

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 09/24/08 | | CASE # | | SIGNED: <i>[Signature]</i> DATE: 09/24/08 | | |
| REPORTED BY | NAME OF INDIVIDUAL FILING REPORT Steven Plunkett | | PHONE (510) 383-1767 | | SIGNATURE <i>[Signature]</i> | |
| | REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER | | COMPANY OR AGENCY NAME Alameda County Environmental Health | | | |
| ADDRESS 1131 STREET Harbor Bay Parkway CITY Alameda STATE CA ZIP 94501 | | | | | | |
| RESPONSIBLE PARTY | NAME Lousight Properties <input type="checkbox"/> UNKNOWN | | CONTACT PERSON | | PHONE (510) 420-8898 | |
| | ADDRESS 245 Krevzen STREET Lane CITY Napa STATE CA ZIP 94559 | | | | | |
| SITE LOCATION | FACILITY NAME (IF APPLICABLE) Espresso Roma | | OPERATOR | | PHONE () | |
| | ADDRESS 1310 STREET 65th Street CITY Emeryville COUNTY Alameda ZIP 94501 | | | | | |
| | CROSS STREET | | | | | |
| IMPLEMENTING AGENCIES | LOCAL AGENCY Alameda County | | AGENCY NAME ACEH | | CONTACT PERSON Steven Plunkett | |
| | REGIONAL BOARD | | | | PHONE (510) 383-1767 | |
| SUBSTANCES INVOLVED | (1) NAME TPHd | | | | QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN | |
| | (2) | | | | <input type="checkbox"/> UNKNOWN | |
| DISCOVERY/ABATEMENT | DATE DISCOVERED 09/17/08 | | HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER UST Removal | | | |
| | DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN | | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input checked="" type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER | | | |
| | HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE | | | | | |
| SOURCE/ CAUSE | SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER | | 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 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 checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input 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"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input checked="" type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT) | | | | | |
| COMMENTS | UST closed in place due to high voltage utilities overlying UST. | | | | | |

Alameda County CUPA Program
Contaminated Site Case Transfer Form

Referral To:

| | |
|------------------|---|
| Date | 9/5/2008 |
| Agency | Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502 |
| Attention | Donna L. Drogos, LOP/SLIC Program Manager |

Site Information:

| | |
|---|-----------------------------------|
| Site Responsible Party(s) | Lousite 1 LLC |
| Site Name | Espresso Roma |
| Site Address | 1310 65 th Street |
| Site Phone | 510-420-8898 |
| Site Contractor/Consultant (if available) | Environmental Contracting Service |
| Site DBA | |

Site Conditions:

| | | | |
|---|---|--|--|
| UST | | | |
| USTs removed? # removed: _____ Date removed: <u>Abandoned in Place</u> | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Contents (circle): gasoline <input type="checkbox"/> <u>diesel</u> <input checked="" type="checkbox"/> waste oil <input type="checkbox"/> heating oil <input type="checkbox"/> solvents <input type="checkbox"/> kerosene <input type="checkbox"/> stoddard solvent <input type="checkbox"/> other (specify) _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Observations of system (holes, leaks)? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Observed contamination (free product, smell, soil/water discoloration)? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Detectable concentrations of soil and/or groundwater contamination? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ | | | |
| o Highest Concentration Detected in Water Contaminant (specify) <u>Diesel</u> Concentration <u>82</u> ppb | | | |
| Unauthorized Release Form filed? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Future intended use if known? Specify _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| NON-UST | | | |
| Former industrial use? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Detectable concentrations of soil and/or groundwater contamination? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm | | | |
| o Highest Concentration Detected in Water Contaminant (specify) _____ Concentration _____ ppb | | | |
| Future intended use if known? Specify _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| <i>If available, attach pertinent reports</i> | | | |

Report transmitted electronically

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: [Signature] Date: 9/5/08

Transfer accepted by (ACEH): [Signature] Date: 9/10/08

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

ACCEPTED

Underground Storage Tank Closure Permit Application
 Alameda County Division of Hazardous Materials
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans requested by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destruction.

One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
- Sampling
- Final Inspection

Issuance of a) permit to operate, b) permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist
(Signature)
 NOV 6 2007
 SEE TABLE 2
 ATTACHED

UNDERGROUND STORAGE TANK CLOSURE PLAN

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

1. Name of Business Espresso Roma
 Business Owner or Contact Person (PRINT) Lonsite 1 LLC
2. Site Address 1310 65th St
 City, State Emeryville CA Zip 94608 Phone (510) 420-8898
3. Mailing Address 920 Pavdee St
 City, State Berkeley CA Zip 94710 Phone (510) 644-0260
4. Property Owner Lonsite 1 LLC
 Business Name (if applicable) _____
 Address 920 Pavdee St
 City, State Berkeley, CA Zip 94710 Phone (510) 644-0260
5. Generator name under which tank will be manifested
Lonsite 1 LLC
 EPA I.D. No. under which tank(s) will be manifested CAC002023554
6. Contractor Environmental Construction Services
 Address 1999 Gentle Creek Drive

City, State Fairfield Zip 94534 Phone (707)249-0753
License Type AB HAZ ID# 765176

7. Consultant (if applicable) ICCS

Address 3300 Powell st #109

City, State Emeryville CA Zip 94608 Phone (510)652-3222

8. Main Contact Person for Investigation (if applicable)

Name Derek Wong Title project manager

Company ICCS

Phone (510)652-3222

9. Number of underground tanks being closed with this plan 1

Length of piping being removed under this plan unknown

Total number underground tanks at this facility (confirmed with owner or operator) 1

10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).

a) Product/Residual Sludge/Rinsate Transporter

Name pso industrial outsourcing inc. EPA I.D. No. CAL000084145

Hauler License No. _____ License Exp. Date _____

Address 395 West channel Rd

City, State BENICIA, CA Zip 94510

b) Product/Residual Sludge/Rinsate Disposal Site

Name Seaport Environmental EPA I.D. No. CAL000032058

Address 675 Seaport Blvd

City, State Redwood city, CA Zip 94063

c) Tank and Piping Transporter

Name ECI EPA I.D. No. CAD982030173

Hauler License No. _____ License Exp. Date _____

Address 255 PARK BLVD

City, State RICHMOND, CA Zip 94081

d) Tank and Piping Disposal Site

Name ECI EPA I.D. No. CAD009400392

Address 255 PARK BLVD

City, State RICHMOND, CA Zip 94081

11. Sample Collector

Name DEREK WONG

Company ICCS

Address 3300 POWELL ST #109

City, State EMERYVILLE CA Zip 94608 Phone (510)652-3222

12. Laboratory

Name McCAMPBELL ANALYTICAL, INC.

Address 1534 WILLOW PASS RD

City, State PITTSBURG, CA Zip 94565

State Certification No. 1644

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

If yes, describe: _____

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

dry ice (25 lbs per 1000-gallons tank volume)

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

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

15. Tank History and Sampling Information (See Instructions)

| Tank | | Material to be sampled (tank contents, soil, groundwater) | Location and Depth of Sample(s) |
|--------------------|--|--|--|
| Capacity (gallons) | Use History include date last used (estimated) | | |
| 500 | gasoline/ unknown last date used | <ul style="list-style-type: none"> • SOIL • groundwater (if present) | <ul style="list-style-type: none"> • center of UST pit ~2 ft below UST (native soil) • center of UST pit |

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

| Excavated/Stockpiled Soil | |
|--|--|
| <p>Stockpiled Soil Volume (estimated)</p> <p>~5-10 cubic yards</p> | <p>Sampling Plan</p> <p>1 4-point composite per 500 cy</p> |

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

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

If yes, explain reasoning _____

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

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 |
|----------------------------------|---|-------------------------------------|-------------------------------|
| SOIL Tph-g BTX/MTBC | | 8015 8015/8020 | 1.0 mg/kg 0.005-0.05 mg/kg |
| groundwater Tph-g BTX/MTBC | | 8015 8015/8020 | 50 mg/L 0.5 mg/L |

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

18. Submit copy of Worker's Compensation Certificate

Name of Insurer state fund

19. Submit Plot Plan (See Instructions)

20. Enclose Fee (See Instructions)

21. **Report all leaks or contamination to this office within 5 days of discovery.**

The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (URL) form.

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business Environmental construction services

Name of Individual TJ Rahal

Signature [Signature] Date 11/5/07

PROPERTY OWNER OR MOST RECENT TANK OWNER (Check one)

Name of Business Lousite 1 LLC

Name of Individual Andy Kruse [Signature]

Signature _____ Date 11/5/2007

TABLE #2
 REVISED 21 NOVEMBER 2003

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

| <u>HYDROCARBON LEAK</u> | <u>SOIL ANALYSIS</u> (SW-846 METHOD) | | <u>WATER ANALYSIS</u> (Water/Waste Water Method) | |
|---|---|---------------|---|---|
| Gasoline (Leaded and Unleaded) | TPHG | 8015M or 8260 | TPHG | 8015M or 524.2/624 (8260) |
| | BTEX | 8260 | BTEX | 524.2/624 (8260) |
| | EDB and EDC | 8260 | EDB and EDC | 524.2/624 (8260) |
| | MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water | | | |
| | TOTAL LEAD | AA | TOTAL LEAD | AA |
| | --Optional-- | | | |
| | Organic Lead | DHS-LUFT | Organic Lead | DHS-LUFT |
| Unknown Fuel | TPHG | 8015M or 8260 | TPHG | 8015M or 524.2/624 (8260) |
| | TPHD | 8015M or 8260 | TPHD | 8015M or 524.2/624 (8260) |
| | BTEX | 8260 | BTEX | 524.2/624 (8260) |
| | EDB and EDC | 8260 | EDB and EDC | 524.2/624 (8260) |
| | MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water | | | |
| TOTAL LEAD | AA | TOTAL LEAD | AA | |
| | --Optional-- | | | |
| | Organic Lead | DHS-LUFT | Organic Lead | DHS-LUFT |
| Diesel, Jet Fuel, Kerosene, and Fuel/Heating Oil | TPHD | 8015M or 8260 | TPHD | 8015M or 524.2/624 (8260) |
| | BTEX | 8260 | BTEX | 524.2/624 (8260) |
| | EDB and EDC | 8260 | EDB and EDC | 524.2/624 (8260) |
| | MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water | | | |
| Chlorinated Solvents | CL HC | 8260 | CL HC | 524.2/624 (8260) |
| | BTEX | 8260 or 8021 | BTEX | 524.2/624 (8260) or 502.2/602 (8021) |
| | 1,4-Dioxane | 8270M | 1,4-Dioxane | 8270M |
| Non-chlorinated Solvents | TPHD | 8015M or 8260 | TPHD | 8015M or 524.2/624 (8260) |
| | BTEX | 8260 or 8021 | BTEX | 524.2/624 (8260) or 502.2/602 (8021) |
| Waste, Used, or Unknown Oil | TPHG | 8015M or 8260 | TPHG | 8015M or 524.2/624 (8260) |
| | TPHD | 8015M or 8260 | TPHD | 8015M or 524.2/624 (8260) |
| | O&G | 9070 | O&G | 418.1 |
| | BTEX | 8260 | BTEX | 524.2/624 (8260) |
| | CL HC | 8260 | CL HC | 524.2/624 (8260) |
| | 1,4-Dioxane | 8270M | 1,4-Dioxane | 8270M |
| | EDB and EDC | 8260 | EDB and EDC | 524.2/624 (8260) |
| | MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water | | | |
| | METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil water | | | |
| | PCB*, PCP*, PNA, CREOSOTE by 8270 for soil and 524/625 (8270) for water | | | |
| If found, analyze for dibenzofurans (PCBs) or dioxins (PCP) | | | | |

NOTES:

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



**CONTRACTORS
STATE LICENSE BOARD**

Skip to: [CSLB Home](#) | [Content](#) | [Footer](#) | [Accessibility](#)

Search CSLB



| | | | | | | |
|--------------|----------------|---------------|---------------|-----------------|-----------------------|-----------------|
| 01 CONSUMERS | 02 CONTRACTORS | 03 APPLICANTS | 04 JOURNEYMEN | 05 PUBLIC WORKS | 06 BUILDING OFFICIALS | 07 GENERAL INFO |
|--------------|----------------|---------------|---------------|-----------------|-----------------------|-----------------|

WHAT YOU CAN DO

About CSLB

[CSLB Newsroom](#)

[Board and Committee Meetings](#)

[Disaster Information Center](#)

[CSLB Library](#)

[Frequently Asked Questions](#)

Online Services

- [Check A License or HIS Registration](#)
- [Filing a Construction Complaint](#)
- [Processing Times](#)
- [Check Application Status](#)
- [Search for a Surety Bond Insurance Company](#)
- [Search for a Workers' Compensation Company](#)

How to Participate

DISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying 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 public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or 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 onto the Board's license database.

License Number: 765176 **Extract Date:** 11/06/2007

Business Information: ENVIROMENTAL CONSTRUCTION SERVICES COMPANY
1999 GENTLE CREEK DRIVE
FAIRFIELD, CA 94534
Business Phone Number: (707) 249-0753

Entity: Sole Ownership

Issue Date: 06/30/1999

Expire Date: 06/30/2009

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: CONTRACTOR'S BOND
This license filed Contractor's Bond number **10103242** in the amount of **\$12,500** with the bonding company [AMERICAN CONTRACTORS INDEMNITY COMPANY](#).
Effective Date: 01/01/2007
[Contractor's Bonding History](#)

Workers' Compensation: This license is exempt from having workers compensation insurance, they certified that they have no employees at this time.
Effective Date: 04/16/2001
Expire Date: None
[Workers' Compensation History](#)

[Consumers](#) | [Contractors](#) | [Applicants](#) | [Journeymen](#) | [Public Works](#) | [Building Officials](#) | [General Info](#)
[CSLB Home](#) | [Conditions of Use](#) | [Privacy](#) | [Contact CSLB](#)

Copyright © 2007 State of California

POLICYHOLDER COPY

NS

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 11-09-2007

GROUP:
POLICY NUMBER: 1898420-2007
CERTIFICATE ID: 18
CERTIFICATE EXPIRES: 06-01-2008
06-01-2007/06-01-2008

ICES
ATTN: DERECK HONG
PO BOX 92284
EMERYVILLE CA 94602-9284

NS

JOB: TANK REMOVAL PROJECT

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 90 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

James Neary
AUTHORIZED REPRESENTATIVE

J. E. Mackey
PRESIDENT

UNLESS INDICATED OTHERWISE BY ENDORSEMENT, COVERAGE UNDER THIS POLICY EXCLUDES THE FOLLOWING: THOSE NAMED IN THE POLICY DECLARATIONS AS AN INDIVIDUAL EMPLOYER OR A HUSBAND AND WIFE EMPLOYER; EMPLOYEES COVERED ON A COMPREHENSIVE PERSONAL LIABILITY INSURANCE POLICY ALSO AFFORDING CALIFORNIA WORKERS' COMPENSATION BENEFITS; EMPLOYEES EXCLUDED UNDER CALIFORNIA WORKERS' COMPENSATION LAW.

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2086 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 06-01-2006 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

RAHAL, NAVTEL DBA: ENVIRONMENTAL CONSTRUCTION
SERVICES
1889 GENTLE CREEK DR
FAIRFIELD CA 94534



- [DTSC Home](#)
- [ID Numbers, Manifests & Fees](#)
- [Laws, Regs & Policies](#)
- [Publications & Forms](#)
- [What's in My Community?](#)
- [Decisions Pending & Opportunities for Public Participation](#)
- [Upcoming Events](#)
- [REA Program](#)
- [Press Room](#)
- [Employment](#)
- [Contact Us](#)
- [Site Map](#)

Department of Toxic Substances Control

search

My CA This Site
Search Tips

DTSC: HWTS Reports

HWTS EPA ID Profile

EPA ID: CAC002623554 **Name:** LOUSITE 1 LLC
Status: ACTIVE **Inactive Date:** **Contact:** DAVID KRUSE
County: ALAMEDA **SIC:** **Record Entered:** 2007-11-05 **Last updated:** 2007-11-05

- [HWTS Home](#)
- [Log Out](#)
- [Reports](#)
- [Change Password](#)
- [Frequently Asked Questions](#)

Help

| | Name | Address | City | State | ZIP | Phone |
|---------------------|---------------|---------------|------------|-------|-----------|------------|
| Location | LOUSITE 1 LLC | 1310 65TH ST | EMERYVILLE | CA | 946081119 | |
| Mailing | | 920 PARDEE ST | BERKELEY | CA | 947102626 | |
| Owner | LOUSITE 1 LLC | 920 PARDEE ST | BERKELEY | CA | 947102626 | 5106440260 |
| Oper/Contact | DAVID KRUSE | 920 PARDEE ST | BERKELEY | CA | 947102626 | 5106440260 |



The Department of Toxic Substances Control protects you from toxics from the past, in the present, and into the future.

Based ONLY upon EPA ID: CAC002623554:

| Calif. Manifests? | Out-of-State Manifests? | Transporter Registration? | Toxic Release Inventory Data? | Calsites Data? |
|-------------------|-------------------------|---------------------------|-------------------------------|----------------|
| NO | NO | NO | NO | NO |

End of Report



[CalEPA](#) | [Air Resources Board](#) | [California Integrated Waste Management Board](#) | [Department of Pesticide Regulation](#)
[Office of Environmental Health Hazard Assessment](#) | [State Water Resources Control Board](#)

[Conditions of Use](#) | [Privacy Policy](#) | [E-mail Webmaster](#)

The content found herein may not necessarily represent the views and opinions of the Schwarzenegger Administration.

© 2003 State of California

Espresso Roma

SIDEWALK

← 500-Gallon
Gasoline UST

65th Street



Scale: 1" = 30'

October 2007

ICE
Innovative & Creative Environmental Solutions

MAP SOURCE :
CSAA

SCHEMATIC SITE PLAN

1310 65th Street
Emeryville, California

Figure 1

Project 6810

HEALTH AND SAFETY PLAN
UNDERGROUND STORAGE TANK REMOVAL ACTIVITIES

1310 65TH STREET
EMERYVILLE, CALIFORNIA

OCTOBER 29, 2007



Innovative & Creative Environmental Solutions

P. O. Box 99288 Emeryville CA 94662-9288
... (510) 652-3222 ...

CONTENTS

| | <u>PAGE</u> |
|---|-------------|
| 1.0 INTRODUCTION | 1 |
| 2.0 SITE CHARACTERISTICS | 3 |
| 3.0 WORK DESCRIPTION | 3 |
| 4.0 KEY PERSONNEL AND RESPONSIBILITIES | 3 |
| 4.1 Site Safety Personnel | 3 |
| 4.2 ICES Personnel and Responsibilities | 4 |
| 4.2.1 ICES Project Manager | 4 |
| 4.2.2 ICES Health and Safety Director | 4 |
| 4.2.3 ICES Site Safety Officer | 5 |
| 5.0 HAZARD ANALYSIS | 6 |
| 5.1 Chemical Hazards | 6 |
| 5.1.1 Chemical Description of Petroleum Hydrocarbons | 7 |
| 5.2 Physical Hazards | 7 |
| 6.0 WORK REQUIREMENTS | 7 |
| 6.1 Respiratory Protection | 7 |
| 6.2 Dermal Protection | 8 |
| 6.2.1 Personal Protective Equipment | 8 |
| 6.3 Action Levels | 8 |
| 6.3.1 Action Levels for a Temporary Stop Work .. | 8 |
| 6.3.2 Action Level for Upgrade to Level C Protection | 9 |
| 6.4 Protection Against Physical Hazards | 9 |
| 6.4.1 Excavation Instability | 9 |
| 6.4.2 Noise | 9 |
| 6.4.3 Electric Shock | 9 |
| 6.4.4 Heavy Equipment | 9 |
| 6.4.5 General Safety | 9 |
| 6.5 Entry Procedures | 10 |
| 7.0 WORK ZONE AND DECONTAMINATION PROCEDURES | 10 |
| 7.1 Control | 10 |
| 7.2 Field Operations Work Areas | 11 |
| 7.2.1 Exclusion Zone | 11 |
| 7.2.2 Contamination Reduction Zone | 11 |

CONTENTS (continued)

| | <u>PAGE</u> |
|--|-------------|
| 7.2.3 Support Zone | 12 |
| 7.3 Zone Dimensions | 12 |
| 7.4 Decontamination Procedures | 12 |
| 7.4.1 Personal Decontamination During Medical Emergencies | 14 |
| 8.0 EMERGENCY PROCEDURES | 14 |
| 8.1 General Injury | 14 |
| 8.2 Specific Treatments | 14 |
| 8.3 Emergency Phone Numbers | 15 |
| 8.4 Accident Reporting Procedures | 15 |
| 9.0 DOCUMENTATION | 16 |
| 10.0 MEDICAL MONITORING | 16 |
| 11.0 TRAINING PROGRAM | 16 |
| 12.0 PROPOSITION 65 | 17 |
| 12.1 Carcinogens and Reproductive Toxicants | 17 |
| 12.2 Warnings | 17 |
| 13.0 SIGNATURES | 18 |
| 13.1 ICES Personnel | 18 |
| 13.2 Contractor and Subcontractor Personnel | 19 |

FIGURE 1 : SITE LOCATION AND HOSPITAL ROUTE

OSHA NOTICE

October 29, 2007

ICES 6810

Health and Safety Plan
Underground Storage Tank Removal Activities
1310 65th Street
Emeryville, California

1.0 INTRODUCTION

This Health and Safety Plan ("HSP") addresses the hazards associated with the planned field activities at 1310 65th Street in Emeryville, California ("the Site"; Figure 1). It presents baseline health and safety requirements for establishing and maintaining a safe working environment during the course of work. The planned field activities at the Site include removal of one underground storage tank (UST) and collecting soil and grab groundwater samples from the UST pit, under the supervision of Innovative and Creative Environmental Solutions (ICES) personnel.

If work plan specifications change during or after the preparation of this HSP, or if site conditions differ as the result of more information, the ICES Health and Safety Director shall be informed immediately and appropriate changes shall be made to this HSP.

At a minimum, all contractor/subcontractor personnel working on site must:

- <> have read and understood the specifications of this HSP
- <> have completed all training requirements in 29 Code of Federal Regulations (CFR) 1910.120
- <> provide their own health and safety equipment as indicated in this HSP, and comply with the minimum requirements established by this HSP. If the contractor/subcontractor has prepared his/her own HSP, it must minimally meet requirements contained herein and all applicable Federal, State, and local health and safety requirements.

This HSP shall be read and approved by the ICES Health and Safety Director, the ICES Project Manager, and a ICES Quality Assurance Reviewer.

A copy of this HSP shall be kept on site, easily accessible to all employees and government inspectors, and another in ICES files.

This HSP was prepared using the following documents:

- <> 29 CFR 1910 -- Occupational Safety and Health Standards, 1990
- <> 29 CFR 1926 -- Safety and Health Regulations for Construction
- <> 29 CFR 1910.1000 -- OSHA Air Contaminants - Permissible Exposure Limits, 1990
- <> Title 8, California Code of Regulations, Occupation Health and Safety Standards.
- <> American Conference of Governmental Industrial Hygienists (ACGIH). Threshold Limit Values and Biological Exposure Indices for 1990 - 1991. Cincinnati, Ohio, ACGIH.
- <> California Department of Health Services (DHS), Toxic Substances Control Division (TSCD), Technical and Support Unit, Region 3, Los Angeles, California, August 1988. Site Safety Plan Guidance Document.
- <> National Institute for Occupational Safety and Health (NIOSH); Occupational Safety and Health Administration (OSHA); U.S. Coast Guard (USCG); U.S. Environmental Protection Agency (EPA), October 1985. Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities. Washington D.C.: U.S. Government Printing Office.
- <> NIOSH/OSHA, 1981. Occupational Health Guidelines for Chemical Hazards.
- <> Sax, N. Irving, 1984, Dangerous Properties of Materials, 6th edition, Van Nostrand Reinhold Company, Inc., New York, New York.

<> U.S. EPA, Office of Emergency and Remedial Response,
Hazardous Response Support Division, November 1984.
Standard Operating Safety Guides.

2.0 SITE CHARACTERISTICS

Site Address: 1310 65th Street
Emeryville, California

The Site is located on the north side of 65th Street, east of Hollis Street. The Site consists of an approximately rectangular shaped parcel. A building occupied by Espresso Roma (a coffee house) covers the entire parcel. There is one 500-gallon UST located at the southern perimeter of the Site.

3.0 WORK DESCRIPTION

Tasks to be performed at the Site include UST removal and sampling activities.

Work activities are planned in the following order (some activities may be performed concurrently):

- <> excavate soil surrounding the UST
- <> remove UST
- <> collect soil and grab groundwater samples

4.0 KEY PERSONNEL AND RESPONSIBILITIES

4.1 Site Safety Personnel

| <u>Name</u> | <u>Responsibilities</u> |
|-------------|----------------------------|
| Derek Wong | Project Manager |
| TJ Rahal | Site Safety Officer |
| Peng Leong | Health and Safety Director |

4.2 ICES Personnel and Responsibilities

The responsibilities of the ICES personnel listed in Section 4.1 are outlined below.

4.2.1 ICES Project Manager

The ICES Project Manager, Derek Wong, has the ultimate responsibility for the health and safety of ICES personnel on site. As part of his duties, Mr. Wong shall be responsible for:

- <> keeping the ICES Health and Safety Director informed of project developments
- <> ensuring that on-site ICES personnel receive the proper training, and are informed of potential hazards anticipated at the Site and procedures and precautions to be implemented on the job
- <> ensuring that contractors and subcontractors are informed of the expected hazards and appropriate protective measures at the Site. (Subcontractors should also be given a copy of ICES's HSP for review.)
- <> ensuring that resources are available to provide a safe and healthy work environment for ICES personnel.

4.2.2 ICES Health and Safety Director

The ICES Health and Safety Director, Peng Leong, shall be responsible for:

- <> monitoring the health and safety impacts of this project for on-site ICES personnel
- <> assessing the potential health and safety hazards at the Site
- <> recommending appropriate safeguards and procedures
- <> modifying the HSP, when necessary
- <> approving changes in safeguards used or operating procedures employed at the Site.

The ICES Health and Safety Director shall have the authority to:

- <> require that additional safety precautions or procedures be implemented
- <> order an evacuation of the Site, or portion of the Site, or shut down any operation, if she believes a health or safety hazard exists
- <> deny unauthorized personnel access to the Site
- <> require that any worker obtain immediate medical attention
- <> approve or disallow any proposed modifications to safety precautions or working procedures.

4.2.3 ICES Site Safety Officer

The ICES Site Safety Officer (SSO), TJ Rahal, has fulfilled the 40-hour health and safety training requirements pursuant to 29 CFR 1910.120.

The SSO, or a trained designated alternate, will be present at the Site during work activities. The SSO shall be notified of and approve activities in which persons may be reasonably expected to be exposed to contaminated soils and/or ground water.

The SSO shall be responsible for:

- <> ensuring that on-site ICES personnel comply with the requirements of the HSP
- <> limiting access to the Site
- <> reporting unusual or potentially hazardous conditions to the ICES Health and Safety Director and the ICES Project Manager
- <> reporting injuries, exposures, or illnesses to the ICES Health and Safety Director and the ICES Project Manager
- <> communicating proposed changes in work scope or procedures to the ICES Health and Safety Director for approval
- <> recommending to the ICES Health and Safety Director and the ICES Project Manager additional safety procedures or

precautions that might be implemented.

The SSO shall have the authority to:

- <> order an evacuation of the Site, or portion(s) of the Site, or shut down any operation if he believes a health or safety hazard exists
- <> deny site access to unauthorized personnel
- <> require that any worker, including the contractor's or subcontractor's personnel, obtain immediate medical attention.

5.0 HAZARD ANALYSIS

Potential chemical, physical and general safety hazards during the excavating/sampling program at the Site include the following:

- <> Chemical hazards
 - <> respiratory (exposure to volatile organic compounds [VOCs])
 - <> dermal (contact with petroleum products)
- <> Physical hazards
 - <> excavation instability
 - <> noise
 - <> electric shock
 - <> heavy equipment
 - <> auto traffic
 - <> fire and explosion

Work procedures to protect workers from chemical and physical hazards are discussed in Section 6.0.

5.1 Chemical Hazards

The primary chemical hazard is exposure to chemical compounds from the petroleum-affected soil and groundwater. Of particular concern is the potential for workers to be exposed to aromatic petroleum compounds in the vicinity of the excavation. These

petroleum hydrocarbons include gasoline, benzene, toluene, ethylbenzene, xylenes, and methyl tertiary-butyl ether.

5.1.1 Chemical Description of Petroleum Hydrocarbons

Petroleum hydrocarbons vary but a general description of the category effects consider it as an irritant and/or asphyxiant. Liquid contact may cause irritation with erythema (reddened skin) and pain. Prolonged contact may cause blistering. The 8-hour PEL is 50 mg/m³. Acute exposure may produce symptoms of nausea, vomiting, dizziness, drowsiness, facial flushing, blurred vision, slurred speech, difficulty swallowing, staggering, confusion and euphoria. Volatile organic compounds associated with petroleum hydrocarbon compounds include benzene, toluene, ethylbenzene, xylenes, and methyl tertiary-butyl ether.

5.2 Physical Hazards

The potential physical hazards at the Site during the planned activities stem from heavy machinery use and the hazardous nature of excavation work. The potential physical hazards are listed under Section 5.0.

6.0 WORK REQUIREMENTS

6.1 Respiratory Protection

Field operations will be initiated in Level D. The primary route of potential exposure for chemicals is inhalation. Inhalation hazards due to volatilization will be monitored using a photoionization detector (PID) to measure concentrations of VOCs in the breathing zone. If ambient air concentrations of VOCs in the breathing zone reach 25 ppm or greater, Drager brand low-range benzene detector tubes (0.5 to 10 ppm, catalog number DR-8101841 with pump model DR-6400000) will be used to detect the presence of benzene. If benzene is detected, a temporary stop work will take place and the area will be ventilated and monitored until no benzene is detected in the breathing zone. If no benzene is detected, then half-facepiece air-purifying respirators will be worn by all personnel in the exclusion zone.

Respirators must be kept available during excavation activities. Respirators will be equipped with NIOSH-approved high efficiency particulate/organic vapor combination cartridges (such as North 7600).

6.2 Dermal Protection

Unless adequate precautions are taken, chemicals may contact the skin or clothing. Potential physical contact with chemicals of concern are possible under the following circumstances:

- <> UST removal
- <> Soil and groundwater sampling

6.2.1 Personal Protective Equipment

ICES and contractor/subcontractor personnel will wear the following protective clothing on site:

- <> hard hats
- <> steel-toed boots
- <> inner and outer disposable PVC gloves
- <> safety glasses
- <> uncoated Tyvek coveralls (if the potential for splashing exists)

6.3 Action Levels

6.3.1 Action Levels for a Temporary Stop Work

The SSO shall impose a temporary stop work and contact the ICES Health and Safety Director immediately if the following conditions are observed, or if there is a question about site conditions:

- <> uncontrolled dust generation
- <> indications of heat stress
- <> changes in the general health profile of on-site personnel
- <> detection of benzene in the breathing zone.

6.3.2 Action Level for Upgrade to Level C Protection

The action level to upgrade to Level C protection is the detection of ambient air concentrations of VOCs in the breathing zone at 25 ppm or greater without the presence of benzene.

6.4 Protection Against Physical Hazards

6.4.1 Excavation Instability

The limits of excavation and method(s) of shoring side walls proposed by the contractor shall be approved by the engineer before the excavation begins. Workers will not enter excavations deeper than 4 feet. All requirements pursuant to 29 CFR 1926.651 and 652, Excavations, Trenching and Shoring, shall be observed.

6.4.2 Noise

Noise results primarily from concrete-breaking and excavation equipment, drilling equipment and other machinery. Workers will wear ear plugs when operating heavy machinery to avoid noise that may exceed the 85 decibel Threshold Limit Value (TLV) established by the American Conference of Governmental Industrial Hygienists. However, based on previous field experience, expected noise level should not exceed 85 decibels.

6.4.3 Electric Shock

All electrical equipment to be used during field activities will be suitably grounded and insulated.

6.4.4 Heavy Equipment

Hazards related to drilling, trenching, excavating, and compacting will necessitate securing the work area. All relevant requirements pursuant to 29 CFR 1926.602 and Subpart W, Rollover Protective Structures; Overhead Protection, shall be observed during the course of excavation and drilling and trenching activities.

All field personnel not directly involved in the excavation work will be kept at safe distances from areas where heavy equipment are in use. Unauthorized visitors will not be permitted near areas where heavy equipment are in use regardless of whether the area has been designated as an exclusion zone.

6.4.5 General Safety

All ICES and contractor/subcontractor personnel will wear approved head protection while working around heavy equipment in the site area. Fire hydrants, electrical and underground lines

and pipes will be identified before drilling operations begin. Two 10-pound fire extinguishers will be kept on site near the exclusion zone.

6.5 Entry Procedures

At a minimum, all visitors entering the exclusion zone must wear the protective clothing and equipment worn by ICES and contractor/subcontractor personnel. Permission to enter the work area must be obtained from at least one of the personnel named in Section 4.0. Each visitor's name and purpose of visit will be recorded in the field notes.

7.0 WORK ZONE AND DECONTAMINATION PROCEDURES

A site must be controlled to reduce the possibility of exposure to any contaminants present and to limit their transport from the site by personnel or equipment.

7.1 Control

A control system is required to ensure that personnel and equipment working on hazardous waste sites are subjected to appropriate health and safety surveillance and site access control.

The possibility of exposure or translocation of contaminants can be reduced or eliminated in a number of ways, including:

- <> setting security or physical barriers at control points to regulate access to and/or exclude unnecessary personnel from the general area
- <> minimizing the number of personnel and equipment on site consistent with effective operations
- <> establishing work zones within the site
- <> conducting operations in a manner which will reduce the exposure of personnel and equipment
- <> minimizing the airborne dispersion of contaminants (utilizing dust control procedures)

- <> implementing appropriate decontamination procedures for both equipment and personnel.

7.2 Field Operations Work Areas

Work areas (zones) will be established based on anticipated contamination. Within these zones, prescribed operations will occur utilizing appropriate Personal Protective Equipment (PPE). Movement between areas will be controlled at checkpoints. The planned zones are:

- <> Exclusion (contaminated)
- <> Contamination Reduction
- <> Support (noncontaminated).

7.2.1 Exclusion Zone

The Exclusion Zone is the innermost area of the three concentric rings and is considered contaminated, dirty, or "hot." Within this area, the prescribed protection must be worn by any personnel upon entering. An entry checkpoint will be established at the periphery of the exclusion zone to control the flow of personnel and equipment between contiguous zones, and to guarantee that the procedures established to enter and exit the zones are followed.

The Exclusion Zone boundary will be established initially on the presence of the contaminant(s) within the area. Subsequent to initial operations, the boundary may be readjusted based on observations and/or measurement. The boundary will be physically secured and posted.

7.2.2 Contamination Reduction Zone

Between the Exclusion and the Support Zone is the Contamination Reduction Zone. The purpose of this zone is to provide an area to prevent or reduce the transfer of contaminants which may have been picked up by personnel or equipment returning from the Exclusion Zone. All decontamination activities occur in this area. The boundary between the Support Zone and the Contamination Reduction Zone is the contamination control line. This boundary separates the potentially contaminated area from the clean area. Entry into the Contamination Reduction Zone from the clean area will be through an access control point.

Personnel entering at this station will be wearing the prescribed PPE for working in the Contamination Reduction Zone. Exiting the Contamination Reduction Zone to the Clean Area requires the removal of any suspected or known contaminated PPE, and compliance with the established decontamination procedures.

7.2.3 Support Zone

The Support Zone is the outermost of the three rings and is considered decontaminated, or Clean Area. It contains the Command Post (CP) for field operations and other elements necessary to support site activities. Normal street or Level D work clothes are the appropriate apparel to be worn in this area.

7.3 Zone Dimensions

Considerable judgement is needed to ensure safe working distances for each zone, balanced against practical work considerations. Physical and topographical barriers may constrain ideal locations. Field/laboratory measurements combined with meteorological conditions and air dispersion calculations will assist in establishing the control zone distances. When not working in areas that require the use of chemical-resistant clothing, work zone procedures may still need to limit the movement of personnel and retain adequate site control.

7.4 Decontamination Procedures

As part of the system to prevent or reduce the physical transfer of contaminants by people and/or equipment from the site, procedures will be instituted for decontaminating anything leaving the Exclusion Zone and Contamination Reduction Zone. These procedures include the decontamination of personnel, protective equipment, monitoring equipment, clean-up equipment, etc. Unless otherwise demonstrated, everything leaving the Exclusion Zone should be considered contaminated. In general, decontamination at the site consists of rinsing equipment with detergent/water solution. Reusable decontaminated PPE will be stored for air drying.

Decontamination is addressed in two ways: the physical arrangement and control of contamination zones, and the effective use of decontamination procedures.

The decontamination process uses cleaning solutions, followed by

rinse solutions. Used solution, brushes, sponges, and containers must be properly disposed of.

Decontamination Solution

Description

Usage

3 cups Alconox
1 cup sodium carbonate
5-8 gallons water

Light contamination

Commercial Detergent -
Full strength or diluted

Organic contaminants

As with all alkaline cleaners, continuous or repeated contact with the skin should be avoided. If an employee's skin becomes contaminated, he/she will move to the decontamination area and remove contaminated clothing, and wash with a mild soap/detergent and water to remove any contaminant from the skin. He/she will then see a physician for possible medical treatment.

A rinse solution will be used to remove the contamination solution and neutralize any excess decontamination solution.

All personnel will follow these decontamination procedures:

1. When returning from the Exclusion Zone, remove heavy soil, as necessary, from boots, gloves, and clothing by using a towel or hose before entering the Contamination Reduction Zone.
2. At the decontamination area, step into decontamination tub(s) and brush boots and gloves clean.
3. Remove disposable suit and discard in proper container.
4. Step into rinse tub(s), then remove boots.
5. Remove outer gloves and dispose of properly.
6. Remove respirator and hard hat.
7. Remove inner gloves and dispose of properly.

Decontamination procedures may be modified, if necessary, with the approval of the Site Safety Officer.

7.4.1 Personal Decontamination During Medical Emergencies

In the event of personal injury, first-aid personnel must decide if the victim's injuries are potentially the type that would be aggravated by movement. If there is any doubt, or if the victim is unconscious and cannot respond, no attempt should be made to move the victim to the decontamination area. Only off-site paramedics may move such victims. If the paramedics approve, the victim's PPE will be cut off in the Decontamination Reduction Zone. If the decision is made not to remove the victim's protective clothing, he/she will be wrapped in a tarp or similar object to protect the ambulance and crew during transportation. If the victim is contaminated with materials that threaten to cause additional injury or immediate health hazards, the PPE will be carefully removed and the victim washed appropriately.

8.0 EMERGENCY PROCEDURES

8.1 General Injury

- <> Step 1: Use first-aid kit on site, if appropriate.
- <> Step 2: Use off-site help and/or assistance if appropriate.
- <> Step 3: Notify SSO, Project Manager and Health and Safety Director.

8.2 Specific Treatments

- <> Eye Exposure: flush eye with eye wash, call ambulance.
- <> Skin Exposure: wash immediately with soap and water; call ambulance, if necessary.
- <> Fire (localized): use fire extinguisher and activate alarm system, if necessary.
- <> Fire (uncontrolled): call Fire Department.
- <> Chemical Spill: call Fire Department and National Response Center for Toxic Chemical and Oil Spills.

- <> Explosion: call Fire Department if potential for additional explosions or fire danger exists.
- <> Inhalation: move affected person(s) to fresh air and cover source of vapors, if appropriate.
- <> Swallowing: call ambulance.

8.3 Emergency Phone Numbers

Medical/General Service Numbers

| | |
|-------------------|-----|
| Police Department | 911 |
| Fire Department | 911 |
| Ambulance | 911 |

Hospital

| | |
|---|----------------|
| Alta Bates Summit Medical Center 2450 Ashby Avenue Berkeley, California 94705 | (510) 204-4444 |
|---|----------------|

From the Site, proceed east on 65th Street. Turn left at San Pablo Avenue and proceed north. Continue north on San Pablo Avenue and turn right on Ashby Avenue. Proceed east on Ashby Avenue. Alta Bates Medical Center is located at 2450 Ashby Avenue on the right side of the road (Figure 1).

Hazardous Materials Response/Reporting

| | |
|---|----------------|
| National Emergency Response Center | (800) 424-8802 |
| California State Office of Emergency Services | (800) 852-7550 |
| Regional Water Quality Control Board | (510) 622-2300 |

8.4 Accident Reporting Procedures

In the event of an emergency, contact the following:

| | |
|---|---------------------|
| ICES : | (510) 652-3222 |
| Peng Leong (Health and Safety Director) | Cell (510) 882-2200 |
| Derek Wong (Project Manager) | Cell (510) 282-3525 |
| TJ Rahal (Site Safety Officer) | Cell (707) 249-0753 |

If an exposure or injury occurs, work shall be temporarily halted until the SSO, in consultation with the Health and Safety Director, decides it is safe to continue work.

9.0 DOCUMENTATION

The SSO will record field observations of health and safety procedures by workers conducting the planned activities outlined in Section 3.0, including deviations from the recommended health and safety procedures.

10.0 MEDICAL MONITORING

Appropriate medical monitoring will be required of ICES personnel to:

- <> Meet requirements of 29 CFR 1910.120 (f).
- <> Meet requirements for respirator use.
- <> Meet other legal requirements.

A signed physician's statement qualifying the individual for the work to be performed will be required as part of the medical monitoring program.

11.0 TRAINING PROGRAM

1. The ICES SSO shall have fulfilled all appropriate training requirements indicated by 29 CFR 1910.120 (e), including the 40-hour training requirement and required refresher courses.
2. A tailgate session to discuss this HSP will be held before field activities begin. All ICES personnel and contractor/subcontractor employees shall receive, at a minimum, the following information:
 - <> the names of personnel and alternates responsible for site safety and health
 - <> safety, health, and other hazards at the Site
 - <> instruction in the use of personal protective equipment

- <> action levels
- <> employee work practices to minimize risks from on-site hazards
- <> instruction in the safe use of engineering controls and equipment on site
- <> site control measures
- <> emergency plans
- <> Proposition 65 warnings.

12.0 PROPOSITION 65

Under California's Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65), individuals who may be exposed in the work place to chemicals that may cause cancer or birth defects must be warned of such hazards pursuant to California Health and Safety Code (HSC) Section 25249.6. At this Site, the chemicals that may cause cancer or reproductive abnormalities, and their respective warnings, are listed below.

12.1 Carcinogens and Reproductive Toxicants

Chemicals known to the State of California to cause cancer, as listed in Title 22, California Code of Regulations (CCR) Section 12000(b), which may be present at the Site include benzene. Chemicals known to the State of California as reproductive toxicants, as listed in Title 22, CCR Section 12000(b), which may be present at the Site include benzene.

12.2 Warnings

Pursuant to HSC Section 25249.6 and CCR Sections 12601(c)(3)(A) and 12601(c)(3)(B), the following warnings must be made:

"This area contains chemicals known to the State of California to cause cancer."

13.0 SIGNATURES

13.1 ICES Personnel

This HSP for UST removal and sampling activities to be conducted at 1310 65th Street in Emeryville, California, is approved by the following ICES personnel:

Peng Leong
Health and Safety Director

Date

Derek Wong
Project Manager

Date

TJ Rahal
Site Safety Officer

Date

13.2 Contractor and Subcontractor Personnel

Contractor and Subcontractor Agreement:

1. Contractor certifies that the following personnel noted below to be employed on the UST removal and sampling activities at 1310 65th Street in Emeryville, California, have met the requirements of the OSHA Hazardous Waste Operations and Emergency Response Standard 29 CFR 1910.120 and other applicable OSHA Standards.
2. Contractor certifies that in addition to meeting the OSHA requirements, it has received a copy of this HSP, and will ensure that its employees are informed and will comply with both OSHA requirements and the guidelines in this HSP.
3. Contractor further certifies that it has read, understands and will comply with all provisions of this HSP, and it will take full responsibility for the health and safety of its employees.

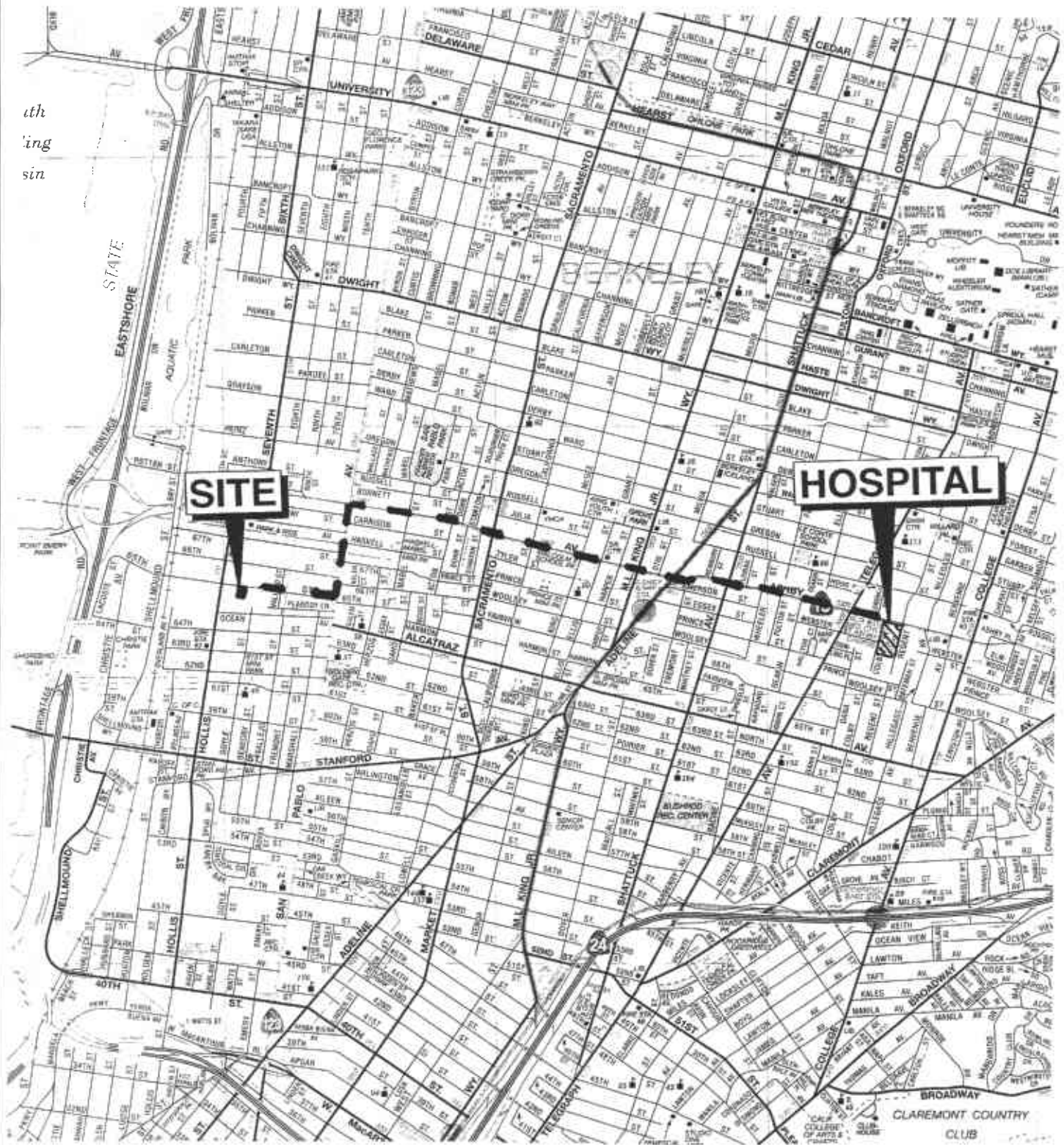
Contractor

Signature

Date

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

th
ing
sin



Scale: 1" = 2200'

October 2007

SITE LOCATION AND HOSPITAL ROUTE

1310 65th Street
Emeryville, California

MAP SOURCE :
CSAA

Figure 1

Project 6810

JOB SAFETY & HEALTH PROTECTION

The Occupational Safety and Health Act of 1970 provides job safety and health protection for workers by promoting safe and healthful working conditions throughout the Nation. Requirements of the Act include the following:

Employers

All employers must furnish to employees employment and a place of employment free from recognized hazards that are causing or are likely to cause death or serious harm to employees. Employers must comply with occupational safety and health standards issued under the Act.

Employees :

Employees must comply with all occupational safety and health standards, rules, regulations and orders issued under the Act that apply to their own actions and conduct on the job.

The Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor has the primary responsibility for administering the Act. OSHA issues occupational safety and health standards, and its Compliance Safety and Health Officers conduct jobsite inspections to help ensure compliance with the Act.

Inspection

The Act requires that a representative of the employer and a representative authorized by the employees be given an opportunity to accompany the OSHA inspector for the purpose of aiding the inspection.

Where there is no authorized employee representative, the OSHA Compliance Officer must consult with a reasonable number of employees concerning safety and health conditions in the workplace.

Complaint

Employees or their representatives have the right to file a complaint with the nearest OSHA office requesting an inspection if they believe unsafe or unhealthful conditions exist in their workplace. OSHA will withhold, on request, names of employees complaining.

The Act provides that employees may not be discharged or discriminated against in any way for filing safety and health complaints or for otherwise exercising their rights under the Act.

Employees who believe they have been discriminated against may file a complaint with their nearest OSHA office within 30 days of the alleged discrimination.

Citation

If upon inspection OSHA believes an employer has violated the Act, a citation alleging such violations will be issued to the employer. Each

citation will specify a time period within which the alleged violation must be corrected.

The OSHA citation must be prominently displayed at or near the place of alleged violation for three days, or until it is corrected, whichever is later, to warn employees of dangers that may exist there.

Proposed Penalty

The Act provides for mandatory penalties against employers of up to \$1,000 for each serious violation and for optional penalties of up to \$1,000 for each nonserious violation. Penalties of up to \$1,000 per day may be proposed for failure to correct violations within the proposed time period. Also, any employer who willfully or repeatedly violates the Act may be assessed penalties of up to \$10,000 for each such violation.

Criminal penalties are also provided for in the Act. Any willful violation resulting in death of an employee, upon conviction, is punishable by a fine of not more than \$10,000, or by imprisonment for not more than six months, or by both. Conviction of an employer after a first conviction doubles these maximum penalties.

Voluntary Activity

While providing penalties for violations, the Act also encourages efforts by labor and management, before an OSHA inspection, to reduce workplace hazards voluntarily and to develop and improve safety and health programs in all workplaces and industries. OSHA's Voluntary Protection Programs recognize outstanding efforts of this nature.

Such voluntary action should initially focus on the identification and elimination of hazards that could cause death, injury, or illness to employees and supervisors. There are many public and private organizations that can provide information and assistance in this effort, if requested. Also, your local OSHA office can provide considerable help and advice on solving safety and health problems or can refer you to other sources for help such as training.

Consultation.

Free consultative assistance, without citation or penalty, is available to employers, on request, through OSHA supported programs in most State departments of labor or health.

More Information

Additional information and copies of the Act, specific OSHA safety and health standards, and other applicable regulations may be obtained from your employer or from the nearest OSHA Regional Office in the following locations:

Atlanta, Georgia
Boston, Massachusetts
Chicago, Illinois
Dallas, Texas
Denver, Colorado
Kansas City, Missouri
New York, New York
Philadelphia, Pennsylvania
San Francisco, California
Seattle, Washington

Telephone numbers for these offices, and additional area office locations, are listed in the telephone directory under the United States Department of Labor in the United States Government listing.

Washington, D.C.
1985
OSHA 2203



William E. Brock, Secretary of Labor

U.S. Department of Labor



STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A



COMPLETE THIS FORM FOR EACH FACILITY/SITE

| | | | | |
|---------------------------|--|---|---|--|
| MARK ONLY ONE ITEM | <input checked="" type="checkbox"/> 1 NEW PERMIT | <input type="checkbox"/> 3 RENEWAL PERMIT | <input type="checkbox"/> 5 CHANGE OF INFORMATION | <input type="checkbox"/> 7 PERMANENTLY CLOSED SITE |
| | <input type="checkbox"/> 2 INTERIM PERMIT | <input type="checkbox"/> 4 AMENDED PERMIT | <input type="checkbox"/> 6 TEMPORARY SITE CLOSURE | |

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

| | | | | |
|--|--|---|--|---|
| DBA OR FACILITY NAME Espresso Rom g | | NAME OF OPERATOR Loussite 1 LLC | | |
| ADDRESS 1310 65th st | | NEAREST CROSS STREET Hollis ST | PARCEL # (OPTIONAL) | |
| CITY NAME Emeryville | | STATE CA | ZIP CODE 94608 | SITE PHONE # WITH AREA CODE (510) 420-8898 |
| <input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY* | | | | |
| * If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____ | | | | |
| TYPE OF BUSINESS | | <input type="checkbox"/> 1 GAS STATION | <input type="checkbox"/> 2 DISTRIBUTOR | <input type="checkbox"/> 3 FARM |
| | | <input type="checkbox"/> 4 PROCESSOR | <input checked="" type="checkbox"/> 5 OTHER | <input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS |
| | | # OF TANKS AT SITE 1 | E. P. A. I. D. # (optional) CAC002623554 | |

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

| | | | |
|--|---|----------------------------|------------------------|
| DAYS: NAME (LAST, FIRST) Kruse, Andy | PHONE # WITH AREA CODE (510) 644-0260 | DAYS: NAME (LAST, FIRST) | PHONE # WITH AREA CODE |
| NIGHTS: NAME (LAST, FIRST) Kruse, Andy | PHONE # WITH AREA CODE (510) 644-0260 | NIGHTS: NAME (LAST, FIRST) | PHONE # WITH AREA CODE |

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

| | | | | |
|---|--|---|---|---|
| NAME Loussite 1 LLC | | CARE OF ADDRESS INFORMATION Andy Kruse | | |
| MAILING OR STREET ADDRESS 920 pardee st | | <input checked="" type="checkbox"/> BOX TO INDICATE | <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LOCAL-AGENCY |
| | | <input checked="" type="checkbox"/> CORPORATION | <input checked="" type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> STATE-AGENCY |
| | | <input type="checkbox"/> COUNTY-AGENCY | <input type="checkbox"/> FEDERAL-AGENCY | |
| CITY NAME Berkeley | | STATE CA | ZIP CODE 94170 | PHONE # WITH AREA CODE (510) 644-0260 |

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

| | | | | |
|---|--|---|---|---|
| NAME OF OWNER Loussite 1 LLC | | CARE OF ADDRESS INFORMATION Andy Kruse | | |
| MAILING OR STREET ADDRESS 920 pardee st | | <input checked="" type="checkbox"/> BOX TO INDICATE | <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LOCAL-AGENCY |
| | | <input checked="" type="checkbox"/> CORPORATION | <input checked="" type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> STATE-AGENCY |
| | | <input type="checkbox"/> COUNTY-AGENCY | <input type="checkbox"/> FEDERAL-AGENCY | |
| CITY NAME Berkeley | | STATE CA | ZIP CODE 94170 | PHONE # WITH AREA CODE (510) 644-0260 |

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TY (TK) HQ **44-**

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED

| | | | | |
|---|---|--------------------------------------|---|--|
| <input checked="" type="checkbox"/> box to indicate | <input type="checkbox"/> 1 SELF-INSURED | <input type="checkbox"/> 2 GUARANTEE | <input checked="" type="checkbox"/> 3 INSURANCE | <input type="checkbox"/> 4 SURETY BOND |
| | <input type="checkbox"/> 5 LETTER OF CREDIT | <input type="checkbox"/> 6 EXEMPTION | <input type="checkbox"/> 99 OTHER | |

VI. LEGAL NOTIFICATION AND BILLING ADDRESS Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I. II. III.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

| | | | |
|--|-------------------------------|--------------------------|----------------|
| OWNER'S NAME (PRINTED & SIGNED) Andy Kruse | OWNER'S TITLE owner | DATE 11/5/2007 | MONTH/DAY/YEAR |
|--|-------------------------------|--------------------------|----------------|

LOCAL AGENCY USE ONLY

| | | |
|---|---|---|
| COUNTY # <input type="text"/> <input type="text"/> | JURISDICTION # <input type="text"/> <input type="text"/> | FACILITY # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| LOCATION CODE - OPTIONAL | CENSUS TRACT # - OPTIONAL | SUPVISOR - DISTRICT CODE - OPTIONAL |

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

| | | | | |
|--------------------|---|---|---|---|
| MARK ONLY ONE ITEM | <input type="checkbox"/> 1 NEW PERMIT | <input type="checkbox"/> 3 RENEWAL PERMIT | <input type="checkbox"/> 5 CHANGE OF INFORMATION | <input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE |
| | <input type="checkbox"/> 2 INTERIM PERMIT | <input type="checkbox"/> 4 AMENDED PERMIT | <input type="checkbox"/> 6 TEMPORARY TANK CLOSURE | <input checked="" type="checkbox"/> 8 TANK REMOVED |

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 1310 65th St, Emeryville, CA 94608

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN

| | |
|--|---|
| A. OWNER'S TANK I. D. # <u>001</u> | B. MANUFACTURED BY: <u>unk</u> |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>unk</u> | D. TANK CAPACITY IN GALLONS: <u>500</u> |

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

| | | | | | |
|---|-------------------------------------|--|--|-------------------------------------|---|
| A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL | <input type="checkbox"/> 4 OIL | B. <input checked="" type="checkbox"/> 1 PRODUCT | C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED | <input type="checkbox"/> 3 DIESEL | <input type="checkbox"/> 6 AVIATION GAS |
| <input checked="" type="checkbox"/> 2 PETROLEUM | <input type="checkbox"/> 80 EMPTY | <input type="checkbox"/> 2 WASTE | <input type="checkbox"/> 1b PREMIUM UNLEADED | <input type="checkbox"/> 4 GASAHOL | <input type="checkbox"/> 7 METHANOL |
| <input type="checkbox"/> 3 CHEMICAL PRODUCT | <input type="checkbox"/> 95 UNKNOWN | | <input type="checkbox"/> 2 LEADED | <input type="checkbox"/> 5 JET FUEL | <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW) |
| D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED | | | | | C. A. S. #: |

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

| | | | |
|---------------------------------|--|---|---|
| A. TYPE OF SYSTEM | <input type="checkbox"/> 1 DOUBLE WALL | <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER | <input checked="" type="checkbox"/> 95 UNKNOWN |
| | <input type="checkbox"/> 2 SINGLE WALL | <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK) | <input type="checkbox"/> 99 OTHER |
| B. TANK MATERIAL (Primary Tank) | <input type="checkbox"/> 1 BARE STEEL | <input type="checkbox"/> 2 STAINLESS STEEL | <input type="checkbox"/> 3 FIBERGLASS |
| | <input type="checkbox"/> 5 CONCRETE | <input type="checkbox"/> 6 POLYVINYL CHLORIDE | <input type="checkbox"/> 7 ALUMINUM |
| | <input type="checkbox"/> 9 BRONZE | <input type="checkbox"/> 10 GALVANIZED STEEL | <input checked="" type="checkbox"/> 95 UNKNOWN |
| C. INTERIOR LINING | <input type="checkbox"/> 1 RUBBER LINED | <input type="checkbox"/> 2 ALKYD LINING | <input type="checkbox"/> 3 EPOXY LINING |
| | <input type="checkbox"/> 5 GLASS LINING | <input type="checkbox"/> 6 UNLINED | <input checked="" type="checkbox"/> 95 UNKNOWN |
| | IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___ | | |
| D. CORROSION PROTECTION | <input type="checkbox"/> 1 POLYETHYLENE WRAP | <input type="checkbox"/> 2 COATING | <input type="checkbox"/> 3 VINYL WRAP |
| | <input type="checkbox"/> 5 CATHODIC PROTECTION | <input type="checkbox"/> 91 NONE | <input checked="" type="checkbox"/> 95 UNKNOWN |
| E. SPILL AND OVERFILL | SPILL CONTAINMENT INSTALLED (YEAR) <u>unk</u> | | OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>unk</u> |

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

| | | | | |
|--------------------------------------|---|---|--|---|
| A. SYSTEM TYPE | A U 1 SUCTION | A U 2 PRESSURE | A U 3 GRAVITY | A U 99 OTHER |
| B. CONSTRUCTION | A U 1 SINGLE WALL | A U 2 DOUBLE WALL | A U 3 LINED TRENCH | A U 95 UNKNOWN |
| C. MATERIAL AND CORROSION PROTECTION | A U 1 BARE STEEL | A U 2 STAINLESS STEEL | A U 3 POLYVINYL CHLORIDE (PVC) | A U 4 FIBERGLASS PIPE |
| | A U 5 ALUMINUM | A U 6 CONCRETE | A U 7 STEEL W/ COATING | A U 8 100% METHANOL COMPATIBLE W/FRP |
| | A U 9 GALVANIZED STEEL | A U 10 CATHODIC PROTECTION | A U 95 UNKNOWN | A U 99 OTHER |
| D. LEAK DETECTION | <input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR | <input type="checkbox"/> 2 LINE TIGHTNESS TESTING | <input type="checkbox"/> 3 INTERSTITIAL MONITORING | <input checked="" type="checkbox"/> 99 OTHER <u>unk</u> |

V. TANK LEAK DETECTION

| | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> 1 VISUAL CHECK | <input type="checkbox"/> 2 INVENTORY RECONCILIATION | <input type="checkbox"/> 3 VADOZE MONITORING | <input type="checkbox"/> 4 AUTOMATIC TANK GAUGING | <input type="checkbox"/> 5 GROUND WATER MONITORING |
| <input type="checkbox"/> 6 TANK TESTING | <input type="checkbox"/> 7 INTERSTITIAL MONITORING | <input type="checkbox"/> 91 NONE | <input checked="" type="checkbox"/> 95 UNKNOWN | <input type="checkbox"/> 99 OTHER |

VI. TANK CLOSURE INFORMATION

| | | |
|---|--|---|
| 1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>unk</u> | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS | 3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|---|--|---|

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) Andy Kruse

DATE 11/5/2007

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

| | | | | |
|---------------|-------------------------|------------------------|------------|--------|
| STATE I.D.# | COUNTY # | JURISDICTION # | FACILITY # | TANK # |
| PERMIT NUMBER | PERMIT APPROVED BY/DATE | PERMIT EXPIRATION DATE | | |

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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

2007 NOV -6 AM 9:45

INNOVATIVE & CREATIVE ENVIRONMENTAL SOLUTIONS

8017

11/6/07 Date


90-203/1211

Pay to the Order of Alameda county dept. of public health \$ 1,448.00
one thousand four hundred forty-eight dollars ^{00/100 Dollars}

THE MECHANICS BANK
EL CERRITO OFFICE
FAIRMONT AND SAN PABLO AVE.
EL CERRITO, CA 94530

For 1310 65th st.

⑆ 121102036⑆ 8017 003⑆ 032108⑆



UNDERGROUND STORAGE TANK CLOSURE PLAN

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

- Name of Business Espresso Roma
Business Owner or Contact Person (PRINT) Lonsite 1 LLC
- Site Address 1310 65th st
City, State Emeryville CA Zip 94608 Phone (510)420-8898
- Mailing Address 920 pardee st
City, State Berkeley CA Zip 94710 Phone (510)644-0200
- Property Owner Lonsite 1 LLC
Business Name (if applicable) _____
Address 920 pardee st
City, State Berkeley, CA Zip 94710 Phone (510)644-0200
- Generator name under which tank will be manifested
Lonsite 1 LLC
EPA I.D. No. under which tank(s) will be manifested CAC002023554
- Contractor Environmental construction services
Address 1999 gentle creek drive