

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

EJAClw

Note changes/additions in RED  
 4/18/93

ACCEPTED  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 470 - 27th Street 5th Floor  
 Oakland, CA 94612  
 Telephone: (415) 374-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now allowed for issuance of any required building permits for construction.

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

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

7-12-93 505 Removal of Tank and Piping  
 7-12-93 505 Sampling  
 Final Inspection ✓

Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

UNDERGROUND TANK CLOSURE PLAN

\*\*\* Complete according to attached instructions \*\*\*

1. Business Name PACIFIC BELL ALAMEDA FACILITY
- Business Owner PACIFIC BELL
2. Site Address 2100 CENTRAL AVE.  
 City ALAMEDA Zip \_\_\_\_\_ Phone 510-645-7070
3. Mailing Address 2600 CAMINO RAMON  
 City SAN RAMON Zip 94583 Phone 510-867-5125
4. Land Owner PACIFIC BELL  
 Address 2600 CAMINO RAMON city, state SAN RAMON, CA zip 94583
5. Generator name under which tank will be manifested \_\_\_\_\_  
PACIFIC BELL
- EPA I.D. No. under which tank will be manifested CAT000015308

\* 6. Contractor BRANDON LADDY / JONES EXCAVATING  
Address 4750 WOODS CANYON ROAD  
City SAN RAMON Phone (510) 867-3811  
License Type\* B/A ID# 361828/410070

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

7. Consultant CEMEC INC. c/o JIM McGRATH  
Address 5 WEST NINTH ST., SUITE 202  
City SANTA ROSA, CA Phone (707) 576-1566

8. Contact Person for Investigation  
Name DUANE WALLACE, Pac. Bell Title PROJECT MANAGER  
Phone 510-867-5125

9. Number of tanks being closed under this plan 1  
Length of piping being removed under this plan APPROX 40'  
Total number of tanks at facility 1

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name FIRST ENVIRONMENTAL EPA I.D. No. CAD 981425911  
Hauler License No. 1865 License Exp. Date 3/31/94  
Address 3501 COLLINS AVE.  
City RICHMOND State CA Zip 94806

b) Product/Residual Sludge/Rinsate Disposal Site

Name GIBSON ENVIRONMENTAL EPA I.D. No. CAD 043260702  
Address 475 SEA PORT BLVD  
City REDWOOD CITY State CA Zip 94063

c) Tank and Piping Transporter

Name RIEDEL ENVIRONMENTAL EPA I.D. No. CAD 981381125  
Hauler License No. 0201 License Exp. Date 1/31/94  
Address 4138 LAKESIDE DRIVE  
City RICHMOND State CA zip 94806

d) Tank and Piping Disposal Site

Name ERIKSON ENVIRONMENTAL EPA I.D. No. CAD 009466392  
Address 3033 Richmond PKWY 255 Parr Blvd  
City Richmond State CA zip 94806-1900  
94801

\* 11. Experienced Sample Collector

Name KEVIN POETTEL  
Company RIEDEL ENVIRONMENTAL SERVICES  
Address 4138 LAKESIDE DRIVE  
City RICHMOND State CA zip 94806 Phone 510-222-7810

\* 12. Laboratory

Name CHROMALAB INC.  
Address 2239 OMEGA ROAD #1  
City SAN RAMON State CA zip 94583  
State Certification No. 1094

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

If yes, describe. NOT TO OUR KNOWLEDGE

[540-3672] \* Argon Mobil Labs (formerly Geokem)  
3008 McKittrick Ct., Ste. N  
Ceres, CA 95307  
state Certification # 1873

14. Describe methods to be used for rendering tank inert

DRY ICE IN QUANTITY req'd to bring  
LEL down to Acceptable Level.  
25-30 lbs/1000 gal

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
6000 gal	Installed Approx. 1981 - Diesel Generator Storage to be de-commissioned when removed.	Soil, groundwater if present	under tank 9T each end within 2' of native soil Groundwater 9T Side wall high WATER MARK

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)  150 cubic yards ESTIMATED	Sampling Plan Sample stock pile AS directed by INSPECTOR & ANALYZE FOR TPH D & BTXE, discrete sample 1/50 cy for disposal 420 cy. for reuse

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
DIESEL	TPH-D BTXE	3550 8020	Soil - 1 PPM Water - 50 PPB  Soil - .005 PPM Water - .5 PPB

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

\*18. Submit Worker's Compensation Certificate copy

Name of Insurer CALIF. INSURANCE

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

\* Signature of Contractor

Name (please type) BRANDON S. QUINN

Signature [Handwritten Signature]

Date 6-11-93

Signature of Site Owner or Operator

Name (please type) JAMES MCGRATH

Signature [Handwritten Signature]

Date 5-18-93