

R02603



5180 Golden Foothill Parkway, Suite 200, El Dorado Hills, CA. 95762-9608

4/18/2007

Jerry Wickham
Hazardous Materials Specialist
Alameda County Environmental Health
1131 Harbor Bay Parkway, Suite 250
Alameda, Ca. 94502-6577

**Re: Fuel Tank Removals – Fuel Leak Case # RO0002603
RMC Pacific Materials d.b.a. CEMEX - Eliot Aggregate Plant
1544 Stanley Blvd., Pleasanton, CA. 94566**

Mr. Wickham:

Please find enclosed the removal report for the two underground fuel tanks (10,000-gallon diesel and 10,000-gallon gasoline) at the above-referenced CEMEX facility. We ask that you forgive the delay in submitting the report -- the problem starting by not receiving the report from the contractor in a timely manner.

Along with the submittal of the enclosed report, CEMEX requests Alameda County to consider closure for the site based on the results of laboratory analysis on the soil samples taken from the two tank locations.

Please do not hesitate to contact me at (925) 426-2261 or by fax at (925) 462-5372 if you have any questions or concerns.

Certification Statement

I declare under penalty of perjury, that the information and/or recommendations contained in the attached report is true and correct. All data that is contained in the attached report, was obtained in compliance with the California Health and Safety Code, California Code of Regulations, Business and Professions Code, California Water Code, and the Alameda County Code.

A handwritten signature in black ink, appearing to read "Robert Aldenhuysen".

Robert Aldenhuysen
Environmental Manager
Enc.

cc: S. La Macchia
Files

2007 APR 19 10:11:10



**UST REMOVALS &
SOIL INVESTIGATIONS REPORT
CEMEX ELIOT AGGREGATE PLANT
1544 STANLEY BOULEVARD
PLEASANTON, CALIFORNIA 94566**

Prepared by:

A handwritten signature in black ink, appearing to read "Robert Aldenhuisen".

Robert Aldenhuisen
Environmental Manager

Reviewed by:

A handwritten signature in black ink, appearing to read "Louis B. Schipper III".

Louis B. Schipper III
Director, Environmental West Region
Professional Geologist #5936

**UST REMOVALS &
SOIL INVESTIGATIONS REPORT
CEMEX ELIOT AGGREGATE PLANT
1544 STANLEY BOULEVARD
PLEASANTON, CALIFORNIA 94566**

I. INTRODUCTION

Site Background

RMC Pacific Materials d.b.a. CEMEX owned and operated two 10,000 gallon, double-wall fiberglass, underground fuel tanks (gasoline and diesel) at its aggregate quarrying and processing plant located in Pleasanton, California. On January 11, 2007 the tanks were permanently removed from the site by a State licensed contractor. This report describes the process of removal and the results of laboratory analyses on soil samples taken during the removals.

Project Management - CEMEX

Mr. Louis Schipper, CEMEX Director, Environmental West Region, a California Professional Geologist, was responsible for technical and administrative evaluation and peer review of the project. Mr. Robert Aldenhuisen, CEMEX Environmental Manager, was the primary contact responsible for the supervision of the field activities in coordination with the tank removal contractor.

Methodology

Two underground fuel tanks were removed from the site in the following manner:

- On January 10, 2007 the above-referenced underground fuel tanks were prepared for removal, under contract, by Technology, Engineering & Construction, Inc. (TEC-Accutite; Contractor License #762034) of South San Francisco, California. [Appendix B]
- Electrical power, fuel dispensers, and all supply and delivery piping were disconnected. All scrap materials were placed together for recycling or disposal.
- Residual fuel was pumped out of the tanks as necessary, the tanks triple rinsed, and the rinseate placed into three 55-gallon drums. The drums were labeled as hazardous waste, placed together in the plant's hazardous waste accumulation area for removal.
- The tank tops were exposed by breaking the surface concrete with a backhoe-attached impact hammer and an excavator to remove the cover material. All broken

surface-cover concrete, excavated soil, and removed aggregate fill material was placed in temporary stockpiles on an adjoining concrete surface.

- Approximately three hundred pounds of dry ice pellets was placed in each tank to ensure that the combustible gases were below the regulated LEL.
- The tanks were removed from the ground on January 11, 2007. Mr. Robert Weston, Senior Hazardous Materials Specialist from Alameda County Environmental Health visually inspected the final preparation measures and the subsequent tank removals. As each tank was lifted from the excavation and placed onto a haul truck, the tanks were judged to be in very fine condition with no evidence of holes, leakage, or staining.
- The excavation pits were also visually inspected for any contamination staining along the sidewalls and underlying material. No staining or discoloration was observed at either excavation.
- Mr. Weston determined that three samples should be taken and analyzed from the native soil material at the former diesel tank location and four samples should be taken at the former gasoline tank location. This was done in the following manner:

Diesel Tank:

1. C-1 grab sample of material removed by the excavator bucket from a point 10.5 feet below surface grade at the west end of the excavation.
2. C-2 grab sample of material removed by the excavator bucket from a point 10.5 feet below surface grade at the east end of the excavation.
3. SP-1 composite grab sample taken from the spoils pile.

Gasoline Tank:

1. C-3 grab sample from the excavator bucket removed from a point 13 feet below surface grade at the west end of the excavation.
 2. C-4 grab sample from the excavator bucket removed from a point 13 feet below surface grade at the east end of the excavation.
 3. C-5 grab sample taken from a point 4 feet below surface grade beneath the former gasoline dispenser.
 4. SP-2 composite grab sample taken from the spoils pile.
- The samples were taken to Severn-Trent (STL), a State-certified laboratory located in Pleasanton, under strict chain-of-custody protocol. The samples removed from the former gasoline tank were analyzed for gas-BTEX, MtBE, EtBE, TBA, TAME, DIPE, 1,2-DCA and EDB (EPA method 8260B); the samples from the former diesel tank were analyzed for TPH – diesel (EPA method 8015B), BTEX, and MTBE. All analysis were conducted on a normal (two week) laboratory turnaround basis.
 - Based on the field observations at the tanks, and the need to remove potential fall-hazards, the diesel tank excavation was immediately backfilled with the material from its spoils pile. The gasoline tank pit however was only partially backfilled due to the need to repair damaged electrical connections to nearby site lighting. That location was coned and taped off to identify the hazard until the repair was made.

Results of Laboratory Analyses

The results of laboratory analyses revealed that all samples were non-detect for BTEX, MtBE, EtBE, TBA, TAME, DIPE, 1,2-DCA, and EDB at both excavations. The analyses did reveal a presence of TPH – diesel in samples C-1 (1.4 mg/Kg) and SP-1 (12 mg/Kg) but not in sample C-2. The results for that sample were less than the laboratory minimum detection limit of 0.97 mg/Kg. [Table 1 and Appendix A]

Hazardous Waste Disposal

All hazardous waste materials that were generated during the tank removal project were sorted, packed, and labeled for removal from the site.

- The two fuel tanks left the site under manifests to the ECI facility in Richmond, California on January 11, 2007 [Appendix B].
- The tank rinseate drums were removed from the facility under manifest on February 6, 2007 [Appendix B].

Discussion & Conclusion

Analytical results of the soil samples taken from around and beneath the former gasoline dispenser indicate that the location is free of petroleum contamination. This contradicts the previous analyses [Table 2] of samples taken during the installation of Under Dispenser Containment (UDC). Contamination encountered at that time (2003) appears to have been localized to the immediate dispenser area.

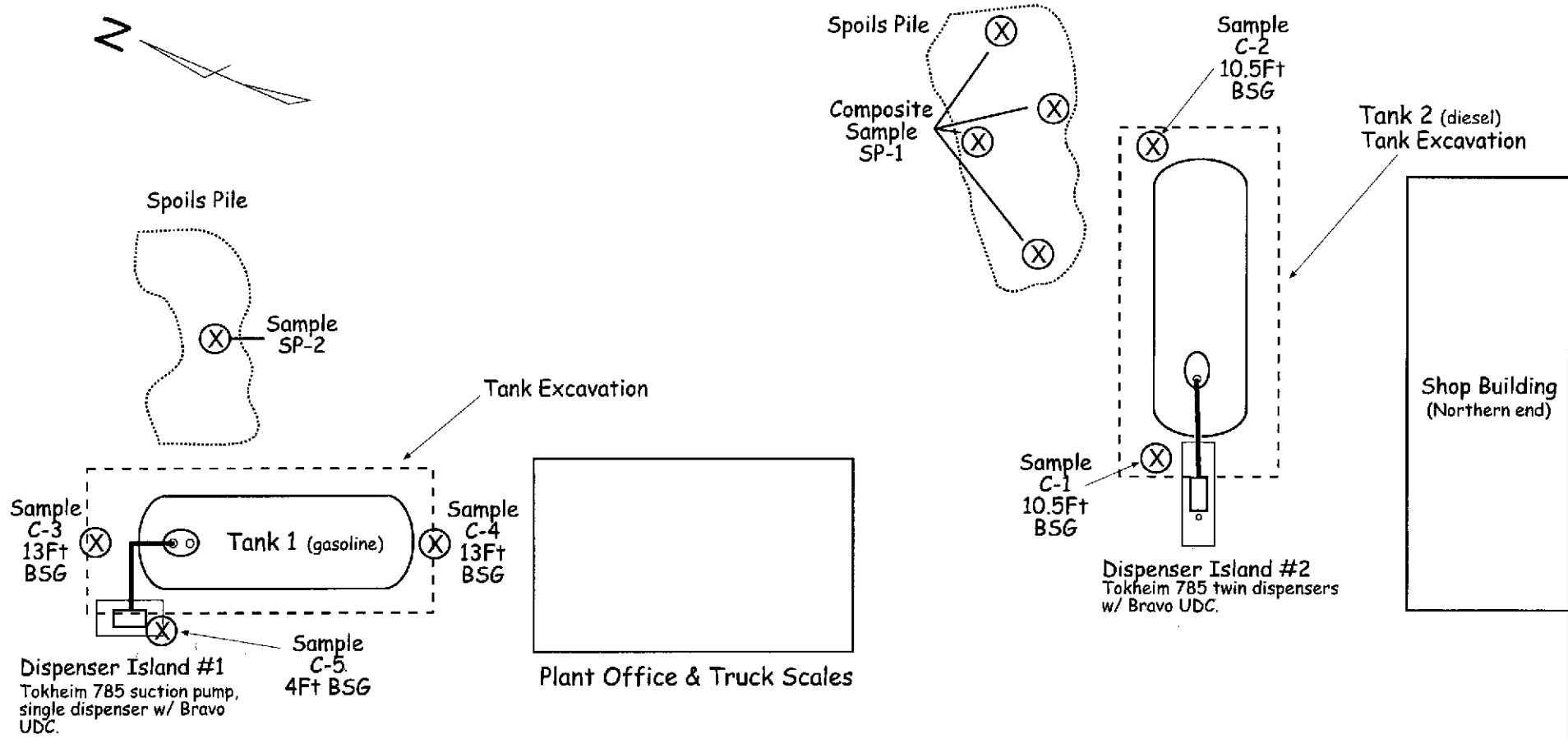
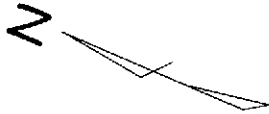
In summary, despite finding low concentrations of diesel fuel in the diesel tank excavation and stockpile, it is unlikely that the material will pose a major risk to the environment. The groundwater table below the site is over one hundred feet below surface grade. We believe that these low levels of petroleum hydrocarbons do not pose a risk to groundwater and the environment and suggest that passive bioremediation will be the best mitigation.

Based on the findings of this investigation CEMEX hereby requests that Alameda County Department of Environmental Health consider granting closure for the site.

Tables & Figures

Eliot Fuel System Removals

1544 Stanley Blvd. Pleasanton, California 94566



5180 Golden Foothill Parkway, Suite 200, El Dorado Hills, CA. 95762-9608

DATE	SCALE	DRAWN	FILE	REV.
3/29/07	Not to Scale	RA	ELIOT UST Removals	4

Table 1
Eliot Aggregate Plant
Results of Analysis
Fuel Tank Excavations - Soil Sampling

Sample Date	Sample ID	Sample Depth ¹	Benzene (mg/Kg)	Toluene (mg/Kg)	Ethyl-benzene (mg/Kg)	Xylene (mg/Kg)	MTBE (mg/Kg)	TAME (mg/Kg)	TBA (mg/Kg)	DIPE (mg/Kg)	ETBE (mg/Kg)	Diesel (mg/Kg)
1/11/2007	C-1	10.5	ND	ND	ND	ND	ND	ND	ND	ND	ND	1.4
1/11/2007	C-2	10.5	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
1/11/2007	SP-1	Composite	ND	ND	ND	ND	ND	ND	ND	ND	ND	12
1/11/2007	C-3	13	ND	ND	ND	ND	ND	ND	ND	ND	ND	NA
1/11/2007	C-4	13	ND	ND	ND	ND	ND	ND	ND	ND	ND	NA
1/11/2007	C-5	4	ND	ND	ND	ND	ND	ND	ND	ND	ND	NA
1/11/2007	SP-2	Composite	ND	ND	ND	ND	ND	ND	ND	ND	ND	NA

Notes:

¹ = Feet below surface grade

NA = Not analyzed.

ND = Non-detect; below detection limits of laboratory for that analyte.

Table 2
Eliot Aggregate Plant
Results of Analysis - Gas/BTEX Compounds
Gasoline System
Under Dispenser Soil Sampling (Historic)

Sample Date	Sample ID	Sample Depth ¹	Gasoline (mg/Kg)	Benzene (mg/Kg)	Toluene (mg/Kg)	Ethyl-benzene (mg/Kg)	Xylene (mg/Kg)	MTBE (mg/Kg)
11/20/2003	G-1	3	2300	12	110	53	260	71

Notes:

¹ = feet below surface grade

Appendix A

Laboratory Results of Analysis



STL

ANALYTICAL REPORT

Job Number: 720-7276-1

Job Description: 1544 Stanley

For:
Cemex
PO BOX 5252
Pleasanton, CA 94566

Attention: Mr. Robert Aldenhuisen

A handwritten signature in cursive script that reads "Melissa Brewer".

Melissa Brewer
Project Manager I
mbrewer@stl-inc.com
01/16/2007

Project Manager: Melissa Brewer

EXECUTIVE SUMMARY - Detections

Client: Cemex

Job Number: 720-7276-1

Lab Sample ID Analyte	Client Sample ID	Result / Qualifier	Reporting Limit	Units	Method
720-7276-1 Diesel Range Organics [C10-C28]	SP-1	12	0.97	mg/Kg	8015B
720-7276-2 Diesel Range Organics [C10-C28]	C-1@10' 6"	1.4	0.99	mg/Kg	8015B

METHOD SUMMARY

Client: Cemex

Job Number: 720-7276-1

Description	Lab Location	Method	Preparation Method
Matrix: Solid			
Volatile Organic Compounds by GC/MS	STL SF	SW846 8260B	
Purge and Trap for Solids	STL SF		SW846 5030B
Nonhalogenated Organics using GC/FID -Modified (Diesel Range Organics)	STL SF	SW846 8015B	
Microscale Solvent Extraction (MSE)	STL SF		SW846 3570

LAB REFERENCES:

STL SF = STL San Francisco

METHOD REFERENCES:

SW846 - "Test Methods For Evaluating Solid Waste, Physical/Chemical Methods", Third Edition, November 1986 And Its Updates.

SAMPLE SUMMARY

Client: Cemex

Job Number: 720-7276-1

<u>Lab Sample ID</u>	<u>Client Sample ID</u>	<u>Client Matrix</u>	<u>Date/Time Sampled</u>	<u>Date/Time Received</u>
720-7276-1	SP-1	Solid	01/11/2007 1337	01/11/2007 1542
720-7276-2	C-1@10' 6"	Solid	01/11/2007 1347	01/11/2007 1542
720-7276-3	C-2@10' 6"	Solid	01/11/2007 1359	01/11/2007 1542
720-7276-4	SP-2	Solid	01/11/2007 1407	01/11/2007 1542
720-7276-5	C-3@13'	Solid	01/11/2007 1451	01/11/2007 1542
720-7276-6	C-4@13'	Solid	01/11/2007 1455	01/11/2007 1542
720-7276-7	C-5@4'	Solid	01/11/2007 1506	01/11/2007 1542

Analytical Data

Client: Cemex

Job Number: 720-7276-1

Client Sample ID: SP-1

Lab Sample ID: 720-7276-1

Date Sampled: 01/11/2007 1337

Client Matrix: Solid

Date Received: 01/11/2007 1542

8260B Volatile Organic Compounds by GC/MS

Method: 8260B

Analysis Batch: 720-17171

Instrument ID: Varian 3900A

Preparation: 5030B

Lab File ID: c:\satumws\data\200701\01

Dilution: 1.0

Initial Weight/Volume: 5.01 g

Date Analyzed: 01/12/2007 1510

Final Weight/Volume: 10 mL

Date Prepared: 01/12/2007 1510

Analyte	DryWt Corrected: N	Result (mg/Kg)	Qualifier	RL
Benzene		ND		0.0050
Ethanol		ND		1.2
Ethylbenzene		ND		0.0050
MTBE		ND		0.0050
TAME		ND		0.0050
Toluene		ND		0.0050
Xylenes, Total		ND		0.010
TBA		ND		0.010
DIPE		ND		0.0050
Ethyl tert-butyl ether		ND		0.0050
Surrogate		%Rec		Acceptance Limits
Toluene-d8 (Surr)		102		70 - 130
1,2-Dichloroethane-d4 (Surr)		120		60 - 140

Analytical Data

Client: Cemex

Job Number: 720-7276-1

Client Sample ID: C-1@10' 6"

Lab Sample ID: 720-7276-2

Date Sampled: 01/11/2007 1347

Client Matrix: Solid

Date Received: 01/11/2007 1542

8260B Volatile Organic Compounds by GC/MS

Method: 8260B

Analysis Batch: 720-17171

Instrument ID: Varian 3900A

Preparation: 5030B

Lab File ID: c:\saturnws\data\200701\01

Dilution: 1.0

Initial Weight/Volume: 5.43 g

Date Analyzed: 01/12/2007 1448

Final Weight/Volume: 10 mL

Date Prepared: 01/12/2007 1448

Analyte	DryWt Corrected: N	Result (mg/Kg)	Qualifier	RL
Benzene		ND		0.0046
Ethanol		ND		1.2
Ethylbenzene		ND		0.0046
MTBE		ND		0.0046
TAME		ND		0.0046
Toluene		ND		0.0046
Xylenes, Total		ND		0.0092
TBA		ND		0.0092
DIPE		ND		0.0046
Ethyl tert-butyl ether		ND		0.0046
Surrogate		%Rec		Acceptance Limits
Toluene-d8 (Surr)		107		70 - 130
1,2-Dichloroethane-d4 (Surr)		118		60 - 140

Analytical Data

Client: Cemex

Job Number: 720-7276-1

Client Sample ID: C-2@10' 6"

Lab Sample ID: 720-7276-3

Date Sampled: 01/11/2007 1359

Client Matrix: Solid

Date Received: 01/11/2007 1542

8260B Volatile Organic Compounds by GC/MS

Method: 8260B

Analysis Batch: 720-17171

Instrument ID: Varian 3900A

Preparation: 5030B

Lab File ID: c:\saturnws\data\200701\01

Dilution: 1.0

Initial Weight/Volume: 5.26 g

Date Analyzed: 01/12/2007 1426

Final Weight/Volume: 10 mL

Date Prepared: 01/12/2007 1426

Analyte	DryWt Corrected: N	Result (mg/Kg)	Qualifier	RL
Benzene		ND		0.0048
Ethanol		ND		1.2
Ethylbenzene		ND		0.0048
MTBE		ND		0.0048
TAME		ND		0.0048
Toluene		ND		0.0048
Xylenes, Total		ND		0.0095
TBA		ND		0.0095
DIPE		ND		0.0048
Ethyl tert-butyl ether		ND		0.0048
Surrogate		%Rec		Acceptance Limits
Toluene-d8 (Surr)		103		70 - 130
1,2-Dichloroethane-d4 (Surr)		115		60 - 140

Analytical Data

Client: Cermex

Job Number: 720-7276-1

Client Sample ID: SP-2

Lab Sample ID: 720-7276-4

Date Sampled: 01/11/2007 1407

Client Matrix: Solid

Date Received: 01/11/2007 1542

8260B Volatile Organic Compounds by GC/MS

Method: 8260B

Analysis Batch: 720-17171

Instrument ID: Varian 3900A

Preparation: 5030B

Lab File ID: c:\saturnws\data\200701\01

Dilution: 1.0

Initial Weight/Volume: 5.06 g

Date Analyzed: 01/12/2007 1257

Final Weight/Volume: 10 mL

Date Prepared: 01/12/2007 1257

Analyte	DryWt Corrected: N	Result (mg/Kg)	Qualifier	RL
1,2-Dichloroethane		ND		0.0049
Benzene		ND		0.0049
Ethylbenzene		ND		0.0049
MTBE		ND		0.0049
TAME		ND		0.0049
Toluene		ND		0.0049
Xylenes, Total		ND		0.0099
TBA		ND		0.0099
DIPE		ND		0.0049
EDB		ND		0.0049
Gasoline Range Organics (GRO)-C5-C12		ND		0.25
Ethyl tert-butyl ether		ND		0.0049
Surrogate		%Rec		Acceptance Limits
Toluene-d8 (Surr)		106		70 - 130
1,2-Dichloroethane-d4 (Surr)		110		60 - 140

Analytical Data

Client: Cemex

Job Number: 720-7276-1

Client Sample ID: C-3@13'

Lab Sample ID: 720-7276-5

Date Sampled: 01/11/2007 1451

Client Matrix: Solid

Date Received: 01/11/2007 1542

8260B Volatile Organic Compounds by GC/MS

Method: 8260B

Analysis Batch: 720-17171

Instrument ID: Varian 3900A

Preparation: 5030B

Lab File ID: c:\saturnews\data\200701\01

Dilution: 1.0

Initial Weight/Volume: 5.00 g

Date Analyzed: 01/12/2007 1403

Final Weight/Volume: 10 mL

Date Prepared: 01/12/2007 1403

Analyte	DryWt Corrected: N	Result (mg/Kg)	Qualifier	RL
1,2-Dichloroethane		ND		0.0050
Benzene		ND		0.0050
Ethylbenzene		ND		0.0050
MTBE		ND		0.0050
TAME		ND		0.0050
Toluene		ND		0.0050
Xylenes, Total		ND		0.010
TBA		ND		0.010
DIPE		ND		0.0050
EDB		ND		0.0050
Gasoline Range Organics (GRO)-C5-C12		ND		0.25
Ethyl tert-butyl ether		ND		0.0050
Surrogate		%Rec		Acceptance Limits
Toluene-d8 (Surr)		101		70 - 130
1,2-Dichloroethane-d4 (Surr)		118		60 - 140

Analytical Data

Client: Cemex

Job Number: 720-7276-1

Client Sample ID: C-4@13'

Lab Sample ID: 720-7276-6

Date Sampled: 01/11/2007 1455

Client Matrix: Solid

Date Received: 01/11/2007 1542

8260B Volatile Organic Compounds by GC/MS

Method: 8260B

Analysis Batch: 720-17171

Instrument ID: Varian 3900A

Preparation: 5030B

Lab File ID: c:\saturmws\data\200701\01

Dilution: 1.0

Initial Weight/Volume: 5.15 g

Date Analyzed: 01/12/2007 1319

Final Weight/Volume: 10 mL

Date Prepared: 01/12/2007 1319

Analyte	DryWt Corrected: N	Result (mg/Kg)	Qualifier	RL
1,2-Dichloroethane		ND		0.0049
Benzene		ND		0.0049
Ethylbenzene		ND		0.0049
MTBE		ND		0.0049
TAME		ND		0.0049
Toluene		ND		0.0049
Xylenes, Total		ND		0.0097
TBA		ND		0.0097
DIPE		ND		0.0049
EDB		ND		0.0049
Gasoline Range Organics (GRO)-C5-C12		ND		0.24
Ethyl tert-butyl ether		ND		0.0049
Surrogate		%Rec		Acceptance Limits
Toluene-d8 (Surr)		99		70 - 130
1,2-Dichloroethane-d4 (Surr)		113		60 - 140

Analytical Data

Client: Cemex

Job Number: 720-7276-1

Client Sample ID: C-5@4'

Lab Sample ID: 720-7276-7

Date Sampled: 01/11/2007 1506

Client Matrix: Solid

Date Received: 01/11/2007 1542

8260B Volatile Organic Compounds by GC/MS

Method: 8260B

Analysis Batch: 720-17171

Instrument ID: Varian 3900A

Preparation: 5030B

Lab File ID: c:\saturnws\data\200701\01

Dilution: 1.0

Initial Weight/Volume: 5.37 g

Date Analyzed: 01/12/2007 1341

Final Weight/Volume: 10 mL

Date Prepared: 01/12/2007 1341

Analyte	DryWt Corrected: N	Result (mg/Kg)	Qualifier	RL
1,2-Dichloroethane		ND		0.0047
Benzene		ND		0.0047
Ethylbenzene		ND		0.0047
MTBE		ND		0.0047
TAME		ND		0.0047
Toluene		ND		0.0047
Xylenes, Total		ND		0.0093
TBA		ND		0.0093
DIPE		ND		0.0047
EDB		ND		0.0047
Gasoline Range Organics (GRO)-C5-C12		ND		0.23
Ethyl tert-butyl ether		ND		0.0047
Surrogate		%Rec		Acceptance Limits
Toluene-d8 (Surr)		106		70 - 130
1,2-Dichloroethane-d4 (Surr)		116		60 - 140

Analytical Data

Client: Cemex

Job Number: 720-7276-1

Client Sample ID: SP-1

Lab Sample ID: 720-7276-1

Date Sampled: 01/11/2007 1337

Client Matrix: Solid

Date Received: 01/11/2007 1542

8015B Nonhalogenated Organics using GC/FID -Modified (Diesel Range Organics)

Method:	8015B	Analysis Batch: 720-17251	Instrument ID:	Varian DRO2
Preparation:	3570	Prep Batch: 720-17161	Lab File ID:	N/A
Dilution:	1.0		Initial Weight/Volume:	5.16 g
Date Analyzed:	01/15/2007 1857		Final Weight/Volume:	5 mL
Date Prepared:	01/12/2007 0652		Injection Volume:	
			Column ID:	PRIMARY

Analyte	DryWt Corrected: N	Result (mg/Kg)	Qualifier	RL
Diesel Range Organics [C10-C28]		12		0.97
Surrogate		%Rec		Acceptance Limits
p-Terphenyl		96		50 - 130

Analytical Data

Client: Cemex

Job Number: 720-7276-1

Client Sample ID: C-1@10' 6"

Lab Sample ID: 720-7276-2

Date Sampled: 01/11/2007 1347

Client Matrix: Solid

Date Received: 01/11/2007 1542

8015B Nonhalogenated Organics using GC/FID -Modified (Diesel Range Organics)

Method: 8015B

Analysis Batch: 720-17251

Instrument ID: Varian DRO2

Preparation: 3570

Prep Batch: 720-17161

Lab File ID: N/A

Dilution: 1.0

Initial Weight/Volume: 5.07 g

Date Analyzed: 01/15/2007 1929

Final Weight/Volume: 5 mL

Date Prepared: 01/12/2007 0652

Injection Volume:

Column ID: PRIMARY

Analyte	DryWt Corrected: N	Result (mg/Kg)	Qualifier	RL
Diesel Range Organics [C10-C28]		1.4		0.99
Surrogate		%Rec		Acceptance Limits
p-Terphenyl		98		50 - 130

Analytical Data

Client: Cemex

Job Number: 720-7276-1

Client Sample ID: C-2@10' 6"

Lab Sample ID: 720-7276-3

Date Sampled: 01/11/2007 1359

Client Matrix: Solid

Date Received: 01/11/2007 1542

8015B Nonhalogenated Organics using GC/FID -Modified (Diesel Range Organics)

Method: 8015B

Analysis Batch: 720-17251

Instrument ID: Varian DRO2

Preparation: 3570

Prep Batch: 720-17161

Lab File ID: N/A

Dilution: 1.0

Initial Weight/Volume: 5.05 g

Date Analyzed: 01/15/2007 2000

Final Weight/Volume: 5 mL

Date Prepared: 01/12/2007 0652

Injection Volume:

Column ID: PRIMARY

Analyte	DryWt Corrected: N	Result (mg/Kg)	Qualifier	RL
Diesel Range Organics [C10-C28]		ND		0.99
Surrogate		%Rec		Acceptance Limits
p-Terphenyl		101		50 - 130

DATA REPORTING QUALIFIERS

<u>Lab Section</u>	<u>Qualifier</u>	<u>Description</u>
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Quality Control Results

Client: Cemex

Job Number: 720-7276-1

QC Association Summary

Lab Sample ID	Client Sample ID	Report Basis	Client Matrix	Method	Prep Batch
GC/MS VOA					
Analysis Batch:720-17171					
LCS 720-17171/2	Lab Control Spike	T	Solid	8260B	
LCSD 720-17171/1	Lab Control Spike Duplicate	T	Solid	8260B	
MB 720-17171/3	Method Blank	T	Solid	8260B	
720-7276-1	SP-1	T	Solid	8260B	
720-7276-2	C-1@10' 6"	T	Solid	8260B	
720-7276-3	C-2@10' 6"	T	Solid	8260B	
720-7276-4	SP-2	T	Solid	8260B	
720-7276-5	C-3@13'	T	Solid	8260B	
720-7276-6	C-4@13'	T	Solid	8260B	
720-7276-7	C-5@4'	T	Solid	8260B	

Report Basis

T = Total

GC Semi VOA

Prep Batch: 720-17161					
LCS 720-17161/2-AA	Lab Control Spike	T	Solid	3570	
LCSD 720-17161/3-AA	Lab Control Spike Duplicate	T	Solid	3570	
MB 720-17161/1-AA	Method Blank	T	Solid	3570	
720-7276-1	SP-1	T	Solid	3570	
720-7276-2	C-1@10' 6"	T	Solid	3570	
720-7276-3	C-2@10' 6"	T	Solid	3570	
Analysis Batch:720-17251					
LCS 720-17161/2-AA	Lab Control Spike	T	Solid	8015B	720-17161
LCSD 720-17161/3-AA	Lab Control Spike Duplicate	T	Solid	8015B	720-17161
MB 720-17161/1-AA	Method Blank	T	Solid	8015B	720-17161
720-7276-1	SP-1	T	Solid	8015B	720-17161
720-7276-2	C-1@10' 6"	T	Solid	8015B	720-17161
720-7276-3	C-2@10' 6"	T	Solid	8015B	720-17161

Report Basis

T = Total

STL San Francisco

Quality Control Results

Client: Cemex

Job Number: 720-7276-1

Method Blank - Batch: 720-17171

Method: 8260B
Preparation: 5030B

Lab Sample ID: MB 720-17171/3
Client Matrix: Solid
Dilution: 1.0
Date Analyzed: 01/12/2007 1005
Date Prepared: 01/12/2007 1005

Analysis Batch: 720-17171
Prep Batch: N/A
Units: mg/Kg

Instrument ID: Varian 3900A
Lab File ID: c:\saturnws\data\200701\01
Initial Weight/Volume: 5 g
Final Weight/Volume: 10 mL

Analyte	Result	Qual	RL
1,2-Dichloroethane	ND		0.0050
Benzene	ND		0.0050
Ethanol	ND		1.3
Ethylbenzene	ND		0.0050
MTBE	ND		0.0050
TAME	ND		0.0050
Toluene	ND		0.0050
Xylenes, Total	ND		0.010
TBA	ND		0.010
DIPE	ND		0.0050
EDB	ND		0.0050
Gasoline Range Organics (GRO)-C5-C12	ND		0.25
Ethyl tert-butyl ether	ND		0.0050
Surrogate	% Rec	Acceptance Limits	
Toluene-d8 (Surr)	98	70 - 130	
1,2-Dichloroethane-d4 (Surr)	114	60 - 140	

Calculations are performed before rounding to avoid round-off errors in calculated results.

Quality Control Results

Client: Cemex

Job Number: 720-7276-1

**Lab Control Spike/
Lab Control Spike Duplicate Recovery Report - Batch: 720-17171**

**Method: 8260B
Preparation: 5030B**

LCS Lab Sample ID: LCS 720-17171/2
Client Matrix: Solid
Dilution: 1.0
Date Analyzed: 01/12/2007 0921
Date Prepared: 01/12/2007 0921

Analysis Batch: 720-17171
Prep Batch: N/A
Units: mg/Kg

Instrument ID: Varian 3900A
Lab File ID: c:\satumws\data\200701\0
Initial Weight/Volume: 5 g
Final Weight/Volume: 10 mL

LCSD Lab Sample ID: LCSD 720-17171/1
Client Matrix: Solid
Dilution: 1.0
Date Analyzed: 01/12/2007 0943
Date Prepared: 01/12/2007 0943

Analysis Batch: 720-17171
Prep Batch: N/A
Units: mg/Kg

Instrument ID: Varian 3900A
Lab File ID: c:\satumws\data\200701\011
Initial Weight/Volume: 5 g
Final Weight/Volume: 10 mL

Analyte	% Rec.		Limit	RPD	RPD Limit	LCS Qual	LCSD Qual
	LCS	LCSD					
Benzene	99	99	69 - 129	0	20		
MTBE	107	111	65 - 165	3	20		
Toluene	101	104	70 - 130	2	20		
Surrogate	LCS % Rec		LCSD % Rec		Acceptance Limits		
Toluene-d8 (Surr)	102		101		70 - 130		
1,2-Dichloroethane-d4 (Surr)	102		102		60 - 140		

Calculations are performed before rounding to avoid round-off errors in calculated results.

Quality Control Results

Client: Cemex

Job Number: 720-7276-1

Method Blank - Batch: 720-17161

**Method: 8015B
Preparation: 3570**

Lab Sample ID: MB 720-17161/1-AA
Client Matrix: Solid
Dilution: 1.0
Date Analyzed: 01/16/2007 0006
Date Prepared: 01/12/2007 0652

Analysis Batch: 720-17251
Prep Batch: 720-17161
Units: mg/Kg

Instrument ID: Varian DRO2
Lab File ID: N/A
Initial Weight/Volume: 5.39 g
Final Weight/Volume: 5 mL
Injection Volume:
Column ID: PRIMARY

Analyte	Result	Qual	RL
Diesel Range Organics [C10-C28]	ND		0.93
Surrogate	% Rec	Acceptance Limits	
p-Terphenyl	93	50 - 130	

**Lab Control Spike/
Lab Control Spike Duplicate Recovery Report - Batch: 720-17161**

**Method: 8015B
Preparation: 3570**

LCS Lab Sample ID: LCS 720-17161/2-AA
Client Matrix: Solid
Dilution: 1.0
Date Analyzed: 01/15/2007 2305
Date Prepared: 01/12/2007 0652

Analysis Batch: 720-17251
Prep Batch: 720-17161
Units: mg/Kg

Instrument ID: Varian DRO2
Lab File ID: N/A
Initial Weight/Volume: 5.31 g
Final Weight/Volume: 5 mL
Injection Volume:
Column ID: PRIMARY

LCSD Lab Sample ID: LCSD 720-17161/3-AA
Client Matrix: Solid
Dilution: 1.0
Date Analyzed: 01/15/2007 2335
Date Prepared: 01/12/2007 0652

Analysis Batch: 720-17251
Prep Batch: 720-17161
Units: mg/Kg

Instrument ID: Varian DRO2
Lab File ID: N/A
Initial Weight/Volume: 5.27 g
Final Weight/Volume: 5 mL
Injection Volume:
Column ID: PRIMARY

Analyte	% Rec.		Limit	RPD	RPD Limit	LCS Qual	LCSD Qual
	LCS	LCSD					
Diesel Range Organics [C10-C28]	95	91	50 - 130	4	30		
Surrogate	LCS % Rec		LCSD % Rec		Acceptance Limits		
p-Terphenyl	89		95		50 - 130		

Calculations are performed before rounding to avoid round-off errors in calculated results.

Entech Analytical Labs, Inc. Chain of Custody / Analysis Request 103579

3334 Victor Court (408) 588-0200
 Santa Clara, CA 95054 (408) 588-0201 - Fax

720-7276
 ELAP No. 2348

Repeat and invoice to Camex (see attached)

Attention to: Michelle W. Smith	Phone No.: (408) 611-1230	Purchase Order No.:	Invoice to: (If Different)	Phone:
Company Name: TEC ACQUIRE	Fax No.: (408) 611-1244	Project No. / Name:	Company:	
Mailing Address: 200 Michelle Ct	Email Address: msmith@teacquire.com	Project Location: 1544 STANLEY, REASINGTON	Billing Address: (If Different)	
City: S. SAN FRANCISCO	State: CA	City: REASINGTON	State: CA	Zip: 94506

Entech Order ID:	Turn Around Time <input type="checkbox"/> Same Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 4 Day <input checked="" type="checkbox"/> 5 Day <input type="checkbox"/> 10 Day	Circle Applicable EPA 8209 Full List EPA 8210 Base/Neutral/Acid Organics EPA 8210 Full List PAHs Only PAHs - SM Pesticides-8081 PCB-8082 TPH Extractable Diesel Motor Oil Other EPA 8015-80218 Metals - Chromium Dissolved Metals - Chromium Total Metals - Lead Metals - Manganese Metals - Nickel Metals - Selenium Metals - Vanadium Metals - Zinc Metals - Cadmium Metals - Copper Metals - Iron Metals - Manganese Metals - Nickel Metals - Selenium Metals - Vanadium Metals - Zinc
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Sample Information				Entech Lab. No.	Matrix	No. of Containers	Matrix		Remarks Instructions
Client ID	Field Point	Date	Time				SP-1	SP-2	
	SP-1	1/11/07	13:37	S	1		X	X	
	C-10 10'6"	1/11/07	13:47	S	1		X	X	
	C-70 10'6"	1/11/07	13:57	S	1		X	X	
	SP-2	1/11/07	14:07	S	1	X			
	C-30 13'	1/11/07	14:51	S	1	X			
	C-40 13'	1/11/07	14:55	S	1	X			
	C-50 1'	1/11/07	15:06	S	1	X			

Relinquished by: [Signature]	Received by: [Signature]	Date: 1/16/07	Time: 15:28	Lab Use:
Relinquished by: [Signature]	Received by: [Signature]	Date: 1/16/07	Time: 15:42	Temp. 10°C 24HRS
Relinquished by:	Received by:	Date:	Time:	Metals: Al, As, Sb, Ba, Be, Bi, B, Cd, Ca, Cr, Co, Cu, Fe, Pb, Li, Mg, Mn, Hg, Mo, Ni, K, Si, Ag, Na, Se, Tl, Sn, Ti, Zn, V <input type="checkbox"/> Plating <input type="checkbox"/> LUFT-5 <input type="checkbox"/> RCRA-8 <input type="checkbox"/> PPM-13 <input type="checkbox"/> CAM-17

Lab Use: Samples: Icad Y/N Temperature: **4°C**
 Appropriate Containers/Preservatives: Y/N Shipment Method: **LAB**
 Labels match CoC? Y/N Headspace? Y/N Custody Seals? Y/N
 Separate Receipt Log Y/N

LOGIN SAMPLE RECEIPT CHECK LIST

Client: Cemex

Job Number: 720-7276-1

Login Number: 7276

Question	T/F/NA	Comment
Radioactivity either was not measured or, if measured, is at or below background	NA	
The cooler's custody seal, if present, is intact.	NA	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
There are no discrepancies between the sample IDs on the containers and the COC.	True	
Samples are received within Holding Time.	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
VOA sample vials do not have headspace or bubble is <6mm (1/4") in diameter.	True	
If necessary, staff have been informed of any short hold time or quick TAT needs	True	
Multiphasic samples are not present.	True	
Samples do not require splitting or compositing.	True	

Appendix B

Contractor Supplied Data

Tank Removal 1544 Stanley, Pleasanton
CEMEX RMC
January 11, 2007



Breaking Concrete over Diesel Tank





Gasoline Tank on Truck, Good Condition



During Backfill, Gasoline Tank, Showing no Discoloration



Diesel Tank on Truck, Good Condition



After Backfill, Diesel Tank

Prior to Start, Gasoline



Gasoline Tank Exposed



Pumping Gasoline to Above Ground Tank

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 300
Alameda, CA 94502-6577

These proposed plans have been accepted and found to be adequate and necessary under the requirements of State and Local Health Laws. Changes to your original plans indicated by the Department are to ensure compliance with State and local laws. The project proposed needs is now released for issuance of any required building permits by construction.

The copy of the accepted plans must be on the job site available to all contractors and customers involved with the project.

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection 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 Spills
- Stamping
- Final Inspection

Issuance of a permit to operate is contingent upon site closure. It depends on completion of accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:

Contact Operator

Accepted December 7, 2006
Robert Weston (510) 567-6781
SITE SAFETY PLAN TO BE ON -SITE
See new analyses Table #2, orange tab

UNDERGROUND STORAGE TANK CLOSURE PLAN

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

1. Name of Business CEMEX/RMC
Business Owner or Contact Person (PRINT) Rob Aldenhyser
2. Site Address 1544 Stanley Road
City, State Pleasanton, CA Zip 94566 Phone (925) 426-2261
3. Mailing Address P.O. Box 849
City, State Pleasanton, CA Zip 94566 Phone (925) 426-2261
4. Property Owner SAME AS ABOVE
Business Name (if applicable) _____
Address _____
City, State _____ Zip _____ Phone _____
5. Generator name under which tank will be manifested CEMEX/RMC
EPA I.D. No. under which tank(s) will be manifested CAD981642853
6. Contractor TEC Accutite
Address 262 Michelle Court

SR0010449

City, State South San Francisco Zip 94080 Phone (650) 616-1200
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 (2)
Length of piping being removed under this plan UNKNOWN
Total number underground tanks at this facility (confirmed with owner or operator) SEE attached site map

10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).
a) Product/Residual Sludge/Rinsate Transporter
Name N/A EPA I.D. No. _____
Hauler License No. _____ License Exp. Date _____
Address _____
City, State _____ Zip _____
b) Product/Residual Sludge/Rinsate Disposal Site
Name N/A EPA I.D. No. _____
Address _____
City, State _____ Zip _____

c) Tank and Piping Transporter

Name ECT EPA I.D. No. CAD 982 030 173

Hauler License No. 1933 License Exp. Date 3/31/07

Address 255 PARR Blvd

City, State Richmond, CA Zip 94081

d) Tank and Piping Disposal Site

Name ECT EPA I.D. No. CAD 009466392

Address 255 PARR Blvd

City, State Richmond, CA Zip 94081

11. Sample Collector

Name Rob Aldenhuisen

Company CEMEX

Address P.O. Box 249

City, State Pleasanton, CA Zip 94566 Phone (925) 426-2261

12. Laboratory

Name STL/SEVERN TRENT

Address 1220 QUARRY LANE

City, State Pleasanton, CA Zip 94566

State Certification No. 2496

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 work plan

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)		
(2) 10,000 gallons	1991 - 2006	U/L gasoline/diesel soil, & groundwater (if present)	Approx 5 ft.

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>10 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 _____

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.

TABLE #2
REVISED 21 NOVEMBER 2003

**RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
 UNDERGROUND TANK LEAKS**

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u> (SW-846 METHOD)		<u>WATER ANALYSIS</u> (Water/Waste Water Method)	
Gasoline (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, TBA, and EtOH 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
Unknown Fuel	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, TBA, and EtOH 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
Diesel, Jet Fuel, Kerosene, and Fuel/Heating Oil	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, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water			
Chlorinated Solvents	CL HC	8260	CL HC	524.2/624 (8260)
	BTEX	8260 or 8021	BTEX	524.2/624 (8260) or 502.2/602 (8021)
	1,4-Dioxane	8270M	1,4-Dioxane	8270M
Non-chlorinated Solvents	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)
Waste, Used, or Unknown Oil	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)
	1,4-Dioxane	8270M	1,4-Dioxane	8270M
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH 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).

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 TPHd B-Tex, MTBE		8015 / 8260 8015 8260 / 8020	Specific to Samples

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

18. Submit copy of Worker's Compensation Certificate

Name of Insurer Redwood FIRE & Casualty

19. Submit Plot Plan (See Instructions)

20. Enclose Fee (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, if applicable).

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 Department of Environmental Health and that no work is to begin on this project until this closure 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 Acoustite
Name of Individual John Murphy
Signature John Murphy Date 12/5/06

PROPERTY OWNER OR MOST RECENT TANK OWNER (Check one)

Name of Business CEMEX
Name of Individual Robert Aldenhysen
Agent/Signature Robert Aldenhysen Date 12/5/06

Robert Aldenhysen 12/4/2006
as per phone conversation with Christine's request.

INSTRUCTIONS

General Instructions

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

Line Item Specific Instructions

2. SITE ADDRESS

Address at which closure is taking place.

5. EPA I.D. NO. (under which the tanks will be manifested)

EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, (916) 324-1781.

6. CONTRACTOR

Prime contractor for the project.

10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES

- a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
- c) Tanks must be hauled as hazardous waste.
- d) This is the location where tank and piping will be taken for cleaning/disposal.

15. TANK HISTORY AND SAMPLING INFORMATION

Use History – This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled – e.g., water, oil, sludge, soil, soil pile, etc.

Location and depth of sample(s) - e.g., beneath the tank at a maximum depth of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS

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

17. SITE HEALTH AND SAFETY PLAN

A site-specific Health and Safety plan must be submitted. We advocate that the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) An outline of briefings to be held before work each day to apprise employees of site health and safety hazards;
- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels or physical conditions;
- e) Description of the work habit changes triggered by the above action levels or physical conditions;
- f) Frequency and types of air and personnel monitoring, along with the environmental sampling techniques and instrumentation, to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation, and stockpiled soil during and after work hours (e.g., barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, etc.);
- j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved training and participate in appropriate medical surveillance in accordance with 29 CFR 1910.120; and
- l) A page for employees to sign indicating they have read and will comply with the site health and safety plan.

The site health and safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. **A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.**

NOTE: These requirements are excerpts from 29 CFR Part 1910.120 (b)(4), Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plot plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment, including tanks and piping to be removed, and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, and utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to groundwater; and
- j) All existing tank(s) and piping in addition to the tank(s) being removed.

20. FEES

A check made payable to "Treasurer of Alameda County" for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule must accompany the closure plan when submitted for approval.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Bay Regional Water Quality Control Board at (510) 286-1255.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings, and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;
- c) Description of the excavation. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed groundwater, description and locations of stained or odor-bearing soil, and description of any observed free product or sheen;
- d) Detailed description of sampling methods; i.e., backhoe bucket, drive sampler, bailer, bottle(s), sleeves;
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Underground Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Documentation for the disposal of, volume disposed, and final destination of all non-manifested contaminated soil disposed offsite.

UNDERGROUND STORAGE TANK SYSTEM CLOSURE PERMIT APPLICATION

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

1. Facility Name (Tank Site): CEMEX/RMC Bldg. No.: _____
 Address: 1544 Stanley Road City: Pleasanton Zip: 94566
 EPA ID No.: CAD 981 642853 Contact Person: Rob Adenhyzen Phone No.: 925 426-2261
2. Tank Owner's Name: CEMEX/RMC
 Address: 1544 Stanley Road City: Pleasanton Zip: 94566
3. Tank Operator's Name: CEMEX/RMC
 Address: 1544 Stanley Road City: Pleasanton Zip: 94566
4. Applicant's Name: TEC Acoutite
 Address: 262 Michelle Court City: San Francisco Zip: 94080
 Contact Person: John Murphy Phone No.: (650) 616-1233
5. Tank Closure Contractor Business Name: TEC Acoutite
(As registered with the Contractors State License Board at www.cslb.ca.gov)
 Address: 262 Michelle Court City: San Francisco Zip: 94080
 CSLB License No.: 762034 Contact Person: John Murphy Phone No.: (650) 616-1233
 Business License (if required): on file; attached; not applicable - SEE attachment
6. Firm that will take soil/water samples: CEMEX/RMC Phone No.: (925) 426-2261
7. State-certified laboratory that will analyze samples: STL/SEVERN TRENT Phone No.: (925) 484-1919

This box is for agency use only

Laboratory analyses shall test for:										
	TPHG	TPHD	BTEX, MTBE, TAME, ETBE, DIPE, TBA, EDB, EDC (EPA 8260)	Organic Lead (DHS-LUFT)	O&G	CI HC	Metals (Cd, Cr, Pb, Ni, Zn (ICAP or AA)	PCB, PCP, PNA, Creosote (EPA 8270)	pH	Other (Specify)
Tank 1										
Tank 2										
Tank 3										
Tank 4										
Tank 5										
Tank 6										

Additional analyses may be required by inspector in field.

USTI System Closure Permit Application - p. 2 of 2 Tank Site Address (from page 1): _____

8. Name of Licensed Transporter of Tanks: ECT

EPA ID No.: CAD982030173 Phone No.: (910) 235-1393

9. Destination of Tanks and Piping: ECT - Richmond, CA

10. Tank System:	Size (gallons)	Substance(s) Previously Contained
Tank 1	<u>10,000</u>	<u>Gasoline</u>
Tank 2	<u>10,000</u>	<u>DIESEL</u>
Tank 3	_____	_____
Tank 4	_____	_____
Tank 5	_____	_____
Tank 6	_____	_____

If the owner/operator does not have a current Hazardous Materials Business Plan (HMBP) which includes these tanks on file with the local agency, provide an 8-1/2" x 11" plot plan of the tanks to be closed. Indicate the nearest cross street to the facility, buildings immediately adjacent to the tanks, location(s) of tanks to be closed, and location of nearby utilities.

This Underground Tank Closure Permit expires 6 months from the date of application. If tanks have not been closed within 6 months, a new closure permit application and appropriate fees may be required.

Facility closure inspections must be scheduled at least 48 hours in advance. Call the appropriate local agency to make necessary arrangements.

I certify that I have read the tank closure guidelines and declare that the above information is correct to the best of my knowledge. The owner of the tank(s) described above is aware of the pending closure. I agree to comply with all applicable city and county ordinances and state laws relating to hazardous materials/wastes, and hereby authorize representatives of local agencies to enter upon the within mentioned property for inspection purposes.

John Murphy Applicant/Agent's Name (Print) John Murphy Applicant/Agent's Signature 12/5/06 Date

These boxes are for agency use only

THIS APPROVAL CONSTITUTES A PERMIT FOR REMOVAL OF THE ABOVE LISTED TANKS.	
Agency: _____	Date: _____
Print Name: _____	Sign Name: _____

THIS CERTIFIES THAT ALL TANK SYSTEM CLOSURE ACTIVITIES ARE COMPLETE.*	
Agency: _____	Date: _____
Print Name: _____	Sign Name: _____

* If contamination of any detectable concentration is found, contact the leaking underground storage tank Local Oversight Program (LOP) and/or Regional Water Quality Control Board for cleanup and/or remediation requirements.

**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 400.
 4. AMENDED PERMIT (Specify change) _____ 8. TANK REMOVED
 6. TEMPORARY SITE CLOSURE

I. FACILITY/SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.		FACILITY ID#	1.
CEMEX/RMC		CAD981642853	
NEAREST CROSS STREET 401.	FACILITY OWNER TYPE		402.
Valley 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.	Is facility on Indian Reservation or trust lands? 405.		406.
<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		*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.)
TOTAL NUMBER OF TANKS REMAINING AT SITE 404.	WKNKNOWN		

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407.	PHONE 408.
CEMEX/RMC	(925) 426-2261
MAILING OR STREET ADDRESS 409.	
P.O. Box 249	
CITY 410.	STATE 411.
Pleasanton	CA
PROPERTY OWNER TYPE 413.	ZIP CODE 412.
<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	94566

III. TANK OWNER INFORMATION

TANK OWNER NAME 414.	PHONE 415.
CEMEX/RMC	
MAILING OR STREET ADDRESS 416.	
P.O. Box 249	
CITY 417.	STATE 418.
Pleasanton	CA
TANK OWNER TYPE 420.	ZIP CODE 419.
<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	94566

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 426.	DATE 424.	PHONE 425.
John Murphy	12/5/06	(650) 616-1233
NAME OF APPLICANT (print) 426.	TITLE OF APPLICANT 427.	
John Murphy	Project Manager	
STATE UST FACILITY NUMBER (Agency use only) 428.	1998 UPGRADE CERTIFICATE NUMBER (Agency use only) 429.	
(See Data Element 1, above.)		

**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: CAD981642853 1.
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LOCATION WITHIN SITE (Optional) SEE attached site map	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 # 1 432.	TANK MANUFACTURER UNKNOWN 433.	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input type="checkbox"/> No 434. <small>If "Yes," complete one page for each compartment.</small>
DATE INSTALLED (YEAR/MO) 1991 435.	TANK CAPACITY IN GALLONS 10,000 436.	NUMBER OF COMPARTMENTS UNKNOWN 437.

ADDITIONAL DESCRIPTION (For local use only)	438.
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II. TANK CONTENTS

TANK USE 439. <input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL <small>(If checked, complete Petroleum Type)</small> <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input type="checkbox"/> 4. HAZARDOUS WASTE <small>(Includes Used Oil)</small> <input type="checkbox"/> 95. UNKNOWN	PETROLEUM TYPE 440. <input checked="" type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 6. AVIATION GAS <input type="checkbox"/> 99. OTHER: _____	
COMMON NAME (from Hazardous Materials Inventory page) 441.		CAS# (from Hazardous Materials Inventory page) 442.

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only)	<input 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 checked="" type="checkbox"/> 2. DOUBLE WALL	<input checked="" type="checkbox"/> 4. SINGLE WALL IN A VAULT	<input type="checkbox"/> 95. UNKNOWN	
TANK MATERIAL - primary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL	<input checked="" type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 5. CONCRETE	<input type="checkbox"/> 95. UNKNOWN 444.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 8. FRP 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	<input checked="" type="checkbox"/> 95. UNKNOWN 445.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 9. FRP NON-CORRODABLE JACKET	<input type="checkbox"/> 99. OTHER: _____
		<input type="checkbox"/> 5. CONCRETE	<input type="checkbox"/> 10. COATED STEEL	
TANK INTERIOR LINING OR COATING (Check one item only)	<input type="checkbox"/> 1. RUBBER LINED	<input type="checkbox"/> 3. EPOXY LINING	<input type="checkbox"/> 5. GLASS LINING	<input checked="" type="checkbox"/> 95. UNKNOWN 446.
	<input type="checkbox"/> 2. ALKYD LINING	<input type="checkbox"/> 4. PHENOLIC LINING	<input type="checkbox"/> 6. UNLINED	<input type="checkbox"/> 99. OTHER: _____
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.	DATE INSTALLED 447.
	<input type="checkbox"/> 2. SACRIFICIAL ANODE	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 99. OTHER: _____	DATE INSTALLED 449.
SPILL AND OVERFILL (Check all that apply)	YEAR INSTALLED 450.	TYPE 451.	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452.	
<input type="checkbox"/> 1. SPILL CONTAINMENT	_____	_____	<input type="checkbox"/> 1. ALARM	<input type="checkbox"/> 3. FILL TUBE SHUT OFF VALVE
<input type="checkbox"/> 2. DROP TUBE	_____	_____	<input type="checkbox"/> 2. BALL FLOAT	<input type="checkbox"/> 4. EXEMPT
<input type="checkbox"/> 3. STRIKER PLATE	_____	_____		

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 type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY)	<input checked="" 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. 2006	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456. _____ gallons UNKNOWN	TANK FILLED WITH INERT MATERIAL? 457. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**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 <u>WITH</u> 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 <u>WITH</u> 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) <u>WITH</u> 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 <u>WITHOUT</u> AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> 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 <u>WITH</u> 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 <u>WITH</u> 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 <u>WITHOUT</u> 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 <u>WITH</u> 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: <i>John Murphy</i>	DATE: 12/5/06
NAME OF OWNER/OPERATOR (print): John Murphy	TITLE OF OWNER/OPERATOR: Project Manager

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

**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)		

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.	FACILITY ID: 433.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>C</td><td>A</td><td>D</td><td>9</td><td>B</td><td>1</td><td>6</td><td>4</td><td>2</td><td>8</td><td>5</td><td>3</td> </tr> </table>	C	A	D	9	B	1	6	4	2	8	5	3	1.
C	A	D	9	B	1	6	4	2	8	5	3				

LOCATION WITHIN SITE (Optional) SEE attached site map	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 # 2	432.	TANK MANUFACTURER UNKNOWN	433.	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input type="checkbox"/> No	434.
DATE INSTALLED (YEAR/MO) 1991	435.	TANK CAPACITY IN GALLONS 10,000	436.	NUMBER OF COMPARTMENTS UNKNOWN	437.

ADDITIONAL DESCRIPTION (For local use only)	438.
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II. TANK CONTENTS

TANK USE 439.	PETROLEUM TYPE 440.		
<input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL (If checked, complete Petroleum Type)	<input 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 checked="" 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.		CAS# (from Hazardous Materials Inventory page) 442.
<input type="checkbox"/> 95. UNKNOWN			

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only)	<input 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 checked="" type="checkbox"/> 2. DOUBLE WALL	<input checked="" type="checkbox"/> SINGLE WALL IN A VAULT	<input type="checkbox"/> 95. UNKNOWN	
			<input type="checkbox"/> 99. OTHER	
TANK MATERIAL - primary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL	<input checked="" 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	
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"/> 5. CONCRETE	<input type="checkbox"/> 10. COATED STEEL	
TANK INTERIOR LINING OR COATING (Check one item only)	<input type="checkbox"/> 1. RUBBER LINED	<input type="checkbox"/> 3. EPOXY LINING	<input type="checkbox"/> 5. GLASS LINING	446.
	<input type="checkbox"/> 2. ALKYD LINING	<input type="checkbox"/> 4. PHENOLIC LINING	<input type="checkbox"/> 6. UNLINED	
			<input checked="" type="checkbox"/> 95. UNKNOWN	447.
			<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.	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452.	
	<input type="checkbox"/> 1. SPILL CONTAINMENT		<input type="checkbox"/> 1. ALARM	
	<input type="checkbox"/> 2. DROP TUBE		<input type="checkbox"/> 3. FILL TUBE SHUT OFF VALVE	
	<input type="checkbox"/> 3. STRIKER PLATE		<input type="checkbox"/> 2. BALL FLOAT	
			<input type="checkbox"/> 4. EXEMPT	

IV. TANK LEAK DETECTION

(A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453.	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454.
<input type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY)	<input checked="" 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. _____ gallons	TANK FILLED WITH INERT MATERIAL? 457. <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"/> 99. OTHER			<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. CATHODIC PROTECTION			
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION		464.		<input type="checkbox"/> 5. STEEL W/COATING	<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 <u>WITH</u> 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 <u>WITH</u> 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) <u>WITH</u> 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 <u>WITHOUT</u> AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> 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 <u>WITH</u> 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 <u>WITH</u> 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 <u>WITHOUT</u> 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 <u>WITH</u> 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.

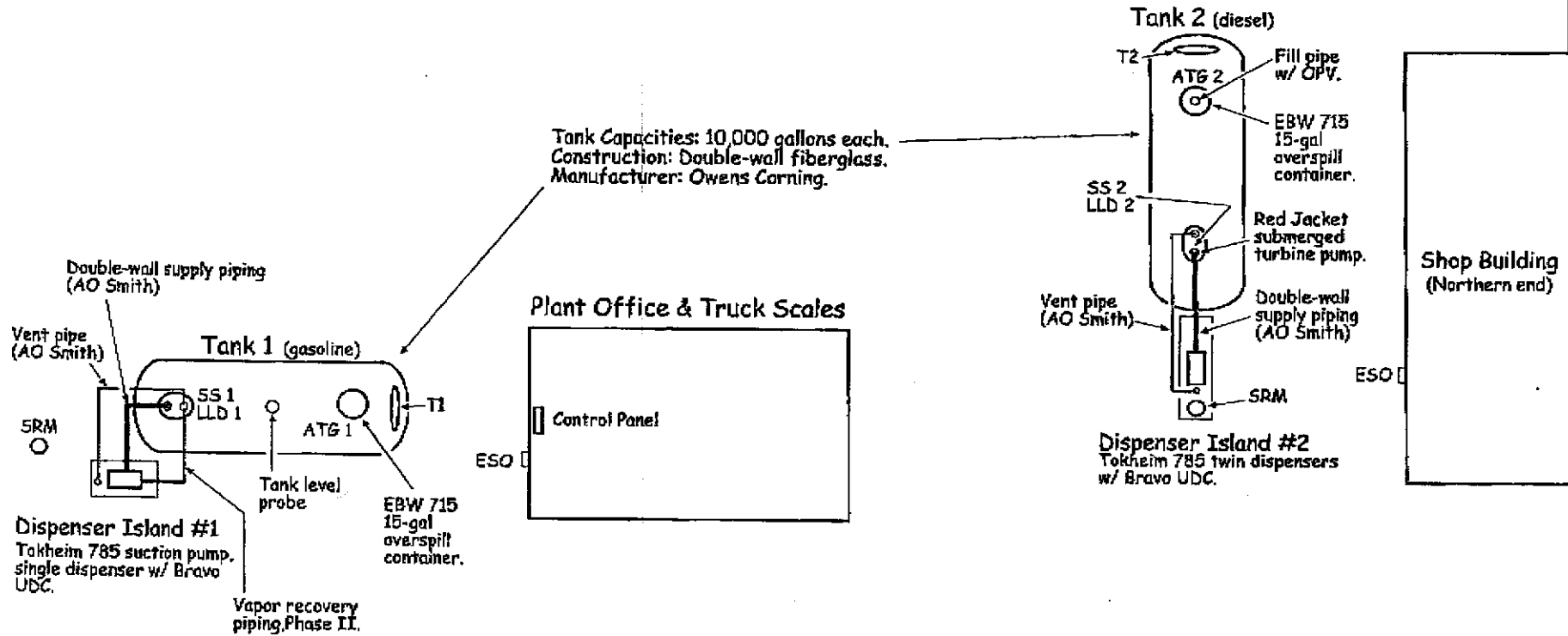
SIGNATURE OF OWNER/OPERATOR <i>John Murphy</i>	DATE: 12/9/06
NAME OF OWNER/OPERATOR (print): John Murphy	TITLE OF OWNER/OPERATOR: Project Manager

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

"Attachment"


Eliot Fuel System - Plot Plan

1544 Stanley Blvd. Pleasanton, California 94566



Key to Plot Plan

- ATG = automatic tank gauge.
- ESO = emergency shutoff switch.
- LLD = line leak detector.
- OPV = overfill prevention valve.
- SRM = spill response materials.
- SS = sump sensor.
- T = tank interstitial sensor.
- UDC = underdispenser containment.



5180 Golden Foothill Parkway, Suite 200, El Dorado Hills, CA. 95782-9608

DATE	SCALE	DRAWN	FILE	REV.
12/01/06	Not to Scale	RA	ELIOT USTs	4



Attachment 030518

CITY OF PLEASANTON

200 Old Bernal Ave. - P. O. Box 520 - Pleasanton, CA 94568
Attn: Bus. License Coordinator - (925) 931-5440

REACTIVATE

BUSINESS LICENSE TAX RENEWAL NOTICE

New License Period is: 01/01/2007 - 12/31/2007

PAYMENT DUE DATE 01/01/2007

Business License No. 030518, Expiration Date 12/31/2003, Business Name and Location T E C Accutite, 262 Michelle Ct, South San Francisco, CA 94080, Mailing Address T E C ACCUTITE, 238 MICHELLE CT, SOUTH SAN FRANCISCO CA 94080, Description of Business GENERAL CONTRACTORS-NONRESIDENTIAL BUILD, APN Federal ID No. 943316374, State ID No., Resale No., State License No. 762034, License Type A,b,haz,c-36, Expiration Date

Owners, Partners, or Corporate Officers - Please make any necessary corrections. Name Eddy Tabet, Address 35 S Linden Ave, South San Francisco, CA 94080, Title President, Phone # (650) 952-5551, Date of Birth, Driver's Lic #, SSN #

Local Emergency Contact - Please make any necessary corrections. Name Tinamarie Rome, Address S, Title, Phone No. (650) 616-1201

Agent of Service - Please make any necessary corrections. (Must be in California) Name T E C Accutite, Address 35 S Linden Ave, South San Francisco, CA 94080, Phone No. (650) 952-5551

Renewal Message
Enter the following information in the boxes to the right.
1. Enter the number of Employees
2. Enter number of months in business last year
3. Enter your Gross Receipts for last year
4. Calculate your Business License Tax from the schedule on the back of this notice. Enter Tax Due.
5. Enter \$00 in PDA amount.
6. Enter Total Due.
Payments are considered delinquent if RECEIVED after January 31st.
Penalty accrues at 5% per month, maximum of 50%.

PLEASE COMPLETE THE FOLLOWING:
No. of Employees # 2
No. of Months in Business (prior year) # 12
Actual Gross Receipts \$
Previous Balance \$0.00
Tax Due \$ 25.00
PDA Assessment \$
Penalty \$
TOTAL DUE \$ 25.00

I declare, under penalty of perjury, that the information contained in this application is true and correct, and that all required licenses are in full force and effect.
Signature of Owner or Representative: Tinamarie Rome
Date: 12/15/06
RETURN COMPLETED RENEWAL NOTICE TO ABOVE ADDRESS WITH A CHECK PAYABLE TO CITY OF PLEASANTON.

WARNING: Original Document Has An Artificial Watermark On Reverse Side.

TECHNOLOGY, ENGINEERING
& CONSTRUCTION, INC.

DBA ACCUTITE
262 MICHELLE COURT
SO. SAN FRANCISCO, CA 94080
(650) 952-5551

BANK OF THE WEST
SAN FRANCISCO, CA 94104
90-78/1211

19455

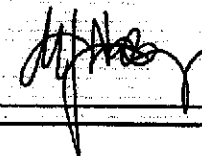
12/5/2006

PAY TO THE
ORDER OF City of Pleasanton

\$ **25.00

Twenty-Five and 00/100***** DOLLARS

City of Pleasanton
200 Old Bernal Ave.
Pleasanton, CA 94566



MEMO

⑈019455⑈ ⑆121100782⑆ 042001628⑈

TECHNOLOGY, ENGINEERING & CONSTRUCTION, INC. / DBA ACCUTITE

19455

City of Pleasanton				12/5/2006		
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
12/01/2006	Bill	030518/2006	25.00	25.00		25.00
				Check Amount		25.00

TEC ACCUTITE
HEALTH and SAFETY SITE PLAN

CEMEX
1544 STANLEY ROAD
PLEASANTON, CA 94566

This site specific Safety Plan for (Enter Name) establishes the general safety requirements necessary to protect the public, contractor, employees, owner/operator and properties involved in this project. **ALWAYS BE ALERT TO CHANGING CONDITIONS.**

SCOPE OF WORK:

- TEC Accutite will perform the following work at said location: Remove (2) 10,000 gallon gasoline underground double wall fiberglass empty (1) unleaded & (1) diesel storage tanks.
-

ONSITE ORGANIZATION AND COORDINATION:

The following personnel are designated to fulfill the stated job functions on site:

TITLE	NAME	JOB FUNCTION
Project Manager	John Murphy	Supervision
Health and Safety Coordinator / Foreman	John Murphy	
Field Technicians		
State Agency Representative		
Local Agency Representative	Alameda Health	
Subcontractor(s)	ECI	Tank Transportation
Subcontractor(s)		
Subcontractor(s)		

TEC Accutite's onsite personnel have completed the 40 hour Hazardous Waste Operations and Emergency Response Class, 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(s), as needed.

SAFETY AND PROTECTIVE PROCEDURES:

1. If required, TEC Accutite will notify Bay Area Air Quality Management District 5 days prior to the scheduled removal. This complies with BAAQMD Regulation 8, Organic Compounds, Rule 40, Aeration of Contaminated Soil and Removal of Underground Storage Tanks, 8-40-401, Reporting, Removal or Replacement of Tanks, which requires person responsible for removal or replacement of tanks which previously contained organic compounds to notify Air Quality Inspector of intention to remove or replace tanks. The written notice shall be postmarked or submitted at least five (5) days in advance of scheduled work to be performed.
2. If required, TEC Accutite will notify USA 48 hours before the scheduled activities to locate underground utilities.
3. The Project Manager or the Field Foreman will fill out an on-site Job Site Safety Meeting Report, on a weekly basis and an Inspection Checklist and Correction Form, on a daily basis. (Sample copies attached).
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. All personnel involved with hazardous waste operations are properly trained in use of Personal Protective Equipment (PPE).
6. The Health and Safety Coordinator (HSC) will mark the Exclusion Zone (contaminated area) by identifying boundaries by use of fencing & caution tape for a safe perimeter and monitor the site for the presence of any non-OSHA trained personnel onsite. All visitors are required and 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.
7. **NO SMOKING, DRINKING OR EATING WILL BE ALLOWED IN WORK AREAS.**

ENGINEERING CONTROLS:

1. Stay upwind
2. Cover contaminated soil
3. Do not use any equipment that could spark; such as any power tools, metallic hand tools, etc.

HAZARDOUS COMMUNICATION PROCEDURES:

(Horn blast, siren, etc) is the emergency signal to indicate that all personnel should leave the excavation area / exclusion zone.

The following standard hand signals will be used in case of failure of radio communications:

Hand Gripping Throat	=	Out of Air, Can't Breathe
Grip Partner's Wrist or Both Hands Around Waist	=	Leave Area Immediately
Hands on Top of Head	=	Need Assistance
Thumbs Up	=	Yes, I Understand
Thumbs Down	=	No, Negative

PERSONAL PROTECTIVE EQUIPMENT:

LEVEL A		LEVEL C	
LEVEL B		LEVEL D	No Respiratory Protection Minimal Skin Protection

Based on evaluation of potential hazards at this site, the following levels of Personal Protection have been designated for the applicable work areas and/or tasks.

- If needed (type of mask) air purifying cartridge respirators with (type of filter) are appropriate for use with the involved substances and concentrations, when significant detector readings are recorded, or if a significant gasoline odor is detected.
- If gas pooling occurs, inner and outer chemical-resistant gloves would be required. Area should be monitored for explosive vapors, and the use of any electrical equipment will be prohibited (unless explosion proof).

The Health and Safety Coordinator, a competent individual, will have determined that all criteria for using all types of protection have been met and is directly responsible to the Project Manger for safety recommendations on site.

LIST OF EMERGENCY PHONE NUMBERS:

In an emergency, all work will be halted and the appropriate agencies / facilities will be contacted

AGENCY / FACILITY	PHONE	CONTACT
FIRE	911	
PROJECT MANAGER		
COUNTY HEALTH DEPARTMENT		
POLICE	911	

EMERGENCY MEDICAL CARE:

In the event of an emergency, the Field Supervisor will contact 911 when person(s) is/are injured severely and cannot be removed from site. If condition of injured personnel is such as he/she could be driven to nearest hospital, they will go to:

Valley Care Medical Center at 555 W. Las, Positas Blvd., Pleasanton, CA 94588, (925) 416-3400. It is (5.7 miles) and approximately (10) minutes from this location. **See Attached Map for Directions.**

(Name of Person) was contacted at (time) and notified of the situation, the potential hazards, and the substances involved. *It is imperative if any work related injuries occur that the Worker's Compensation Coordinator, at the office is notified within one (1) day of injury and OSHA is notified with eight (8) hours of a work related death, as per section*

First aid equipment is available on site, at the following locations: Jobsite Truck

CEMEX
1544 Stanley Road
Pleasanton, CA

EMERGENCY MEDICAL INFORMATION FOR SUBSTANCES PRESENT ON SITE:

SUBSTANCE	EXPOSURE SYMPTOMS	FIRST AID INSTRUCTIONS
UNLEADED GASOLINE	High concentrations of vapor / mist may cause eye discomfort.	Flush eyes immediately with fresh water for at least 15 minutes while holding eyelids open. Remove contacts, if worn.
	Prolonged exposure or contact can defat the skin and lead to irritation and/or dermatitis.	Wash skin thoroughly with soap and water. Remove and wash contaminated clothing.
	Inhalation of vapor / aerosol above recommended concentrations may cause headaches, drowsiness, nausea and may lead to unconsciousness or death.	Move person to fresh air.
	Harmful or fated if inhaled into lungs. Ingestion causes gastrointestinal irritation and diarrhea.	If swallowed, give milk or water and telephone for medical advice. DO NOT MAKE PERSON VOMIT. If medical advice cannot be obtained; seek immediate medical attention.
DIESEL FUEL NUMBER 2	Exposure to vapor or mist may cause eye irritation.	Flush eyes immediately with fresh water for at least 15 minutes while holding eyelids open. Remove contacts, if worn. Thermal burns require immediate medical attention.
	Repeated or prolonged exposure may cause defatting, redness, itching, inflammation, cracking and possibly secondary infection. Repeated or massive skin contact may cause poisoning. High pressure skin injections may not appear serious, within hours tissue may become swollen, discolored and extremely painful.	Remove contaminated clothing immediately. Wash area of contact with soap and water. High pressure skin injections and thermal burns require immediate medical attention.
	Inhalation may cause respiratory tract irritation and pneumonitis. May cause Central Nervous System effects excitation, euphoria, headache, dizziness, drowsiness, blurred vision, fatigue, tremors, convulsions, loss of consciousness, coma, respiratory arrest and death.	Move person to fresh air. If not breathing clear airway and administer CPR. If breathing difficulty occurs, administer oxygen, continue to monitor closely. Seek medical attention.
	Ingestion may cause central nervous system effects, such as, excitation, euphoria, headache, dizziness, drowsiness, blurred vision, fatigue, tremors, convulsions, loss of consciousness, coma, respiratory arrest and death. Gastrointestinal effects as irritation, nausea, vomiting and diarrhea.	DO NOT INDUCE VOMITING. If spontaneous vomiting occurs, monitor for breathing difficulty. Seek immediate medical attention

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/1/2006

JCER (650) 341-8414 FAX (650) 341-8352
 Druml Group, Inc.
 1135 Farragut Blvd
 Foster City CA 94404
 INSURED
 Technology, Engineering And Construction, Inc.
 dba Accutite
 262 Michelle Court
 South San Francisco CA 94080

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Redland Insurance Company	37303
INSURER B: Redwood Fire and Casualty	11673
INSURER C: Fireman's Fund Insurance	21873
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 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 - COMPI/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	R001120005	07/01/2006	07/01/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 AUTO ONLY: EA ACC \$ 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	W673-4217	07/01/2006	07/01/2007	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C		OTHER Equipment Floater	MXI98122628	07/01/2006	07/01/2007	Rented/Leased Equip 300,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Re: All California Operations.

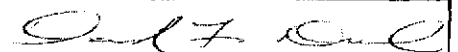
CERTIFICATE HOLDER

City of San Jose
 Risk Management Division
 801 N. First Street, Rm 110
 San Jose, CA 95110

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
 David Druml/DKM





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 **04/30/2007**



TANK REMOVAL WORKPLAN

1. Prepare site specific health and safety plan per OSHA guidelines. Give to workmen on site for their use during the project.
2. Mark out area to be excavated in white per State law for USA to come out and mark the underground utilities. USA to be notified 3 days in advance of digging.
3. Pump out any product remaining in the UST in drums on site for disposal by gasoline recycling company.
4. Break the concrete over the tank and offhaul to the concrete recycler.
5. Excavate to remove the UST.
6. After tank is "loosened" in the excavation, tilt to one end to further remove all the product from the tank. Triple rinse tank with water and store water in drums for disposal.
7. Inert the UST with 30 pounds of dry ice per 1,000 gallons. Minimum 50 pounds of dry ice ice. The dry ice inerts the tank by forcing any flammable vapors out through the openings in the top of the tank.
8. Prior to removal, check the tank with a Gastech LEL machine for the presence of flammable vapors and oxygen. If the LEL is below 10% and the oxygen below 10%, the tank can be safely removed and placed onto a truck bound for ECI in Richmond.
9. Haul tank to ECI in Richmond, CA under a hazardous waste manifest.
10. ECI in Richmond, CA may steam clean the tank and scrap it.
11. Immediately after the tank removal, collect ^{Two} ~~one~~ soil samples from under the tank and analyze per guidelines for gasoline constituents.
12. Collect a water sample in the event that there is water in the excavation and analyze per constituents petroleum hydrocarbons.
13. Collect composite sample as needed from the stockpiled soil excavated during the tank removal and analyze per guidelines for waste constituents petroleum hydrocarbons.
14. Import fill material to replace the volume of the tank and compact. In the event that the excavated soil is contaminated, then we will stockpile on site and cover with visqueen and import soil to backfill the hole. If left open, fence off open hole.
15. Offhaul contaminated soil for disposal at a Class II landfill.
16. After confirmation soil sample results are obtained, we will seek approval from the Toxics Division to re-concrete the excavated area. In the event that the bottom of the excavation is contaminated, we will provide a proposal to overexcavate the area and backfill with imported soil.



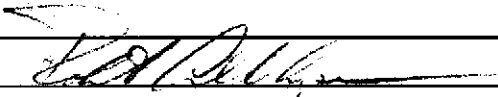
UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAD081642863	2. Page 1 of 1	3. Emergency Response Phone 800 921-5476	4. Manifest Tracking Number 001382495 JJK			
5. Generator's Name and Mailing Address CEMEX 5100 GOLDEN FOOTHILL PKWY STE 200 EL DORADO HILLS CA 95762			Generator's Site Address (if different than mailing address) CEMEX 1544 STANLEY BLVD PLEASANTON CA 94588					
Generator's Phone: 926-42278			U.S. EPA ID Number CAD082030173					
6. Transporter 1 Company Name Ecology Control Industries			U.S. EPA ID Number					
7. Transporter 2 Company Name			U.S. EPA ID Number					
8. Designated Facility Name and Site Address Ecology Control Industries 255 Park Boulevard Frishton CA 94601					U.S. EPA ID Number CAD0009468392			
Facility's Phone: 870-235-1903								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		No.	Type					
	1. Non-RCRA Hazardous Waste, Solid (EMPTY STORAGE TANK(S))	001	TF	05000	P	312		
	2.							
	3.							
	4.							
14. Special Handling Instructions and Additional Information EMPTY STORAGE TANK TANK # 33342 ECL JOB # 5213295 WEAR PROPER PPE WHEN HANDLING. WEIGHTS AND VOLUMES ARE APPROXIMATE.								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offerior's Printed/Typed Name John A. Fweeney			Signature <i>[Signature]</i>			Month Day Year 01 11 07		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Frank Williams Signature <i>[Signature]</i> Month Day Year 11 11 07 Transporter 2 Printed/Typed Name _____ Signature _____ Month Day Year _____								
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____								
18b. Alternate Facility (or Generator) Facility's Phone: _____						U.S. EPA ID Number		
18c. Signature of Alternate Facility (or Generator)						Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. _____ 2. _____ 3. _____ 4. _____								
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name _____ Signature _____ Month Day Year _____								

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAD981642853	2. Page 1 of 1	3. Emergency Response Phone 800 921-5479	4. Manifest Tracking Number 001382496 JJK		
5. Generator's Name and Mailing Address CEMEX 5100 GOLDEN FOOTHILL PKWY STE 200 EL DORADO HILLS CA 95762			Generator's Site Address (if different than mailing address): CEMEX 1544 STANLEY BLVD PLEASANTON CA 94566				
Generator's Phone: 925 428-2278			U.S. EPA ID Number CAD982030173				
6. Transporter 1 Company Name Ecology Control Industries			U.S. EPA ID Number				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address Ecology Control Industries 255 Fern Boulevard Richmond CA 94801			U.S. EPA ID Number CAD000406392				
Facility's Phone: 510 235-1393							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
	1. Non-RCRA Hazardous Waste, Solid (EMPTY STORAGE TANK(S))	0	TP	05000	TP	512	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information EMPTY STORAGE TANK TANK # 39342 DOT JOB # 5273295 WEAR PROPER PPE WHEN HANDLING. WEIGHTS AND VOLUMES ARE APPROXIMATE.							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Jana M. ...			Signature <i>[Signature]</i>		Month Day Year 11 11 07		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Michael Gonzalez			Signature <i>[Signature]</i>		Month Day Year 11 11 07		
Transporter 2 Printed/Typed Name			Signature		Month Day Year		
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator)					U.S. EPA ID Number		
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator)					Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.	2.	3.	4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name			Signature		Month Day Year		



ENVIRONMENTAL SERVICES
GROUP
Western Region

WORK ORDER

Billed To	TEC ACCUTITE	Job No.	765479	Page	1 of 1
Job Location	1544 STANLEY BLVD. PLEASANTON, CA 94566		Current Date	1/6/07	
Services Performed	Cust. Contact	SHAWN VAUGHAN / WILLIE GYEM		Customer Contact No.	(620) 616-1200
					

Customer Authorized Signature: _____ Work Order Prepared By: MATT G. Inspected and Approved By: _____

Employee Name	Labor Class	Start	Onsite Time	Depart Time	Finish Time	S.T.	O.T.	D.T.
LIZAMA		9:15	10:30	10:50				

Description	Qty	Hour	Cost	Description	Qty	Hour	Cost	Description	Qty	Cost
Pick Up Truck										
Gear Truck										
Gear Truck W/Gate										
Bobtail Truck	1									
Roll-Off Truck										
Class B										
Tractor Trailer										
ER Van										

FIELD NOTES



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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAD981642853	2. Page 1 of 1	3. Emergency Response Phone (800) 567-7455	4. Manifest Tracking Number 000756360 J		
5. Generator's Name and Mailing Address RMC PACIFIC MATERIALS 1544 STANLEY BLVD PLASANTON CA 94566			Generator's Site Address (if different than mailing address) RMC PACIFIC MATERIALS 1544 STANLEY BLVD PLASANTON CA 94566 () -				
6. Transporter 1 Company Name 21st CENTURY EMI					U.S. EPA ID Number CAR000164012		
7. Transporter 2 Company Name					U.S. EPA ID Number		
8. Designated Facility Name and Site Address BURLINGTON ENVIRONMENTAL, INC. KENT FACILITY 20245 77TH AVENUE SOUTH KENT, WA 98032 (253) 872-8030					U.S. EPA ID Number WAD991281767		
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	
				No.	Type	12. Unit Wt./Vol.	
						13. Waste Code	
1.	WASTE FLAMMABLE LIQUIDS, N.O.S. (GAS,WATER) 3 UN1993 PGII RQ RQ(D001) ERG(128) 2X UN1A2-55			002	DM	0080	D001 134
2.	WASTE FLAMMABLE LIQUIDS, N.O.S. (DIESEL,WATER) 3 UN1993 PGII RQ RQ(D001) ERG(128) 1X UN1A2-55			001	DM	0040	D001 134
3.							
4.							
14. Special Handling Instructions and Additional Information (1) 359354-00 - WATER/GAS (2) 359354-00 - DIESEL/WATERWEAR PROPER PPE							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packed, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Prim Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offoror's Printed/Typed Name ROBERT ALDENHUYSEN					Signature <i>Robert Aldenhuyesen</i>		Month Day 10/10/06
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name JONATHAN LIZAMA					Signature <i>Jonathan Lizama</i>		Month Day 10/10/06
Transporter 2 Printed/Typed Name					Signature		Month Day
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator) U.S. EPA ID Number							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) Month Day							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.	2.	3.	4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name					Signature		Month Day

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number 000756380 JJK				
5. Generator's Name and Mailing Address				Generator's Site Address (if different than mailing address)					
Generator's Phone:				Facility's Phone:					
6. Transporter 1 Company Name				U.S. EPA ID Number					
7. Transporter 2 Company Name				U.S. EPA ID Number					
8. Designated Facility Name and Site Address				U.S. EPA ID Number					
Facility's Phone:				Facility's Phone:					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes			
		No.	Type						
1.									
2.									
3.									
4.									
14. Special Handling Instructions and Additional Information									
<p>15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.</p> <p>I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.</p>									
Generator's/Offeor's Printed/Typed Name				Signature			Month	Day	Year
<p>16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____</p> <p>Transporter signature (for exports only): _____ Date leaving U.S.: _____</p>									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name				Signature			Month	Day	Year
Transporter 2 Printed/Typed Name				Signature			Month	Day	Year
18. Discrepancy									
<p>18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection</p> <p style="text-align: right;">Manifest Reference Number: _____</p>									
18b. Alternate Facility (or Generator)				U.S. EPA ID Number					
Facility's Phone:				Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)							Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1.	2.	3.	4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name				Signature			Month	Day	Year

U.S. EPA Form 8700-22

Read all instructions before completing this form.

1. This form has been designed for use on a 12-pitch (elite) typewriter which is also compatible with standard computer printers; a firm point pen may also be used—press down hard.
2. Federal regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, and disposal facilities to complete this form (EPA Form 8700-22) and, if necessary, the continuation sheet (EPA Form 8700-22A) for both inter- and intrastate transportation of hazardous waste.

Public reporting burden for this collection of information is estimated to average: 30 minutes for generators, 10 minutes for transporters, and 25 minutes for owners or operators of treatment, storage, and disposal facilities. This includes time for reviewing instructions, gathering data, completing, reviewing and transmitting the form. Any correspondence regarding the PRA burden statement for the manifest must be sent to the Director of the Collection Strategies Division in EPA's Office of Information Collection at the following address: U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW., Washington, DC 20460. Do not send the completed form to this address.

I. Instructions for Generators

Item 1. Generator's U.S. EPA Identification Number

Enter the generator's U.S. EPA twelve digit identification number, or the State generator identification number if the generator site does not have an EPA identification number.

Item 2. Page 1 of _____

Enter the total number of pages used to complete this Manifest (i.e., the first page (EPA Form 8700-22) plus the number of Continuation Sheets (EPA Form 8700-22A), if any).

Item 3. Emergency Response Phone Number

Enter a phone number for which emergency response information can be obtained in the event of an incident during transportation. The emergency response phone number must:

1. Be the number of the generator or the number of an agency or organization who is capable of and accepts responsibility for providing detailed information about the shipment;
2. Reach a phone that is monitored 24 hours a day at all times the waste is in transportation (including transportation related storage); and
3. Reach someone who is either knowledgeable of the hazardous waste being shipped and has comprehensive emergency response and spill cleanup/incident mitigation information for the material being shipped or has immediate access to a person who has that knowledge and information about the shipment.

Note: Emergency Response phone number information should only be entered in Item 3 when there is one phone number that applies to all the waste materials described in Item 9b. If a situation (e.g., consolidated shipments) arises where more than one Emergency Response phone number applies to the various wastes listed on the manifest, the phone numbers associated with each specific material should be entered after its description in Item 9b.

Item 4. Manifest Tracking Number

This unique tracking number must be pre-printed on the manifest by the forms printer.

Item 5. Generator's Mailing Address, Phone Number and Site Address

Enter the name of the generator, the mailing address to which the completed manifest signed by the designated facility should be mailed, and the generator's telephone number. Note, the telephone number (including area code) should be the normal business number for the generator, or the number where the generator or his authorized agent may be reached to provide instructions in the event the designated and/or alternate (if any) facility rejects some or all of the shipment. Also enter the physical site address from which the shipment originates only if this address is different than the mailing address.

Item 6. Transporter 1 Company Name, and U.S. EPA ID Number

Enter the company name and U.S. EPA ID number of the first transporter who will transport the waste. Vehicle or driver information may not be entered here.

Item 7. Transporter 2 Company Name and U.S. EPA ID Number

If applicable, enter the company name and U.S. EPA ID number of the second transporter who will transport the waste. Vehicle or driver information may not be entered here.

If more than two transporters are needed, use a Continuation Sheet(s) (EPA Form 8700-22A).

Item 8. Designated Facility Name, Site Address, and U.S. EPA ID Number

Enter the company name and site address of the facility designated to receive the waste listed on this manifest. Also enter the facility's phone number and the U.S. EPA twelve digit identification number of the facility.

Item 9. U.S. DOT Description (Including Proper Shipping Name, Hazard Class or Division, Identification Number, and Packing Group)

Item 9a. If the wastes identified in Item 9b consist of both hazardous and nonhazardous materials, then identify the hazardous materials by entering an "X" in this Item next to the corresponding hazardous material identified in Item 9b.

Item 9b. Enter the U.S. DOT Proper Shipping Name, Hazard Class or Division, Identification Number (UN/NA) and Packing Group for each waste as identified in 49 CFR 172. Include technical name(s) and reportable quantity references, if applicable.

Note: If additional space is needed for waste descriptions, enter these additional descriptions in Item 27 on the Continuation Sheet (EPA Form 8700-22A). Also, if more than one Emergency Response phone number applies to the various wastes described in either Item 9b or Item 27, enter applicable Emergency Response phone numbers immediately following the shipping descriptions for those Items.

Item 10. Containers (Number and Type)

Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

TABLE I.--TYPES OF CONTAINERS

BA = Burlap, cloth, paper, or plastic bags.	DT = Dump truck.
CF = Fiber or plastic boxes, cartons, cases.	DW = Wooden drums, barrels, kegs.
CM = Metal boxes, cartons, cases (including roll-offs).	HG = Hopper or gondola cars.
CW = Wooden boxes, cartons, cases.	TC = Tank cars.
CY = Cylinders.	TP = Portable tanks.
DF = Fiberboard or plastic drums, barrels, kegs.	TT = Cargo tanks (tank trucks).
DM = Metal drums, barrels, kegs.	

Item 11. Total Quantity

Enter, in designated boxes, the total quantity of waste. Round partial units to the nearest whole unit, and *do not* enter decimals or fractions. To the extent practical, report quantities using appropriate units of measure that will allow you to report quantities with precision. Waste quantities entered should be based on actual measurements or reasonably accurate estimates of actual quantities shipped. Container capacities are not acceptable as estimates.

Item 12. Units of Measure (Weight/Volume)

Enter, in designated boxes, the appropriate abbreviation from Table II (below) for the unit of measure.

TABLE II.--UNITS OF MEASURE

G = Gallons (liquids only).	N = Cubic Meters.
K = Kilograms.	P = Pounds.
L = Liters (liquids only).	T = Tons (2000 Pounds).
M = Metric Tons (1000 kilograms).	Y = Cubic Yards.

Note: Tons, Metric Tons, Cubic Meters, and Cubic Yards should only be reported in connection with very large bulk shipments, such as rail cars, tank trucks, or barges.

Item 13. Waste Codes

Enter up to six federal and state waste codes to describe each waste stream identified in Item 9b. State waste codes that are not redundant with federal codes must be entered here, in addition to the federal waste codes which are most representative of the properties of the waste.

Item 14. Special Handling Instructions and Additional Information

1. Generators may enter any special handling or shipment-specific information necessary for the proper management or tracking of the materials under the generator's or other handler's business processes, such as waste profile numbers, container codes, bar codes, or response guide numbers. Generators also may use this space to enter additional descriptive information about their shipped materials, such as chemical names, constituent percentages, physical state, or specific gravity of wastes identified with volume units in Item 12.
2. This space may be used to record limited types of federally required information for which there is no specific space provided on the manifest, including any alternate facility designations; the manifest tracking number of the original manifest for rejected wastes and residues that are re-shipped under a second manifest; and the specification of PCB waste descriptions and PCB out-of-service dates required under 40 CFR 761.207. Generators, however, cannot be required to enter information in this space to meet state regulatory requirements.

Item 15. Generator's/Officer's Certifications

1. The generator must read, sign, and date the waste minimization certification statement. In signing the waste minimization certification statement, those generators who have not been exempted by statute or regulation from the duty to make a waste minimization certification under section 3002(b) of RCRA are also certifying that they have complied with the waste minimization requirements. The Generator's Certification also contains the required attestation that the shipment has been properly prepared and is in proper condition for transportation (the shipper's certification). The content of the shipper's certification statement is as follows: "I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent." When a party other than the generator prepares the shipment for transportation, this party may also sign the shipper's certification statement as the offeror of the shipment.
2. Generator or Offeror personnel may preprint the words, "On behalf of" in the signature block or may hand write this statement in the signature block prior to signing the generator/offeror certification, to indicate that the individual signs as the employee or agent of the named principal.

Note: All of the above information except the handwritten signature required in Item 15 may be pre-printed.

PHILIP SERVICES CORP
RCRA Land Disposal Restriction Notification Form

Generator:

RMC PACIFIC MATERIALS

US EPA ID
No.

CAD981642053

Philip Profile
No.

359354-00, 359354-00

Manifest
No.

0007563605JK

The wastes identified on this form are subject to the land disposal restrictions of 40 CFR Part 268. The wastes do not meet the treatment standards specified in Part 268, Subpart D or do not meet the applicable prohibition levels specified in 268.32. Pursuant to 40 CFR 268.7(a), the required information applicable to each waste is identified below (check all boxes that apply):

Treatability Group: Wastewater Nonwastewater
(Wastewaters contain less than 1% filterable solids and less than 1% Total Organic Carbon)

- D001 Ignitable (except for High TOC) managed in non-CWA/non-CWA-equivalent/non Class I SDWA systems
- D001 Ignitable (except for High TOC) managed in CWA/ CWA-equivalent/Class I SDWA systems
- D001 High TOC Ignitable (greater than 10% total organic carbon)
- D002 Corrosive managed in non-CWA/non-CWA-equivalent/non Class I SDWA systems
- D002 Corrosive managed in CWA/ CWA-equivalent/Class I SDWA systems
- D003 Reactive Sulfides based on 261.23(a)(5)
- D003 Reactive Cyanides based on 261.23(a)(5)
- D003 Water Reactives based on 261.23(a)(2),(3) and (4) managed in non-CWA/non-CWA-equivalent/non Class I SDWA systems
- D003 Water Reactives based on 261.23(a)(2),(3) and (4) managed in CWA/ CWA-equivalent/Class I SDWA systems
- D003 Other Reactives based on 261.23(a)(1)

If D004-43 boxes are checked, complete and attach Form UC to address underlying hazardous constituents (unless these wastes are to be managed in CWA/CWA-equivalent/Class I SDWA systems):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> D004 Arsenic | <input type="checkbox"/> D005 Barium | <input type="checkbox"/> D006 Cadmium | <input type="checkbox"/> D006 Cadmium-containing batteries |
| <input type="checkbox"/> D007 Chromium | <input type="checkbox"/> D008 Lead | <input type="checkbox"/> D008 Lead acid batteries | |
| <input type="checkbox"/> D009 High mercury inorganic (>260 mg/kg total), including incinerator residue and residues from RMERC | | | |
| <input type="checkbox"/> D009 High-mercury organic (>260 mg/kg total), not including incinerator residue | | | |
| <input type="checkbox"/> D009 Low-mercury (<260 mg/kg total) | <input type="checkbox"/> D009 All D009 wastewaters | | |
| <input type="checkbox"/> D010 Selenium | <input type="checkbox"/> D011 Silver | | |
| <input type="checkbox"/> D012 Endrin | <input type="checkbox"/> D023 <i>o</i> -Cresol | <input type="checkbox"/> D033 Hexachlorobutadiene | |
| <input type="checkbox"/> D013 Lindane | <input type="checkbox"/> D024 <i>m</i> -Cresol | <input type="checkbox"/> D034 Hexachloroethane | |
| <input type="checkbox"/> D014 Methoxychlor | <input type="checkbox"/> D025 <i>p</i> -Cresol | <input type="checkbox"/> D035 Methyl ethyl ketone | |
| <input type="checkbox"/> D015 Toxaphene | <input type="checkbox"/> D026 Cresols (Total) | <input type="checkbox"/> D036 Nitrobenzene | |
| <input type="checkbox"/> D016 2,4-D | <input type="checkbox"/> D027 <i>p</i> -Dichlorobenzene | <input type="checkbox"/> D037 Pentachlorophenol | |
| <input type="checkbox"/> D017 2,4,5-TP (Silvex) | <input type="checkbox"/> D028 1,2-Dichloroethane | <input type="checkbox"/> D038 Pyridine | |
| <input type="checkbox"/> D018 Benzene | <input type="checkbox"/> D029 1,1-Dichloroethylene | <input type="checkbox"/> D039 Tetrachloroethylene | |
| <input type="checkbox"/> D019 Carbon tetrachloride | <input type="checkbox"/> D030 2,4-Dinitrotoluene | <input type="checkbox"/> D040 Trichloroethylene | |
| <input type="checkbox"/> D020 Chlordane | <input type="checkbox"/> D031 Heptachlor | <input type="checkbox"/> D041 2,4,5-Trichlorophenol | |
| <input type="checkbox"/> D021 Chlorobenzene | <input type="checkbox"/> D032 Hexachlorobenzene | <input type="checkbox"/> D042 2,4,6-Trichlorophenol | |
| <input type="checkbox"/> D022 Chloroform | | <input type="checkbox"/> D043 Vinyl chloride | |

Note: If any bolded entries are checked, form UC must be completed to address underlying hazardous constituents, unless the material is treated in a Clean Water Act (CWA) treatment process.

In addition, the following wastes are included in this shipment:

- F001-F005 spent solvents. *(If this box is checked, complete the F001-F005 section on the back of this form. Check the hazardous waste number(s) that applies, and identify the constituents likely to be present in the waste.)*

If this shipment carries additional waste codes that are not addressed above, identify them here:

<u>EPA Waste Code</u>	<u>Subcategory (if applicable)</u>	<u>EPA Waste Code</u>	<u>Subcategory (if applicable)</u>
_____	_____	_____	_____

F001-F005 Spent Solvents

Check the box(es) that applies; identify the individual constituents likely to be present.

Hazardous waste descriptionRegulated hazardous constituents

F001 Spent halogenated solvents used in degreasing

Carbon tetrachloride
Tetrachloroethylene
Trichloroethylene
Trichloromonofluoromethane

Methylene chloride
1,1,1-Trichloroethane
1,1,2-Trichloro-1,2,2-trifluoroethane

F002 Spent halogenated solvents

Chlorobenzene
Methylene chloride
1,1,1-Trichloroethane
Trichloroethylene
Trichloromonofluoromethane

o-Dichlorobenzene
Tetrachloroethylene
1,1,2-Trichloroethane
1,1,2-Trichloro-1,2,2-trifluoroethane

F003 Spent non-halogenated solvents

Acetone
Cyclohexanone*
Ethyl benzene
Methanol*
Xylenes (total)

n-Butyl alcohol
Ethyl acetate
Ethyl ether
Methyl isobutyl ketone

F004 Spent non-halogenated solvents

m-Cresol
p-Cresol
Nitrobenzene

o-Cresol
Cresol-mixed isomers (cresylic acid)

F005 Spent non-halogenated solvents

Benzene
2-Ethoxyethanol
Methyl ethyl ketone
Pyridine

Carbon disulfide*
Isobutyl alcohol
2-Nitropropane
Toluene

**The treatment standards for carbon disulfide, cyclohexanone, and methanol nonwastewaters are based on the TCLP and apply to spent solvent nonwastewaters containing only one, two, or all three of these constituents. The treatment standards for these three constituents do not apply when any of the other F001-F005 constituents are present in the waste.*

PHILIP SERVICES CORP
RCRA Land Disposal Restriction Notification Form

Generator:

RMC PACIFIC MATERIALS

US EPA ID

No.

CAD981642853

Philip Profile

No.

359354-00, 359354-00

Manifest

No.

000756360 JW

In accordance with 40 CFR 268.7(a), the underlying hazardous constituents must be addressed in this waste. Per 268.2(i), "underlying hazardous constituent" means any constituent listed in 268.48, Table UTS—Universal Treatment Standard which can reasonably be expected to be present at the point of generation of the hazardous waste, at a concentration above the constituent-specific UTS treatment standard. Refer to Form-EZ (attached) for the waste code(s), treatability group, and subcategory applicable to this waste.

In order to address underlying hazardous constituents in characteristic wastes, please check the appropriate box:

- I have reviewed the UTS list of 268.48, and per 268.7(a), I have determined that there are no underlying hazardous constituents reasonably expected to be present in this waste.
- I have reviewed the UTS list of 268.48, and per 268.7(a), I have determined that underlying hazardous constituents are present in this waste. The underlying hazardous constituents are identified as follows:

The determination of underlying hazardous constituents was based on:

- Generator's knowledge of the waste
- Analysis

I certify that I personally have examined and am familiar with the waste through analysis and testing, or through knowledge of the waste to support this certification. I certify that as an authorized representative of the generator named above, all the information submitted in this notification is true and correct to the best of my knowledge.

ROBERT ALDENHUYSEN
Printed Name

Robert Aldenhuyssen
Signature

Feb. 6, 2007
Date

Form UC (page 2)

Circle or otherwise identify the underlying hazardous constituents (or F039 constituents) present in the waste:

Constituent	Constituent	Constituent	Constituent
Acenaphthene	Chrysene	Endosulfan sulfate	N-Nitrosopyrrolidine
Acenaphthylene	<i>o</i> -Cresol	Endrin	Parathion
Acetone	<i>m</i> -Cresol	Endrin aldehyde	PCEs (total)
Acetonitrile	<i>p</i> -Cresol	Ethyl acetate	Pentachlorobenzene
Acetophenone	Cyclohexanone	Ethyl benzene	Pentachlorodibenzo- <i>p</i> -dioxins
2-Acetylaminoanthracene	<i>o,p'</i> -DDD	Ethyl ether	Pentachlorodibenzofurans
Acrolein	<i>p,p'</i> -DDD	Ethyl methacrylate	Pentachloroethane*
Acrylamide	<i>o,p'</i> -DDE	Ethylene oxide	Pentachloronitrobenzene
Acrylonitrile	<i>p,p'</i> -DDE	Famphur	Pentachlorophenol
Aldrin	<i>o,p'</i> -DDT	Fluoranthene	Phenacetin
4-Aminobiphenyl	<i>p,p'</i> -DDT	Fluorene	Phenanthrene
Aniline	Dibenz(a,h)anthracene	Heptachlor	Phenol
Anthracene	Dibenzo(a,c)pyrene	Heptachlor epoxide	Phorate
Aramid	1,2-Dibromo-3-chloropropane	Hexachlorobenzene	Phthalic acid*
alpha-BHC	1,2-Dibromoethane	Hexachlorobutadiene	Phthalic anhydride
beta-BHC	(ethylene dibromide)	Hexachlorocyclopentadiene	Promamide
delta-BHC	Dibromomethane	Hexachlorodibenzo- <i>p</i> -dioxins	Propanenitrile (ethyl cyanide)
Benz(a)anthracene	<i>m</i> -Dichlorobenzene	Hexachlorodibenzofurans	Pyrene
Benzal chloride*	<i>o</i> -Dichlorobenzene	Hexachloroethane	Pyridine
Benzene	<i>p</i> -Dichlorobenzene	Hexachloropropylene	Safrole
Benzo(a)pyrene	Dichlorodifluoromethane	Indeno(1,2,3- <i>c,d</i>)pyrene	Silvex (2,4,5-TP)
Benzo(b)fluoranthene	1,1-Dichloroethane	Iodocyclohexane	1,2,4,5-Tetrachlorobenzene
Benzo(k)fluoranthene	1,2-Dichloroethane	Isobutyl alcohol	Tetrachlorodibenzo- <i>p</i> -dioxins
Benzo(g,h,i)perylene	1,1-Dichloroethylene	Isodrin	Tetrachlorodibenzofurans
Bis(2-chloroethoxy)methane	<i>trans</i> -1,2-Dichloroethylene	Isosafrole	1,1,1,2-Tetrachloroethane
Bis(2-chloroethyl)ether	2,4-Dichlorophenol	Kepon	1,1,2,2-Tetrachloroethane
Bis(2-chloroisopropyl)ether	2,6-Dichlorophenol	Methacrylonitrile	Tetrachloroethylene
Bis(2-ethylhexyl)phthalate	2,4-Dichlorophenoxyacetic acid	Methanol	2,3,4,6-Tetrachlorophenol
Bromodichloromethane	(2,4-D)	Methacrylene	Toluene
Bromomethane (methyl bromide)	1,2-Dichloropropane	Methoxychlor	Toxaphene
4-Bromophenyl phenyl ether	<i>cis</i> -1,3-Dichloropropylene	3-Methylcholanthrene	Tribromomethane (bromoform)
<i>n</i> -butyl alcohol	<i>trans</i> -1,3-Dichloropropylene	4,4-Methylene-bis(2-chloroaniline)	1,2,4-Trichlorobenzene
Butyl benzyl phthalate	Diieldrin	Methylene chloride	1,1,1-Trichloroethane
2- <i>sec</i> -Butyl-4,6-dinitrophenol	Diethyl phthalate	Methyl ethyl ketone	1,1,2-Trichloroethane
(Dinoseb)	<i>p</i> -Dimethylaminoazobenzene*	Methyl isobutyl ketone	Trichloroethylene
Carbon disulfide	2,4-Dimethyl phenol	Methyl methacrylate	Trichloromono-fluoromethane
Carbon tetrachloride	Dimethyl phthalate	Methyl methanesulfonate	2,4,5-Trichlorophenol
Chlordane	Di- <i>n</i> -butyl phthalate	Methyl parathion	2,4,6-Trichlorophenol
(alpha and gamma isomers)	1,4-Dinitrobenzene	Naphthalene	2,4,5-Trichlorophenoxyacetic acid (2,4,5-T)
<i>p</i> -Chloroaniline	4,6-Dinitro- <i>o</i> -cresol	2-Naphthylamine	1,2,3-Trichloropropane
Chlorobenzene	2,4-Dinitrophenol	<i>o</i> -Nitroaniline*	1,1,2-Trichloro-1,2,2-trifluoroethane
Chlorobenzilate	2,4-Dinitrotoluene	<i>p</i> -Nitroaniline	Tris(2,3-dibromopropyl)phosphate
2-Chloro-1,3-butadiene	2,6-Dinitrotoluene	Nitrobenzene	Vinyl chloride
Chlorodibromomethane	Di- <i>n</i> -octyl phthalate	5-Nitro- <i>o</i> -toluidine	Xylenes (total)
Chloroethane	Di- <i>n</i> -propyl nitrosamine	<i>o</i> -Nitrophenol	Antimony
Chloroform	1,4-Dioxane	<i>p</i> -Nitrophenol	Arsenic
<i>p</i> -Chloro- <i>m</i> -cresol	Diphenylamine	N-Nitrosodiethylamine	Barium
3-Chloroethyl vinyl ether*	Diphenylnitrosamine	N-Nitrosodimethylamine	Beryllium
Chloromethane (methyl chloride)	1,2-Diphenyl hydrazine	N-Nitroso- <i>n</i> -butylamine	Cadmium
2-Chloronaphthalene	Disulfoton	N-Nitrosomethyl ethylamine	Chromium (total)
2-Chlorophenol	Endosulfan I	N-Nitrosomorpholine	Cyanide (total)
3-Chloropropylene	Endosulfan II	N-Nitrosopiperidine	Cyanide (amenable)
			Mercury (total residues)*
			Mercury (all others)
			Fluoride
			Lead
			Nickel
			Selenium
			Silver
			Sulfide
			Thallium
			Vanadium

*This constituent is not a regulated hazardous constituent in F039