

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 510/271-4320

UST - PRMT -

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name Hank's Automotive Service, Inc.
Business Owner Corporation (Privately Held)
 2. Site Address 16065 Mateo Street
City San Leandro Zip 94578 Phone 510-276-5200
 3. Mailing Address 16065 Mateo Street
City San Leandro Zip 94578 Phone 510-276-5200
 4. Land Owner Henry & JoAnn Hemenez
Address 16081 Mateo St City, ~~State~~ ^{xxxxxx}San Leandro Zip 94578
 5. Generator name under which tank will be manifested _____
N/A
- EPA I.D. No. under which tank will be manifested N/A

6. Contractor N/A
Address _____
City _____ Phone _____
License Type* _____ ID# _____

*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Consultant N/A
Address _____
City _____ Phone _____

8. Contact Person for Investigation
Name Henry Hemenez Title President (Retired)
Phone 510-276-5200

9. Number of tanks being closed under this plan 1
Length of piping being removed under this plan Two Feet (2')
Total number of tanks at facility 0

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

** Underground tanks are hazardous waste and must be handled **
as hazardous waste

a) Product/Residual Sludge/Rinsate Transporter

Name N/A EPA I.D. No. _____
Hauler License No. _____ License Exp. Date _____
Address _____
City _____ State _____ Zip _____

b) Product/Residual Sludge/Rinsate Disposal Site

Name N/A EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

c) Tank and Piping Transporter

Name Henry Hemenez EPA I.D. No. N/A
Hauler License No. N/A License Exp. Date N/A
Address 16065 Mateo Street
City San Leandro, State CA Zip 94578

d) Tank and Piping Disposal Site

Name Henry Hemenez EPA I.D. No. N/A
Address 19160 Gold Creek Trail
City Volcano State CA Zip _____

11. Experienced Sample Collector

Name Norman Herrold
Company J. Quarle and Assoc. Inc.
Address 620 Marina Blvd.
City San Leandro State CA Zip 94577 Phone 895-1474

12. Laboratory

Name _____
Address _____
City _____ State _____ Zip _____
State Certification No. _____

13. Have tanks or pipes leaked in the past? Yes [] No [X]

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

Tank was vented to open air and then pumped with carbon monoxide gas and filled with non-potable water.

Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be plugged.

The Bay Area Air Quality Management District (771-6000), along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of explosion proof combustible gas meters to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas meter on site to verify tank inertness.

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
550 US Gallons	Installed Approx. 1979, stored both leaded and unleaded gasoline last used 12/87, removed 3/1/88	0	

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan
0	N/A

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer _____

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

22. Submit a closure report to this office within 60 days of the tank removal. This report must contain all the information listed in item 22 of the instructions.

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true.

I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

Signature of Contractor

Name (please type) _____

Signature _____

Date _____

Signature of Site Owner or Operator

Name (please type) _____

Signature _____

Date _____

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
Acknowledgement of Refund Recipient for Site Account

DEPOSITOR FILLS OUT PER SITE

-- REQUIRED --

The depositor will use this form to acknowledge that the property owner or his or her designee will receive any refund due at the completion of all deposit/refund projects at the site listed below.

SITE NUMBER/ADDRESS:

REFUND RECIPIENT-PROPERTY OWNER

Site Number			
<u>Hank's Autmotive Service, Inc.</u>		<u>Henry & JoAnn Hemenez</u>	
Company Name		Owner's Name	
<u>16065 Mateo Street</u>		<u>16081 MATEO Street</u>	
Street Address		Owner's Address	
<u>San Leandro, CA 94578</u>		<u>San Leandro, CA 94578</u>	
City	Zip Code	Owner's City	State Zip

I have read the description of the project Deposit/Refund Procedure, and have had an opportunity to ask questions about it. I understand that regardless of who deposits money into the site account, any deposit money remaining at the completion of all projects being conducted at this site will be refunded solely to the property owner or his or her designee.

Signature of Depositor

Date

Henry Hemenez

Depositor Name

Hank's Automotive Service, Inc.

Company Name

16065 Mateo Street

Street Address

San Leandro, CA 94578

City / Zip

Frank's Automotive Service Inc.

16065 Moteo Street, San Leandro, CA 94578

OFFICE 510-276-5200

FAX 510-278-1885

Company: J. Quarli' + Assoc. FAX 430-2841

To: Norman Phone 430-2735

From: Katrina

Number of pages faxed: 7 Date faxed: 3-5-98

Comments: Under ground Tank Closure Plan

The fax and nothing but the fax please!

I designate the following person to receive any refund due at the completion of all deposit/refund projects:

Name

Street Address

City / Zip

Property Owner Signature

Date

Property Owner Name

RETURN FORM TO: Alameda County, Hazardous Materials Div.
80 Swan Way, Rm 200
Oakland, CA 94621-1439
Phone: (510) 271-4320

Official Registration Form
California Water Resources Control Board
Hazardous Substance Storage Statement



Person storing hazardous substances in any under-
ground tank must file this form no later than July 1, 1983 (After October
1, 1983 for tanks used on farms)

Underground Containers: The law applies to "concrete
lined tanks or other underground containers" (Water
Code 13173) for containers, including carbon welded pits, ponds,
and sumps, and are below the normal ground surface level must
be covered if each has been removed from the storage area to construct
the facility. Normal grading is not considered construction below ground
level.

Definition of Hazardous Substance: Any substance listed in Section 6322
of the Label Code or in Section 25318 of the Health and Safety Code. This
includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides
and fertilizers. If the material must be carried by a registered hauler, dis-
posed of as a hazardous waste, it is explosive, generates pressure due to
heat or decomposition or would harm humans or wildlife you must register

the tank. Wastes are included.
Fee: For each tank registered a \$10 fee must be paid, except that retail
gasoline stations pay \$5 per tank.

Penalties: For failure to file, the penalty is \$500-\$5,000 per day. If you falsify
information, you can be fined up to \$20,000 for each day the information is
incorrect and has not been corrected.

Confidentiality: If you have information protected by trade secret laws,
please attach a list of the information on this form that is confidential and the
justification for confidentiality, including specific citations of relevant statu-
tory and case law.

Multiple Containers: Fill I and II on one form and leave it blank on all the
remaining forms. Attach all forms together securely. If you own more than
50 tanks you can file information on computer tape. Call 916/324-1262 for
information.

This is not a Permit Application. All Underground Tanks will be subject to
local regulation. Some jurisdictions have already begun programs. Check
with your local county government for further information.

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

I Owner

Name (Corporation, Individual or Public Agency):
Hank's Automotive Service, Inc.
City: **San Leandro** State: **CA** ZIP: **94578**
Street Address: **16065 Mateo st**

II Facility

Facility Name: **Hank's Automotive Service, Inc.** Owner/Foreman/Supervisor: **Hank**
Street Address: **16065 Mateo st** Nearest Cross Street: **162nd ave**
City: **San Leandro, CA** County: **Alameda** ZIP: **94578**
Mailing Address: **16065 Mateo st** City: **San Leandro** State: **CA** ZIP: **94578**
Phone Number (415) **357-3880 or 276-5200** Type of Business: Motor Vehicle Fuel Station Other: **Tow Service**
Number of Tanks: **one** Rural Areas Only: Eden township Range: **unknown** Section: **unknown**

III 24 Hour Emergency Contact Person

Name (Last, first, middle and phone number code): **Hemenez Henry or JoAnn (415) 357-3880** Home: **Hemenez Henry or JoAnn (415) 352-3290**

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. Tank Drum Lagoon, Pit or Pond Other: _____ Container Number (if more than one number, assign one): **One**
B. Manufacturer (if appropriate): _____ Year of Mfg: _____ C. Year Installed: _____ Unknown
D. Container Capacity: **550** gallons Unknown E. Container Repairs: None Unknown Yes Year: _____
F. Is Container currently used? Yes No If No, year of last use: _____ Unknown
G. Does the Container Store (Check One): Waste Product
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? Yes No If Yes, Check appropriate box(es):
 Unleaded Regular Premium Diesel Waste Oil Other (List): _____

V Container Construction

A. Thickness of Primary Containment: **unknown** Gauge Inches cm Unknown
B. Vaulted (located in an underground Vault) Non-vaulted Unknown
C. Double Walled Single Walled Lined Wrapped Unknown None
D. Carbon Steel Stainless Steel Fiberglass Polyvinyl Chloride Concrete Aluminum
 Steel Cled Bronze Composite Non-metallic Earthen Walls
 Unknown Other: _____
E. Rubber Lining Alkyd Lining Epoxy Lining Phenolic Lining Glass Lining Clay Lining
 Unlined Unknown Other: _____
F. Polyethylene Wax Vinyl Wrapping Cathodic Protection Unknown None Other: _____

Talk to
Linda
Sandborn
Said staff
people said
O.k. not
to worry
it's O.k.
that I did
not check
unknown

UST-PRMT-

