

ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION 80 SWAN WAY, ROOM 200 OAKLAND, CA 94621 430-4530

AGENCY H

271-4320

Minimum of 15% of dry ice/1000 gal to seal tank. Copy Set

NOV 19 1988

DEPARTMENT OF ENVIRONMENTAL HEALTH

470 - 27th Street, Third Floor Oakland, CA 94612 Telephone: (415) 874-7237

17/6/88 ACCEPTED

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 released 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:

- Removal of Tank and Piping
- Sampling
- Final Inspection

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

HERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Deposit of \$300.00 required for 1 tank closure.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name DePaoli Equipment Company

Business Owner Edward DePaoli

2. Site Address 4001 Vasco Road

City Livermore Zip 94550 Phone 447-0491

3. Mailing Address same

City _____ Zip _____ Phone _____

4. Land Owner Ralph Properties

Address 1938 Holmes St. city, state Livermore zip 94550
Calif

5. EPA I.D. No. CAL 000 009 667

6. Contractor DePaoli Equipment Company

Address 4001 Vasco Road

City Livermore Phone 447-0491

License Type _____ ID# _____

7. Other (Specify) _____

Address _____

City _____ Phone _____

8. Contact Person for Investigation

Name Edward DePaoli Title _____

Phone 447-0491

9. Total No. of Tanks at facility 2

10. Have permit applications for all tanks been submitted to this office? Yes [] No [X]

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name U.S. Waste Oil EPA I.D. No. CAD 982413262

Address 6880 Smith Ave

City Newark State CA Zip 94560

b) Rinsate Transporter

Name N/A EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

HHH shipping c)

c) Tank Transporter

Name N/A EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

d) Contaminated Soil Transporter

Name DePaoli Equipment Co EPA I.D. No. CAD 982407645

Address 4001 N. Vasco Road

City Livermore State CA Zip 94550

12. Sample Collector

e) TANK DESTINATION #1 Tank to be re-used onsite for waste oil storage (above ground)

Name Caryl Walti Tank #2 For gasoline - (above ground)

Company Kleinfelder Inc.

Address 2121 N. California Blvd.

City Walnut Creek State CA Zip 94596 Phone 938-5610

Dennis

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity approx.	Historic Contents (past 5 years)		
750 gal.	waste oil	—	—
1000 gals	gasoline	—	—

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

If yes, describe. _____

15. NFPA methods used for rendering tank inert? Yes [] No

If yes, describe. _____

Tank to be re-used onsite

16. Laboratories

Name ~~N/A~~ NET Pacific, Inc.

Address 435 Tesconi Circle

city Santa Rosa state CA zip 95401

State Certification No. 178

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
<u>Soil Samples</u> Petroleum Hydrocarbons Volatile Organics PCB Lead, Chrome, zinc, Cadmium waste oil		EPA 8015 EPA 8240 EPA 8080 AA methods 8270

18. Site Safety Plan submitted? Yes [] No

19. Workman's Compensation: Yes No []

Copy of Certificate enclosed? Yes No []

Name of Insurer Superior National Ins. Co.

20. Plot Plan submitted? Yes No []

21. Deposit enclosed? Yes No []

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

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 will notify the Department of Environmental Health at least two (2) working days (48 hours) in advance to schedule any required inspections. 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.

Signature of Contractor

Name (please type) DePaoli Equip. Co., Inc.
Signature *Edward DePaoli*
Date 11/23/88

Signature of Site Owner or Operator

Name (please type) DePaoli Equip. Co., Inc.
Signature *Edward DePaoli*
Date 11/23/88

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. A copy of your approved plan must be sent to the landowner.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A
SAMPLING RESULTS

Tank or Area	Contaminant	Location & Depth	Results (specify units)

**STANDARD
WORKERS' COMPENSATION AND
EMPLOYERS' LIABILITY POLICY
Declarations**

P.O. Box 4082
Woodland Hills, CA 91365-4082
5900 Canoga Avenue, Suite 200
Woodland Hills, CA 91367



ITEM 1.

Name of Insured: **DE PAOLI EQUIPMENT CO. INC. AND RALPH PROPERTIES (A CORP); A LIMITED PARTNERSHIP**
Address: **4001 N. VASCO ROAD LIVERMORE, CALIFORNIA**

POLICY NUMBER: **02-WCP-21674-A**

RENEWAL OF: **NEW**

STATE	PRODUCER	CODE	A. B.	GRP NO.
04	0015210	000	05	000

Individual Partnership
 Corporation

ISU
Ellingson & Jones Insurance Services
Auto Home Insurance Mart
The Firm is Independently Owned and Operated
P.O. Box 2847, 1415 Sepulveda Blvd., Suite 200, San Jose, CA 95108
(408) 539-5300 (408) 795-1311

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Operations covered by this policy are conducted at the above address unless

ITEM 2. Policy period: From **01-01-88** To **01-01-89** 12:01 A.M., standard time at the address of the insured as stated herein.

ITEM 3. Coverage A of this policy applies to the workers' compensation law and any occupational disease law of each of the following states:
California

ITEM 4. Classification of Operations	Code	Premium Basis	Rates	Totals
Entries in this item, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.		Estimated Total Remuneration	Per \$100 of Remuneration	Estimated Premiums
Clerical Office Employees - N.O.C.	8810(1)	VARIES	.78	---
Salesmen, Collectors or Messengers - Outside	8742(1)	VARIES	1.38	---
Governing Class:				
STOCK FARMS	0038(1)	VARIES	22.08	---
FIELD CROPS	0171	VARIES	17.79	---
GRADING LAND - N.O.C. - INCLUDING BORROWING, FILLING, OR BACKFILLING	6217(2)	VARIES	8.25	---
TRUCKMEN - N.O.C. - INCLUDING TERMINAL EMPLOYEES, GARAGEMEN AND REPAIRMEN	7219(1)	VARIES	17.44	---
WATER TRUCK SERVICE COMPANIES - ALL OPERATIONS	7272	VARIES	7.92	---
CONTRACTOR'S PERMANENT YARDS-FOR MAINTENANCE OF EQUIPMENT OR STORAGE OF MATERIAL	8227	VARIES	7.62	---
GARBAGE, ASHES OR REFUSE DUMP OPERATIONS-ALL EMPLOYEES	9424	VARIES	9.32	---
LIMIT OF LIABILITY - COVERAGE B-1%				
ALL STATES ENDORSEMENT - FLAT CHARGE - \$50.				
U.S.L.&H. ENDORSEMENT - FLAT CHARGE - \$50.				
VOLUNTARY COMPENSATION - FLAT CHARGE - \$50.				
Normal Anniversary Date _____ %				
Experience Modification JAN 18 1988				

Minimum Premium \$ **2,500** Total Estimated Policy Premium \$ **77,000**

If indicated herein, interim adjustments of premium shall be made: Semi-Annually Quarterly Monthly Deposit Premium \$ **7,700**

Numbers of endorsements forming a part of this policy on its effective date: **C.I.G.A. 1.0%** **770.**

WC-U/W-102, WC-U/W-104, WC-U/W-105, WC-U/W-106, WC-U/W-107, WC-U/W 115, WC-U/W-121

ITEM 5. Limit of Liability for Coverage B - Employers' Liability \$ 500,000, subject to all the terms of this policy having reference thereto.
BURLINGAME, CALIFORNIA
09-01-88sh
WC-U/W-101 1/86

Countersigned By _____ (Authorized Agent)

LOADING
RAMP

45

80

10x20
Toil

12x60 SCALE

Tank #2

22

Shop

76

62

ASPHALT
SURFACE

64
OFFICE

19

41

Mount
Beacon

20

20

20

H2O
TANK

Tank #1

350

PARKING
AREA

FEED LINE

75' APP.

425

Pole Barn

45'