

facsimile TRANSMITTAL

**DRESSER INDUSTRIES, INC.
LAW DEPARTMENT - OPERATIONS
ENVIRONMENTAL
LEROY L. DENOOYER, SENIOR ATTORNEY**

2001 Ross Avenue, 41st Floor
P. O. Box 718 (75221)
Dallas, Texas 75201

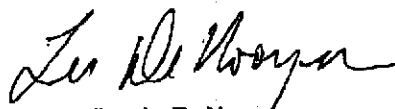
Fax No. 214/740-6702 or DSDN 222-6702
Telephone: 214/740-6075 or DSDN 222-6075

Date: February 4, 1998
To: Brian P. Oliva
Fax: 510/337-9335
From: LeRoy L. DeNooyer
Re: Your Letter, 29Jan98 -Enclosed
Pages: Two

Message: Brian: This correspondence confirms by telephone message to you on February 2nd. Your letter references the enclosure of an INVOICE for oversight work at the Emeryville facility; however, there was no enclosure with your letter.

Please forward the Invoice for my review and payment.

Regards,


LeRoy L. DeNooyer

File 76122/0740-213-105

If you have problems receiving this fax, please contact me above number. This message is being sent on an automatic Pitney Bowes 9550.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED, AND CONTAINS INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU OR THE EMPLOYER OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE INTENDED TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY UNAUTHORIZED DISCLOSURE, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE. THANK YOU.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

January 29, 1998

ATTN: Lee L. De Nooyer

Dresser Industries
2001 Ross Ave
Dallas TX 75201

RE: Project # 4354A - Type M
at 6521 Hollis St in Emeryville 94608

Dear Property Owner/Designee:

Our records indicate the deposit/refund account for the above project has fallen below the minimum deposit amount. To replenish the account, please submit an additional deposit of \$2,045.00, payable to Alameda County, Environmental Health Services.

It is expected that the amount requested will allow the project to be completed with a zero balance. Otherwise, more money will be requested or any unused monies will be refunded to you or your designee.

The deposit refund mechanism is authorized in Section 6.92.040L of the Alameda County Ordinance Code. Work on this project will be debited at the Ordinance specified rate, currently \$94 per hour.

Please be sure to write the following identifying information on your check:

- project #
- type of project and
- site address

(see RE: line above).

If you have any questions, please contact Brian Oliva at (510) 567-6737.

Sincerely,

Brian Oliva, HMS
Environmental Protection

c: files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

January 29, 1998

Lee L. Denooyer
Dreesler Industries Inc.,
2001 Ross Avenue
Dallas, Texas 75201

**Subject: Grove Valve and Regulator Facility, 6521 Hollis
Street, Emeryville, CA 94608**

Dear Mr. Denooyer:

Enclosed you will find an invoice for oversight of the
aforementioned facility. This includes inspections, report
review, etc. The investigation/remediation work at the Grove
Valve property appears almost to be completed.

A recent inspection the site indicated that the requisite work
required by this office has been completed. Upon receipt of the
funds required, the site will be closed as to the surface leaks
related to the cutting oils discharged to the surface.

Please remit the sum requested so a "closure letter" may be
forwarded to you. As you are aware this sum is part of a
settlement between you company, and the District Attorney's
Office from the County of Alameda. If you have any questions,
please contact this office. The telephone number is (510)
567-6737.

Sincerely,

Brian P. Oliva, REHS, REA
Hazardous Materials Specialist

c: Kevin Holloran, Env. Mng. & Engineering, 437 Industrial Lane,
PO. Box 19866, Birmingham, AL., 35219
Ariu Levi, Alameda Co.
Bob Chambers, Alameda Co. Deputy District Attorney

Printed: 01/29/98

***** Alameda County Department of Environmental Health *****
BILLING's WORKLOG: Total Deposit/Refund History for All Accounts at Site
~~~~~

\*\* SITE INFORMATION \*\*

Site#: 4354 -- StID: 794 GROVE VALVE & REGULATOR  
Date Open: 05/13/96 6521 HOLLIS ST.  
Date Closed: EMERYVILLE CA 94608

\*\* PAYOR INFORMATION \*\*

> Project # --4354A for Payor # 947 DRESSER INDUSTRIES, INC.  
P.O. BOX 718  
DALLAS TX 72521

\*\* DEPOSIT HISTORY \*\*

| Proj#   | Deposit Date | Receipt# | Amount Received |
|---------|--------------|----------|-----------------|
| --4354A | 05/13/96     | 783854   | \$ 4,000.00     |
|         |              |          | =====           |
|         |              |          | \$ 4,000.00     |

\*\* WORKLOG HISTORY \*\*

| Proj#   | Work Date | Activity Description    | Insp | Time (hrs) | Amount Charged |
|---------|-----------|-------------------------|------|------------|----------------|
| --4354A | 04/24/96  | Investigation On-Site   | BO   | 2.         | \$180.00       |
| --4354A | 04/25/96  | Write Letters           | BO   | 2.         | \$180.00       |
| --4354A | 04/29/96  | Investigation On-Site   | BO   | 3.         | \$270.00       |
| --4354A | 05/08/96  | Investigation On-Site   | BO   | 0.75       | \$67.50        |
| --4354A | 05/08/96  | Meetings, Consultations | BO   | 0.5        | \$45.00        |
| --4354A | 05/16/96  | Meetings, Consultations | BO   | 0.5        | \$45.00        |
| --4354A | 05/20/96  | Investigation On-Site   | BO   | 2.5        | \$225.00       |
| --4354A | 05/21/96  | Investigation On-Site   | BO   | 3.         | \$270.00       |
| --4354a | 05/23/96  | administrative charge   | adm  | 1.         | \$90.00        |
| --4354a | 05/31/96  | Review Plans/Reports    | bo   | 1.5        | \$135.00       |
| --4354a | 05/31/96  | Investigation On-Site   | bo   | 1.5        | \$135.00       |
| --4354a | 06/04/96  | Investigation On-Site   | bo   | 0.5        | \$45.00        |

|         |          |                       |    |      |          |
|---------|----------|-----------------------|----|------|----------|
| --4354a | 06/05/96 | Investigation On-Site | bo | 0.75 | \$67.50  |
| --4354a | 06/11/96 | Investigation On-Site | bo | 0.75 | \$67.50  |
| --4354a | 06/18/96 | Investigation On-Site | bo | 0.5  | \$45.00  |
| --4354a | 06/24/96 | Investigation On-Site | bo | 1.   | \$90.00  |
| --4354a | 06/26/96 | Investigation On-Site | bo | 1.   | \$90.00  |
| --4354a | 06/27/96 | Investigation On-Site | bo | 1.   | \$90.00  |
| --4354a | 07/02/96 | Investigation On-Site | bo | 1.   | \$94.00  |
| --4354a | 07/05/96 | Investigation On-Site | bo | 1.   | \$94.00  |
| --4354a | 07/18/96 | Review Plans/Reports  | bo | 2.   | \$188.00 |
| --4354a | 07/23/96 | Investigation On-Site | bo | 0.5  | \$47.00  |
| --4354a | 07/30/96 | Investigation On-Site | bo | 0.5  | \$47.00  |
| --4354a | 08/05/96 | Review Plans/Reports  | bo | 1.   | \$94.00  |
| --4354a | 08/12/96 | Investigation On-Site | bo | 1.   | \$94.00  |

\*\* WORKLOG HISTORY \*\*

|         |          |                                           |    |      |          |
|---------|----------|-------------------------------------------|----|------|----------|
| --4354a | 08/12/96 | Write Letters                             | bo | 1.   | \$94.00  |
| --4354a | 08/13/96 | Write Letters                             | bo | 2.   | \$188.00 |
| --4354a | 08/27/96 | Investigation On-Site                     | bo | 1.   | \$94.00  |
| --4354a | 08/29/96 | Investigation On-Site                     | bo | 1.   | \$94.00  |
| --4354a | 08/30/96 | on site investigation                     | bo | 1.25 | \$117.50 |
| --4354a | 08/30/96 | Investigation On-Site                     | bo | 1.5  | \$141.00 |
| --4354a | 09/05/96 | Investigation On-Site                     | bo | 1.   | \$94.00  |
| --4354a | 09/16/96 | Investigation On-Site                     | bo | 0.5  | \$47.00  |
| --4354a | 09/16/96 | office review of rpt/call<br>w/consultant | bo | 1.   | \$94.00  |
| --4354a | 09/17/96 | Investigation On-Site                     | bo | 0.5  | \$47.00  |
| --4354a | 09/18/96 | Write Letters                             | bo | 0.75 | \$70.50  |
| --4354a | 09/23/96 | Review Plans/Reports                      | bo | 0.75 | \$70.50  |
| --4354a | 10/01/96 | Investigation On-Site                     | bo | 1.   | \$94.00  |
| --4354a | 10/08/96 | Investigation On-Site                     | bo | 0.75 | \$70.50  |
| --4354a | 10/16/96 | Investigation On-Site                     | bo | 1.5  | \$141.00 |
| --4354a | 11/05/96 | Investigation On-Site                     | bo | 1.   | \$94.00  |
| --4354a | 11/21/96 | Review Plans/Reports                      | bo | 0.5  | \$47.00  |
| --4354a | 12/02/96 | Review Plans/Reports                      | bo | 1.   | \$94.00  |
| --4354a | 12/03/96 | call w/consultant                         | bo | 0.25 | \$23.50  |
| --4354a | 12/03/96 | Review Plans/Reports                      | bo | 0.5  | \$47.00  |
| --4354a | 12/09/96 | Investigation On-Site                     | bo | 1.   | \$94.00  |
| --4354a | 12/11/96 | On-site visit                             | bo | 1.   | \$94.00  |
| --4354a | 12/11/96 | Review Plans/Reports                      | bo | 1.   | \$94.00  |
| --4354a | 12/12/96 | Investigation On-Site                     | bo | 2.   | \$188.00 |
| --4354a | 12/16/96 | Investigation On-Site                     | bo | 1.   | \$94.00  |
| --4354a | 12/18/96 | Investigation On-Site                     | bo | 1.   | \$94.00  |
| --4354A | 01/07/97 | Review Plans/Reports                      | BO | 1.5  | \$141.00 |

\*\* WORKLOG HISTORY \*\*

|         |          |                         |    |     |            |
|---------|----------|-------------------------|----|-----|------------|
| --4354A | 01/29/97 | Meetings, Consultations | BO | 0.5 | \$47.00    |
| --4354A | 02/07/97 | Investigation On-Site   | BO | 0.5 | \$47.00    |
| --4354a | 11/25/97 | Investigation in Office | bo | 0.5 | \$47.00    |
| --4354a | 11/25/97 | On-site visit           | bo | 0.5 | \$47.00    |
|         |          |                         |    |     | -----      |
|         |          |                         |    |     | \$5,545.00 |

Balance:

Amount Refunded:

=====

5545  
4000  
1545  
+ 500  
2045<sup>00</sup>



**Christopher D. Kwoka, P.E.**

Principal

23490 Connecticut Street, Hayward, CA 94545-1607

(510) 732-6444 Fax (510) 782-8584 CL#545726



**Hillhouse**

*Hillhouse Construction  
Company, Incorporated*

**Paul Christensen**  
*Superintendent*

*For: 408.452.0640  
Fax: 408.452.0386  
paulc@hillhouseconstruction.com*

*224 Airport Parkway, Suite 170  
San Jose, CA 95110*



\*\* WORKLOG HISTORY \*\*

| Work Date  | Insp | Activity Description / Time Spent (hrs) | Amount Charged |
|------------|------|-----------------------------------------|----------------|
| 11/25/1997 | bo   | Investigation in Office                 | 0.5 47.00      |
| 11/25/1997 | bo   | On-site visit                           | 0.5 47.00      |
| 01/28/1998 | BO   | Write Letters                           | 1. 94.00       |
| 01/28/1998 | BO   | Review Plans/Reports                    | 1. 94.00       |
| 02/02/1998 | BO   | Investigation in Office                 | 1. 94.00       |
| 02/19/1998 | BO   | Investigation in Office                 | 1.5 141.00     |
| 03/12/1998 | BO   | Investigation in Office                 | 0.5 47.00      |
| 03/16/1998 | BO   | Review Plans/Reports                    | 2. 188.00      |
| 11/16/1999 | tp   | requested closure                       | 0.00           |
|            |      |                                         | -----          |
|            |      |                                         | \$ 6,203.00    |

Balance:\$ 0.00 Amount Refunded: \$

*This will be closed in this month.*



## Environmental Management & Engineering, Inc.

437 Industrial Lane Post Office Box 19866 Birmingham, AL 35219

(205) 940-7700 Fax (205) 940-7701

97 JAN 22 AM 9:29

January 17, 1997

Mr. Brian Oliva  
Senior Hazardous Materials Specialist  
Alameda County Health Care Services  
Department of Environmental Health  
1131 Harbor Bay Parkway  
Alameda, CA 94502

RE: Grove Valve and Regulator Company, Emeryville, California  
DRS-95-E942

Dear Mr. Oliva:

Attached is a corrected boring location map to replace Figure 2 in the "Updated Facility Closure Activity" report dated December 27, 1996.

This new boring location map includes the existing monitoring wells at the referenced facility and also shows the groundwater flow direction.

Should you have any questions or need additional information, please call me at (205) 940-7700.

Thank you for your kind consideration.

Sincerely,

Dennis A Lewis  
Environmental Engineer

DL/jjf

Enclosure

cc: Mr. Bill Tallent - w/enclosure  
Mr. Lee DeNooyer - w/enclosure

ALAMEDA COUNTY, DEPARTMENT OF  
ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

Grove Value II, III

white -env.health  
yellow -facility  
pink -files

Site ID # \_\_\_\_\_ Site Name Hill House Const Today's Date 11/25/97

Site Address 66th ST

City Emeryville Zip 94608 Phone \_\_\_\_\_

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

On site for Verification/Removal of wood blocks (Hazardous) saturated with waste oil/solvents.

The blocks were removed by Decon CHRIS KWOKA 732-6444

This affair will continue off Decon for the moment for completion of Oversight activities

NO Hazardous materials observed on site.

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Stds. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(i)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- |                               |                                                                 |
|-------------------------------|-----------------------------------------------------------------|
| General                       | <input type="checkbox"/> 1. Permit Application 25284 (H&S)      |
|                               | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
|                               | <input type="checkbox"/> 3. Records Maintenance 2712            |
|                               | <input type="checkbox"/> 4. Release Report 2651                 |
|                               | <input type="checkbox"/> 5. Closure Plans 2670                  |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method                              |
|                               | 1) Monthly Test                                                 |
|                               | 2) Daily Vadose                                                 |
|                               | Semi-annual groundwater                                         |
|                               | One time soils                                                  |
|                               | 3) Daily Vadose                                                 |
|                               | One time soils                                                  |
|                               | Annual tank test                                                |
|                               | 4) Monthly Gndwater                                             |
|                               | One time soils                                                  |
|                               | 5) Daily Inventory                                              |
|                               | Annual tank testing                                             |
| Cont pipe leak det            |                                                                 |
| Vadose/gndwater mon.          |                                                                 |
| 6) Daily Inventory            |                                                                 |
| Annual tank testing           |                                                                 |
| Cont pipe leak det            |                                                                 |
| 7) Weekly Tank Gauge          |                                                                 |
| Annual tank teting            |                                                                 |
| 8) Annual Tank Testing        |                                                                 |
| Daily Inventory               |                                                                 |
| 9) Other _____                |                                                                 |
| New Tanks                     | <input type="checkbox"/> 7. Precs Tank Test 2643                |
|                               | Date: _____                                                     |
|                               | <input type="checkbox"/> 8. Inventory Rec. 2644                 |
|                               | <input type="checkbox"/> 9. Soil Testing 2646                   |
|                               | <input type="checkbox"/> 10. Ground Water. 2647                 |
|                               | <input type="checkbox"/> 11. Monitor Plan 2632                  |
|                               | <input type="checkbox"/> 12. Access. Secure 2634                |
|                               | <input type="checkbox"/> 13. Plans Submit 2711                  |
|                               | Date: _____                                                     |
|                               | <input type="checkbox"/> 14. As Built 2635                      |
| Date: _____                   |                                                                 |

Contact: [Signature]

Title: Asst Supt

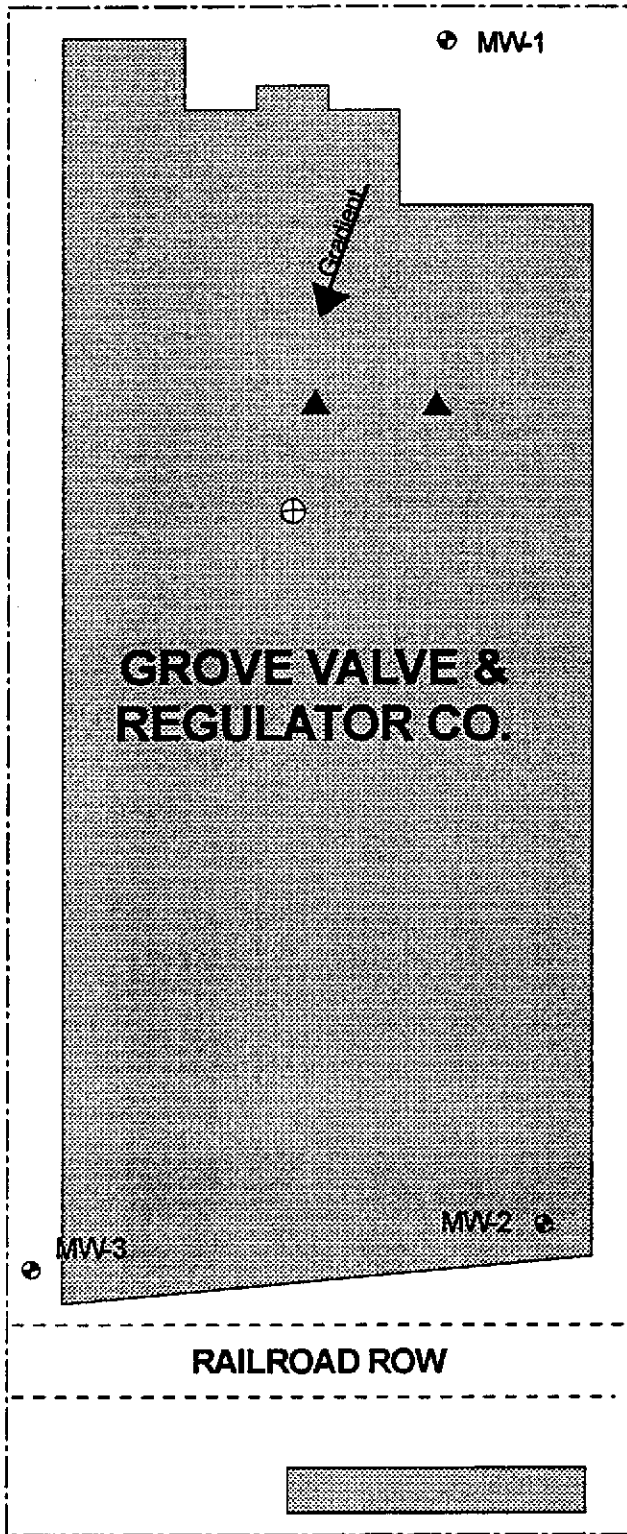
Signature: Paul Christensen

Hillhouse Const. Co

Inspector: [Signature]

Signature: \_\_\_\_\_

II, III



## LEGEND

- ▲ Former Sump and Previous Boring Location
- ⊕ Soil Boring Additional Investigation
- Monitoring Well

|                                              |                          |
|----------------------------------------------|--------------------------|
| ENVIRONMENTAL MANAGEMENT & ENGINEERING INC.  |                          |
| Birmingham, AL                               |                          |
| Description: FIGURE 2<br>BORING LOCATION MAP |                          |
| Date: 12-26-96                               | Project No.: DRS-95-E942 |
| Drawn By: DAL                                | Scale: NTS               |

white - env. health  
yellow - facility  
pink - files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy  
Alameda CA 94502  
510/567-6700

## Hazardous Materials Inspection Form

II, III

Site ID # 744 Site Name Grove Valley + Reg Today's Date 12/12/86

Site Address Holly St

City Emeryville Zip 94605 Phone \_\_\_\_\_

\_\_\_\_ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

**Inspection Categories:**

- \_\_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- \_\_\_\_ II. Hazardous Materials Business Plan, Acutely Hazardous Materials
- III. Under ground Storage Tanks

658-6445

Remediation

\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

**Comments:**

On site with Consultants for investigation of site related to former lubricant/sumps. A hand dugged hole on the site is being installed/installed per previous agreement with consultants

UIC 1st being not used due to sub-flooding

Second being at 15 feet yielding water in small quantities

Several photographs taken of site -

\* Call regarding outcome - (ability to extract water for sampling)

\* Call regarding removal process of Hazardous wastes (wooden blocks)

Contact [Signature]  
Title \_\_\_\_\_  
Signature \_\_\_\_\_

Inspector [Signature]  
Signature \_\_\_\_\_

II, III

FAX TRANSMITTAL INFORMATION

DATE: 12/2/96

SENT TO: Mr. Brian Oliva  
ACOEH  
(510) 337-9335

NO. OF PAGES: 3 (Including this page)

FROM: Kevin Halloran

Project No. DRS-95-E942

NOTES: Dear Brian -  
Please find the accompanying letter  
re: Grove Valve & Regulator as  
we discussed. Jim Thomas or  
Dennis Lewis of EME will be  
contacting you when they know  
their exact schedule. Let us know  
if you have any comments or  
questions.

Thanks,  
Kevin

CC: Mr. Bill Tallent (713) 568-6731  
Mr. Lee DeVooyer (214) 740-6702

ENVIRONMENTAL MANAGEMENT & ENGINEERING, INC.

437 Industrial Lane  
Birmingham, AL 35211  
Ph: (205) 940-7700  
Fax: (205) 940-7701



## **Environmental Management & Engineering, Inc.**

437 Industrial Lane Post Office Box 19866 Birmingham, AL 35219  
(205) 940-7700 Fax (205) 940-7701

December 2, 1996

Mr. Brian Oliva  
Senior Hazardous Materials Specialist  
Alameda County Health Care Services  
Department of Environmental Health  
1131 Harbor Bay Parkway  
Alameda, CA 94502

RE: Grove Valve and Regulator Company, Emeryville, California  
DRS-95-E942

Dear Mr. Oliva:

As we discussed in our telephone conversation of November 21, 1996, Environmental Management & Engineering, Inc. (EME) will be conducting the additional investigation of the machine sump area requested in your letter of August 13, 1996.

We anticipate that our geologist will be on-site on December 11-12, 1996 to perform the requested groundwater sampling and to assess the facility for additional areas of the facility which might require investigation. The following work plan describes our proposed groundwater investigation.

A boring will be installed with a stainless steel hand auger approximately 25 to 50 feet downgradient (west/northwest) of the northernmost machine sump in question. The exact distance will be determined upon assessment of the building floor slab. As you will recall, this was the location of the deepest soil impact and the most likely location of potential impact to groundwater, if any. The boring will be advanced to a sufficient depth to allow collection of a groundwater sample with a disposable bailer. Following sampling activities, the boring will be grouted with cement. It is anticipated that a single downgradient boring will be adequate to confirm that there has been no impact to groundwater. However, should observations made during the investigation or sampling results reveal evidence of potential impact to groundwater, additional investigation will be conducted in coordination with you.

Groundwater samples, including appropriate quality control blanks, will be submitted to the American Environmental Network laboratory in Pleasant Hill, CA for analysis for Total Oil and Grease (TOG) by EPA Method 418.1 as we have previously discussed. All sampling and analyses will be conducted using proper decontamination and chain-of-custody procedures.

The results of the described investigation will be reported to you in a timely manner following receipt of the laboratory analytical results.

Mr. Brian Oliva  
Alameda County Health Care Services  
December 2, 1996  
Page 2

We will be in contact with you to confirm a schedule prior to our arrival at the site. Please let us know if you have any comments or questions. As always, we appreciate your assistance with this project.

Thank you for your kind consideration.

Sincerely,



Kevin Holloran  
Environmental Specialist

KH/jjf

cc: Mr. Bill Tallent  
Mr. Lee DeNooyer



white -env.health  
yellow -facility  
pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy  
Alameda CA 94502  
510/567-6700

## Hazardous Materials Inspection Form

II, III

Site ID # 794 Site Name Grove Valve Today's Date 10/16/96

Site Address Hollis St

City Emeryville Zip 94608 Phone (409) 7311 (here)

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

### Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Hazardous Materials Business Plan, Acutely Hazardous Materials
- III. Under ground Storage Tanks

\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

### Comments:

On site for observation of removal of hazardous waste/materials from site. The wastes/materials have been separated for either movement/transportation or disposal for disposal ~30 barrels drums (55gal) → all labeled & accumulation date for disposal = 8 cartons 1 use 3x3x3 → labeled

Ⓢ Required actions - submit manifest for wastes upon disposal

Contact

Title

Signature

Inspector

Signature

II, III



## Environmental Management & Engineering, Inc.

437 Industrial Lane Post Office Box 19866 Birmingham, AL 35219

(205) 940-7700 Fax (205) 940-7701

September 20, 1996

Mr. Brian Oliva  
Senior Hazardous Materials Specialist  
Alameda County Health Care Services  
Department of Environmental Health  
1131 Harbor Bay Parkway  
Alameda, CA 94502

RE: Grove Valve and Regulator Company, Emeryville, California  
Machine Sump Area Investigation  
DRS-95-E942

Dear Mr. Oliva:

I am writing to confirm our telephone conversation of September 16, 1996 in which we discussed the schedule for the removal of the remaining equipment located at the above referenced facility. As you will recall, we anticipate that this will be accomplished by mid-November. It is our understanding that we have your permission to defer submission of the work plan for the further investigation of the machine sump area until the equipment is removed and the need for investigation of any other areas is assessed. We will keep you informed of progress with the equipment removal and will let you know when we have a more exact date.

Please let us know if you have any questions or comments. We very much appreciate your assistance with this project.

Thank you for your kind consideration.

Sincerely,

Kevin Holloran  
Environmental Specialist

KH/nk

Enclosure

cc: Mr. Bill Tallent  
Mr. Lee DeNooyer



## Environmental Management & Engineering, Inc.

437 Industrial Lane Post Office Box 19866 Birmingham, AL 35219  
(205) 940-7700 Fax (205) 940-7701

August 22, 1996

Mr. Brian Oliva  
Senior Hazardous Materials Specialist  
Alameda County Health Care Services  
Department of Environmental Health  
1131 Harbor Bay Parkway  
Alameda, CA 94502

RE: Grove Valve and Regulator Company, Emeryville, California  
DRS-95-E942

Dear Mr. Oliva:

We have received your response to our report dated July 2, 1996 regarding the investigation of the soils impacted by cutting oils beneath two machine sumps at the above referenced facility. In regard to your request for the submission of a workplan proposing additional investigation of the groundwater in the area, we hereby request that submission of this plan be deferred until such time that all remaining equipment has been removed from the premises. As you note in your letter, additional areas which may require investigation may come to light and, with your permission, we would prefer to address these and any other relevant closure issues in a single closure work plan. We feel that this would be the most efficient and economical approach for everyone involved.

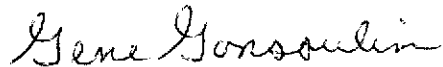
In your comments regarding the creosote-impregnated wooden floor blocks, you refer to the "completion" of their removal. At this time, none of the blocks have been removed from service. We feel that the blocks provide a viable working surface which is an integral part of the buildings construction and that they present no significant risk to the environment in their present state. Should demolition or remodeling require removal of any of the blocks in the future, the removed blocks would then become a waste material and would be characterized and properly disposed as such. In regard to the fire risk associated with the blocks, this type of flooring is very common and has passed many fire inspections, both by fire department and insurance carrier inspectors. We do not feel that they present any more fire risk than other common building materials such as wood framing, paneling, etc.

Mr. Brian Oliva  
Alameda County Health Care Services  
Department of Environmental Health  
August 22, 1996  
Page 2

Please contact me or Kevin Holloran at (205)940-7700 if you have any questions. We appreciate your assistance with this project and look forward to your response.

Thank you for your kind consideration.

Sincerely,



Gene J. Gonsoulin, Ph.D.  
President

GJG:njk

Enclosure

cc: Mr. Lee DeNooyer  
Mr. Bill Tallent

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH  
 Hazardous Materials Inspection Form

1131 Harbor Bay Pkwy.  
 Suite 250  
 Alameda, CA 94502-6577  
 (510) 567-6700

II, III

Site ID # 794 Site Name Shore Value Today's Date 6/21/98

Site Address Holly St + 65<sup>th</sup>  
 City Emeryville Zip 94608 Phone \_\_\_\_\_

\_\_\_ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

**Inspection Categories:**  
 \_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTED  
 \_\_\_ II. Business Plans, Acute Hazardous Materials  
 \_\_\_ III. Underground Tanks Remediate

\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

**Comments:**

On site for continued observation of remediation -

- Continued removal of Haz Mat/waste

- Observed removal process

- awaiting results of soils tests analysis

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

II.A BUSINESS PLANS (Title 19)

- \_\_\_ 1. Immediate Reporting 2703
- \_\_\_ 2. Bus. Plan Stds. 25503(b)
- \_\_\_ 3. RR Cars > 30 days 25503.7
- \_\_\_ 4. Inventory Information 25504(a)
- \_\_\_ 5. Inventory Complete 2730
- \_\_\_ 6. Emergency Response 25504(b)
- \_\_\_ 7. Training 25504(c)
- \_\_\_ 8. Deficiency 25505(a)
- \_\_\_ 9. Modification 25505(b)

II.B ACUTELY HAZ MAT'S

- \_\_\_ 10. Registration Form Filed 25533(a)
- \_\_\_ 11. Form Complete 25533(b)
- \_\_\_ 12. RMPP Contents 25534(c)
- \_\_\_ 13. Implement Sch. Req'd? (Y/N)
- \_\_\_ 14. OffSite Conseq. Assess. 25524(c)
- \_\_\_ 15. Probable Risk Assessment 25534(d)
- \_\_\_ 16. Persons Responsible 25534(g)
- \_\_\_ 17. Certification 25534(f)
- \_\_\_ 18. Exemption Request? (Y/N) 25536(b)
- \_\_\_ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

General

- \_\_\_ 1. Permit Application 25284 (H&S)
- \_\_\_ 2. Pipeline Leak Detection 25292 (H&S)
- \_\_\_ 3. Records Maintenance 2772
- \_\_\_ 4. Release Report 2651
- \_\_\_ 5. Closure Plans 2670

Monitoring for Existing Tanks

- \_\_\_ 6. Method
  - 1) Monthly Test
  - 2) Daily Vadose Semi-annual groundwater One time soils
  - 3) Daily Vadose One time soils Annual tank test
  - 4) Monthly Groundwater One time soils
  - 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/groundwater mon.
  - 6) Daily Inventory Annual tank testing Cont pipe leak det
  - 7) Weekly Tank Gauge Annual tank testing
  - 8) Annual Tank Testing Daily Inventory
  - 9) Other \_\_\_\_\_

New Tanks

- \_\_\_ 7. Precs Tank Test Date: 2643
- \_\_\_ 8. Inventory Rec. 2644
- \_\_\_ 9. Soil Testing 2646
- \_\_\_ 10. Ground Water. 2647
- \_\_\_ 11. Monitor Plan 2632
- \_\_\_ 12. Access. Secure 2634
- \_\_\_ 13. Plans Submit Date: 2711
- \_\_\_ 14. As Built Date: 2635

Rev 6/88

II, III

Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Inspector: Burke  
 Signature: \_\_\_\_\_

white -env.health  
yellow -facility  
pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy  
Alameda CA 94502  
510/567-6700

## Hazardous Materials Inspection Form

II, III

Site ID # 294 Site Name Grove Valley Today's Date 1/21/96

Site Address \_\_\_\_\_

City \_\_\_\_\_ Zip 94 Phone \_\_\_\_\_

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

### Inspection Categories:

- \_\_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- \_\_\_\_ II. Hazardous Materials Business Plan, Acutely Hazardous Materials
- \_\_\_\_ III. Under ground Storage Tanks

Bay Area at #6 support from Seattle  
#4  
Remediation/Investigate

\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

### Comments:

TO be sealed with bentonite

On site for Sampling of Soil/Surface in "Bay 4" area.

This is the site of a former press/machine that was used with lubrication oil. Upon removal of the machinery cracks and/or broken concrete were observed which appear to be a preferential pathway to the surface. Samples taken at 2, 4, 6, 8" feet by hand auger (taken by Consultant EME) indicated contaminated soil to be analyzed as stated report of 5/20/90.

Several photographs taken of area

(note) Soil appears to be fill from 0-4 feet then at 4-8 feet changes to a clay consistency

(note) Water encountered at 10 feet

2 areas investigated.

- 1 Required Actions
- (1) Submit soil sample results to this office within 10 working days (Report of findings to Gallas)
  - (2) Investigate any potential areas where discharge below surface possible

Contact  Signature Indicates Receipt Only

Title Mark Hall

Signature EME

Inspector Brian P. Allen

Signature \_\_\_\_\_

II, III

ALAMEDA COUNTY ENVIRONMENTAL HEALTH / HAZARDOUS MATERIALS DIVISION  
1131 HARBOR BAY PKWY., RM. 250, ALAMEDA, CA 94502-6577 (510)567-6700 FAX (510) 227-9355

10-11

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: 794 FACILITY NAME: Grove Valve + Regulator PG. OF

SUPPLEMENTAL FORM 6521 Hollist, Emeryville Ca 94608

On site at Request of Consultant for RP for investigation related to closure of site

Note on tour/investigation of site several areas of discharge to surface are apparent - need to address

Observed Documentation on Waste liquid (H<sub>2</sub>O) for 5/7/96

Observed with consultant, (Kevin Holloran) fractured floor to be sampled in Am 5/21 for Waste Oil - TOC 48.1 OK Solvents - Kerosene (or diesel)

will refer to Site

Michael K. Holloran  
Environmental Specialist

Environmental Management & Engineering, Inc.

Houston Office:  
5715 N.W. Central Dr.  
Suite 104  
Houston, TX 77092  
(713) 939-7028  
(713) 939-7029 Fax

Main Office:  
437 Industrial Lane  
Post Office Box 19866  
Birmingham, AL 35219  
(205) 940-7700  
(205) 940-7701 Fax

PRINT NAME: [Signature] INSPECTED BY: Bruce P. Allen  
SIGNATURE: [Signature] DATE: 5/20/96

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
DEPOSIT / REFUND ACCOUNT SHEET

printed 05/13/96

SITE INFORMATION

Grove Vale & Regulator  
6521 Hollis St  
Emeryville 94608  
Site Contact:  
Site Phone : 214-740-6075

StID: 794 Site#: 4354  
PROJECT#: 4354A  
PROJECT TYPE:\*\*\* M \*\*\*  
INSP: Brian Oliva  
ACCT. SHEET PG #: \_\_\_\_\_

PROPERTY OWNER INFORMATION

Owner Contact:  
Owner Phone :

PAYOR INFORMATION

Dresser Industries  
2001 Ross Ave  
Dallas TX 75201 #947  
Payor Contact:  
Payor Phone : 214-740-6075

| Date     | Action Taken                                      | Time |     | Hours Spent/Depstd | Hour Balnce | Money          |               |
|----------|---------------------------------------------------|------|-----|--------------------|-------------|----------------|---------------|
|          |                                                   | In   | Out |                    |             | Spent/Depositd | Money Balance |
| 05/13/96 | Rcpt# 783854<br>Deposit of \$4,000.00 @ \$90/hour |      |     | +44.44             | +44.44      | 4,000.00       | 4,000.00      |
| 05/13/96 | Admin. Charge: 1 hour                             |      |     | 1.00               | 43.44       | 90.00          | 3,910.00      |
| 4/24     | on site                                           |      | 2.0 |                    |             |                |               |
| 4/25     | letter                                            |      | 2.0 |                    |             |                |               |
| 4/29     | on site                                           |      | 3.0 |                    |             |                |               |
| 5/8      | consult                                           |      | .5  |                    |             |                |               |
| 5/8      | on site                                           |      | .75 |                    |             |                |               |
| 5/16     | phone calls                                       |      | .75 |                    |             |                |               |

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : \_\_\_\_\_ ATTACH:  State Forms A,B & C  
 Billing Adjustment\*  
DATE OF COMPLETION : \_\_\_\_\_ DATE SENT TO BILLING: \_\_\_\_\_  
TOTAL COST OF PROJECT: \_\_\_\_\_ REFUND AMOUNT: \_\_\_\_\_ Rev. 5/95

\* Billing adjustment forms needed when site is in our UST program.



0 • \*

275 • +  
220 • +  
220 • +  
275 • +  
160 • +  
55 • +  
220 • +  
330 • +  
330 • +  
110 • +  
110 • +  
55 • +  
55 • +  
110 • +  
2525 • \*

(14)

165 • +  
275 • +  
350 • +  
1400 • +  
500 • +  
2690 • \*

(5)

45264 • +  
334 • +  
3375 • +  
48973 • \*

(3)

\*\*\*\*\* Alameda County Department of Environmental Health \*\*\*\*\*  
 Deposit/Refund Account History

\*\* PROJECT INFORMATION \*\*

Project#: --4354A Date Open: 05/13/1996 Date Closed:

Payor Information:

Site Information:

-----  
 DRESSER INDUSTRIES, INC.  
 P.O. BOX 718  
 DALLAS TX 72521

-----  
 GROVE VALVE & REGULATOR  
 6521 HOLLIS ST.  
 EMERYVILLE CA 94608

\*\* DEPOSIT HISTORY \*\*

| Deposit Date | Receipt# | Amount Received |
|--------------|----------|-----------------|
| -----        | -----    | -----           |
| 05/13/1996   | 783854   | \$ 4,000.00     |
| 03/16/1998   | 805504   | \$ 2,045.00     |
| 06/12/1998   | 806117   | \$ 158.00       |
|              |          | -----           |
|              |          | \$ 6,203.00     |

\*\* WORKLOG HISTORY \*\*

| Work Date  | Insp  | Activity Description / Time Spent (hrs) | Amount Charged |
|------------|-------|-----------------------------------------|----------------|
| -----      | ----- | -----                                   | -----          |
| 04/24/1996 | BO    | Investigation On-Site 2.                | 180.00         |
| 04/25/1996 | BO    | Write Letters 2.                        | 180.00         |
| 04/29/1996 | BO    | Investigation On-Site 3.                | 270.00         |
| 05/08/1996 | BO    | Investigation On-Site 0.75              | 67.50          |
| 05/08/1996 | BO    | Meetings, Consultations 0.5             | 45.00          |
| 05/16/1996 | BO    | Meetings, Consultations 0.5             | 45.00          |
| 05/20/1996 | BO    | Investigation On-Site 2.5               | 225.00         |
| 05/21/1996 | BO    | Investigation On-Site 3.                | 270.00         |
| 05/23/1996 | adm   | administrative charge 1.                | 90.00          |
| 05/31/1996 | bo    | Review Plans/Reports 1.5                | 135.00         |
| 05/31/1996 | bo    | Investigation On-Site 1.5               | 135.00         |
| 06/04/1996 | bo    | Investigation On-Site 0.5               | 45.00          |
| 06/05/1996 | bo    | Investigation On-Site 0.75              | 67.50          |
| 06/11/1996 | bo    | Investigation On-Site 0.75              | 67.50          |
| 06/18/1996 | bo    | Investigation On-Site 0.5               | 45.00          |
| 06/24/1996 | bo    | Investigation On-Site 1.                | 90.00          |
| 06/26/1996 | bo    | Investigation On-Site 1.                | 90.00          |
| 06/27/1996 | bo    | Investigation On-Site 1.                | 90.00          |
| 07/02/1996 | bo    | Investigation On-Site 1.                | 94.00          |
| 07/05/1996 | bo    | Investigation On-Site 1.                | 94.00          |
| 07/18/1996 | bo    | Review Plans/Reports 2.                 | 188.00         |
| 07/23/1996 | bo    | Investigation On-Site 0.5               | 47.00          |

|            |    |                                        |      |        |
|------------|----|----------------------------------------|------|--------|
| 07/30/1996 | bo | Investigation On-Site                  | 0.5  | 47.00  |
| 08/05/1996 | bo | Review Plans/Reports                   | 1.   | 94.00  |
| 08/12/1996 | bo | Investigation On-Site                  | 1.   | 94.00  |
| 08/12/1996 | bo | Write Letters                          | 1.   | 94.00  |
| 08/13/1996 | bo | Write Letters                          | 2.   | 188.00 |
| 08/27/1996 | bo | Investigation On-Site                  | 1.   | 94.00  |
| 08/29/1996 | bo | Investigation On-Site                  | 1.   | 94.00  |
| 08/30/1996 | bo | on site investigation                  | 1.25 | 117.50 |
| 08/30/1996 | bo | Investigation On-Site                  | 1.5  | 141.00 |
| 09/05/1996 | bo | Investigation On-Site                  | 1.   | 94.00  |
| 09/16/1996 | bo | Investigation On-Site                  | 0.5  | 47.00  |
| 09/16/1996 | bo | office review of rpt/call w/consultant | 1.   | 94.00  |
| 09/17/1996 | bo | Investigation On-Site                  | 0.5  | 47.00  |
| 09/18/1996 | bo | Write Letters                          | 0.75 | 70.50  |
| 09/23/1996 | bo | Review Plans/Reports                   | 0.75 | 70.50  |
| 10/01/1996 | bo | Investigation On-Site                  | 1.   | 94.00  |
| 10/08/1996 | bo | Investigation On-Site                  | 0.75 | 70.50  |
| 10/16/1996 | bo | Investigation On-Site                  | 1.5  | 141.00 |
| 11/05/1996 | bo | Investigation On-Site                  | 1.   | 94.00  |
| 11/21/1996 | bo | Review Plans/Reports                   | 0.5  | 47.00  |
| 12/02/1996 | bo | Review Plans/Reports                   | 1.   | 94.00  |
| 12/03/1996 | bo | call w/consultant                      | 0.25 | 23.50  |
| 12/03/1996 | bo | Review Plans/Reports                   | 0.5  | 47.00  |
| 12/09/1996 | bo | Investigation On-Site                  | 1.   | 94.00  |
| 12/11/1996 | bo | On-site visit                          | 1.   | 94.00  |
| 12/11/1996 | bo | Review Plans/Reports                   | 1.   | 94.00  |
| 12/12/1996 | bo | Investigation On-Site                  | 2.   | 188.00 |
| 12/16/1996 | bo | Investigation On-Site                  | 1.   | 94.00  |
| 12/18/1996 | bo | Investigation On-Site                  | 1.   | 94.00  |
| 01/07/1997 | BO | Review Plans/Reports                   | 1.5  | 141.00 |
| 01/29/1997 | BO | Meetings, Consultations                | 0.5  | 47.00  |
| 02/07/1997 | BO | Investigation On-Site                  | 0.5  | 47.00  |



DRESSER INDUSTRIES, INC. • EXECUTIVE OFFICES • 2001 ROSS AVENUE • DALLAS, TEXAS 75201

LeROY L. DeNOOYER  
SENIOR ATTORNEY - ENVIRONMENTAL  
LAW DEPARTMENT

May 9, 1996

Certified Mail No. P 394 571 208

Mr. Brian P. Oliva  
Alameda County Health Care Services  
Department of Environmental Health  
1131 Harbor Bay Parkway  
Alameda, California 94502-6577

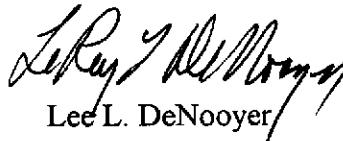
Re: Grove Valve and Regulator Facility  
6521 Hollis Street, Oakland, California

Dear Mr. Oliva:

Response is made to your letter of April 25, 1996 to Timothy P. Walker.

Enclosed, please find Dresser's check in the amount of \$4,000, to cover the costs associated with the closure of the Grove facility.

Sincerely yours



Lee L. DeNooyer

/enclosure

cc: R. A. Langenheim, HQ-41 w/o doc.  
Linda Nabors, HQ-44 w/ doc.  
T. P. Walker, OH&S, w/o doc.

96 MAY 13 PM 1:00  
RECEPTION

REF./ A/C NO. M

COUNTY OF ALAMEDA  
OFFICE OF THE AUDITOR-CONTROLLER

DATE: 5/13/96

MISCELLANEOUS RECEIPT

No 783854

\$ 4,000<sup>00</sup>/<sub>100</sub>  
DOLLARS

(214) 790-6075

RECEIVED FROM: Dresser Industries 2051 Ross Ave  
DALLAS, TX. 75201

FOR: GROVE VALVE + REGULATOR FACILITY  
6521 Hollis St, EMERYVILLE CA 94608

RECEIVED BY: Julie DeFoe DEPT. NO.: 430.4530

CASH  PERSONAL/CASHIER'S CHECK/M. O. # 444959  OTHER: \_\_\_\_\_

110-1 (Rev 10/85) [0134E (08)] 3-Part Distribution: White - Payor Yellow & Pink - Depart.

DRESSER INDUSTRIES, INC. Corporate Headquarters  
P. O. Box 718 Dallas, Texas 75221

444959  
REMITTANCE ADVICE

| DATE     | INVOICE NUMBER | DESCRIPTION                                                                     | INVOICE AMOUNT | DISCOUNT | NET AMOUNT |
|----------|----------------|---------------------------------------------------------------------------------|----------------|----------|------------|
| 05-08-96 |                | DEPOSIT - CLEANUP/CLOSURE OF GROVE VALVE FACILITY STATEMENT 04-25-96<br>V-20628 |                |          | \$4,000.00 |

DETACH CHECK BEFORE DEPOSITING

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

**444959** **Dresser Industries, Inc.**  
P. O. BOX 718  
DALLAS, TEXAS 75221

DATE OF CHECK: 05 08 96 EXACTLY 4,000 DOLLARS AND 00 CENTS **\$4,000.00**  
AMOUNT OF CHECK

PAY TO THE ORDER OF: **COUNTY OF ALAMEDA HEALTH SERVICES AGENCY**  
1131 HARBOR BAY PARKWAY  
ALAMEDA CA 94502-6577

NationsBank of Texas, N.A.  
Dallas, Texas 75283-0133

*P. W. Valley*  
AUTHORIZED SIGNATURE(S)

⑈444959⑈ ⑆111000025⑆ ⑆1254807715⑈

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: 794 FACILITY NAME: Grove Valve - Regulation PG. OF

SUPPLEMENTAL FORM

On site for continued observations regarding closure of facility

On site with

① Bill Talbot (Grove Valve)

② Robin Spenser Consultant for Grace

Tour of site/facility:

Conversations concerning "Wash down" area - some residue to be removed from area and disposed of - this will be at end of (time line) other activities

Some area at west end of building appears dry -

This was a "closed loop" system for hydrostatic testing of Valve, with no apparent possibility of direct discharge -

PRINT NAME: TO Files / grove

INSPECTED BY: Ben P. Ad

DATE: 4/29/94

SIGNATURE:

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, DIRECTOR

April 25, 1996

DEPARTMENT OF ENVIRONMENTAL HEALTH  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6777

Timothy P. Walker  
Orrick, Herrington & Sutcliffe  
Old Federal Reserve Building  
400 Samson Street  
San Francisco, CA 94111

**Subject: Grove Valve and Regulator Co., 6521 Hollis Street,  
Oakland, CA 94608**

Dear Mr. Walker:

Pursuant to the meeting held with the Alameda District Attorney's Office, regarding the aforementioned facility, I hereby request that Grove Valve, or its successor corporation(s) submit the sum of four thousand dollars (\$4000.00) to this office, for the oversight of the cleanup/closure of the Grove Valve facility.

This deposit will be used by this office to cover the costs associated with the cleanup of the site. These costs include site visits, review of reports and other ancillary activities included in the proper closure of a facility. The funds will be deposited in a "deposit/refund" account, with time spent on the project being subtracted at an hourly rate. Any time remaining in the account will be returned to Grove Valve. Please make the check payable to "County of Alameda Health Services Agency".

If you have any questions, please do not hesitate to call this office. The number is (510) 567-6737.

Sincerely,

Brian P. Oliva, REHS, REA  
Senior Hazardous Materials Specialist

cc: Gil Jensen, Alameda County Deputy District Attorney  
Ariu Levi, Manager, North Area, Alameda County

BC

Z 199 066 872



UNITED STATES  
POSTAL SERVICE

**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

March 1993

|                                                               |  |                                                                             |
|---------------------------------------------------------------|--|-----------------------------------------------------------------------------|
| Sent to                                                       |  | <del>ORRICK, HERRINGTON &amp; SUT-</del><br><b>TIMOTHY P. WALKER CLIFFE</b> |
| Street and No.                                                |  | <b>400 SAMSON ST</b>                                                        |
| P.O., State and ZIP Code                                      |  | <b>SAN FRANCISCO, CA 94111</b>                                              |
| Postage                                                       |  | \$                                                                          |
| Certified Fee                                                 |  |                                                                             |
| Special Delivery Fee                                          |  |                                                                             |
| Restricted Delivery Fee                                       |  |                                                                             |
| Return Receipt Showing to Whom & Date Delivered               |  |                                                                             |
| Return Receipt Showing to Whom, Date, and Addressee's Address |  |                                                                             |
| TOTAL Postage & Fees                                          |  | \$                                                                          |
| Postmark or Date                                              |  |                                                                             |



HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID # 794

FACILITY NAME: Grove Valve

PG. \_\_\_ OF \_\_\_

SUPPLEMENTAL FORM

On site for investigation Related to closure of facility -

met with Bill Tarrant -

- observe Sump area at 6501 Bay St (Valve Test area by RR tracks)

- observed several photographs taken during cleanup of area

- observed manifests of materials (Haz) Removal from Sump area (i.e. inside)

Copies of manifest's to be submitted to this office

↳ Will return for continued oversight by Facility

Note D/R account regarding remediation will be used

↳ Note Chemical Analysis of wood floor tiles yielded 8,600 ppm TOG to be disposed of as Haz material

PRINT NAME: TO FILE / Grove

INSPECTED BY: Bill Tarrant

SIGNATURE:

DATE: 4/25/96

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: 794 FACILITY NAME: Grace Value PG.      OF     

SUPPLEMENTAL FORM

on site for unreported investigation  
related to removal/closure of facility

Observed - stockpiled Haz Waste,  
Observed - stockpiled Haz materials

10-20 large 55 gal Haz material  
including solvents - lubricating oils  
spent solvents

2- 1000 gallon containers of oil/water?  
filled -

Note these Containers have  
residue from steam cleaners

PRINT NAME: TO File / Grace  
SIGNATURE:

INSPECTED BY: Ben Ol  
DATE: 4/24/96



Alameda County  
District Attorney's Office  
Thomas J. Orloff, District Attorney

April 12, 1996

Timothy P. Walker  
Orrick, Herrington & Sutcliffe  
Old Federal Reserve Building  
400 Sansome Street  
San Francisco, CA 94111

Re: People v. Dresser et. al

Dear Mr. Walker :

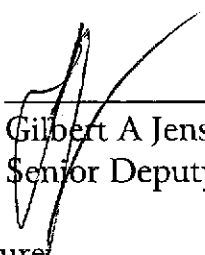
Enclosed is our draft of the proposed Stipulation. We have incorporated the terms of the payment to the California District Attorneys Association which we discussed at our meeting.

Please call me to discuss the matter after you have had a chance to review the Stipulation.

Very truly yours,

THOMAS J. ORLOFF  
District Attorney

By:

  
\_\_\_\_\_  
Gilbert A Jensen  
Senior Deputy District Attorney

enclosure

cc: LeRoy L. DeNooyer, Dresser Industries Inc.  
Alameda County Department of Environmental Protection

ENVIRONMENTAL  
PROTECTION  
96 APR 16 AM 8:49

January 25, 1996

District Attorney's Office, Alameda County  
Consumer and Environmental Protection Division  
7677 Oakport Street, Suite 400  
Oakland, CA 94621

Attention Eric Nenneman:

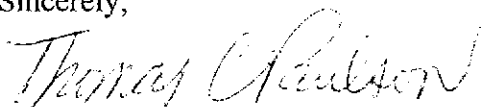
Re: Grove Valve and Regulator Inspection

On November 29, 1995 Brian Oliva of Alameda County Department of Health contacted our office regarding a possible hydraulic oil discharge to the sanitary sewer from the Grove Valve and Regulator company.

The District conducted an inspection of the facility on December 8, 1995 and December 21, 1995 to determine the facility's compliance with the provisions of its Wastewater Discharge Prevention Permit and District Ordinance 311. The inspection did not identify any violations of Permit or Ordinance provisions.

If you have any questions please contact me at (510) 287-1630.

Sincerely,



THOMAS C. PAULSON  
Supervising Wastewater Control Representative  
Source Control Division

TCP:RAM:

[permit]grove\_corr.wp

cc: ~~Brian Oliva~~, Alameda County DHS  
Bill Tallent, Grove Valve and Regulator

LAB # 95-138

white - lab  
yellow - insp. file  
pink - fac. file

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
DIVISION OF HAZARDOUS MATERIALS  
80 SWAN WAY, ROOM 200  
OAKLAND, CA 94621  
(415) 271-4320

LABORATORY SERVICE REQUEST

SITENAME Grove Valve + Regulator  
ADDRESS 6520 Hollis St  
SAMPLE SUBMITTED TO: AL Co FH Lab  
DATE SUBMITTED \_\_\_\_\_  
SEND INVOICE TO: \_\_\_\_\_

SEND ANALYTICAL REPORT TO ABOVE OR:  
Brian P. OLIVA

ATTN: \_\_\_\_\_

\_\_\_\_\_ RUSH = ABOUT 1 WEEK TURNAROUND  
\_\_\_\_\_ ROUTINE = ABOUT 2 WEEKS TURN-AROUND

| SAMPLE NO.  | DATE/TIME COLLECTED | TYPE OF MATERIAL (WATER, SOIL OR MATRIX) | VOLUME/WEIGHT | FIELD OBSERVATION | ANALYSIS REQUESTED |
|-------------|---------------------|------------------------------------------|---------------|-------------------|--------------------|
| (Cand) 1A   | 11/20/95 12:40      | oil/water mixture                        | ~ 8oz         | Press area.       | TPA-D/TPH          |
| Aqua-Sol 1B | 11/20 12:35         | oil/water mixture                        | ~ 12oz        | aqueduct tank     |                    |
|             |                     |                                          |               |                   |                    |
|             |                     |                                          |               |                   |                    |
|             |                     |                                          |               |                   |                    |
|             |                     |                                          |               |                   |                    |

Chain of Custody:

- [Signature] PLANT SERVICES MGR 11-20-95  
Signature Title Inclusive Dates
- [Signature] (ALCo) SENIOR HAC MAT SPEC 11/20/95 - 11/21/95  
Signature Title Inclusive Dates
- [Signature] CHEMIST 11/21/95  
Signature Title Inclusive Dates

LAB # 95-131

white - lab  
yellow - insp. file  
pink - fac. file

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
DIVISION OF HAZARDOUS MATERIALS  
80 SWAN WAY, ROOM 200  
OAKLAND, CA 94621  
(415) 271-4320

LABORATORY SERVICE REQUEST

SITENAME GROVE VALVE - Regulation  
ADDRESS 6521 HOLLIS ST.  
SAMPLE SUBMITTED TO: EH Lab  
DATE SUBMITTED 11/20/95  
SEND INVOICE TO: \_\_\_\_\_

SEND ANALYTICAL REPORT TO ABOVE OR:  
ALCO Haz Mat.  
ATTN: Brianne P. OLIVA

RUSH = ABOUT 1 WEEK TURNAROUND  
 ROUTINE = ABOUT 2 WEEKS TURN-AROUND

| SAMPLE NO. | DATE/TIME COLLECTED | TYPE OF MATERIAL (WATER, SOIL OR MATRIX) | VOLUME/WEIGHT | FIELD OBSERVATION             | ANALYSIS REQUESTED |
|------------|---------------------|------------------------------------------|---------------|-------------------------------|--------------------|
| 1A112095   | 11/20/95<br>9:33 AM | W<br>water                               | 8oz           | oil on water<br>ins Sump Area | TPH TPH-D          |
|            |                     |                                          |               |                               |                    |
|            |                     |                                          |               |                               |                    |
|            |                     |                                          |               |                               |                    |
|            |                     |                                          |               |                               |                    |
|            |                     |                                          |               |                               |                    |
|            |                     |                                          |               |                               |                    |
|            |                     |                                          |               |                               |                    |

Chain of Custody:

|    |                                      |                                     |                                    |
|----|--------------------------------------|-------------------------------------|------------------------------------|
| 1. | <u>Brianne P. Oliva</u><br>Signature | <u>Senior Haz Mat Spec</u><br>Title | <u>11/20/95</u><br>Inclusive Dates |
| 2. | <u>[Signature]</u><br>Signature      | <u>CHEMIST</u><br>Title             | <u>11/20/95</u><br>Inclusive Dates |
| 3. | <u>[Signature]</u><br>Signature      | <u> </u><br>Title                   | <u> </u><br>Inclusive Dates        |

**GROVE VALVE & REGULATOR COMPANY**

6529 Hollis Street  
Oakland, CA 94608  
Tel.(510) 655-7700 Fax.(510) 420-2150

PLANT SERVICES

TELEFAX NO. \_\_\_\_\_

TO: Brian Oliva

DATE: 11/20/95

ATTN:

FAX #: 337-9335

FROM: Bill Tallent/R.Spencer

NUMBER OF PAGE(S): 3

SUBJECT: MSDS for Aqua-Syn

CC:

Hi Brian,

Here is a copy of the Aqua-Syn MSDS.

I will fax a copy of the Closure Plan this afternoon for your review. Again, please let me know what analyses you've selected for this sample.

Thanks,  
Robin

*Kupper  
Dept.*

# Material Safety Data Sheet

**XO-0965\***

*received 2-24-94 H.S.*

|                                                 |                                           |                         |              |
|-------------------------------------------------|-------------------------------------------|-------------------------|--------------|
| Manufacturer's Name                             | G-C LUBRICANTS COMPANY                    | Emergency Telephone No. | 800/424-9300 |
| Address                                         | 977 Bransten Road<br>San Carlos, CA 94070 | Other Information Calls | 415/592-1050 |
| Signature of Person Responsible for Preparation |                                           | Date Prepared           | July 9, 1992 |

## SECTION 1 - IDENTITY

|                                                         |              |                 |         |
|---------------------------------------------------------|--------------|-----------------|---------|
| Common Name: (used on label)<br>(Trade Name & Synonyms) | Aqua Syn 200 | Cas No.         | N/A     |
| Chemical Name                                           | Mixture      | Chemical Family | Mixture |
| Formula                                                 | Mixture      |                 |         |

## SECTION 2 - HAZARDOUS INGREDIENTS

Principal Hazardous Component(s) (chemical & common name) % Threshold Limit Value (mg/m<sup>3</sup>)

According to 29CFR 1910.1200(o), this material is not hazardous.

G-C Lubricants has been advised that metal drums or pails used by G-C Lubricants are made from chemicals known to the State of California to cause cancer, birth defects, or other reproductive harm.

## SECTION 3 - PHYSICAL & CHEMICAL CHARACTERISTICS (Fire & Explosion Data)

|                                |                      |                                       |             |                                      |        |
|--------------------------------|----------------------|---------------------------------------|-------------|--------------------------------------|--------|
| Boiling Point                  | 212 °F               | Specific Gravity (H <sub>2</sub> O=1) | 1.14        | Vapor Pressure (mm Hg)               | 9.6 mm |
| Percent Volatile by Volume (%) | 0.0%                 | Vapor Density (Air=1)                 | >1          | Evaporation Rate (Butyl acetate = 1) | 0.14   |
| Solubility in Water            | Complete             | Reactivity in Water                   | Nonreactive |                                      |        |
| Appearance and Odor            | Yellow/Green liquid. |                                       |             |                                      |        |

|                                  |                                                           |                                     |           |           |                    |                                |                          |     |
|----------------------------------|-----------------------------------------------------------|-------------------------------------|-----------|-----------|--------------------|--------------------------------|--------------------------|-----|
| Flash Point                      | Will not burn                                             | Flammable Limits in Air % by Volume | Lower N/A | Upper N/A | Extinguisher Media | Carbon dioxide<br>DRY chemical | Autoignition Temperature | N/A |
| Special Fire Fighting Procedures | Use NIOSH/MSA approved self-contained breathing apparatus |                                     |           |           |                    |                                |                          |     |

when this material is involved in a fire.

**Unusual Fire and Explosion Hazards**  
This material should be treated as an oil when exposed to fire. Overpressurization will occur when container is exposed to fire. Use water to cool fire-exposed containers.



**SECTION 4 - PHYSICAL HAZARDS**Stability  Unstable  
 Stable  Conditions to AvoidIncompatibility (Materials to Avoid) **strong oxidizing agents such as nitric acid, hydrogen peroxide and chromic acid.**Hazardous Decomposition Products **Fire yields carbon monoxide and carbon dioxide.**Hazardous Polymerization  May Occur  Conditions to Avoid  
 Will Not Occur **SECTION 5 - HEALTH HAZARDS**Threshold Limit Value **None established**Signs and Symptoms of Exposure **1. Acute Overexposure Alkaline material - may cause eye burns.****2. Chronic Overexposure Prolonged and repeated skin contact may cause irritation/dermatiti**Medical Conditions Generally Aggravated by Exposure **No known conditions.**

|                                                       |                             |                                                                        |                           |                                                                        |      |                                                                        |
|-------------------------------------------------------|-----------------------------|------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------|------|------------------------------------------------------------------------|
| Chemical Listed as Carcinogen or Potential Carcinogen | National Toxicology Program | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | I.A.R.C. Monographs       | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> | OSHA | Yes <input type="checkbox"/><br>No <input checked="" type="checkbox"/> |
| OSHA Permissible Exposure Limit                       | ACGIH Threshold Limit Value | <b>None established</b>                                                | Other Exposure Limit Used | <b>None</b>                                                            |      |                                                                        |

Emergency and First Aid Procedures **Never give anything by mouth to an unconscious person.****1. Inhalation Under life conditions, move victim away from area to fresh air. Resuscitate and administer oxygen. Consult a physician.****2. Eyes Immediately flush eyes with plenty of water for at least 15 minutes. Hold eyelids apart to insure flushing of entire eye. See a physician.****3. Skin Wash all contaminated skin areas with plenty of soap and water. Wash all contaminated clothing before re-use.****4. Ingestion Do not induce vomiting. Consult a physician immediately.****SECTION 6 - SPECIAL PROTECTION INFORMATION**Respiratory Protection (Specify Type) **None required for normal operations.**

|                    |                  |                      |         |       |
|--------------------|------------------|----------------------|---------|-------|
| Ventilation        | Local Exhaust    | Mechanical (General) | Special | Other |
| <b>Appropriate</b> | <b>Suggested</b> | <b>Acceptable</b>    |         |       |

Protective Gloves **Latex required** Eye Protection **Safety glasses**Other Protective Clothing or Equipment **None required for normal operations.****SECTION 7 - SPECIAL PRECAUTIONS AND SPILL/LEAK PROCEDURES**Precautions to be Taken in Handling and Storage **Use normal good practices**Other Precautions **Do not ingest. Wash all contaminated clothing before re-use. Always wash hands prior to smoking and eating.**Steps to be Taken in Case Material is Released or Spilled **Contain with absorbent material.**Waste Disposal Methods **Incinerate or bury in a licensed chemical waste disposal site or dispose of in accordance with local, state and federal regulations.****IMPORTANT****Do not leave any blank spaces. If required information is unavailable, unknown, or does not apply, so indicate.**

ALAMEDA COUNTY HEALTH CARE SERVICES - ENVIRONMENTAL PROTECTION

MEMORANDUM

CONFIDENTIAL

DATE: November 20, 1995

TO: Gil Jensen/Files

FROM: Brian P. Oliva, REHS, REA *BPO*

DRAFT

SUBJ: Grove Valve and Regulator, 6521 Hollis Street, Emeryville, CA 94608

On November 20, 1995, at 9:15 am, I entered the aforementioned facility for the purpose of the continued investigation of a complaint that was received by this office regarding "illegal discharge" of hazardous wastes to the sanitary sewer system. The facility is in the process of closing down and transferring all the equipment to Texas. I had previously requested that the operators contact this office when the time came to remove the equipment in the area of heavy rubber press referenced in the complaint. I donned a tyvek suit, rubber gloves, and proceeded to enter the sub flooring, through an access hatch located next to the large rubber presses.

Inspection of a sump in the area of press #821 indicated that a sump pump had been employed to divert overflow from the press area to the sanitary sewer. The sump pump itself had been removed. This information was supplied by Mr. Bill Tallent, plant manager for the facility. A sample was obtained from the sump area. A duplicate sample was given to Robin Spencer, the consultant of record for the facility. Several photographs were taken of the sump, sump area, and the line that, according to Mr. Tallent, was (attached) discharging to the sanitary sewer system.

I asked Mr. Tallent how long the sump pumping system had been in use, who installed it, and why it was installed; he stated that he did not know. I requested he supply the information to me (in other words, find out). He said he would look into it. He also advised me that in light of the fact that the facility was closing down, there were disgruntled employees, that the complaint had probably been the result of such a case. He further showed me one of the machine presses in sump area of question, and that there were loose bolts on the press allowing for discharge of oil into the sump. On checking, the bolts were indeed loose. Photograph(s) of the machine were taken.

The samples that I had obtained were immediately transported to the Alameda County Environmental Health Laboratory for chemical analysis. The samples are to be tested for TPH-D.

Following the receipt of the "chain of custody" from the EH Lab, I contacted the Alameda County District Attorneys Office to inform the Office of the specifics of my investigation. In a conversation with Gil Jensen, deputy district attorney, I was advised to continue my investigation. I received a call from the consultant for the facility advising me that they were going to continue sampling immediately. In light of the fact that the machinery/equipment was being moved, and the availability of time for sampling was limited, I returned to the site immediately.

Split samples from the aqua-syn reservoir, in a room adjacent to the press room were obtained, as well as samples of the condensate from pipes in the rubber press room. The samples were taken to the EH lab as well, for holding and possible analysis. Approximately twelve (12) photographs were taken as well. These photographs were taken on November 20, and 21, 1995.

On Tuesday, November 21, I was contacted by Eric Nenneman, from the DA' office in order to continue the investigation of the facility. On Monday, November 27, 1995 a "joint" inspection/investigation of the facility will be undertaken.

On Monday, November 27, 1995, a meeting was held with the Corporate executives of Grove, the attorney for Grove, and consultants for Grove. The Al Co DA's investigators conducted interviews with the Grove personnel, as well as touring the area of the referenced sump. Abstracts of the interview will be requested from the DAs office.

On Monday, December 4, 1995, the results of the "Total Oil and Grease" (TOG) laboratory results were completed. The amount of TOG in parts per million (PPM) was 21,000 ppm. The analytical results were relayed to the Al Co. District Attorney's office. At that time I was requested by the DA's office to contact EBMUD in order to co-ordinate the investigation. Previously, this office had been in contact with Ray Maxwell, from EBMUD. He advised me that their agency would be investigating the site and otherwise inspecting the facility.

On Thursday, December 14, the investigation material was faxed to Ray Maxwell of EBMUD. It included the summary of information on the complaint, the results of the chemical laboratory analysis, and a copy of the complaint as received by DOHS. This information is confidential.

Brian P. Oliva, REHS, REA  
Senior Hazardous Materials Specialist  
Alameda County Department of Health

HAZARDOUS WASTE GENERATOR INSPECTION REPORT *cm*

STID #: 294 FACILITY NAME: Grove Valve & Regulator PG.      OF     

SUPPLEMENTAL FORM 6521 Hollis St. Emeryville 608

Re-inspection -

On site for re-inspection of facility concerning complaint received of possible discharge of Hazardous Wastes to Sewer system I met with Jack Ryan (Plant manager) and Robin Spenski, Consultant for site. Discussion took place concerning investigation of sump area in rubber press room on 11/13/95 the sump area will be investigated regarding discharge to the sewer. The office will be called regarding this activity.

Further - Regarding the closure of the site a "closure plan" indicating the final "fate" of all Hazardous materials/Wastes on site will be submitted to the office. and investigations regarding site will be undertaken.

PRINT NAME: US Mail

INSPECTED BY: Bruce

SIGNATURE:

DATE: 11/16/95

My Copy

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION



COMPLAINT FORM

COMPLAINT REC'D. BY G. Hollinshed DATE: Oct 11, 1995 TIME: 2:15pm

ADDRESS OF INCIDENT: GROVE VALVE & REGULATOR  
6529 Hollis St., Emeryville 94608-BRIAN OLIVA  
COPY-SHIRLEY SIMRIL..HM INPUT

NAME OF FACILITY: Above

CONTACT PERSON: None

FACILITY PHONE # \_\_\_\_\_

NAME OF COMPLAINANT: Liz Castillo-Toxic Waste PHONE #: (510)540-3869

SUBJECT OF COMPLAINT: Company disposing of Hydraulic Oil...Aquasin 200

see attached Pages

INITIAL CONTACT DATE:

10/17/95

ACTIONS TAKEN AND DATES(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

DATE INVESTIGATION WAS COMPLETED:

Pending

APPLIED TIME IN HOURS:

2 3.0

NAME OF SPECIALIST:

OLIVER

SIGNATURE:

Ben Oliver

# Complaint Inspection

ALAMEDA COUNTY ENVIRONMENTAL HEALTH / HAZARDOUS MATERIALS DIVISION  
1131 Harbor Bay Pkwy., Rm. 250, Alameda, CA 94502-6577  
(510) 567-6700 Fax (510) 337-9335

## HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: 794 FACILITY NAME: Sieve Value + Regulator EPA I.D. #: CAD 06084824

ADDRESS, CITY & ZIP CODE: 6521 Hollis Emeryville PHONE: (510) 7700

TYPE OF BUSINESS: Manufactures. CODE SECTION:          COMPLIANCE: YES  NO  N/A  TIERED PERMITTING STATUS: CE  CA  PBR  N/A  CODE SECTION:          COMPLIANCE: YES  NO  N/A

### 1. IDENTIFICATION NUMBER

(a) Obtained EPA I.D. Number 66262.12(a)    (b) Transporter and TSDF Have EPA I.D. # 66262.12(c)

### 2. PRE-TRANSPORT REQUIREMENTS

(a) HW Containers Labeled 66262.31    (b) H W Label Properly Filled Out 66262.32(b)    (c) HW Accumulation Time Not Exceeded 66262.34(c)    (d) Accumulation Date Indicated 66262.34(f)    (e) Description of H W Contents 66262.34(f)    (f) HW Containers in Good Condition 66265.171    (g) HW Compatible with Containers 66265.172    (h) HW Containers Closed /Sealed 66265.173    (i) HW Storage Area Inspected Weekly 66265.174    (j) Tank & Tank Equip. Inspected Daily 66265.195    (k) Incompatible HW in Separate Containers 66265.199    (l) Proper Management of Used Oil Filters 66266.130

### 3. RECORDKEEPING AND REPORTING

(a) HW Analysis Kept 5 Yrs./Land Disposal 66262.11    (b) Biennial Report Submitted to State 66262.41

### 4. MANIFEST / RECEIPTS

(a) HW Shipped with Proper Manifest 66262.20    (b) Manifests Kept for last 3 Yrs. 66262.40(a)    (c) HW Analysis Kept 3 Yrs. 66262.40(c)    (d) Manifests Received from TSDF 66262.42

### 5. TRAINING

(a) Training Program Provided 66265.16    (b) Personnel Trained & Supervised 66265.16(b)    (c) HW Personnel Trained within 6 Months 66265.16(b)    (d) Training Records Kept on Site 66265.16(d)    (e) Training Records Maintained for 3 Yrs. 66265.16(e)    (f) Training Records Complete 66265.16(1,2)

### 6. CONTINGENCY / BUSINESS PLAN

(a) Contingency Plan Complete 66265.52(a-f)    (b) Copy of Plan on Site 66265.53    (c) Contingency/ Business Plan Submitted 66265.53(b)    (d) Plan Amended as Necessary 66265.54    (e) ER Co-ordinator Familiar w/ Plan 66265.55

### 7. PREPAREDNESS AND PREVENTION

(a) Internal Comm. Alarm Provided 66265.32(a)    (b) A Device to Call Outside Provided 66265.32(b)    (c) Spill Control Systems Available 66265.32(c)    (d) Maintain ER Equipment 66265.33    (e) Access to Comm. during HW Handl. 66265.34    (f) Maintain Adequate Aisle Space 66265.35    (g) Arrangements w/ Local Agencies 66265.37

### 8. EMERGENCY PROCEDURES

(a) Character/Source/Extent of ER Determ'd 66265.56    (b) Proper Agencies Notified of Hlth. Hazard 66265.56    (c) ER Data Submitted to DTSC & LIA 66265.56    (d) Uncontrol. Release HW Properly Handled 66265.56

### 9. WASTE STREAMS

(a) Waste Oil    (b) Non-Halogenated Solvents/Parts Cleaner    (c) Ethylene Glycol/Antifreeze    (d) Oily Sludges    (e) Other:    (f) Other:    (g) Other:    (h) Other:    (i) Other:

All above code sections refer to the California Code of Reg. Title 22

PERMISSION GIVEN TO INSPECT FACILITY: YES  NO  Pollution Prevention Health & Safety Code

OTHER COUNTY PROGRAMS: LUST  HMBP  UR  Source Reduction Plan Completed 25744.19

REMARKS: (NOTE) Provide either w/ physical drawings or by documentation during removal of Bumps/mechanical presses/machinery that the process liquids are not discharge to sewer system unless permitted by EPHMD unable to remove sump plates at Amstar

PRINT NAME: Rodger Nichols TITLE: Manufacturing Superintendent  
SIGNATURE: Rodger Nichols INSPECTED BY: Brian PCH DATE: 10/17/95

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: 794 FACILITY NAME: Stone Value - 6521 Hobbes PG. 2 OF 2

SUPPLEMENTAL FORM

Emergulla 608

- ① Eliminate waste oil on surface.
- ② Schedule meeting for Closure - and submit a - Closure plan for facility that will encompass the following:
  - ① Hazardous Materials stored on-site
  - ② Hazardous Wastes generated on site and stored on site.
  - ③ Materials formerly used at site that are not being re-used/recycled and therefore have become Hazardous Wastes (The wood flooring etc)
  - ④ The closure plan should address housekeeping events at site, therefore provide Appropriate training for employees as to the treatment of Hazardous materials/waste
  - ⑤ Any Haz mat/waste should be manifested (Keep records)

Note Regarding Complaint: That are Removed from Site.  
There are no specific lines apparent that would lead to/from surface.  
< No observable Violations at this time CONCERNING Complaint. >

⑥ Call for re-inspection prior to Plant Closure.

PRINT NAME: X Rodger Nichols INSPECTED BY: Brian P. Olin  
SIGNATURE: X Rodger Nichols DATE: 10/17/95



enter 10/17/95 ML  
copy to BO

State of California—California Environmental Protection Agency

Department of Toxic Substances Control

COMPLAINT REPORT FORM

(Use ball-point pen)

02-105-0094  
Log Number:

INFORMANT

Name: BRUCE BOLLANGER

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (707) 647-7847

Confidential OR  Anonymous: (Check one)

ALLEGED RESPONSIBLE PARTY

Name: GROVE VALVE & REGULATOR

Firm: ↓ ↓ ↓

Address: 6529 HOLLIS ST

City: EMERYVILLE ZIP: 94608

County Code: 01 Phone: (510) 655-7700

COMPLAINT DATA

Is this an emergency?  Yes  No If yes, call the Office of Emergency Services (OES): 800-852-7550

Log Number: 02-105-0094 Date Complaint Received: 10/6/95 Time: 4:00 p.m. Received By: A. BLAKE

Notifications made (Yes/No) Prop. 65 \_\_\_\_\_ Local Agency \_\_\_\_\_ Who? \_\_\_\_\_

Date of Incident: Continuing Allegation Code: A Quantity: 14,000 gallons from 4/3/95 - 10/5/95

Type/Condition of Containers Visible: \_\_\_\_\_

Source of Complaint/Code: H If Code A, Specify: \_\_\_\_\_

Other Comments: INFORMANT WORKS IN MAINTENANCE DEPARTMENT OF COMPANY. THE RUBBER LAB (MANUFACTURING AREA) HAS MANY PRESSES THAT LEAK HYDRAULIC OIL AND "AQUASIN 200", WHICH IS LABELLED AS NOT TO BE DEPOSITED TO WATERWAYS. LEAKS ARE PUMPED VIA A SUMP PUMP HIDDEN IN A PIT BEHIND PRESS # 821. PIPING GOES UP THROUGH CEILING, THROUGH WALL + OUTSIDE AROUND A CORNER TO SEWER & HAS BEEN MISSED BY PREVIOUS INSPECTORS. COMPANY WILL BE MOVING RUBBER LAB TO TEXAS BY END OF MONTH — INFORMANT SAYS THIS IS URGENT. WILL PROVIDE MORE DETAILS IF NECESSARY.

COMPLAINT COORDINATORS ONLY

Response Code: R Region/Agency Referred To: ALAMEDA COUNTY  
BRIAN OLIVA

Response Date: \_\_\_\_\_ Investigator: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

Note: Information to be transferred to complaint log is highlighted in bold italic print. Attach an addendum if necessary.

\* See code on reverse side.

White—Regional Office

Yellow—Log

Pink—Investigations

Green—Informant

ENVIRONMENTAL  
DEPARTMENT

95 AUG -2 PM 2:55



**GROVE VALVE AND REGULATOR COMPANY**

6529 HOLLIS STREET, OAKLAND, CALIFORNIA 94608

(510) 655-7700 FAX (510) 420-2150

**FILE**  
*generoso*

July 24, 1995

The recent acquisition of Grove by Dresser Industries has created a large pool of manufacturing facilities many of which duplicate each other. Due to this duplication Grove Valve and Regulator Company is announcing the closure of our Oakland, California offices and manufacturing facility. The plant will cease operations by October and be closed entirely by December 1995.

As we look strategically at the future we feel we will meet or exceed our customers' needs solely from our Houston/Stafford area location. The Stafford plant is now in operation and shipped its first valve in May of this year. Grove wants to assure all of our established supplier base that this transition and move from Oakland to Stafford should have no impact on the immediate business at hand. The challenge now exists to develop a strategy that will continue our valued relationship in support of our new facility, for the years to come.

If you have any questions or concerns about this matter, please contact me directly.

Very truly yours,

Kenneth G. Banks  
President

---

**MISSION STATEMENT**

Working together, with our customers and suppliers, to manufacture the best valve and regulator products for the oil, gas, and process industries; with a commitment to quality, reliability, and safety, while providing a clean and healthy work environment.

# CALIFORNIA HAZARDOUS MATERIAL INCIDENT REPORT

OES 1/91  
CHANGE 1   
DELETE 2

|                                               |                               |                                     |                                           |                                   |
|-----------------------------------------------|-------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------|
| <b>A</b> AGENCY NAME<br><b>ALAMEDA COUNTY</b> | AGENCY ID NO.<br><b>01715</b> | AGENCY INCIDENT NO.<br><b>94067</b> | AGENCY PHONE NO.<br><b>(415) 271-4320</b> | OES CONTROL NO.<br><b>0192290</b> |
|-----------------------------------------------|-------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------|

|                                            |                                 |                               |                                 |                                                   |                                 |
|--------------------------------------------|---------------------------------|-------------------------------|---------------------------------|---------------------------------------------------|---------------------------------|
| <b>B</b> INCIDENT DATE<br><b>10/5/1994</b> | MO DAY YEAR<br><b>10 5 1994</b> | TIME NOTIFIED<br><b>11946</b> | TIME COMPLETED<br><b>102015</b> | DATE COMPLETED (IF DIFFERENT)<br><b>10/5/1994</b> | MO DAY YEAR<br><b>10 5 1994</b> |
|--------------------------------------------|---------------------------------|-------------------------------|---------------------------------|---------------------------------------------------|---------------------------------|

|                                                              |                                     |                          |                     |
|--------------------------------------------------------------|-------------------------------------|--------------------------|---------------------|
| <b>C</b> INCIDENT ADDRESS/LOCATION<br><b>6529 Hollis St.</b> | CITY/COMMUNITY<br><b>Emeryville</b> | COUNTY<br><b>ALAMEDA</b> | ZIP<br><b>94608</b> |
|--------------------------------------------------------------|-------------------------------------|--------------------------|---------------------|

|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D</b> WEATHER (CHECK BEST DESCRIPTOR/S)                                                                                                                                                                                                                                                                                                                     | PROPERTY USE (USE CODES ON REVERSE)                                                                                                                                                                                            |
| 1 <input checked="" type="checkbox"/> CLEAR    5 <input type="checkbox"/> HAIL, SLEET    8 <input type="checkbox"/> HIGH WIND<br>3 <input type="checkbox"/> RAIN    6 <input type="checkbox"/> ELECTRICAL STORM    9 <input type="checkbox"/> OTHER<br>4 <input type="checkbox"/> SNOW    7 <input type="checkbox"/> FOG    0 <input type="checkbox"/> UNKNOWN | PROPERTY USE <b>962</b> SURROUNDING AREA <b>600</b>                                                                                                                                                                            |
| ESTIMATED TEMPERATURE <b>50</b> (Deg. F)                                                                                                                                                                                                                                                                                                                       | PROPERTY MANAGEMENT <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> CITY <input type="checkbox"/> PRIVATE <input type="checkbox"/> UNKNOWN |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E</b> RELEASE FACTORS (CHECK BEST DESCRIPTOR/S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TYPE OF EQUIPMENT INVOLVED                                                                                                                                                                                                                                                                                                                                                                                                                                      | MOBILE PROPERTY TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 11 <input type="checkbox"/> INTENTIONAL ACT    70 <input checked="" type="checkbox"/> OPERATIONAL DEFICIENCY<br>12 <input type="checkbox"/> SUSPICIOUS ACT    71 <input type="checkbox"/> COLLISION/OVERTURN<br>30 <input checked="" type="checkbox"/> FAILURE TO CONTROL HAZMAT    80 <input type="checkbox"/> NATURAL CONDITION<br>31 <input type="checkbox"/> ABANDONED    94 <input type="checkbox"/> FIRE/EXPLOSION<br>40 <input type="checkbox"/> MISUSE OF HAZMAT    98 <input type="checkbox"/> NO RELEASE<br>50 <input checked="" type="checkbox"/> MECHANICAL FAILURE    99 <input type="checkbox"/> OTHER<br>60 <input type="checkbox"/> DESIGN, CONSTRUCTION, INSTALLATION DEFICIENCY    00 <input type="checkbox"/> UNDETERMINED | 10 <input type="checkbox"/> HEATING SYSTEMS<br>30 <input type="checkbox"/> AIR CONDITION/REFRIG<br>77 <input type="checkbox"/> CHEM PROCESSING EQUIP<br>78 <input type="checkbox"/> WASTE RECOVERY EQUIP<br>96 <input type="checkbox"/> HAZMAT TRANSFER EQUIP<br>97 <input type="checkbox"/> VEHICULAR FUEL SYSTEM<br>98 <input checked="" type="checkbox"/> NO EQUIP INVOLVED<br>99 <input type="checkbox"/> OTHER<br>00 <input type="checkbox"/> UNDETERMINED | 10 <input type="checkbox"/> PASSENGER VEH/ROAD<br>20 <input type="checkbox"/> FREIGHT VEH/ROAD<br>30 <input type="checkbox"/> RAIL TRANSPORT VEH<br>40 <input type="checkbox"/> WATER TRANS VESSEL<br>50 <input type="checkbox"/> AIR TRANSPORT VEH<br>60 <input type="checkbox"/> HEAVY EQUIP-INDUST/AGRI<br>98 <input checked="" type="checkbox"/> NO MOBILE PROPERTY INVOLVED<br>99 <input type="checkbox"/> OTHER<br>00 <input type="checkbox"/> UNDETERMINED |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>F</b> ACTIONS TAKEN (CHECK BEST DESCRIPTOR/S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 31 <input type="checkbox"/> RESCUE, REMOVE FROM HARM    42 <input type="checkbox"/> ID/ANALYSIS OF HAZMAT    48 <input type="checkbox"/> CONTAIN/CONTROL HAZMAT    73 <input type="checkbox"/> SHUT DOWN SYSTEM<br>32 <input type="checkbox"/> EXTRICATION, DISENTANGLEMENT    43 <input type="checkbox"/> EVACUATION    61 <input type="checkbox"/> CROWD CONTROL    82 <input type="checkbox"/> SECURE PROPERTY<br>33 <input type="checkbox"/> EMERGENCY MEDICAL SERVICES    44 <input type="checkbox"/> ESTABLISH SAFE AREA    62 <input type="checkbox"/> TRAFFIC CONTROL    92 <input type="checkbox"/> REFER TO PROPER AUTHORITY<br>35 <input checked="" type="checkbox"/> SEARCH    45 <input checked="" type="checkbox"/> MONITOR    63 <input checked="" type="checkbox"/> NOTIFY OTHER AGENCY    98 <input type="checkbox"/> NO ACTION TAKEN<br>38 <input type="checkbox"/> TRANSPORT    46 <input type="checkbox"/> DECON-PERSON/EQUIP    64 <input type="checkbox"/> PROVIDE PUBLIC INFO    97 <input type="checkbox"/> HAZMAT RESPONSE, MATERIAL DETERMINED TO BE NONHAZARDOUS<br>41 <input type="checkbox"/> REMOVE HAZARD (NEUTRALIZE)    47 <input type="checkbox"/> DECON-AREA (CLEANUP)    71 <input checked="" type="checkbox"/> INVESTIGATE    99 <input checked="" type="checkbox"/> OTHER <b>SAMPLE COLLECTION</b> |

|                                                                                            |                                                                                              |                                                                 |                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>G</b> CHEMICAL OR TRADE NAME (PRINT OR TYPE)<br><b>Amni-Chem sc577 Rust Inhibitor</b>   | DOT ID NO.                                                                                   | DOT HAZARD CLASS<br><b>2</b>                                    | CAS NO.                                                                                                                                                       |
| PHYSICAL STATE STORED<br><b>1 SOLID 2 <input checked="" type="checkbox"/> LIQUID 3 GAS</b> | PHYSICAL STATE RELEASED<br><b>1 SOLID 2 <input checked="" type="checkbox"/> LIQUID 3 GAS</b> | QUANTITY RELEASED<br><b>1 lb. 2 gal. 3 cu.ft.</b><br><b>N/A</b> | ENVIRONMENTAL CONTAMINATION (USE CODES ON REVERSE)<br><b>1 AIR 3 GROUND 2 <input checked="" type="checkbox"/> WATER 9 OTHER</b><br>EXTENT OF RELEASE <b>7</b> |
| CONTAINER DESCRIPTION (USE CODES ON REVERSE)                                               |                                                                                              | CONTAINER TYPE <b>22</b>                                        | LEVEL OF CONTAINER <b>30</b>                                                                                                                                  |
| CONTAINER DESCRIPTION (USE CODES ON REVERSE)                                               |                                                                                              | CONTAINER MATERIAL <b>01</b>                                    | CONTAINER CAPACITY <b>150</b><br><b>1 lb. 2 gal. 3 cu. ft.</b>                                                                                                |
| CHEMICAL OR TRADE NAME (PRINT OR TYPE)                                                     |                                                                                              |                                                                 |                                                                                                                                                               |
| DOT ID NO.                                                                                 |                                                                                              |                                                                 |                                                                                                                                                               |
| DOT HAZARD CLASS                                                                           |                                                                                              |                                                                 |                                                                                                                                                               |
| CAS NO.                                                                                    |                                                                                              |                                                                 |                                                                                                                                                               |
| PHYSICAL STATE STORED<br><b>1 SOLID 2 LIQUID 3 GAS</b>                                     | PHYSICAL STATE RELEASED<br><b>1 SOLID 2 LIQUID 3 GAS</b>                                     | QUANTITY RELEASED<br><b>1 lb. 2 gal. 3 cu.ft.</b>               | ENVIRONMENTAL CONTAMINATION (USE CODES ON REVERSE)<br><b>1 AIR 3 GROUND 2 WATER 9 OTHER</b><br>EXTENT OF RELEASE                                              |
| CONTAINER DESCRIPTION (USE CODES ON REVERSE)                                               |                                                                                              | CONTAINER TYPE                                                  | LEVEL OF CONTAINER                                                                                                                                            |
| CONTAINER DESCRIPTION (USE CODES ON REVERSE)                                               |                                                                                              | CONTAINER MATERIAL                                              | CONTAINER CAPACITY<br><b>1 lb. 2 gal. 3 cu. ft.</b>                                                                                                           |

**H** MORE THAN 2 SUBSTANCES INVOLVED?  YES  NO (LIST ADDITIONAL INFORMATION ON REVERSE SIDE)

|                          |           |           |           |           |           |           |           |           |
|--------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>I</b> SPECIAL STUDIES | LOCAL USE | 1 A B C D | 2 A B C D | 3 A B C D | 4 A B C D | 5 A B C D | 6 A B C D | STATE USE |
|--------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|

|                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>J</b> HAZMAT IDENTIFICATION SOURCES (CHECK BEST DESCRIPTOR/S)                                                                                                                                                                                                                                                                                                                                      | HAZMAT CASUALTIES                                                                                                                                                                                                                                                                                                                                                                                |
| PERSONNEL<br>19 <input type="checkbox"/> ON-SITE FIRE SERVICES<br>29 <input type="checkbox"/> OFF-SITE FIRE SERVICES<br>40 <input type="checkbox"/> ON-SITE NON-FIRE SERVICES<br>60 <input type="checkbox"/> OFF-SITE NON-FIRE SERVICES<br>54 <input type="checkbox"/> CHEMIST<br>58 <input type="checkbox"/> TOX CENTER<br>59 <input type="checkbox"/> CHEMTREC<br>99 <input type="checkbox"/> OTHER | REFERENCE MATERIAL<br>21 <input type="checkbox"/> DOT MANUAL<br>23 <input type="checkbox"/> MSDS<br>24 <input type="checkbox"/> PLACARDS/SIGNS<br>25 <input type="checkbox"/> PRIVATE INFO SOURCE<br>26 <input type="checkbox"/> COMPUTER SOFTWARE<br>27 <input type="checkbox"/> SHIPPING PAPERS<br>98 <input type="checkbox"/> NO REFERENCE MATERIAL USED<br>99 <input type="checkbox"/> OTHER |
|                                                                                                                                                                                                                                                                                                                                                                                                       | NUMBER OF DECONTAMINATED<br>NUMBER OF INJURIES<br>NUMBER OF FATALITIES<br>RESPONDING AGENCY PERSONNEL<br>OTHERS                                                                                                                                                                                                                                                                                  |

|                            |                     |       |                      |                   |              |
|----------------------------|---------------------|-------|----------------------|-------------------|--------------|
| <b>K</b> VEHICLE MAKE/YEAR | VEHICLE LICENSE NO. | STATE | VEHICLE ID NO. (VIN) | CA/DOT/PUC/CC NO. | COMPANY NAME |
|----------------------------|---------------------|-------|----------------------|-------------------|--------------|

|                                                                             |                        |                                                                                          |
|-----------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------|
| <b>L</b> REPORTING OFFICER NAME/ID NO. (PRINT OR TYPE)<br><b>Ron Oweatz</b> | DATE<br><b>5/19/94</b> | COMMENTS ON BACK?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|-----------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------|

| PROPERTY USE and SURROUNDING AREA TYPE |                        |                               |   | EXTENT OF RELEASE                     |  |
|----------------------------------------|------------------------|-------------------------------|---|---------------------------------------|--|
| 100 Public Assembly                    | 262 Hazmat Chem Mfg    | 950 Railroad                  | 1 | Confined to Vehicle/Equipment         |  |
| 200 Educational                        | 267 Petroleum Refinery | 961 Freeway                   | 2 | Confined to Room of Origin            |  |
| 300 Health Care                        | 800 Storage            | 962 County/City Road          | 3 | Confined to Floor of Origin           |  |
| 400 Residential                        | 931 Open Land          | 963 Private Road              | 4 | Confined to Structure of Origin       |  |
| 500 Mercantile, Business               | 936 Vacant Lot         | 965 Rest Stop/Vista Point     | 6 | Confined to Property Use of Origin    |  |
| 600 Industrial, Utility                | 941 Open Sea           | 966 Scale/Inspection Facility | 7 | Release Beyond Property Use of Origin |  |
| 650 Agricultural                       | 942 Harbor/Port        | 099 Other - Explain in        | 8 | NO RELEASE                            |  |
| 700 Manufacturing                      | 946 Lake/Pond/River    | comments section              | 9 | Other - Explain in comments section   |  |
|                                        |                        |                               | 0 | Undetermined                          |  |

| CONTAINER TYPE                    |                        | LEVEL OF CONTAINER | CONTAINER MATERIAL                             |
|-----------------------------------|------------------------|--------------------|------------------------------------------------|
| 11 Drum                           | 31 Sump/Pit            | 11 Ground Level    | 1 Iron, Steel & Other Iron Alloys              |
| 12 Cylinder                       | 32 Pond or Surface     | 30 Above Ground    | 2 Aluminum & Aluminum Alloys                   |
| 13 Can or Bottle                  | Impoundment            | 40 Below Ground    | 3 Copper, Brass, Bronze, & Other Copper Alloys |
| 14 Carboy                         | 33 Well                |                    | 4 Plastic/Fiberglass, Rigid                    |
| 15 Box or Carton                  | 41 Vehicular Fuel Tank |                    | 5 Plastic, Flexible                            |
| 16 Bag                            | 98 NO CONTAINER        |                    | 6 Wood, Paper, Textile, & Cellulose Products   |
| 21 Tank or Silo                   | 99 Other - Explain in  |                    | 7 Glass, Pottery & Clay                        |
| (incl vehicle cargo tanks)        | comments section       |                    | 8 NO CONTAINER                                 |
| 22 Pipe                           | 00 Undetermined        |                    | 9 Other - Explain in comments section          |
| 24 Machinery or Process Equipment |                        |                    | 0 Undetermined                                 |

**COMMENTS:**

5/18/94 - I responded to a page from County OES at 7:46 pm to 65<sup>th</sup> + Hollis Street in Emeryville where there was a green liquid found in a storm drain. Steve Brandt of the Police Dept. was incident commander (596-3700). The employees at Grove Valve + Regulator Co. were pressure testing a valve and had a spill of about 10 gallons of a rust inhibitor that was flowing out of a sanitary sewer manhole into 2 storm drains on 65<sup>th</sup> Ave. Erickson Env. Co. came out with a vacuum truck and pumped out 200 gallons out of the 2 storm drains and sanitary sewer line. Split samples were taken. Emeryville Public Works Dept. was notified later and will follow up on this.

**IMPORTANT INSTRUCTIONS**

- Incidents that involve the following shall not be reported:
1. Petroleum spills of less than 42 gallons from vehicular fuel tanks.
  2. Sewage overflows.
  3. Leaks in low-pressure fuel lines to residential properties.

**CHANGE:** If the information on a previously submitted form needs to be changed mark the CHANGE box and submit form with the correct information.

**DELETE:** If a certain report needs to be deleted from the database mark the DELETE box, complete sections A, B, C, and L, and submit form.

**NOTE:** IF ALL SECTIONS CONTAINING SHADED BOXES  ARE NOT COMPLETED, THE FORM WILL BE RETURNED FOR COMPLETION

**SECTION**

- A OES Control No. is assigned when making phone notification to OES Warning Center. (Phone 1-800-852-7550 or (916) 427-4341).
- B Enter the date (month, day and year), notification and completion time of the incident (use 2400 hr clock). Enter completion date, if different from incident date.
- D Check the appropriate weather descriptor(s) at the time of the incident and indicate the approximate temperature in ° F. Enter property use and surrounding area codes. Indicate the entity responsible for property management.
- E Check the item(s) that describe(s) the cause of the incident, the type of equipment involved in the incident, and the mobile property type, if any.
- F Check the item(s) that indicate(s) which action(s) you took as a responder to the incident.
- G List the chemical or the trade name(s) of the hazardous material(s) involved in the incident. Include information required in the boxes. Check the information in the box(es) that describe(s) the hazardous material. Use the appropriate codes for Extent of Release, Container Type, Level of Container, and Container Material.
- H If more than two (2) hazardous materials were involved check YES and enter the information in the comments section.
- I This section is used for special studies. The first three numbers are for your agency's use; the last three are for state use. Leave blank unless otherwise directed.
- J Check item(s) describing who identified the material and how it was identified. Enter number of hazardous material casualties suffered by responding agency personnel and others (including the public) in spaces provided.
- K If vehicle/mobile property was involved in the incident, enter information about that vehicle.
- L Print your full name or your ID number and enter the date of report. Mark Yes or No to indicate whether there are additional comments.

white - lab  
 yellow - insp. file  
 pink - fac. file

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 DIVISION OF HAZARDOUS MATERIALS  
 80 SWAN WAY, ROOM 200  
 OAKLAND, CA 94621  
 (415) 271-4320

Lab # 74.053

LABORATORY SERVICE REQUEST

SITENAME GRUVE VALVE + REGULATOR CO2  
 ADDRESS 6527 Hollis St. Emeryville  
 SAMPLE SUBMITTED TO: Darcy Wong  
 DATE SUBMITTED 5/19/94  
 SEND INVOICE TO: Ernan Oliva

SEND ANALYTICAL REPORT TO ABOVE OR:

APIN: \_\_\_\_\_

RUSH = ABOUT 1 WEEK TURNAROUND  
 ROUTINE = ABOUT 2 WEEKS TURN-AROUND

| SAMPLE NO. | DATE/TIME COLLECTED | TYPE OF MATERIAL (WATER, SOIL OR MATRIX) | VOLUME/WEIGHT | FIELD OBSERVATION  | ANALYSIS REQUESTED                       |
|------------|---------------------|------------------------------------------|---------------|--------------------|------------------------------------------|
| RJ01-518   | 5/18/94 11 PM       | liquid (gas)                             | 7oz           | hazy, must inhibit | heavy metals, heavy metals, heavy metals |
| RJ02-518   | 5/18/94 11:10 PM    | "                                        | 12oz          | "                  | "                                        |
|            |                     |                                          |               |                    |                                          |
|            |                     |                                          |               |                    |                                          |
|            |                     |                                          |               |                    |                                          |
|            |                     |                                          |               |                    |                                          |
|            |                     |                                          |               |                    |                                          |
|            |                     |                                          |               |                    |                                          |

Chain of Custody:

1. Ren Ojeda Lead Met Specialist 5/18/94 - 5/19/94  
 Signature Title Inclusive Dates
2. Darcy Wong Supv. Chemist 5/19/94  
 Signature Title Inclusive Dates
3. \_\_\_\_\_  
 Signature Title Inclusive Dates



Alameda County Urban Runoff Clean Water Program  
 A Consortium of Local Agencies  
 Municipality: Emergyville  
 Agency Conducting Inspection: ALCO Div of Haz Mat  
 Inspector: BRIAN P. OLIVA

Date of inspection: \_\_\_\_\_  
 Date of last inspection: \_\_\_\_\_  
 Facility ID #: 794

**Standard Industrial and Commercial Business Inspection Checklist A**

| I. Background Information (as reported by Facility Contact)                                                                                                                                                                                                                                                                                                            |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1. Name of Facility: <u>Grove Valve + Regulator</u>                                                                                                                                                                                                                                                                                                                    | 2. ACURID#:                                                       |
| 3. Starting Date of Business:                                                                                                                                                                                                                                                                                                                                          | 4. Business Owner: <u>GROVE / SAME</u>                            |
| 5. Facility Contact (include title): <u>Bill Talbot</u>                                                                                                                                                                                                                                                                                                                | 6. Phone No. of Contact: <u>655 7700</u>                          |
| 7. Site Address: <u>6529 Hollis ST Emergyville CA 94608</u>                                                                                                                                                                                                                                                                                                            |                                                                   |
| 8. Mailing Address: <u>SAME</u>                                                                                                                                                                                                                                                                                                                                        |                                                                   |
| 9. Property Owner (if different from Business Owner):<br><u>SAME</u>                                                                                                                                                                                                                                                                                                   | 10. Phone No. of Property Owner:<br><u>SAME</u>                   |
| 11. Mailing Address for Property Owner:<br><u>SAME</u>                                                                                                                                                                                                                                                                                                                 |                                                                   |
| 12. Business Type: <u>manufacture</u>                                                                                                                                                                                                                                                                                                                                  | 13. Standard Industrial Classification Codes: <u>3494</u>         |
| 14. Does facility have Spill Prevention Plans?: <u>yes</u> yes <input checked="" type="checkbox"/> no <input type="checkbox"/>                                                                                                                                                                                                                                         |                                                                   |
| 15. Is facility covered under a NPDES permit to discharge storm water?    general <input type="checkbox"/> individual <input type="checkbox"/> none <input checked="" type="checkbox"/>                                                                                                                                                                                |                                                                   |
| 16. Is facility covered under any other permits?<br>none <input type="checkbox"/> air quality <input checked="" type="checkbox"/> sanitary sewer <input checked="" type="checkbox"/> <u>EBMUD Discharge Permit</u> underground storage tanks <input type="checkbox"/>                                                                                                  |                                                                   |
| 17. Operating Schedule: Continues throughout year <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> (circle the months that the facility is in operation)    Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sep    Oct    Nov    Dec                                                                                                      |                                                                   |
| II. Monitoring (as reported by Facility Contact)                                                                                                                                                                                                                                                                                                                       |                                                                   |
| Is storm water sampled?    yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If yes, indicate sampling locations on facility layout.                                                                                                                                                                                                                 |                                                                   |
| Sampling method:<br>grab <input type="checkbox"/><br>composite <input type="checkbox"/><br>other <input type="checkbox"/>                                                                                                                                                                                                                                              | Sample monitoring:<br>last sampling date<br>frequency of sampling |
| Parameters tested for:<br>pH <input type="checkbox"/> TSS <input type="checkbox"/><br>oil & grease <input type="checkbox"/> bioassay <input type="checkbox"/><br>conductivity <input type="checkbox"/> other <input type="checkbox"/><br>TOC <input type="checkbox"/>                                                                                                  |                                                                   |
| III. Facility Layout                                                                                                                                                                                                                                                                                                                                                   |                                                                   |
| Attach map(s) that identify and describe locations of storm drains/inlets, outdoor/indoor (storm and sewer) drains, storm water conveyance structures, storage areas, unit process areas, vehicle and heavy equipment wash and maintenance areas, and storm water sampling locations. If facility operator cannot provide an existing map, include a sketch on page 6. |                                                                   |
| See Attachment A for sample facility map. <u>&lt;provided&gt;</u>                                                                                                                                                                                                                                                                                                      |                                                                   |

Facility Name: Grove Valve Fac ID#: 794  
 Date: 12-21-93

**Standard Inspection Checklist A**

**IV. Outdoor Material Storage Areas** Not Applicable

1. How are outdoor storage areas cleaned swept  wiped  absorbent material  other: \_\_\_\_\_
2. How often are outdoor storage areas cleaned? \_\_\_\_\_
3. Are materials stored in specified areas? yes  no
4. Are storage containers (including drums) inspected regularly for cracks and leaks? yes  no
5. Are storage containers (including drums) free of cracks/leaks? yes  no
6. Are the covers/lids of containers kept closed or are containers not exposed to rainwater? yes  no
7. If storage containers are cleaned, describe how wash water and/or the residual material is disposed.  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Is the surface of the storage area paved and impermeable? yes  no
9. Where do surface drains in this area discharge? no drains  storm drains  sanitary  unknown
10. Is the outdoor storage area covered and unexposed to rainwater? yes  no
11. Has the potential for storm water runoff or runoff from the storage areas been eliminated? yes  no
12. Is the ground surface free of any stains or other signs of pollutants? yes  no
13. Describe best management practices (BMPs) used to prevent materials from outdoor storage areas from contacting storm water and discharging to storm drains.  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. Waste Disposal Areas and Practices** Not Applicable  (Indoor)

1. Are the lids on any waste dumpsters and/or trash compactors onsite kept closed? yes  no
2. Are dumpsters and/or trash compactors inspected regularly for cracks/leaks? yes  no
3. Are dumpsters and/or trash compactors free of cracks/leaks? yes  no
4. Is the area free of litter? yes  no
5. Where do drains discharge? no drains  storm drains  sanitary  unknown
6. Is waste storage area enclosed or covered from rainfall? yes  no
7. Has the potential for storm water runoff or runoff from the waste disposal areas been eliminated? yes  no
8. Is the floor/ground surface free of any stains or other signs of pollutants on the floor? yes  no
9. Describe BMPs used to prevent pollutants from waste disposal areas from contacting storm water and discharging to storm drains.  
 \_\_\_\_\_  
The facility already used BMPs at preventing potential runoff.

Facility Name: Grove Valve and Regulator Fac ID# 7941  
 Date: 12-21-93

**Standard Inspection Checklist A**

|                                                                                                                                                                                                                                     |                                                                                                                                                        |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>VI. Vehicle and Heavy Equipment Storage and Maintenance Areas</b>                                                                                                                                                                |                                                                                                                                                        | Not Applicable <input type="checkbox"/>                             |
| <b>A. Parking Areas and Access Roads</b>                                                                                                                                                                                            |                                                                                                                                                        |                                                                     |
| 1. Are vehicles and/or heavy equipment parked onsite?                                                                                                                                                                               |                                                                                                                                                        | yes <input checked="" type="checkbox"/> no <input type="checkbox"/> |
| 2. How often are parking areas cleaned?                                                                                                                                                                                             | <u>as-needed - swept</u>                                                                                                                               |                                                                     |
| 3. Describe method for cleaning parking areas.                                                                                                                                                                                      | <u>sweep</u>                                                                                                                                           |                                                                     |
| 4. Where do drains in parking areas discharge?                                                                                                                                                                                      | no drains <input type="checkbox"/> storm drains <input checked="" type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/> |                                                                     |
| 5. Are parking areas covered or enclosed?                                                                                                                                                                                           |                                                                                                                                                        | yes <input type="checkbox"/> no <input checked="" type="checkbox"/> |
| 6. Are parking areas or access roads free of any sign of past spills?                                                                                                                                                               |                                                                                                                                                        | yes <input checked="" type="checkbox"/> no <input type="checkbox"/> |
| 7. Are parking areas or access roads free of signs of excessive leaking from oil and/or motor fluids?                                                                                                                               |                                                                                                                                                        | yes <input checked="" type="checkbox"/> no <input type="checkbox"/> |
| <b>B. Vehicle and Heavy Equipment Repair and Maintenance Areas</b>                                                                                                                                                                  |                                                                                                                                                        | Not Applicable <input checked="" type="checkbox"/>                  |
| <del>1. Where do drains in repair and maintenance areas discharge?<br/>no drains <input type="checkbox"/> storm drains <input type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/></del>            |                                                                                                                                                        |                                                                     |
| <del>2. Are repair and maintenance activity areas onsite enclosed or covered and unexposed to rainwater?<br/>yes <input type="checkbox"/> no <input type="checkbox"/></del>                                                         |                                                                                                                                                        |                                                                     |
| <del>3. Has the potential for storm water runoff or runoff from repair/maintenance areas been eliminated?<br/>yes <input type="checkbox"/> no <input type="checkbox"/></del>                                                        |                                                                                                                                                        |                                                                     |
| <del>4. Is the floor/ground surface of repair/maintenance area free of any stains or other signs of pollutants?<br/>yes <input type="checkbox"/> no <input type="checkbox"/></del>                                                  |                                                                                                                                                        |                                                                     |
| <b>C. Vehicle and Heavy Equipment Wash Areas</b>                                                                                                                                                                                    |                                                                                                                                                        | Not Applicable <input checked="" type="checkbox"/>                  |
| <del>1. Where do drains in wash areas discharge? no drain <input type="checkbox"/> recycled <input type="checkbox"/> storm drains <input type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/></del> |                                                                                                                                                        |                                                                     |
| <del>2. Is wash area covered or enclosed and unexposed to rainwater?<br/>yes <input type="checkbox"/> no <input type="checkbox"/></del>                                                                                             |                                                                                                                                                        |                                                                     |
| <del>3. Has the potential for storm water runoff or runoff from the wash area been eliminated?<br/>yes <input type="checkbox"/> no <input type="checkbox"/></del>                                                                   |                                                                                                                                                        |                                                                     |
| <del>4. Is the floor of the wash area free of any stains or other signs of pollutants?<br/>yes <input type="checkbox"/> no <input type="checkbox"/></del>                                                                           |                                                                                                                                                        |                                                                     |
| <del>5. Describe BMP's used to minimize the discharge of pollutants from access roads and vehicle and heavy equipment parking, repair, maintenance, and wash areas to storm water.<br/>_____<br/>_____</del>                        |                                                                                                                                                        |                                                                     |
| <b>VII. Rooftop Equipment</b>                                                                                                                                                                                                       |                                                                                                                                                        | Not Applicable <input type="checkbox"/>                             |
| Describe the potential for pollutants from rooftop equipment to be exposed to storm water runoff (e.g. condensation, exhaust gas, emissions, exposed motors/pumps, etc.).                                                           |                                                                                                                                                        |                                                                     |
| <u>small building containing permitted air stripper</u>                                                                                                                                                                             |                                                                                                                                                        |                                                                     |



Facility Name: Grease Valve + Res Fac ID# 794  
 Date: 12-21-93

**Standard Inspection Checklist A**

**VIII. Storm Water Conveyance System and Spill Response/Prevention Practices** Not Applicable

1. How often are storm drain inlets (including catch basins) inspected, maintained, and/or cleaned?  
\_\_\_\_\_
2. Describe method of cleaning. vacuum  flush with water  other: \_\_\_\_\_
3. Describe any testing for illicit connections to the storm drain system conducted by the facility (e.g. visual inspection, dye tests, etc.).  
\_\_\_\_\_
4. If there are any other areas onsite that may be exposed to storm water (e.g. process and/or work areas, indoor storage areas, materials handling areas, etc.), fill out appropriate section of Attachment B.  
 all areas of the facility have been described  see Attachment B for further information
5. Briefly describe BMPs taken to prevent spills from entering the storm drain system and methods for clean-up should a spill occur.  
\_\_\_\_\_  
\_\_\_\_\_

**IX. Significant Materials** (Materials that may have potential to be released with storm water discharges)

Estimate degree of material exposure to storm water using Code: 0 - None

- 1 - Little Potential for exposure to storm water
- 2 - Some potential for exposure to storm water
- 3 - Great potential for exposure to storm water

Raw Materials used in processing or production

Finished Materials

Hazardous Substances

Metals (especially copper, lead, zinc) solids (e.g. metal scraps) and solutions

Waste Products

Other

| (Code) | Describe Materials if appropriate:    |
|--------|---------------------------------------|
| 0      |                                       |
| 0      |                                       |
| 1      | where cars potentially drip waste oil |
| 0      |                                       |
| 0      |                                       |
|        |                                       |





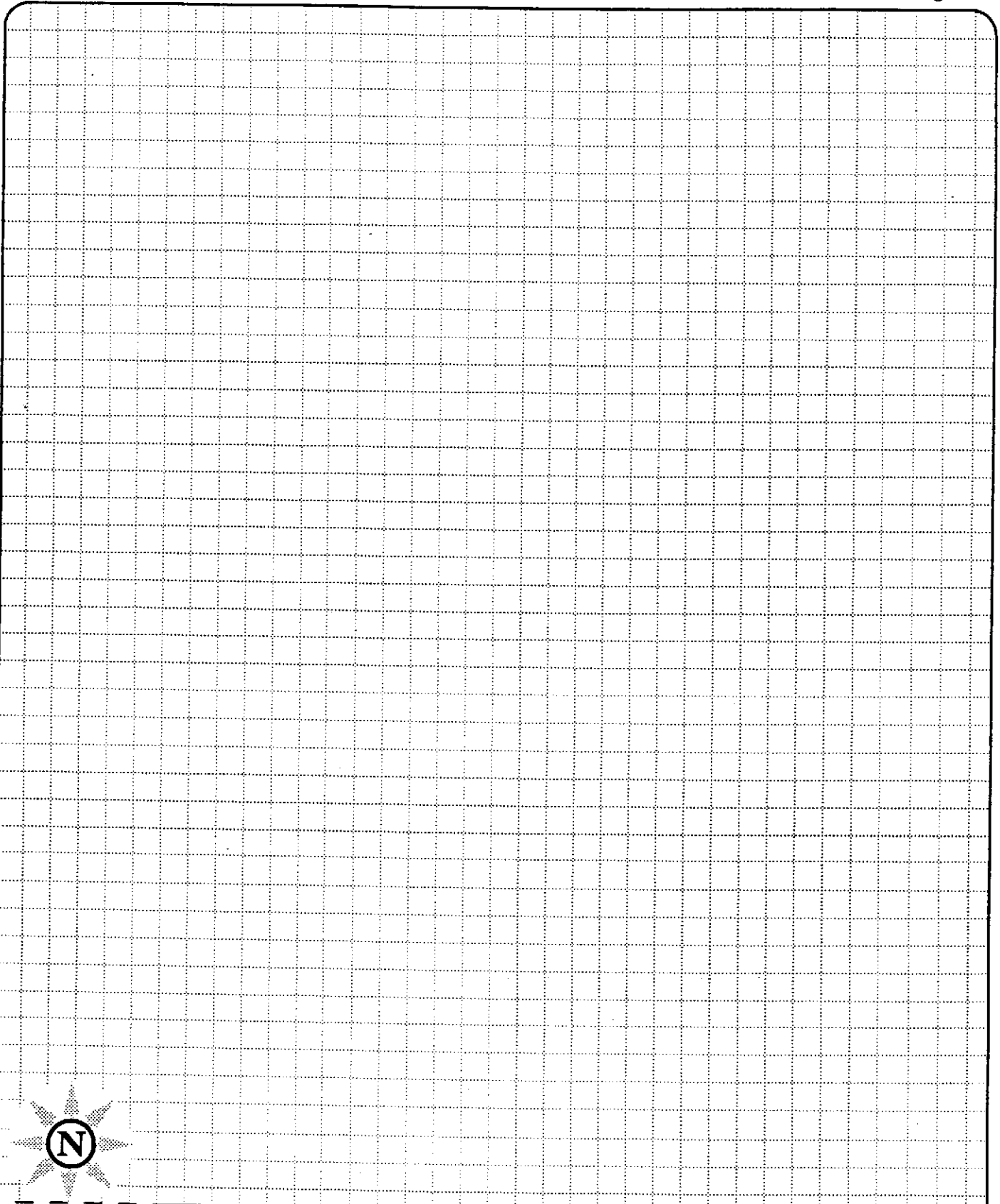
**Alameda County Urban Runoff Clean Water Program  
A Consortium of Local Agencies:**

**FACILITY  
MAP**

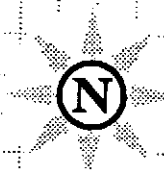
1 Facility  
ID #: \_\_\_\_\_

Facility  
Name: \_\_\_\_\_

Date: \_\_\_\_\_



10/13/93, mt, Storm-FacMap



Circle appropriate north arrow 2

SCALE: 1" = \_\_\_\_\_ feet  
3 (= 5 squares)

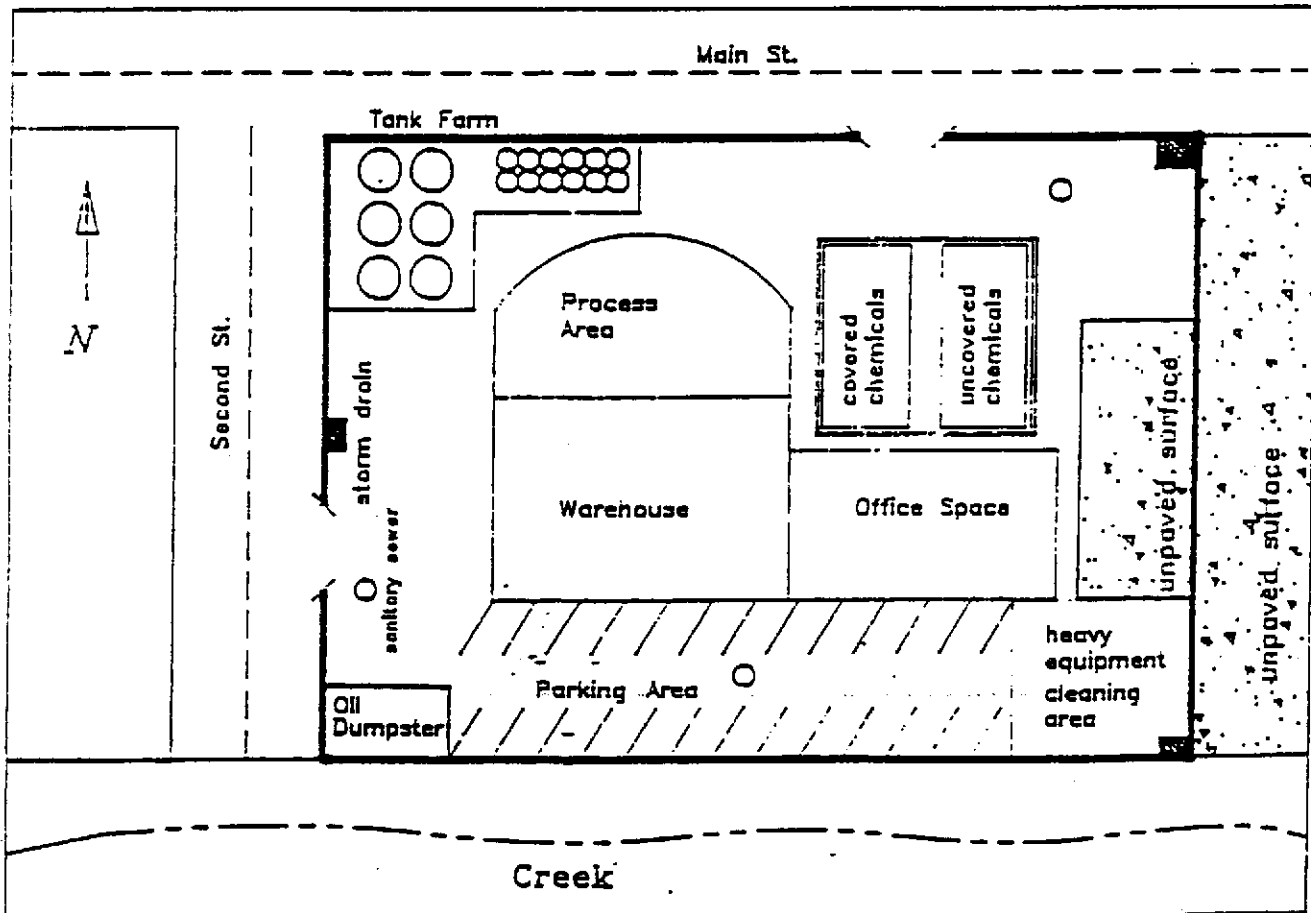
4 ○ = Sewer Drains; □ = Storm Drains  
5 → = Surface Flow Direction

6 \* = Possible Sources of Contamination

## ATTACHMENT A: SAMPLE FACILITY MAP

The following items listed should be included in the facility map, but not limited to just the items stated.

1. Indicate North orientation.
2. Highlight property boundaries.
3. Label all adjacent streets.
4. Locate storm drains/inlets and sanitary sewer drains.
5. Indicate whether adjacent borders are paved or unpaved.
6. Illustrate parking areas.
7. Display any onsite monitoring wells and storm water monitoring locations.
8. Outline building placement and orientation.
9. Illustrate any above- and below ground tanks.
10. Locate outdoor storage areas. Differentiate if area is covered/uncovered.
11. Display all process/manufacturing rooms.
12. Illustrate any visible "discharge points" to the creek.

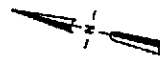
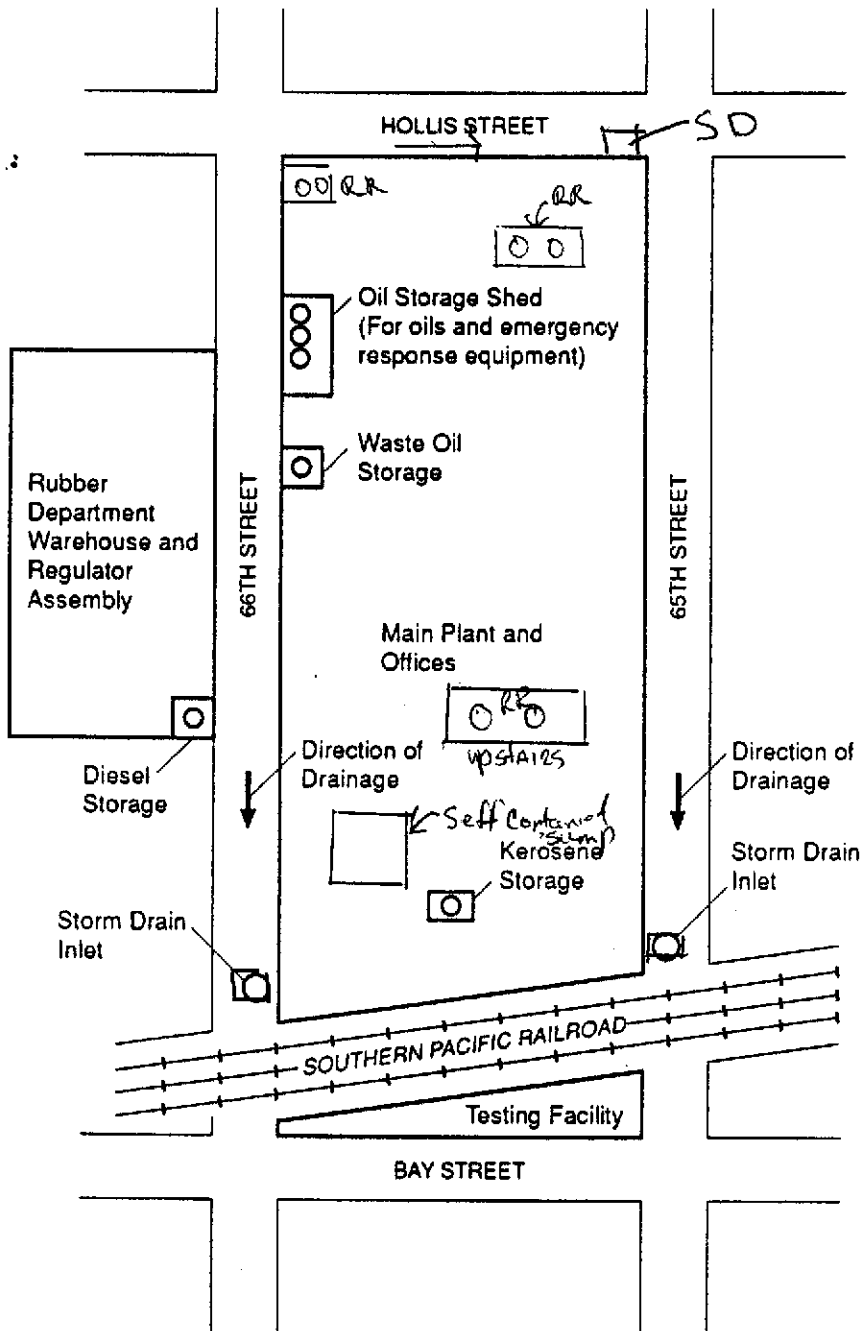


Facility Name: \_\_\_\_\_ Fac ID#: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Standard Inspection Checklist A**

*ATTACHMENT B*

|  | A. Process and/or Work Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | B. Indoor Storage Area                                                               |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
|  | 1. Describe the area.<br>2. Describe the activities performed and materials stored in this area.<br>3. Describe BMPs used to prevent non-storm water discharges to storm drains or to minimize the discharge of pollutants in storm water.<br>4. Where do drains discharge?<br>storm drains <input type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/><br>5. Is area enclosed or covered?<br>yes <input checked="" type="checkbox"/> no <input type="checkbox"/><br>6. Is there potential for storm water to run-onto or run-off from this area?<br>yes <input type="checkbox"/> no <input checked="" type="checkbox"/><br>7. Are there any stains or other signs of pollutants on the floor or ground surface?<br>yes <input type="checkbox"/> no <input checked="" type="checkbox"/> | <i>indoors</i><br><i>Steel Valves machined</i><br><br><i>indoors</i><br><br><br><br> |
|  | C. Materials Handling Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D. Other _____                                                                       |
|  | 1. Describe the area.<br>2. Describe the activities performed and materials stored in this area.<br>3. Describe BMPs used to prevent non-storm water discharges to storm drains or to minimize the discharge of pollutants into storm water.<br>4. Where do drains discharge?<br>storm drains <input type="checkbox"/> sanitary <input type="checkbox"/> unknown <input type="checkbox"/><br>5. Is area enclosed or covered?<br>yes <input type="checkbox"/> no <input type="checkbox"/><br>6. Is there potential for storm water to run-onto or run-off from this area?<br>yes <input type="checkbox"/> no <input type="checkbox"/><br>7. Are there any stains or other signs of pollutants on the floor or ground surface?<br>yes <input type="checkbox"/> no <input type="checkbox"/>                                | <i>indoors</i><br><br><br><br><br>                                                   |



(not to scale)

|                            |                                      |                    |             |
|----------------------------|--------------------------------------|--------------------|-------------|
| Project No.<br>91C0667B    | Grove<br>Valve and Regulator Company | FACILITY PLOT PLAN | Figure<br>1 |
| Woodward-Clyde Consultants |                                      |                    |             |