

**Hugo, Susan, Public Health, EHS**

**From:** Hugo, Susan, Public Health, EHS  
**Sent:** Monday, March 06, 2000 1:50 PM  
**To:** Peacock, Tom, Public Health, EH  
**Cc:** Weston, Robert, Public Health, EH; Levi, Ariu, Public Health, EH  
**Subject:** Anonymous Complaint Regarding Construction Activities at Chiron in Emeryville

I received an anonymous complaint call (message at 6:39 am) on 2/23/00 regarding construction activities at Chiron (STID# 801) located at 1400 53<sup>rd</sup> Street in Emeryville. The caller was complaining about stockpiled soil, deep excavation, dewatering and discharge activities into the creek & storm drain.

Our office is not currently involved in any construction activities at the site. The following is a synopsis of activities conducted to follow up the complaint:

2/23/00           Contacted the City of Emeryville (Ignacio Dayrit) to verify if the city knows of the work being done at Chiron. Ignacio informed me that the RWQCB (Mark Johnson) may be overseeing the project.

                    Contacted Mark Johnson ; tried to leave message but voice mail was full.

                    Called EKI consultant ( I have previously worked with them on some projects in Emeryville). Found out from Michelle King (EKI) that they are Chiron's consultant on this project. Michelle referred me to Vera Nelson (EKI) who is the project manager. According to Vera, Chiron is performing seismic retrofit on the portion of Chiron campus owned by Wareham Development (also known as South BGR property). The project is overseen by Mark Johnson (RWQCB). Per Vera Nelson, Jay Grover is the contact person for Chiron and that she will contact Jay Grover to call me so we can arrange a site visit in the afternoon.

                    Received a phone call (10:30 am) from Jay Grover and Mark Mammarella of Chiron; they explained the project and the parties involved; I scheduled site visit at 2:30 pm.

                    On site meeting (2:30 pm) attended by Mark Mammarella & Patty Harris of Chiron ; they provided a copy of the Planned Seismic Retrofit Project (12/16/99) addressed to Mark Johnson of the RWQCB and a copy of EKI's letter of 12/22/99 documenting RWQCB's verbal concurrence.

                    Kevin Little of Chiron, Glen Leong of Soma (consultant for Wareham Development) and Ed Hayes of LCI Construction (contractor doing the retrofitting) joined the meeting.

                    Stockpiled soil (generated from trenching / drilling) appeared to be fully covered with visqueen. Currently working on pile 5 in building R. Trenches appeared to be about 5 feet deep; water was present at bottom of trenches. Dewatering the trenches and discharging into surface soil. Water collecting at bottom of trenches was reported as rain water. Raining for the last few days. Temescal Creek overflow runs beneath the site. Based on pre-drilling activities, groundwater beneath the site is at approximately 13 to 19 feet bgs. Therefore, water at trenches appeared at be rain water. Advised Chiron to :

- contact Mark Johnson (RWQCB) to confirm appropriate dewatering activities at the site
- stockpiled soil should be characterized for proper disposal; must be cover with visqueen & bermed to prevent run-off
- cover trenches to minimize rain water collecting at bottom of the trenches

2/24/00 Phone discussion with Mark Mammarella (Chiron) regarding soil data from deep samples ( 14 to 18 feet bgs); no data on shallow soils.

Phone discussion with Glen Leong re: soil samples collected at 14 to 18 feet to evaluate potential smearing impact to groundwater during pile driving.

Mark Mammarella reported result of conversation with Mark Johnson (RWQCB); RWQCB concur with Chiron's practice of water (rain) discharge into surface soil.

3/01/00 Discuss with Mark Johnson regarding anonymous complaint; he is aware of Chiron's construction activities & water pumped from trenches & discharge into surface soil is not a problem.

**Susan L. Hugo**  
Hazardous Materials Specialist  
Environmental Health Services  
(510) 567-6780

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
(510) 337-9335 (FAX)

June 13, 1997  
STID # 801

Mr. Ric Notini  
Manager, Environmental Health & Safety  
Chiron Corporation  
4560 Horton Street  
Emeryville, California 94608-2916

**Subject: Removal of Two Bunker Oil Underground Storage Tanks at Building M  
on the Chapman Property - 1400 53rd Street, Emeryville, California 94608**

Dear Mr. Notini:

The Alameda County Department of Environmental Health, Environmental Protection Division has reviewed the Tank Closure Report dated March 7, 1997, prepared and submitted by Erler & Kalinowski, Inc. (EKI) for the above referenced site.

Two 6,800 gallon bunker oil underground storage tanks located on the east side of Building M on the Chapman property were removed on September 5, 1996. The removal of the former tanks were performed by Dillard Environmental Services for Chiron Corporation.

The concentration of contaminants detected in the soil samples collected prior to and during the removal of the former tanks are below the site remediation goals with the exception of Total Extractable Petroleum Hydrocarbon (TEPH). Up to 5,800 ppm TEPH was detected in the soil exceeding the 1,000 ppm TPH site remediation goal for general petroleum hydrocarbons. A grab groundwater sample was collected from the common excavation and analytical results indicated the presence of TEPH (130 ppm) and PCBs (0.75 ppb).

This office concurs with EKI's recommendation that the management of the residual soil and groundwater contamination left at the site should be incorporated in the Risk Management Plan. In addition, the stability of the dissolved TEPH plume should be verified in the future Long-Term Risk Management Plan for the Chiron property.

I have enclosed an Underground Storage Tank Unauthorized Release (Leak) / Contamination Site Report (ULR) which must be completed and submitted to this office within five working days.

*Wgt file*

### BILLING ADJUSTMENT FORM

Date: 9-11-96 File Copy only

STID#: 801

Caller: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: Chiron Corp.

Site Address: 1400 53rd St. City Emeryville Zip 94608

Billing Acct#	
<input type="checkbox"/> Generator....	<u>H</u>
<input type="checkbox"/> HMMP.....	<u>L</u>
<input type="checkbox"/> UST.....	<u>T</u>

REQUESTED CHANGES: \_\_\_\_\_  
Site previously not registered. ~~Remove~~ Change from "F" to "R" status

Received by: *MA*

[ ] **Discontinue billing with explanation and date:**

- Generator \_\_\_\_\_
- HMMP (AB2185) \_\_\_\_\_
- UST \_\_\_\_\_

[ ] **Continue billing with following changes:**

- Change number of EMPLOYEES From: \_\_\_\_\_ To: \_\_\_\_\_
- Change number of TANKS From: 2 To: 0
- HMMP (AB2185) - See Attachment
- Updated information below:

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Site address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Business Owner \_\_\_\_\_ Phone \_\_\_\_\_

BILLING address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Specialist: *Ben Cle*

Date: 1/

[ ] Sent to billing  
on \_\_\_\_\_

TANKS REMOVED 9/5/96  
SH

#801



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 <b>CHIRON CORPORATION</b>		NAME OF OPERATOR <b>CHIRON CORPORATION</b>		
ADDRESS <b>1400 53rd St 4500 HORTON STREET</b>		NEAREST CROSS STREET <b>53RD STREET</b>	PARCEL # (OPTIONAL)	
CITY NAME <b>EMERYVILLE</b>		STATE <b>CA</b>	ZIP CODE <b>94608-2916</b>	SITE PHONE # WITH AREA CODE <b>510-601-2484</b>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input 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"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <b>0</b>	E. P. A. I. D. # (optional)
<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				

<b>EMERGENCY CONTACT PERSON (PRIMARY)</b>		<b>EMERGENCY CONTACT PERSON (SECONDARY) - optional</b>	
DAYS: NAME (LAST, FIRST) <b>TARRANTINO, STEPHEN</b>	PHONE # WITH AREA CODE <b>415 598 1172</b>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <b>TARRANTINO, STEPHEN</b>	PHONE # WITH AREA CODE <b>415 587 0728</b>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <b>HAROLD B. CHAPMAN JR.</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>2900 MAIN ST.</b>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>ALAMEDA</b>		STATE <b>CA</b>	ZIP CODE <b>94501</b>	PHONE # WITH AREA CODE <b>510.522.7212</b>

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <b>HAROLD B. CHAPMAN JR.</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>2900 MAIN ST</b>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>ALAMEDA</b>		STATE <b>CA</b>	ZIP CODE <b>94501</b>	PHONE # WITH AREA CODE <b>510.522.7212</b>

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

TY(TK) HQ **44-037926**

**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 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) <b>HAROLD B. CHAPMAN JR</b> <i>H B Chapman</i>	OWNER'S TITLE <b>owner</b>	DATE <b>9/10/96</b>	MONTH/DAY/YEAR
LOCAL AGENCY USE ONLY			

COUNTY # <b>01</b>	JURISDICTION # <b>000</b>	FACILITY # <b>059364</b>	<b>9-11-96</b>
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 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 ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

<b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <u>NORTH TANK</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>6,800</u>

<b>II. TANK CONTENTS</b> IF A-1 IS MARKED, COMPLETE ITEM C.	
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input checked="" type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN
B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 1c MIDGRADE UNLEADED <input type="checkbox"/> 2 LEADED
<input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 8 M85 <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>BUNKER FUEL OIL</u> C. A. S. #:	

<b>III. TANK CONSTRUCTION</b> 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"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SINGLE WALL IN A VAULT
<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank) <input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL
<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	
C. INTERIOR LINING OR COATING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED <input checked="" type="checkbox"/> 95 UNKNOWN
<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER	
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___	
D. EXTERIOR CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE <input checked="" type="checkbox"/> 95 UNKNOWN
<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER	
E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____ DROPTUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___	

<b>IV. PIPING INFORMATION</b> 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 4 FLEXIBLE PIPING    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    A U 99 OTHER
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 MECHANICAL LINE LEAK DETECTOR <input type="checkbox"/> 2 LINE TIGHTNESS TESTING <input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR <input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN <input type="checkbox"/> 99 OTHER

<b>V. TANK LEAK DETECTION</b>	
<input type="checkbox"/> 1 VISUAL CHECK <input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION <input type="checkbox"/> 8 SIR
<input type="checkbox"/> 3 VADOZE MONITORING <input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING <input type="checkbox"/> 10 MONTHLY TANK TESTING
<input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	

<b>VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)</b>		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNKNOWN</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>UNKNOWN</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input 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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>WAROLD B. CHAPMAN JR. WBC</u>	DATE <u>8/20/96</u>
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<b>LOCAL AGENCY USE ONLY</b> THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW			
STATE I.D.#	COUNTY #	JURISDICTION #	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. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

NOT previously registered w/ALCO; no tank id

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 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 ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

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

A. OWNER'S TANK I. D. # <u>SOUTH TANK</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>6,800</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT
<input checked="" type="checkbox"/> 2 PETROLEUM	80 EMPTY	<input type="checkbox"/> 2 WASTE
<input type="checkbox"/> 3 CHEMICAL PRODUCT	95 UNKNOWN	

C.  1a REGULAR UNLEADED  3 DIESEL  6 AVIATION GAS  
 1b PREMIUM UNLEADED  4 GASAHOL  7 METHANOL  
 1c MIDGRADE UNLEADED  5 JET FUEL  8 M85  
 2 LEADED  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	1 DOUBLE WALL	3 SINGLE WALL WITH EXTERIOR LINER	5 INTERNAL BLADDER SYSTEM	95 UNKNOWN
	2 SINGLE WALL	4 SINGLE WALL IN A VAULT	99 OTHER	

B. TANK MATERIAL (Primary Tank)	1 BARE STEEL	2 STAINLESS STEEL	3 FIBERGLASS	4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	5 CONCRETE	6 POLYVINYL CHLORIDE	7 ALUMINUM	8 100% METHANOL COMPATIBLE W/FRP
	9 BRONZE	10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN	99 OTHER

C. INTERIOR LINING OR COATING	1 RUBBER LINED	2 ALKYD LINING	3 EPOXY LINING	4 PHENOLIC LINING
	5 GLASS LINING	6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

D. EXTERIOR CORROSION PROTECTION	1 POLYETHYLENE WRAP	2 COATING	3 VINYL WRAP	4 FIBERGLASS REINFORCED PLASTIC
	5 CATHODIC PROTECTION	91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	99 OTHER

E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) \_\_\_\_\_ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) \_\_\_\_\_  
 DROP TUBE YES \_\_\_ NO \_\_\_ STRIKER PLATE YES \_\_\_ NO \_\_\_ DISPENSER CONTAINMENT YES \_\_\_ NO \_\_\_

**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 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	<input checked="" type="checkbox"/> 95 UNKNOWN	A U 99 OTHER
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	<input checked="" type="checkbox"/> 95 UNKNOWN	A U 99 OTHER	

D. LEAK DETECTION  1 MECHANICAL LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 CONTINUOUS INTERSTITIAL MONITORING  4 ELECTRONIC LINE LEAK DETECTOR  5 AUTOMATIC PUMP SHUTDOWN  99 OTHER

**V. TANK LEAK DETECTION**

1 VISUAL CHECK	2 MANUAL INVENTORY RECONCILIATION	3 VADOZE MONITORING	4 AUTOMATIC TANK GAUGING	5 GROUND WATER MONITORING	6 ANNUAL TANK TESTING
7 CONTINUOUS INTERSTITIAL MONITORING	8 SIR	9 WEEKLY MANUAL TANK GAUGING	10 MONTHLY TANK TESTING	<input checked="" type="checkbox"/> 95 UNKNOWN	99 OTHER

**VI. TANK CLOSURE INFORMATION** (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNKNOWN</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>UNKNOWN</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>HAROLD B. CHAPMAN JR. H B Chapman</u>	DATE <u>8/20/96</u>
---	------------------------

**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
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THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

FORM B (6-95) NOT PREVIOUSLY registered w/ ALCO ; NO Tank id n

MEMORANDUM

DATE: September 6, 1996

TO: Don Atkinson Adams

FROM: Susan L. Hugo *SH*

SUBJ: Status of CHIRON's USTs

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Two 6,800 gallon bunker fuel USTs were removed at Chiron located at 1400 53rd Street in Emeryville yesterday (9/5/96). These two tanks were at the former Chapman property.

Two 688 gallon solvent tanks were removed at Chiron identified at 4595 Horton Street but the correct address is 4560 Horton Street. These solvent tanks were removed in November 1993.



white - env. health  
yellow - facility  
pink - files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy  
Alameda CA 94502  
510/567-6700

Hazardous Materials Inspection Form

II, III

Site ID # 801 Site Name Chuan Today's Date 1/4/95  
Site Address 1400 53rd ST  
City Emeryville Zip 94608 Phone \_\_\_\_\_

\_\_\_\_ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- \_\_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- \_\_\_\_ II. Hazardous Materials Business Plan, Acutely Hazardous Materials
- III. Under ground Storage Tanks

*UST inspected*

\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

*Investigator of site indicates that there are now no USTs on site being used by CHIRON*

*Remove from data base*

*former tanks removed through permit this office from Boulder or Susan Hugo*

*1/4/95  
✓ to see if there are any physical files for these.*

*Ask Brian about Chiron removal*

Contact TO F1.12  
Title \_\_\_\_\_  
Signature \_\_\_\_\_

Insp: \_\_\_\_\_  
Sign: \_\_\_\_\_

*Get back to Norma*

*1/5 left voice mail for Brian*

ALAMEDA COUNTY  
HEALTH CARE SERVICES



2 AGENCY  
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

May 13, 1993

Chloro Corp  
1400 53rd St.  
Emeryville, Ca, 94601

**Subject:** Application for Permit to Operate Underground Storage  
2 Tank(s) at 1400 53rd St Emeryville

According to our records, you are the owner/operator of the above facility. The following information is needed to complete the application for underground tank(s) permit(s). To complete the process, please forward the following to this office:

- ✓ 1) An accurate and complete plot plan (see attached sheet).
- ✓ 2) A written spill response plan (see attached sheet).
- ✓ 3) A written monitoring plan, indicating the proposed procedure for tank monitoring.
- ✓ 4) Results of precision tank test(s) (initial/annual).
- ✓ 5) Results of (original/annual) precision pressure pipeline leak detector tests
- ✓ 6) A completed form "A" (enclosed).
- ✓ 7) A completed form "B" (enclosed) for each tank, numbered in accordance with the locations shown on the plot plan.
- N/A 8) A completed form "C" (enclosed).
- 9) Correct fee should be in the amount of \$ Call (check or money order) payable to Alameda County Division of Hazardous Materials, 470 27th St., Oakland, CA 94612 (Fee schedule enclosed).

Other: if the tanks are not to be permitted they must be legally closed. Provide closure information or permit for closure of the USTs

Received checklist: date: 5/13/93 Signature: [Signature]

Note: Please keep checklist in order to facilitate completion. Sign and return second copy to this office indicating receipt of the above checklist.

Further information can be obtained by calling Brian Oliva at (510) 271-4320.

Forms enclosed: 1) Forms A,B,C, plot plan, spill response plan, and fee schedule. Memo on SB 2004 funding (January 9, 1992). ( PERMAPPL BPO 1/92)

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



January 31, 1991

Harold B. Chapman, Jr.  
196 Caldecott Ln., #314  
Oakland, CA 94618

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

re: 1400 - 53rd St., Emeryville, 94608.

**FINAL NOTICE OF VIOLATION**

Dear Mr. Chapman:

Our records indicate that there are underground tank(s) at your site at the above facility. You have not responded to two previous notices regarding these tanks. Attached are Forms A and B for your submission.

In accordance with the California Code of Regulations, Title 23, Chapter 3, Subchapter 16 Underground Tank Regulations you must perform one of the following actions:

1. Submit a tank closure plan to this Department as required by Article 7, 2670, or
2. Apply for a permit as required by Article 10, 2710.

You are directed to notify this Department within 10 days of your intentions and to obtain the necessary instructions and forms.

Please note that section 25299 of the California Health and Safety Code states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars or more than five thousand dollars per day for failure to obtain a permit, or failing to properly close an underground storage tank, as required by section 25298.

If you have any questions concerning this matter, please contact this office at 271-4320.

Sincerely,

Thomas F. Peacock, Senior HMS  
Hazardous Materials Division

TFP:tfp

cc: Gil Jensen, Alameda County District Attorney, Consumer and  
Environmental Protection Agency  
Lester Feldman, RWQCB

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



December 6, 1990

Harold B. Chapman, Jr.  
196 Caldecott Ln., #314  
Oakland, CA 94618

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

Re: 1400 53rd St. Emeryville

**SECOND NOTICE OF VIOLATION**

Dear Mr. Chapman:

Our records indicate that there are underground tank(s) at your site at the above facility. You have not responded to two previous notices regarding these tanks.

In accordance with the California Code of Regulations, Title 23, Chapter 3, Subchapter 16 Underground Tank Regulations you must perform one of the following actions:

1. Submit a tank closure plan to this Department as required by Article 7, 2670, or
2. Apply for a permit as required by Article 10, 2710.

You are directed to notify this Department within 10 days of your intentions and to obtain the necessary instructions and forms.

Please note that section 25299 of the California Health and Safety Code states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars or more than five thousand dollars per day for failure to obtain a permit, or failing to properly close an underground storage tank, as required by section 25298.

If you have any questions concerning this matter, please contact this office at 271-4320.

Sincerely,

Thomas F. Peacock, Senior HMS  
Hazardous Materials Division

TFP:tfp

cc: Gil Jensen, Alameda County District Attorney, Consumer and  
Environmental Protection Agency  
Lester Feldman, RWQCB



DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

November 13, 1989

Harold B. Chapman, Jr.  
196 Caldecott Ln., # 314  
Oakland, CA 94618

Re: 1400 53rd St., Emeryville

NOTICE OF LEGAL OBLIGATION

Dear Mr. Chapman:

Our records indicate that there are underground tank(s) at your site at the above facility.

In accordance with the California Code of Regulations, Title 23, Chapter 3, Subchapter 16 Underground Tank Regulations you must perform one of the following actions:

1. Submit a tank closure plan to this Department as required by Article 7, 2670, or
2. Apply for a permit as required by Article 10, 2710.

Notify this Department within 10 days of your intentions and to obtain the necessary instructions and forms.

Please note that section 25299 of the California Health and Safety Code states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars or more than five thousand dollars per day for failure to obtain a permit, or failing to properly close an underground storage tank, as required by section 25298.

If you have any questions concerning this matter, please contact this office at 271-4320.

Sincerely,

Thomas F. Peacock, Senior HMS  
Hazardous Materials Division

TFP:tfp

cc: Gil Jensen, Alameda County District Attorney, Consumer and  
Environmental Protection Agency  
Lester Feldman, RWQCB