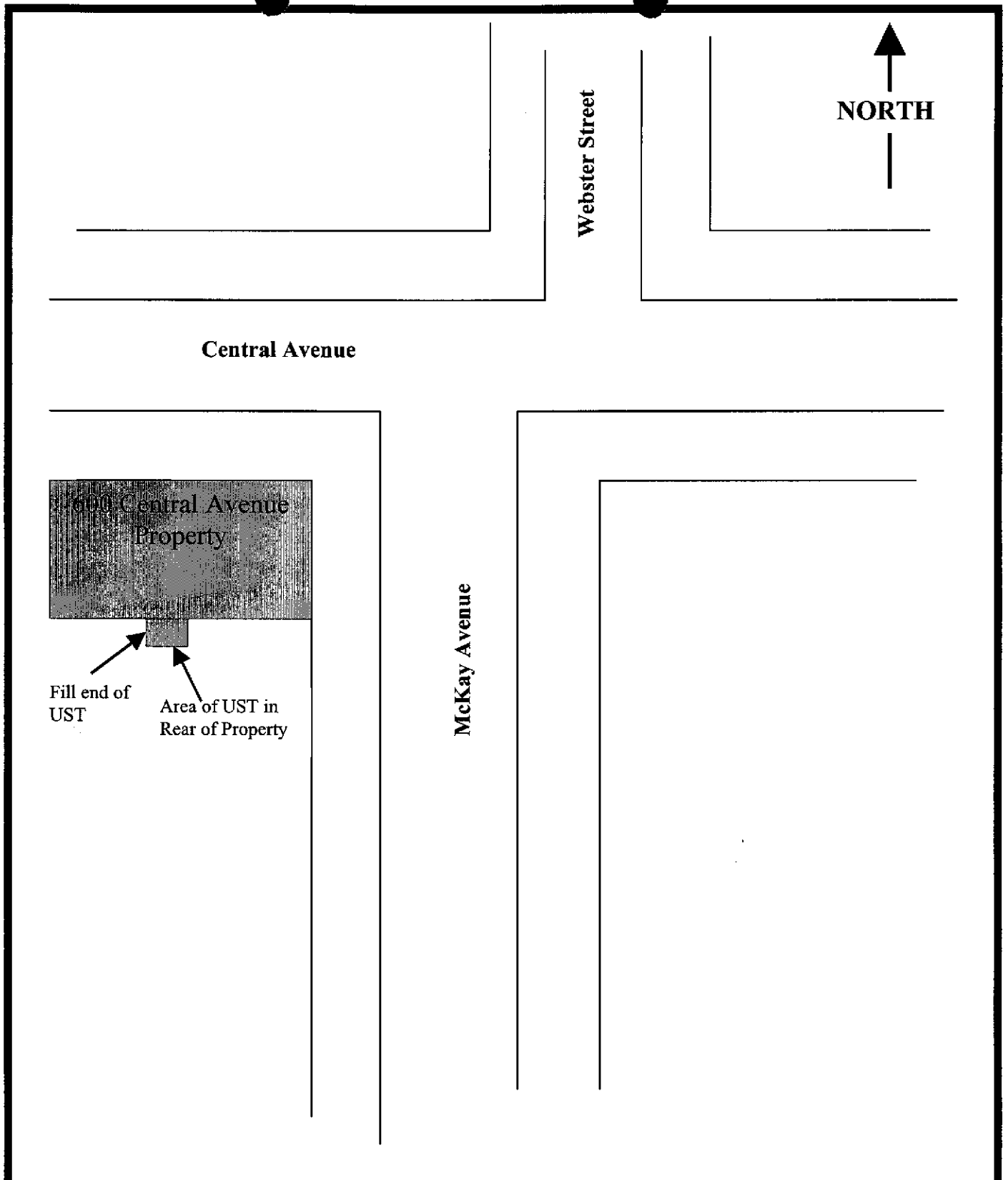
Signature  *ON BEHALF OF*  
*OWNER* Date June 12, 2003

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Residential Apartment Building

Name of Individual George Haldeman

Signature  *ON BEHALF OF*  
*OWNER* Date June 12, 2003



**GOLDEN GATE TANK REMOVAL, INC.**

255 Shipley Street

San Francisco, California 94107-1010

Telephone (415) 512 1555 Fax (415) 512 0964

**SITE MAP**

600 Central Avenue

Alameda, CA 94501

Project # 8375

By: tlw

Not to scale

June 2003

Figure 2

**SITE SAFETY PLAN  
UNDERGROUND TANK REMOVAL**

**600 CENTRAL AVENUE  
ALAMEDA, CALIFORNIA 94501**

**JUNE 12, 2003**

**GOLDEN GATE TANK REMOVAL, INC.  
255 SHIPLEY STREET  
SAN FRANCISCO, CALIFORNIA 94107-1010**

**PROJECT # 8375**

# SITE HAZARD INFORMATION

## PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE

Owners Name: George Haldeman  
Site Address: 3286 Jackson Street  
San Francisco, CA 94118  
Directions to Site: Cross Street is: McKay Avenue and Webster Street

Consultant On Site: Golden Gate Tank Removal, Inc. Phone number: 415/512-1555  
Site Safety Officer: Salvador Mora Phone Number: 415/512-1555  
Type of Facility: \_\_\_\_\_ Mobile Number: (415) 559-3092  
Site Activities:  Drilling  construction  Tank Excavation  Soil Excavation  
 Work in Traffic Area  Groundwater Extraction  Vapor Extraction  Above Ground Remediation  
 Other: Underground storage tank removal.

### Hazardous Substances

Name (CAS#)	Expected Concentration	Health Affects
<u>Heating Oil</u>	<u>Minimal</u>	_____
_____	_____	_____
_____	_____	_____

### Physical Hazards

Noise  Excavations/Trenches  
 Traffic  Other: \_\_\_\_\_  
 Underground Hazards \_\_\_\_\_  
 Overhead Lines \_\_\_\_\_  
Potential Explosions and Fire hazards: \_\_\_\_\_

### Level of Protection Equipment

A  B  C  D  See Personal Protective Equipment

### Personal Protective Equipment

R = Required A = As Needed

<u>R</u> Hard Hat	<u>A</u> Safety Eye wear (Type) _____
<u>A</u> Safety Boots	<u>A</u> Respirator (Type) <u>1/2 Face</u>
<u>R</u> Orange Vest	<u>A</u> Filter (Type) <u>Carbon</u>
<u>A</u> Hearing Protection	<u>A</u> Gloves (Type) <u>Leather</u>
_____ Tyvek Coveralls	_____ Other _____

# SITE HAZARD INFORMATION

## Monitoring Equipment On Site

- Organic Vapor Analyzer
- Oxygen Meter
- H2S Meter
- Air Sampling Pump
- Combustible Gas Meter
- Other \_\_\_\_\_

Site Control Measures Normal Pedestrian, Orange Cones, Traffic Signs

Decontamination Procedures Warm Water Soap

Hospital/Clinic Alameda Hospital Phone (510) 522-3700

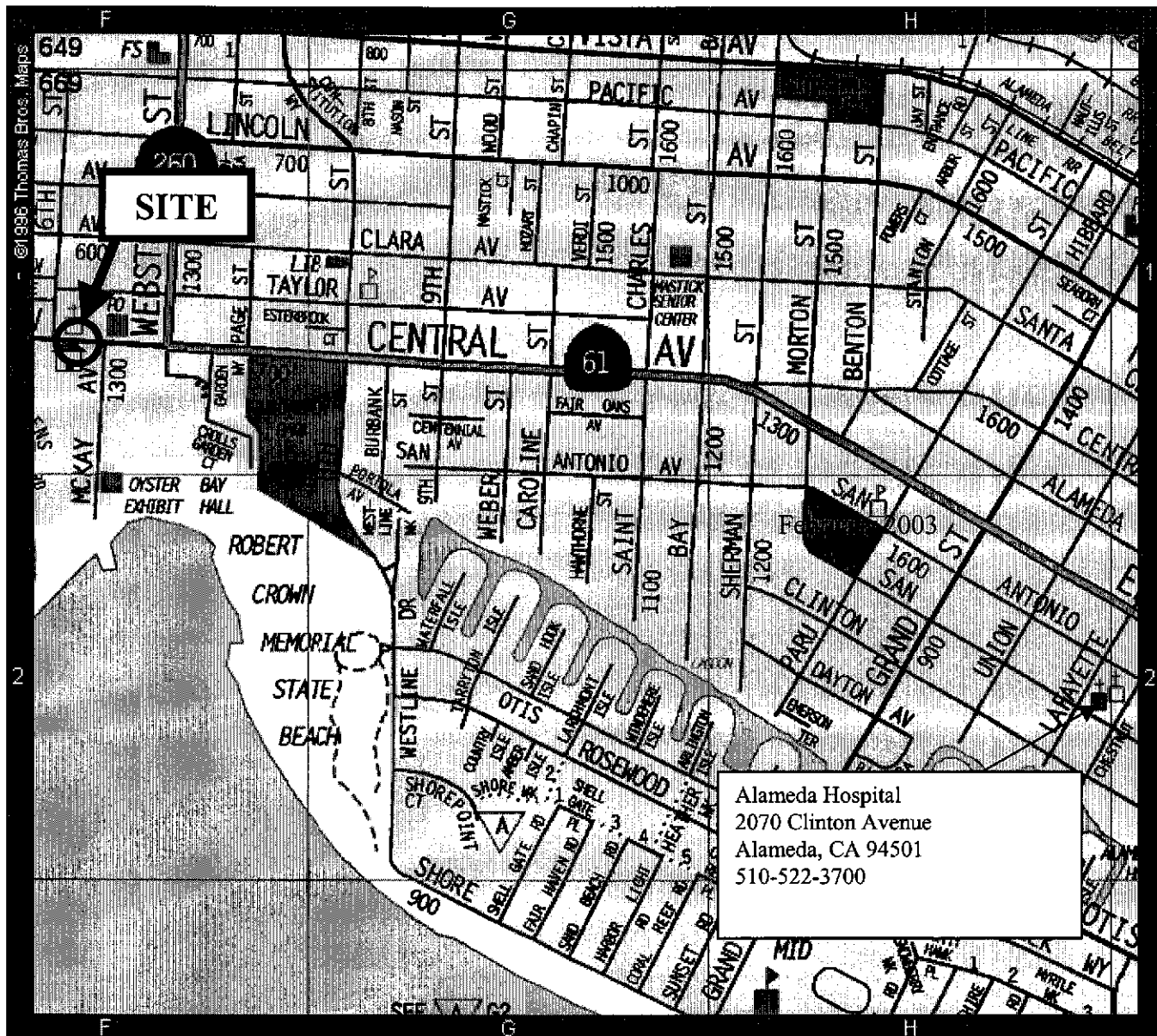
Hospital Address 2070 Clinton Avenue, Alameda, CA 94501

Paramedic 911 Fire Dept. 911 Police Dept. 911

Emergency/Contingency Plans & Procedures See Safety Procedures

Site Hazard Information Provided By: Tracy Wallace - On Behalf of the Owner Phone: (415) 512-1555

Signature:  Date: June 12, 2003



**GOLDEN GATE TANK REMOVAL, INC.**  
255 Shipley Street  
San Francisco, California 94107-1010  
Telephone (415) 512 1555 Fax (415) 512 0964

**HOSPITAL MAP**  
Alameda Hospital  
2070 Clinton Avenue  
Alameda, CA 94501, Ph. 510-522-3700

Project 8375	By: tlw	Not to scale	June 2003	Figure H
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## **600 Central Avenue, Alameda, California, 94501**

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### **1.0 PURPOSE**

This operating procedure establishes minimum procedures for protecting personnel against the hazardous properties during the performance of the removal of an underground storage tank and related activities. All employees and subcontractors of Golden Gate Tank Removal shall follow this plan. This plan is developed to work with the California Occupational Safety and Health Code to quickly prepare and issue a site safety plan for the removal of an underground storage tank and the related activities.

### **2.0 APPLICABILITY**

This procedure is applicable to the removal of underground storage tanks and the related activities. Listed below are some of, but not limited to, the activities and substances that may be encountered during the project.

#### Activities:

The work to be performed will include: the excavation of potentially contaminated soil in order to expose the underground storage tank, the stock piling of soil, the removal and manifested disposal of the tank, the recovery of soil samples from the excavation and stockpiled soil, and the backfill and resurfacing of the excavation.

#### Substances:

- Diesel Fuel Oil (Home Heating Oil)
- Lead and Unleaded Gasoline
- Diesel Fuel
- Motor Oil (used and unused)

### **3.0 RESPONSIBILITY AND AUTHORITY**

Personnel responsible for project safety are the business unit's Health and Safety Officer (HSO), the Project Manager (PM), and the Site Safety Officer (SSO).

The HSO is responsible for reviewing and approving the site safety plan and advising both the PM and SSO on health and safety matters. The HSO has the authority to audit compliance with the provisions of the site safety plan, suspend work or modify work practices for safety reasons, and to dismiss from the site any individual whose conduct on-site endangers the health and safety of themselves and/or others.

The PM is responsible for having the site safety plan prepared and distributed to all field personnel and to an authorized representative of each firm contracted to assist with the on-site work.

## 600 Central Avenue, Alameda, California, 94501

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The SSO is responsible for assisting the PM with on-site implementation of site safety plan. The SSO may suspend work anytime he/she determines that the provisions of the site safety plan are inadequate to ensure worker safety and inform the PM and HSO of individuals whose on-site behavior jeopardizes their health and safety or the health and safety of others.

### 4.0 HAZARD EVALUATION/CRITERIA

#### Chemical

The general types of chemical hazards associated with this project are exposure to various chemical substances, including but not limited to, petroleum hydrocarbon liquids and vapors, caustic and acidic mists, liquids and solids.

Exposure to elevated levels of hydrocarbon vapors presents potential health risks that need to be properly controlled. Work practices and methods will be monitored to limit exposures. Where elevated exposures persist, respiratory protection will be the primary control method to protect personnel from inhalation of hydrocarbon vapors.

#### Physical

The general types of physical hazards associated with this project are:

- Mechanical hazards: swinging objects, machinery, etc.,
- Physical lifting, shoveling, climbing (ladder), etc.,
- Electrical hazards: buried cables and overhead power lines,
- Thermal hazards: heat stress, and heat exhaustion
- Acoustical hazards: excessive noise created by machinery.

#### Flammability

The general types of flammable hazards associated with this project are fire hazards: natural gas and product lines, flammable petroleum hydrocarbons, and motor driven equipment.

Petroleum distillate fuels possess two intrinsic hazardous properties, namely, flammability and toxicity. The flammable property of the oil and fuels presents a far greater hazard to field personnel than toxicity because it is difficult to protect against and can result in catastrophic consequences. Being Flammable, the vapors of volatile components of crude oil and the fuels can be explosive when confined.

Eliminating any one of the three factors needed to produce combustion can minimize the probability of fire and explosion. Two of the factors, ignition source and vapor concentration, can be controlled in many cases. Prohibiting open fires and smoking on-site, installing spark arrestors on engines and turning off engines when LEL is approached can control ignition. Introducing dry ice (solid carbon dioxide) in the tank can reduce vapor concentrations in the headspace; the carbon dioxide gas will displace the combustible vapors.

## **5.0 HEALTH AND SAFETY DIRECTIVES**

### **Site-Specific Safety Briefing**

Before fieldwork begins, all field personnel, including subcontractor employees must be briefed on their work assignments and safety procedures contained in this document.

### **Personal Protective Equipment**

Each field team member shall have on-site, before the commencement of work, the following personal protective equipment:

- NIOSH-approved full or half face respirator with organic vapor cartridges (cartridges will be supplied pending the work criteria).
- Hard-hat and safety vest
- Leather work boots, steel toed boots are strongly suggested
- Leather work gloves
- Ear protection, earphone type or ear plugs
- Eye protection, safety glasses and splash proof goggles

### **Equipment Usage**

Hard-hats and safety vests must be worn at all times when on the job site.

Safety goggles must be worn when working within 10 feet of any operating heavy equipment (e.g., jackhammer, and backhoe). Splash-proof goggles or face shields must be worn whenever product quantities of fuel are encountered.

Respirators must be worn whenever total airborne hydrocarbon levels in the breathing zone of field personnel reach or exceed a 15-minute average of 25 ppm. If total airborne hydrocarbons in the breathing zone exceed 100 ppm, work must be suspended, personnel directed to move a safe distance from the source, and the HSO or designee consulted.

Chemical-resistant safety boots must be worn during the performance of work where surface soil is obviously contaminated.

### **Monitoring**

Personal exposure to ambient airborne hazards will be monitored to assure that personnel exposures do not exceed acceptable limits and that appropriate selection of protective equipment items is made. If concentrations approach criteria levels, all personnel will be notified of possible site safety changes. Audits will be conducted by the Safety Officer to insure compliance with the Safety Plan and to provide additional support as required.

## 600 Central Avenue, Alameda, California, 94501

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### Area Control

Access to hazardous and potential hazardous work sites must be controlled to reduce the probability of occurrence of physical injury and chemical exposure of field personnel, visitors and the public. A hazardous or potential hazardous area includes area where a tank removal or related activity is being performed and/or field personnel are required to wear respirators.

Cordons, barricades, and/or emergency traffic cones or posts, depending on conditions must identify the boundaries of hazardous and potentially hazardous areas. If such areas are left unattended, signs warning of the danger and forbidding entry must be placed around the perimeter if the areas are accessible to the public. Trenches and other large holes must be guarded with wooded or metal barricades spaced no further than 20 feet apart and connected with yellow caution tape. The barricades must be placed no less than two feet from the edge of the excavation or hole.

Entry to hazardous areas shall be limited to individuals who must work in those areas. Unofficial visitors must not be permitted to enter hazardous areas while work in those areas is in progress.

Official visitors should be discouraged from entering hazardous areas, but may be allowed to enter only if they agree to abide by the safety officer and are informed of the potential dangers that could be encountered in the areas.

### Decontamination

Field decontamination of personnel and equipment is not required except when contamination is obvious (visual or by odor). Recommended de-contamination procedures follow:

#### Personnel

Gasoline, heating oil, diesel and oil should be removed from skin using a mild detergent and water. Hot water is more effective than cold. Liquid dishwashing detergent is more effective than hand soap. If weathered to an asphaltic condition, mechanics waterless hand cleaner is recommended for initial cleaning followed by detergent and water.

#### Equipment

Gloves, respirators, hard-hats, boots and goggles should be cleaned as described under personnel. However, if boots do not become clean after washing with detergent and water, they should be cleaned with a strong solution of trisodium phosphate and hot water. If this fails, clean with diesel oil followed by detergent and water to remove diesel oil.

Sampling equipment, augers, vehicle undercarriages, and tires should be steamed cleaned. The steam cleaner is a convenient source of hot water for personnel and protective equipment cleaning.

**600 Central Avenue, Alameda, California, 94501**

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**6.0 SAFETY AND HEALTH TRAINING**

Each individual on the job site should have been or is preparing to attend the 40 hr. Hazardous Materials Handling Course as required by the California Occupational Safety and Health Association. In addition, the HSO conducts BI-weekly health and safety meetings.

Each morning before fieldwork begins, all field personnel, including subcontractor employees, must attend the site-specific safety briefing at their work site to receive assignments and safety procedures.

**7.0 RECORD KEEPING REQUIREMENT**

The following record keeping requirements will be maintained in the program file indefinitely. The particular organization responsible for these records is also listed.

- Copy of this Health and Safety Plan - Golden Gate Tank Removal.
- Health and Safety Training Certification Form for Site Safety Officer -- Golden Gate Tank Removal.
- Any accident/illness report forms -- All Parties.
- Personal sampling results -- Golden Gate Tank Removal.
- Documentation of employee's medical ability to perform work and wear respirators -- All parties.

Prepared By:

Tracy Wallace  
Golden Gate Tank Removal, Inc.

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

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business Residential Apartment Building

Business Owner or Contact Person (PRINT) Mr. George Haldeman

2. Site Address 600 Central Avenue

City Alameda Zip 94501 Phone (415) 929-1367

3. Mailing Address 3286 Jackson Street

City San Francisco Zip 94118 Phone (415) 929-1367

4. Property Owner Mr. George Haldeman

Business Name (if applicable) N/A

Address 3286 Jackson Street

City, State San Francisco, CA Zip 94118

5. Generator name under which tank will be manifested  
Mr. George Haldeman

EPA ID# under which tank will be manifested ~~CA 0000000000~~  
CA 0002566501



**Attn: Alameda County Health Care Services Agency  
Environmental Health Services**

**Health Permit Application  
Underground Tank Removal**

*ALAMEDA* 600 Central Avenue  
~~San Francisco~~, California 94501

**June 12, 2003**

**Golden Gate Tank Removal, Inc.  
255 Shipley Street  
San Francisco, California 94107-1010**

**Project # 8375**



# UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK FACILITY FORM

(one page per site)



TYPE OF ACTION (Check one item only)

1. NEW SITE PERMIT       3. RENEWAL PERMIT       5. CHANGE OF INFORMATION (Specify change) - (local use only)

2. AMENDED PERMIT       6. TEMPORARY SITE CLOSURE       7. PERMANENTLY CLOSED SITE

8. TANK REMOVED

**I. FACILITY / SITE INFORMATION**

1 BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 2 FACILITY ID #

Residential Apartment Property

NEAREST CROSS STREET 401

McKay Avenue

BUSINESS TYPE  1. GAS STATION     2. FARM     3. PROCESSOR     4. COMMERCIAL     5. OTHER

1. CORPORATION     2. INDIVIDUAL     3. PARTNERSHIP

4. LOCAL AGENCY/DISTRICT     5. COUNTY AGENCY\*     6. STATE AGENCY\*     7. FEDERAL AGENCY\*

TOTAL NUMBER OF TANKS AT SITE 404

1 (one)

Is facility on Indian Reservation or trustlands?  Yes     No

\*If owner of UST is public agency, name of supervisor of division, section or office which operates the UST. (This is the contact person for the tank records.)

**II. PROPERTY OWNER INFORMATION**

PROPERTY OWNER NAME 407

George Haldeman

PHONE 408

415-929-1367

MAILING OR STREET ADDRESS 405

3286 Jackson Street

CITY 410

San Francisco

STATE 411

California

ZIP CODE 412

94118

PROPERTY OWNER TYPE  1. CORPORATION     2. INDIVIDUAL     3. PARTNERSHIP     4. LOCAL AGENCY / DISTRICT     5. COUNTY AGENCY     6. STATE AGENCY\*     7. FEDERAL AGENCY\*

**III. TANK OWNER INFORMATION**

TANK OWNER NAME 414

Same as # II

PHONE 415

MAILING OR STREET ADDRESS 416

CITY 417

STATE 418

ZIP CODE 419

TANK OWNER TYPE  1. CORPORATION     2. INDIVIDUAL     3. PARTNERSHIP     4. LOCAL AGENCY / DISTRICT     5. COUNTY AGENCY     6. STATE AGENCY     7. FEDERAL AGENCY

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER**

TY (TK) HQ 4 4 - - - - -

Call (916) 322-9669 if questions arise

**V. PETROLEUM UST FINANCIAL RESPONSIBILITY**

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

**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

**VII. APPLICANT SIGNATURE**

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

SIGNATURE OF APPLICANT 424

June 12, 2003

PHONE 425

(415) 512-1555

NAME OF APPLICANT (Print) 426

Tracy Wallace - On behalf of the owner.

TITLE OF APPLICANT 427

Office Manager

STATE UST FACILITY NUMBER (For local use only) 429

1990 UPGRADE CERTIFICATE NUMBER (For local use only) 429





UNIFIED PROGRAM CONSOLIDATED FORM

UNDERGROUND STORAGE TANK FORM

PAGE 1

(two pages per tank)



Page 1 of 2

TYPE OF ACTION (Check one item only)

- 1. NEW SITE PERMIT
2. RENEWAL PERMIT

- 4. AMENDED PERMIT (Specify reason - local use only)

- 5. CHANGE OF INFORMATION (Specify change - local use only)

- 6. TEMPORARY SITE CLOSURE
7. PERMANENTLY CLOSED SITE
8. TANK REMOVED

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Residential Apartment Property FACILITY ID #

LOCATION WITHIN SITE (Optional) 600 Central Avenue Alameda California 94501 431

I. TANK DESCRIPTION

TANK ID # Unknown 432 TANK MANUFACTURER Unknown 433 COMPARTMENTALIZED TANK Yes No 434

DATE INSTALLED (YEAR/MO) Unknown 435 TANK CAPACITY IN GALLONS 1,500 436 NUMBER OF COMPARTMENTS 437

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439 PETROLEUM TYPE 440 1. MOTOR VEHICLE FUEL 2. LEADED 5. JET FUEL 3. CHEMICAL PRODUCT 4. HAZARDOUS WASTE 95. UNKNOWN 99. OTHER Heating Oil

COMMON NAME (from Hazardous Materials Inventory page) 441 GAS # (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only) 1. SINGLE WALL 2. DOUBLE WALL 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER 4. SINGLE WALL IN A VAULT 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 95. UNKNOWN 99. OTHER 443

TANK MATERIAL - primary tank (Check one item only) 1. BARE STEEL 2. STAINLESS STEEL 3. FIBERGLASS / PLASTIC 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 5. CONCRETE 6. FRP COMPATIBLE W/100% METHANOL 95. UNKNOWN 99. OTHER 444

TANK MATERIAL - secondary tank (Check one item only) 1. BARE STEEL 2. STAINLESS STEEL 3. FIBERGLASS / PLASTIC 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 5. CONCRETE 6. FRP COMPATIBLE W/100% METHANOL 7. FRP NON-CORRODIBLE JACKET 8. COATED STEEL 95. UNKNOWN 99. OTHER 445

TANK INTERIOR LINING OR COATING (Check one item only) 1. RUBBER LINED 2. ALKYD LINING 3. EPOXY LINING 4. PHENOLIC LINING 5. GLASS LINING 6. UNLINED 95. UNKNOWN 99. OTHER 446 DATE INSTALLED 447

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 99. OTHER 448 DATE INSTALLED 449

SPILL AND OVERFILL (Check all that apply) 1. SPILL CONTAINMENT 2. DROP TUBE 3. STRIKER PLATE YEAR INSTALLED 450 TYPE (For local use only) 451 OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452 1. ALARM 2. BALL FLOAT 3. FILL TUBE SHUT OFF VALVE 4. EXEMPT

IV. TANK LEAK DETECTION

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

V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

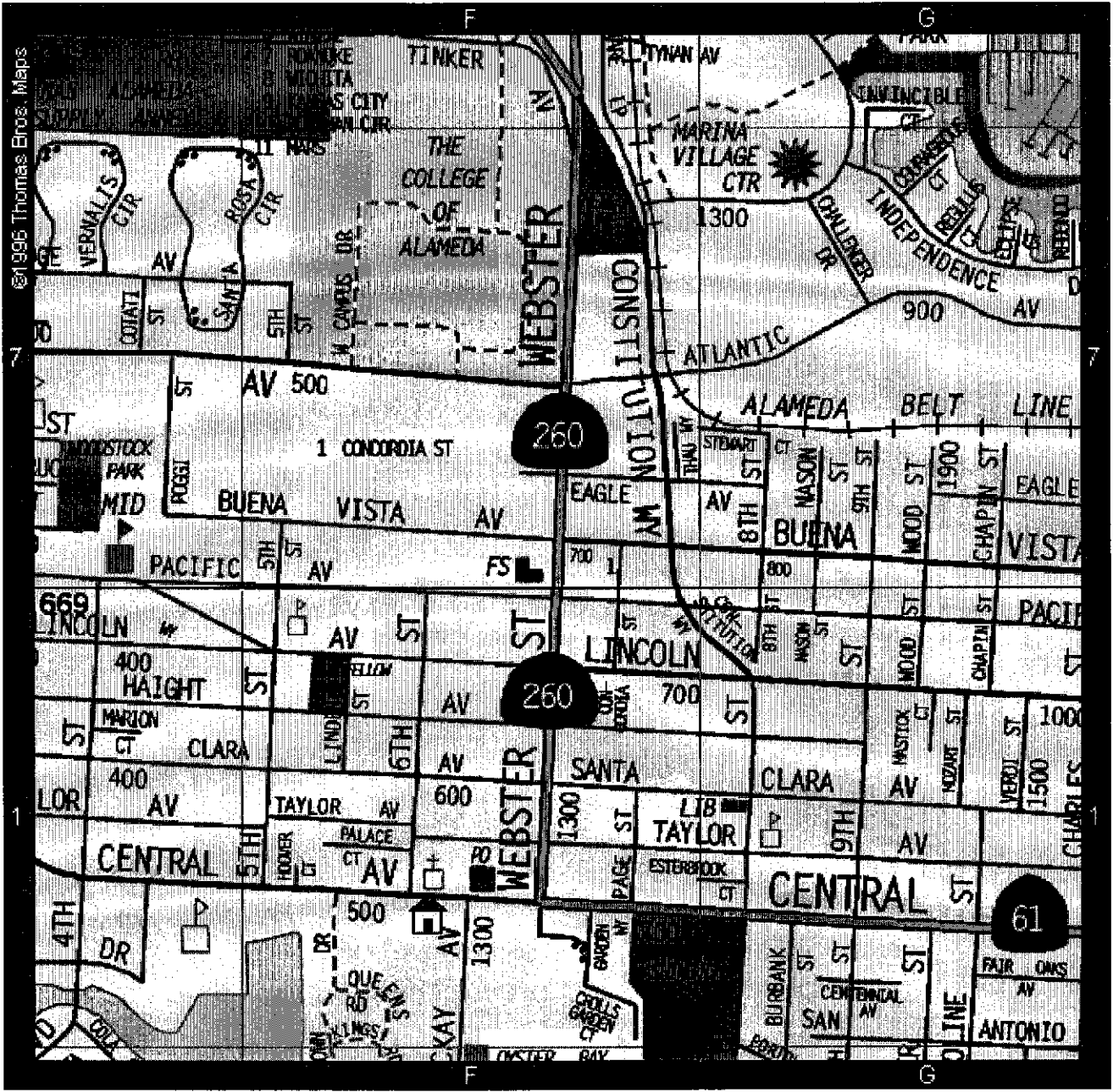
ESTIMATED DATE LAST USED (YR/MO/DAY) Unknown 455 ESTIMATED QUANTITY OF SUBSTANCE REMAINING Unknown gallons 456 TANK FILLED WITH INERT MATERIAL? Yes No 457

# UNDERGROUND STORAGE TANK FORM

PAGE 2

(Two pages per tank)

VI. PIPING CONSTRUCTION (Check all that apply)			
UNDERGROUND PIPING		ABOVEGROUND PIPING	
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE <input checked="" type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY		<input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY
CONSTRUCTION/MANUFACTURER	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL MANUFACTURER <input type="checkbox"/> 3. LINED TRENCH <input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 3. OTHER <input type="checkbox"/> 99. UNKNOWN	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL MANUFACTURER <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER
MATERIALS AND CORROSION PROTECTION	<input checked="" type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 3. PLASTIC COMPATIBLE WITH CONTENTS <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 5. STEEL W/ COATING	<input type="checkbox"/> 6. FRP COMPATIBLE W/ 100% METHANOL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 9. CATHODIC PROTECTION	<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 3. PLASTIC COMPATIBLE WITH CONTENTS <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 5. STEEL W/ COATING
			<input type="checkbox"/> 6. FRP COMPATIBLE W/ 100% METHANOL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 9. CATHODIC PROTECTION <input type="checkbox"/> 95. UNKNOWN
VII. PIPING LEAK DETECTION (Check all that apply)			
UNDERGROUND PIPING		ABOVEGROUND PIPING	
SINGLE WALL PIPING		SINGLE WALL PIPING	
PRESSURIZED PIPING (Check all that apply)		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"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)		<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"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 4. DAILY VISUAL CHECK	
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 <input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)	
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)	
<input type="checkbox"/> 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"/> 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) WITH FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 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"/> 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		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"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK		<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) <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"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 4. DAILY VISUAL CHECK <input type="checkbox"/> 5. TRENCH LINER / MONITORING <input type="checkbox"/> 6. NONE
DATE INSTALLED	468		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		ATE	470
		June 12, 2003	
NAME OF OWNER/OPERATOR (print)	471	TITLE OF OWNER/OPERATOR	472
	Tracy Wallace- Agent for the owner.		Office Manager
Permit Number (For local use only)	473	Permit Approved (For local use only)	474
			Permit Expiration Date (For local use only) 475



**GOLDEN GATE TANK REMOVAL, INC.**  
255 Shipley Street  
San Francisco, California 94107-1010  
Telephone (415) 512 1555 Fax (415) 512 0964

**VICINITY MAP**  
600 Central Avenue  
Alameda, CA 94501

Project 8375	By: tlw	Not to scale	June 2003	Figure 1
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**CITY of ALAMEDA**

2263 SANTA CLARA AVENUE, FINANCE DEPT  
 ALAMEDA, CALIFORNIA 94501-4456  
 (510) 748-4561

# BUSINESS LICENSE TAX CERTIFICATE

FOR THE PERIOD  
 FROM 07/01/2002 TO 06/30/2003  
 NUMBER 27492

<b>MAILING ADDRESS</b>		<b>ISSUE DATE</b>		
GOLDEN GATE TANK REMOVAL		09/19/2002		
255 SHIPLEY ST SAN FRANCISCO CA 94107		<b>THIS CERTIFICATE IS EFFECTIVE FOR THE PERIOD          SHOWN ABOVE</b>  <b>NON-TRANSFERABLE</b> <b>POST IN A CONSPICUOUS PLACE</b>		
<b>BUSINESS NAME</b>		<b>ACCOUNT NUMBER</b>		
GOLDEN GATE TANK REMOVAL		014693		
<b>BUSINESS LOCATION</b>		<b>BUSINESS TYPE</b>		
255 SHIPLEY ST SAN FRANCISCO, CA 94107		SPECIALTY CONTRACTORS		
<b>BUSINESS OWNER</b>				
JIM TRACY				
<b>TAX CAT</b>	<b>SIC CODE</b>	<b>ID NUMBER</b>	<b>SALES NUMBER</b>	<b>CONTR NUMBER</b>
T1	1799	563138470		616521

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID AS  
GOLDE-6

DATE (MM/DD/YYYY)

12/05/02

PRODUCER  
**CAI Insurance & Associates**  
 License # 0241094  
 2311 Taraval Street  
 San Francisco CA 94116  
 Phone: 415-661-6500 Fax: 415-661-2254

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  
  
**Golden Gate Tank Removal**  
 255 Shipley Street  
 San Francisco CA 94107

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>State Compensation Ins. Fund</b>	
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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <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 \$
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$  OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
<b>A</b>		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	<b>571-00-7200</b>	<b>10/01/02</b>	<b>10/01/03</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1000000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1000000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1000000</b>
		<b>OTHER</b>				

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

\* NOTE 10 DAY CANCELLATION NOTICE MAY BE ISSUED FOR NON PAYMENT OF PREMIUM

## CERTIFICATE HOLDER

## CANCELLATION

EVIDENS

FOR EVIDENCE

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



**ACORD CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY) 03/14/2003

**PRODUCER**  
 BC ENVIRONMENTAL INS. BROKERS INC  
 1037 SUNCAST LANE, SUITE 103  
 EL DORADO HILLS, CA 95762  
 (916) 939-1080

**INSURED**  
 GOLDEN GATE TANK REMOVAL, INC.  
 255 SHIPLEY STREET  
 SAN FRANCISCO, CA 94107

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

**COMPANIES AFFORDING COVERAGE**

COMPANY A GULF UNDERWRITING INSURANCE CO.  
 COMPANY B CLARENDON NATIONAL INSURANCE CO.  
 COMPANY C GREENWICH INSURANCE COMPANY  
 COMPANY D

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> POLLUTION LIAB <input checked="" type="checkbox"/> PROF-CLMS. MADE	GU2839902	01-23-03	01-23-06	GENERAL AGGREGATE \$2,000,000
					PRODUCTS - COMP/OP AGG \$2,000,000
					PERSONAL & ADV INJURY \$1,000,000
					EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
B	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	PA10100571	01-23-03	01-23-04	COMBINED SINGLE LIMIT \$1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
					EACH OCCURRENCE \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				WC STATUTORY LIMITS \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
C	PROPERTY/INLAND MARINE EQUIPMT.	2528613	01/23/03	01/23/04	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

- FOR INFORMATION ONLY -

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

AUTHORIZED REPRESENTATIVE *MW Ollie*



## REQUIREMENTS FOR ON-SITE CUTTING OF UNDERGROUND HEATING OIL TANKS

Various Circumstances at underground heating oil tank removals may make on-site cutting of tanks necessary or advantageous. Due to the inherent safety, health, and environmental hazards, Golden Gate Tank Removal has imposed the following conditions on cutting of any tanks that have held combustible hazardous materials.

1. The cutting of any tank that previously held flammable liquids shall not be included in this program (ie: gasoline or kerosene).
2. The local fire department shall be advised in advance of planned on-site cutting, or of any change from approved plans to include on-site cutting. The cutting of any tank that previously held combustible liquids shall be approved in advance by the local fire department inspector.
3. Tanks shall be completely emptied and the contents handled in accordance with all pertinent regulations.
4. To minimize release of the hazardous waste, any tank to be cut in place shall be cleaned to render it non-hazardous. All efforts shall be made to clean the tank to bare metal. Rinsate shall be handled in accordance with all pertinent regulations.
5. Any tank which held a combustible liquid shall be inerted to an atmosphere in the tank below 5% of Lower Explosive Limit (LEL) throughout cutting.
6. Cutting implements shall be approved for use prior to the cutting of any tank. Tanks that are properly triple rinsed, cleaned to bare metal, inerted, and inspected for non-hazardous condition may be hot cut only with approval from the local fire department. Edged tools may be used if the tank is properly inerted. Edged tools shall be kept lubricated with cutting oil or water spray.
7. At least one charged 20BC Fire extinguisher shall be kept on-site, immediately accessible to the workers performing the cutting.
8. Occupational Health and Safety provisions of Title 8, California Code of Regulations, shall be observed, including but not limited to site safety plans, confined space entry, respirators and other personal protection equipment, and sanitation.
9. All other pertinent regulations, including but not limited to those of the local Department of Public Health, local Fire Department, and local Department of Public Works, Bay Area Air Quality Management District, and Bay Regional Water Quality Control Board, shall be observed.

**This Program is currently being submitted to the San Mateo County Office of Environmental Health Hazard and the Hillsborough Fire Department for onsite cutting of the heating oil tank located at 816 Vista Road in Hillsborough, California.**