

## Alameda County CUPA Program

### Contaminated Site Case Transfer Form

**Referral To:**

<b>Date</b>	July 28, 2005
<b>Agency</b>	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502
<b>Attention</b>	Donna L. Drogos, LOP/SLIC Program Manager

**Site Information:**

<b>Site Responsible Party(s)</b>	Unknown
Site Name	Northern California Heat Pump, Inc.
Site Address	6335 Scarlett Court, Dublin CA 94568
Site Phone	n/a
Site Contractor/Consultant (if available)	MP Environmental Services, inc./Arcadis
Site DBA	

**Site Conditions:**

<b>UST</b>	
USTs removed? # removed: <u>3</u> Date removed: April 27, 2005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Contents (circle): <u>gasoline</u> diesel waste oil heating oil solvents kerosene stoddard solvent other (specify) _____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Observations of system (holes, leaks)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Observed contamination (free product, smell, soil/water discoloration)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? <input checked="" type="checkbox"/> Highest Concentration Detected in Soil Contaminant (specify) <u>TPHg</u> Concentration <u>760 ppm</u> <input checked="" type="checkbox"/> Highest Concentration Detected in Water Contaminant (specify) <u>TPHd</u> Concentration <u>1,600 ppb</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Unauthorized Release Form filed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Future intended use if known? Specify _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>NON-UST</b>	
Former industrial use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm o Highest Concentration Detected in Water Contaminant (specify) _____ Concentration _____ ppb	Yes <input type="checkbox"/> No <input type="checkbox"/>
Future intended use if known? Specify _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If available, attach pertinent reports</i>	

Transferred as: LOP  SLIC

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

Transfer requested by Inspector: Robert Weston *RW* Date: July 28, 2005

Transfer accepted by (ACEH): *Donna Drogos* Date: 7/29/05

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.
REPORT DATE 05-11-05	CASE #	SIGNED: _____ DATE: 05-11-05

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT DOREEN GREEN	PHONE (915) 818-2610	SIGNATURE Doreen Green	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME Northern California Heat Pump Inc.		
	ADDRESS 7440 Amarillo Rd DUBLIN CA 94568			

RESPONSIBLE PARTY	NAME <input type="checkbox"/> UNKNOWN	CONTACT PERSON	PHONE ( )
	ADDRESS STREET CITY STATE ZIP		

SITE LOCATION	FACILITY NAME (IF APPLICABLE)	OPERATOR	PHONE ( )	
	ADDRESS 6335 SCARLETT CT DUBLIN CA 94568			
	CROSS STREET			

IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County	AGENCY NAME Dep. Env. Health	CONTACT PERSON Robert Weslon	PHONE (510) 567-6781
	REGIONAL BOARD S.F. Bay Region			

SUBSTANCES INVOLVED	(1) NAME Gasoline (unleaded)	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)	

DISCOVERY/ABATEMENT	DATE DISCOVERED 04-16-05	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER	DATE DISCHARGE BEGAN UNKNOWN
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 04-16-05		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER
	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		

SOURCE/ CAUSE	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY			
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)			

REMEDIAL ACTION	COMMENTS
-----------------	----------

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.  
Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.  
Preliminary Site Assessment Underway - implementation of workplan.  
Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.  
Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.  
Cleanup Underway - implementation of remediation plan.  
Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.  
Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.  
Containment Barrier - install vertical dike to block horizontal movement of contaminant.  
Excavate and Dispose - remove contaminated soil and dispose in approved site.  
Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).  
Remove Free Product - remove floating product from water table.  
Pump and Treat Groundwater - generally employed to remove dissolved contaminants.  
Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.  
Replace Supply - provide alternative water supply to affected parties.  
Treatment at Hookup - install water treatment devices at each dwelling or other place of use.  
Vacuum Extract - use pumps or blowers to draw air through soil.  
Vent Soil - bore holes in soil to allow volatilization of contaminants.  
No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. Regional Water Quality Control Board
3. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
4. Owner/responsible party.

# COUNTY OF ALAMEDA UNDERGROUND TANK SYSTEM CLOSURE INSPECTION REPORT

*For Use By the County of Alameda, Environmental Health*

SR0007062

Facility Name: NA Contractor's name: MP ENVIRONMENTAL SERVICES

Address: 6341 SCARLET CT City: Dublin Zip: \_\_\_\_\_

Project Contact: JIM HIGUE Phone No.: 661 303 3774 CELL

Tank ID No.	1	2	3			
Size	1,000 4x12	500 8x4	8x4 500			
Construction Material	STEEL	STEEL	STEEL			
Single/Double Wall	SW TAP	SW	SW			
Backfill Type	COARSE SAND	COARSE SAND	COARSE SAND			
Oxygen <10%	0	3	21%			
LEL <20%	0	0	0			
Tank Condition	TAP WRAP INTACT, NO HOLES	NUMEROUS HOLES	NUMEROUS HOLES HUGO TO 1'6" w/SUMMARY			
Soil/Groundwater Condition	STRONG ODOR	ODOR	ODOR			
Soil Sample Depth	6'	6'	6'			
Number and Description of Soil/Groundwater Samples (Indicate Sample Locations on Site Plan.)	SEE MAP					

Disposition of Tank Contents: Remove ENV Piping:  Rinsed/Tested/Capped. Rinsate:  Shipped on Manifest.

Tank & Piping Transport:  Shipped on Manifest;  Transporter Name Same as on Application.

Soil:  Evidence Tape;  Chain of Custody;  Samples Refrigerated; Pipeline Samples Taken  Yes,  No (If no, explain why in Comments.)

Soil:  Soil Stored on Bermed Plastic & Covered;  Soil Returned to Excavation. Site Plan:  Attached.

Comments/Special Conditions: NO PIPING OBSERVED

Inspector: R. WILSON Agency: \_\_\_\_\_ Date: 4-27-05 Start Time: 10:30 Stop Time: 2:00

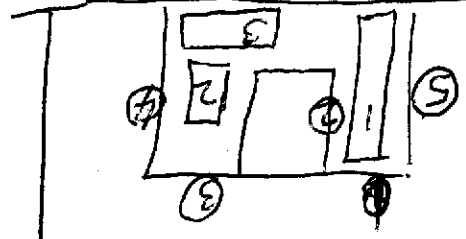
Signature of Contractor/Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

1. 6' station  
 2. 6' SIDEMAN  
 3. 6'  
 4. 6'  
 5. 6'

H2O  
 samples

1  
 2  
 3  
 4  
 5

1  
 2  
 3  
 4  
 5



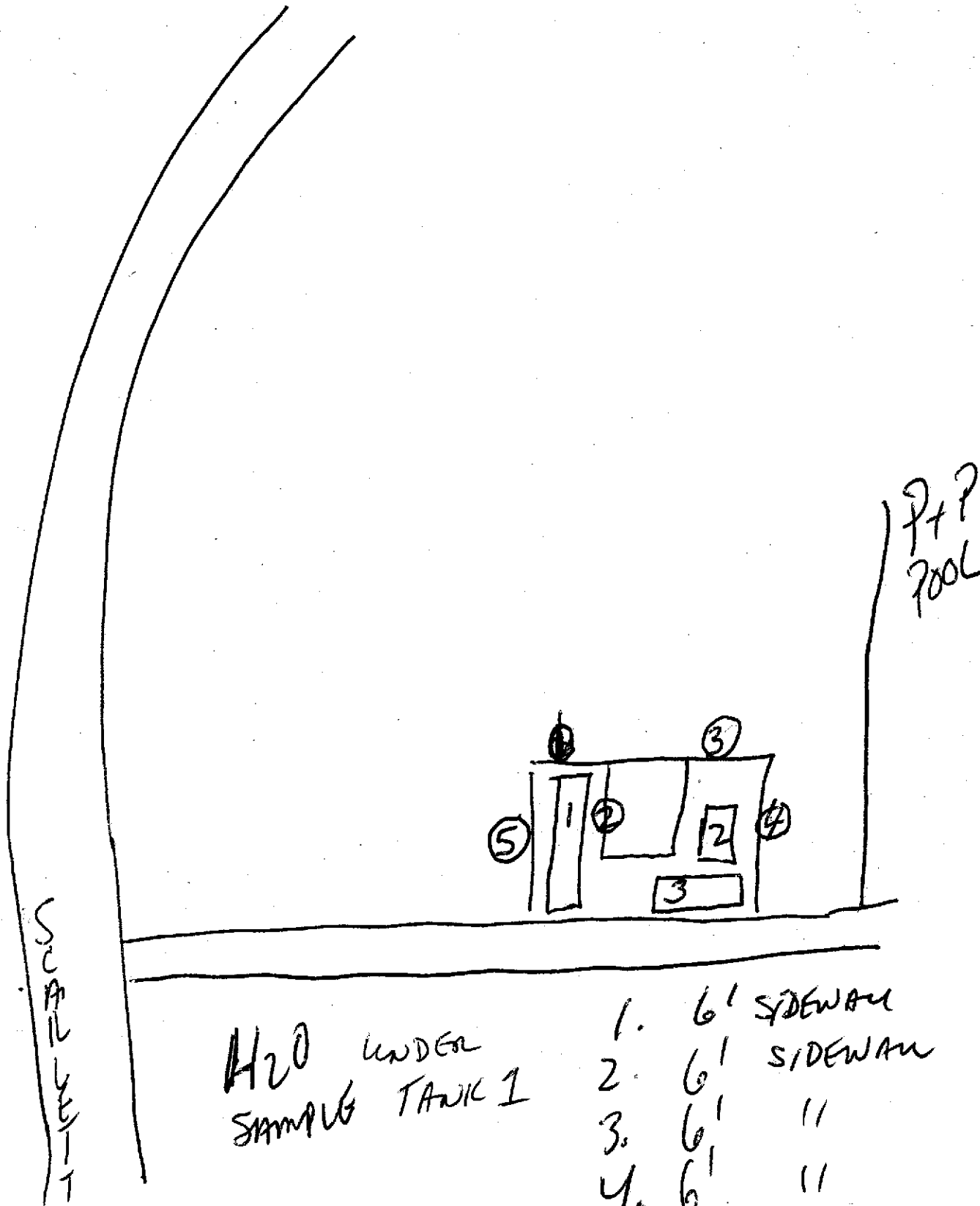
**Jim Hickle**  
 Project Supervisor  
 3400 Manor Street  
 Bakersfield, CA 93308  
 800-458-3036  
 661-393-1151  
 661-393-3834 Fax  
 661-303-3774 Cell  
 jhickle@mpenviro.com  
*Terminals in CA, WA, AZ,  
 UT and OK.*



*Infrastructure, buildings, environment, communications*

**JESSICA ELY**  
 Scientist II

ARCADIS G&M, Inc.  
 1050 Marina Way South  
 Richmond, California 94804  
 Tel 510.233.3200, ext. 144 Fax 510.233.3204  
 Cell 510.409.3190  
 Email jely@arcadis-us.com



H<sub>2</sub>O UNDER  
SAMPLES TANK 1

- 1. 6' SIDEWALL
- 2. 6' SIDEWALL
- 3. 6' "
- 4. 6' "
- 5. 6' "

ON SITE AT 10:30 AM TO WITNESS THE REMOVAL OF THREE SW STEEL TANKS NOT PREVIOUSLY DISCLOSED OR PERMITTED. SITE HAS BEEN IMPACTED BY THE RELEASE OF PETROLEUM FROM THE TANKS.

ACCORDING TO FORMER EMPLOYEE AND NOW PROPERTY MANAGER, DOREEN GREEN, USTS NOT USED SINCE APPROX 1971. ONLY GASOLINE WAS STORED IN THE TANKS. FIRST INSTALLED TANKS SOMETIME IN 1960'S THEN TWO ABANDONED AND NEW TANK INSTALLED LATE 60'S AND USED UNTIL FIRST GAS CRISIS. THEN FUEL WAS MORE EXPENSIVE TO HAVE DELIVERED THAN TO PAY AT THE PUMP SO TANK WAS ABANDONED.

STRONG ODOR OF AGED FUEL, TWO OLDER TANKS BARE STEEL W/ NUMEROUS THROUGH GOING HOLES. NEWEST TANK TAR WRAPPED NO APPARENT HOLES.

GROUND WATER IN EXCAVATION. TANK PIT VACUUMED OF ALL LIQUID PRIOR TO SAMPLING RECHARGED WATER.

FIVE SOIL SAMPLES TAKEN FROM SIDEWALLS ABOVE LEVEL OF GROUND WATER AT THE PRESUMED INTERFACE.

STOCKPILE TO BE DISPOSED AND NOT REUSED DUE TO HC IMPACT.

EXCAVATION TO BE BACKFILLED W/ VIRGIN MATERIAL DUE TO HAZARD OF OPEN HOLE.

ALAMEDA COUNTY  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
1131 HARBOR BAY PARKWAY  
ALAMEDA, CA 94502-6577  
PHONE (510) 567-6700

*(Faint text, likely a permit or approval notice, partially obscured by a signature and stamp)*

**Accepted April 11, 2005**  
**ROBERT WESTON (510) 567-6781**  
 Note: See Table #2 attached

*Site safety plan to be on-site at all times!*

**UNDERGROUND STORAGE TANK CLOSURE PLAN**

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

1. Name of Business NORTHERN CALIFORNIA HEAT PUMP, INC.  
 Business Owner or Contact Person (PRINT) DOREEN GREEN
  2. Site Address 6341 SCARLETT COURT  
 City, State DUBLIN, CA Zip 94568 Phone \_\_\_\_\_
  3. Mailing Address 7440 AMARILLO ROAD  
 City, State DUBLIN, CA Zip 94568 Phone (925)828-2620
  4. Property Owner NORTHERN CALIFORNIA HEAT PUMP, INC.  
 Business Name (if applicable) \_\_\_\_\_  
 Address 7440 AMARILLO ROAD  
 City, State DUBLIN, CA Zip 94568 Phone (925) 828-2620
  5. Generator name under which tank will be manifested  
NORTHERN CALIFORNIA HEAT PUMP, INC.
- EPA I.D. No. under which tank(s) will be manifested C A C002588941





6. Contractor MP ENVIRONMENTAL SERVICES, INC.  
 Address 3400 MANOR STREET  
 City, State BAKERSFIELD, CA Zip 93308 Phone (800) 458-3036  
 License Type A-GENERAL W/HAZ CERT ID# 613706
7. Consultant (if applicable) ARCADIS  
 Address 1050 MARINA WAY SOUTH  
 City, State RICHMOND, CA Zip 94804 Phone (510) 233-3200
8. Main Contact Person for Investigation (if applicable)  
 Name DAVID GOMES Title PROJECT ENGINEER  
 Company ARCADIS  
 Phone (510) 233-3200 ext. 148
9. Number of underground tanks being closed with this plan 2  
 Length of piping being removed under this plan UNKNOWN  
 Total number underground tanks at this facility (\*\*confirmed with owner or operator) 2
10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).
- a) Product/Residual Sludge/Rinsate Transporter  
 Name MP ENVIRONMENTAL SERVICES, INC EPA I.D. No. CAT000624247  
 Hauler License No. 2895 License Exp. Date MAY 31, 2005  
 Address 3400 MANOR STREET  
 City, State BAKERSFIELD, CA Zip 93308
- b) Product/Residual Sludge/Rinsate Disposal Site  
 Name ROMIC ENVIRONMENTAL EPA I.D. No. CAD009452657  
 Address 2081 BAY ROAD  
 City, State E. PALO ALTO, CA Zip 94303

## c) Tank and Piping Transporter

Name MP ENVIRONMENTAL SERVICES, INC. EPA I.D. No. CAT000624247Hauler License No. 2895 License Exp. Date MAY 31, 2005Address 3400 MANOR STREETCity, State BAKERSFIELD, CA Zip 93308

## d) Tank and Piping Disposal Site

Name ECOLOGY CONTROL INDUSTRIES EPA I.D. No. CAD009466392Address 255 PARR BLVDCity, State RICHMOND, CA Zip 94801

## 11. Sample Collector

Name DAVID GOMESCompany ARCADISAddress 1050 MARINA WAY SOUTHCity, State RICHMOND, CA Zip 94804 Phone (510) 233-3200

## 12. Laboratory

Name \_\_\_\_\_

Company CURTIS & TOMPKINS, LTDAddress 2323 5TH STREETCity, State BERKELEY, CA Zip 94710State Certification No. 01107 CA

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

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

DRY ICE

\_\_\_\_\_

\_\_\_\_\_

**Before tank(s) are pumped out and inerted, all associated piping must be flushed back into the tank(s). All accessible piping must then be removed. Inaccessible piping must be permanently plugged using grout.**

The Bay Area Air Quality Management District, (415) 771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. **It is the contractor's responsibility to have a functional combustible gas indicator on-site to verify that the tank(s) is inerted.**

**15. Tank History and Sampling Information <sup>\*\*\*</sup>(See Instructions)<sup>\*\*\*</sup>**

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Sample(s)
Capacity (gallons)	Use History include date last used (estimated)		
TANK 1-unknown	1975	UNKNOWN FUEL <i>GASOLINE</i>	BENEATH TANK AT UNKNOWN DEPTH
TANK 2-unknown	1975	<del>UNKNOWN FUEL</del> <i>GASOLINE</i>	BENEATH TANK AT UNKNOWN DEPTH
		<i>According to NOTED GROUT</i>	

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (estimated)	Sampling Plan
UNKNOWN	1 COMPOSITE WASTE SOIL SAMPLE VOCS 8260 TPH 8015 Modified LUFT 5 Metals 6000/7000

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

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

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

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

# RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR UNDERGROUND TANK LEAKS

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

**TABLE #2**  
REVISED 1 MARCH 1999

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

**NOTES:**

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

16. Chemical methods and associated detection limits to be used for analyzing sample(s):

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

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPH	EPA 5030 or 5035	EPA 8015B	1 ug/kg
BTEX	EPA 5030 or 5035	EPA 8021B	0.5 ug/kg
FUEL OXYGENATES	EPA 5030 or 5035	EPA 8260B	100 ug/kg
TBA	"	"	5 ug/kg
ECD	"	"	5 ug/kg
DCA	"	"	5 ug/kg
ETBE	"	"	5 ug/kg
DIPE	"	"	5 ug/kg
TAME	"	"	5 ug/kg
MTBE	"	"	5 ug/kg
TOTAL LEAD	EPA 3050B	EPA 6010B	0.15 mg/kg
ORGANIC LEAD	CA LUFT	CA LIFT	0.5 mg/kg
TPHd	CA LUFT	CA LUFT	1.0 mg/kg

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 all leaks or contamination to this office within 5 days of discovery.**  
The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (URL) form.

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

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one-B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner).

APR APR 6 2005 12:09PM D. ARD S GERAGHTY&MILLER/JSA  
RECEIVED IN THE COUNTY OF ALAMEDA IS GERAGHTY&MILLER/JSA SFD

925-801-0131 NO. 548 P. 3/3 P. 2  
NO. 544 P. 8/8/05

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

I understand that information, in addition to that provided above, may be needed in order to obtain approval from the Environmental Protection Division and that no work is to begin on this project until this plan has been approved.

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

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

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

**CONTRACTOR INFORMATION**

Name of Business MP Environmental Services Inc.

Name of Individual James Hickie

Signature James Hickie Date 4-9-05

**PROPERTY OWNER OR I MOST RECENT TANK OPERATOR (Check one)**

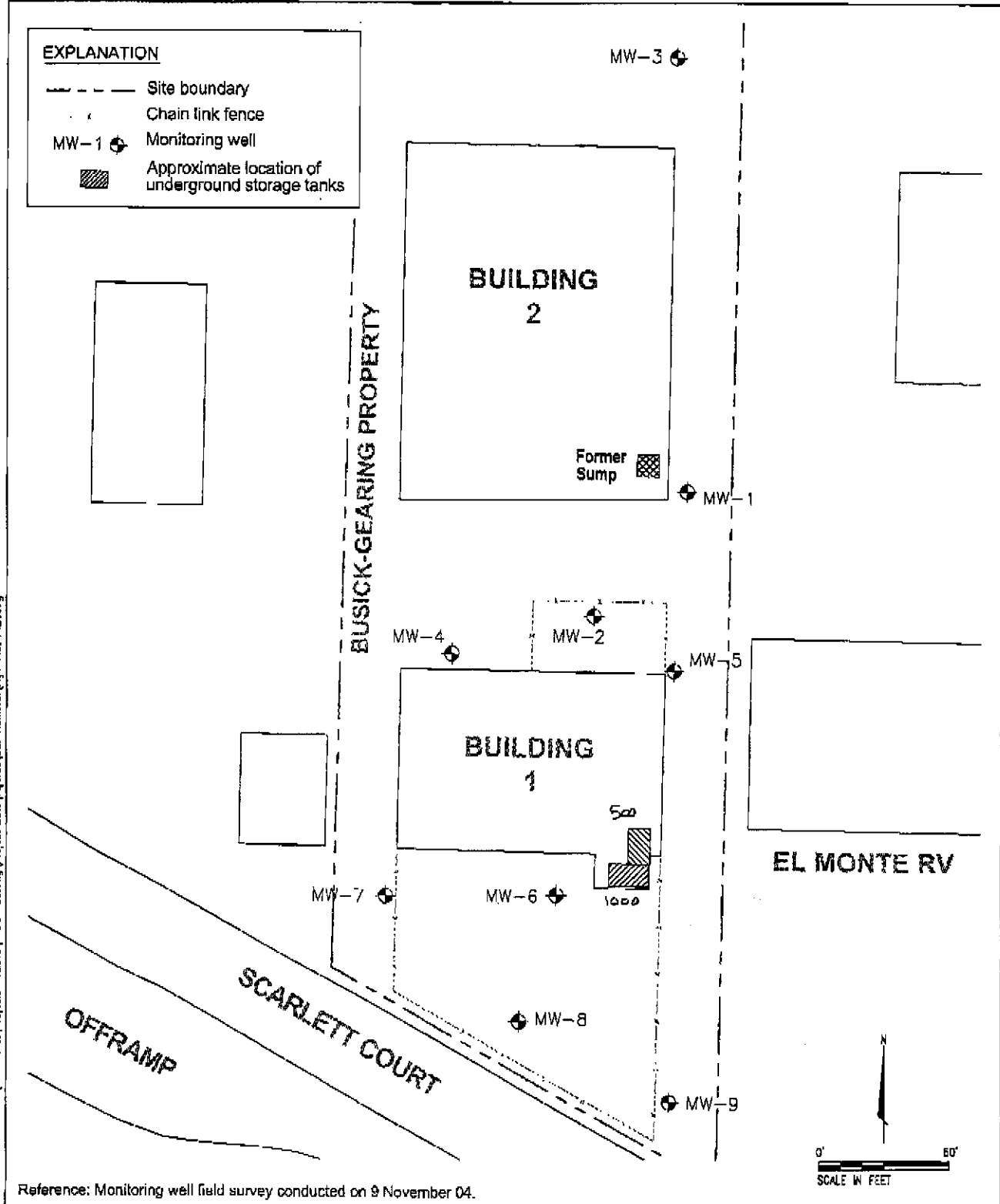
Name of Business Northern California Heat Pump, Inc.

Name of Individual Doreen Green

Signature Doreen M Green Date 4-6-05

**EXPLANATION**

- - - - - Site boundary
- · · · · Chain link fence
- MW-1 Monitoring well
- ▨ Approximate location of underground storage tanks



Reference: Monitoring well field survey conducted on 9 November 04.

Acad Version : R16.0s (MS Text)  
 User Name : mchu  
 Date/Time : Wed, 06 Apr 2005 - 9:18am  
 Path Name : G:\Projects-Acive\Busick-Gearing\Project\Bio\Forms\DOT Removal\Fig1\_Plot\_Plan.dwg

Project Director <b>PETERS</b>	Area Manager <b>PETERS</b>	<p><b>ARCADIS</b>                  ARCADIS G&amp;M, Inc.                  1080 Marina Way South                  Richmond, CA 94804                  Tel: 510-233-3200 Fax: 510-233-3204                  www.arcadis-us.com</p>	Project Number <b>RC000670</b>
Task Manager <b>GOMES</b>	Technical Reviewer <b>GOMES</b>		Page <b>1</b>
Drawing Date <b>23MAY05</b>	Drawn By <b>CHU</b>		

**PLOT PLAN**  
 BUSICK GEARING PROPERTY  
 6341 SCARLETT COURT  
 DUBLIN, CALIFORNIA



California Home

Monday, A

Welcome to

California

**License Detail**

CALIFORNIA CONTRACTORS STATE LICEN

**Contractor License # 613706****DISCLAIMER**

A license status check provides information taken from the CSLB license data base. Before on this information, you should be aware of the following limitations:

- CSLB complaint disclosure is restricted by law (B&P 7124.6). If this entity is subject to complaint disclosure, a link for complaint disclosure will appear below. Click on the link button to obtain complaint and/or legal action information.
- Per B&P 7071.17, only construction related civil judgments reported to the CSLB are disclosed.
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered on the Board's license data base.

Extract Date: 04/11/2005

**\*\*\* Business Information \*\*\***

M P ENVIRONMENTAL SERVICES INC  
3400 MANOR ST  
BAKERSFIELD, CA 93308  
Business Phone Number: (661) 393-1151

Entity: Corporation

Issue Date: 02/26/1991 Expire Date: 02/28/2007

**\*\*\* License Status \*\*\***

This license is current and active. **All information below should be reviewed.**

**\*\*\* Classifications \*\*\***

Class	Description
A	GENERAL ENGINEERING CONTRACTOR

**\*\*\* Certifications \*\*\***

Cert	Description

**HAZ|HAZARDOUS SUBSTANCES REMOVAL|****\*\*\* Bonding Information \*\*\***

**CONTRACTOR'S BOND:** This license filed Contractor's Bond number **9086425** in the amount of **\$10,000** with the bonding company **AMERICAN CONTRACTORS INDEMNITY COMPANY.**  
Effective Date: **01/01/2004**

**Contractor's Bonding History**

**BOND OF QUALIFYING INDIVIDUAL(1):** This license filed Bond of Qualifying Individual number **210317** for **SHAWN DAVID CALDERWOOD** in the amount of **\$7,500** with the bonding company **AMERICAN CONTRACTORS INDEMNITY COMPANY.**  
Effective Date: **04/01/2004**

**BQI's Bonding History****\*\*\* Workers Compensation Information \*\*\***

This license has workers compensation insurance with the **ZURICH AMERICAN INSURANCE COMPANY (4581-5)**  
Policy Number: **WC378093504** Effective Date: **10/01/2004** Expire Date: **10/01/2005**

**Workers Compensation History****\*\*\* Miscellaneous Information \*\*\***

Date	Description
04/02/2003	HAZ & HIC CERTIFICATIONS REMOVED

**Personnel listed on this license (current or disassociated) are listed on other licenses.**

**Personnel List      Other Licenses**

**License Number Request      Contractor Name Request      Personnel Name Request**  
**Salesperson Request      Salesperson Name Request**

© 2005 State of California. Conditions of Use Privacy Policy

**ACORD**

**GENERAL LIABILITY INSURANCE**

DATE (MM/DD/YY)  
09/28/04

**PRODUCER**  
Aon Risk Services Inc. of Central California  
5260 North Palm Avenue  
Suite 400  
Fresno CA 93704 USA

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

PHONE: (559) 449-7200 FAX: (559) 439-0863

**INSURERS AFFORDING COVERAGE**

**INSURED**  
M P Environmental Services, Inc.  
3400 Manor Street  
Bakersfield CA 93308 USA

INSURER A: Zurich American Ins Co  
INSURER B: Steadfast Insurance Company  
INSURER C:  
INSURER D:  
INSURER E:

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GL0365513309	10/01/04	10/01/05	EACH OCCURRENCE	\$5,000,000
					FIRE DAMAGE (Any one fire)	\$100,000
					MED EXP (Any one person)	\$5,000
					PERSONAL & ADV INJURY	\$5,000,000
					GENERAL AGGREGATE	\$5,000,000
					PRODUCTS - COMP/OP AGG	\$5,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS <input checked="" type="checkbox"/> Hired Auto Phy Dam	TRK365513408	10/01/04	10/01/05	COMBINED SINGLE LIMIT (Per accident)	\$5,000,000
					BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE (Per accident)	
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	
					OTHER THAN AUTO ONLY: EA ACC	
					AGG	
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	
					AGGREGATE	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC378093504	10/01/04	10/01/05	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$1,000,000
					E.L. DISEASE-POLICY LIMIT	\$1,000,000
					E.L. DISEASE-EA EMPLOYEE	\$1,000,000
B	<b>OTHER</b> <input checked="" type="checkbox"/> Env Prof (e&o)	PEC366050109	10/01/04	10/01/05	ENVIR POLLUTION LIAB	\$1,000,000

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

Arcadis, Giraghty & Miller  
1050 Marina Way South  
Richmond CA 94804 USA

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

AUTHORIZED REPRESENTATIVE

*Janice Moore*

Holder Identifier: 570011206970 Certificate No. 570011206970

**COMMERCIAL GENERAL LIABILITY  
CG 20 33 10 01**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS –  
AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT  
WITH YOU**

This endorsement modifies insurance under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

Name of Person or Organization:

**Arcadis, Giraghty & Miller, Seeno Enterprises, LLC, Sierra Pacific Properties, Inc and all its  
allied entities**

Re:

A. Section II - Who Is An Insured is amended to include as an insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability arising out of your ongoing operations performed for that insured. A person's or organization's status as an insured under this endorsement ends when your operations for that insured are completed.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

**2. Exclusions**

This insurance does not apply to:

a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:

(1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and

(2) Supervisory, inspection, architectural or engineering activities.

b. "Bodily injury" or "property damage" occurring after:

(1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or

(2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

<b>POLICY NUMBER</b>  <b>GLO365513309</b>	<b>INSURED</b>  <b>M P Environmental Services, Inc. M P Vacuum Truck Service</b>	<b>EFFECTIVE</b>  <b>10-1-2004</b>
<b>INSURANCE COMPANY</b>  <b>Zurich American Ins. Co</b>	<b>PRODUCER</b>  <b>Aon Risk Services, Inc. of Central California</b>	
	<b>COUNTERSIGNATURE OF AUTHORIZED AGENT</b>  <i>Joanne Moore</i>	

**COMMERCIAL COVERAGE**  
**POLICY AMENDMENT**  
**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**COMMERCIAL GENERAL LIABILITY**  
**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**  
**CG 24 04 10 93**

**SCHEDULE**

**NAME OF PERSON OR ORGANIZATION:**

**Arcadis, Giraghty & Miller, Seeno Enterprises, LLC, Sierra Pacific Properties, Inc and all its allied entities**

**RE:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV- COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

<p>POLICY NUMBER <b>GLO365513309</b></p>	<p>INSURED <b>M P Environmental Services, Inc. M P Vacuum Truck Service</b></p>	<p>EFFECTIVE <b>10-1-2004</b></p>
<p>INSURANCE COMPANY <b>Zurich American Ins. Co.</b></p>	<p>PRODUCER <b>AON RISK SERVICES, INC. OF CENTRAL CALIFORNIA</b> COUNTERSIGNATURE OF AUTHORIZED AGENT <i>Joanne Moore</i></p>	

COMMERCIAL COVERAGE

POLICY AMENDMENT

ADDITIONAL INSURED - AUTO

## SCHEDULE

NAME OF PERSON OR ORGANIZATION:

**Arcadis, Giraghty & Miller, Seeno Enterprises, LLC, Sierra Pacific Properties, Inc and all its allied entities**

RE:

THE PERSON OR ORGANIZATION SHOWN IN THE SCHEDULE ABOVE IS AN ADDITIONAL INSURED UNDER THIS POLICY, BUT ONLY TO THE EXTENT THAT THE PERSON OR ORGANIZATION IS LIABLE FOR THE CONDUCT OF AN "INSURED" AS DEFINED IN SUBPARAGRAPHS A. AND B. OF SECTION II, PARAGRAPH A.1 "WHO IS AN INSURED" OF THE POLICY. HOWEVER, IF YOU HAVE HIRED OR BORROWED A COVERED "AUTO" FROM THAT PERSON OR ORGANIZATION, THEY ARE AN ADDITIONAL INSURED ONLY IF THE HIRED OR BORROWED COVERED "AUTO" IS A "TRAILER" CONNECTED TO A COVERED "AUTO" YOU OWN.

THIS ENDORSEMENT IS PLACED ON THE POLICY SOLELY AS AN ACCOMMODATION TO AND AT THE INSISTENCE OF THE PERSON OR ORGANIZATION LISTED IN THE SCHEDULE. THIS ENDORSEMENT IS NOT INTENDED TO AND SHOULD NOT BE CONSTRUED TO EXPAND POLICY COVERAGE BEYOND THAT WHICH WOULD OTHERWISE BE AFFORDED TO THAT PERSON OR ORGANIZATION UNDER SUBPARAGRAPH C. OF SECTION II, PARAGRAPH A.1 WHO IS AN INSURED.

POLICY NUMBER <b>TRK365513408</b>	INSURED <b>M P Environmental Services, Inc. M P Vacuum Truck Service</b>	EFFECTIVE <b>10-1-2004</b>
INSURANCE COMPANY <b>Zurich American Ins. Co.</b>	PRODUCER <b>AON RISK SERVICES, INC. OF CENTRAL CALIFORNIA</b>	
	COUNTERSIGNATURE OF AUTHORIZED AGENT <i>Joanne Moore</i>	

**UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION  
RESEARCH AND SPECIAL PROGRAMS ADMINISTRATION**



**HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR 2003-2005**

**Registrant:** M P ENVIRONMENTAL SERVICES INC  
Attn: Dawn Calderwood  
3400 Manor Street  
Bakersfield, CA 93308

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 051903 003 002LM      Issued: 05/20/03      Expires: 06/30/05

**Record keeping Requirements for the Registration Program**

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with RSPA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, DHM-60 Research and Special Programs Administration, U.S. Department of Transportation, 400 Seventh Street, SW, Washington, DC 20590, telephone (202) 366-4109.