

FILE OR PER NO.] R] ENVELOPE No. of	PLAN REVIEW	By	Date		By	Date		By	Date
<input type="checkbox"/> OWNER S.Y. Tong Address 3133 MLK Oakland 609 Phone	\$ Rec'd.			POOL	Pre-Concrete/Gunite			Pre-Covering	
<input type="checkbox"/> Contractor Address Phone	No. Plans Rec'd.				Pre-Plaster				
<input type="checkbox"/> OTHER (Specify) Address Phone	Plans Approved				Final				
<input checked="" type="checkbox"/> CONTACT FOR INVESTIGATION	Layout Made				EXCAVATION	Septic Tank			Final
	Rejected			FINAL	Absorption Field				
	Applicant Notified				Absorption Bed				
	Plans Returned				House Sewer				
	Permit Issued				Septic Tank				
	CONSTRUCTION PROGRESS ACCEPTANCE				Absorption Field				
	Pre-Plaster/drywall				Absorption Bed				
	Pre-Final			OTHER					
	Final								

Closed

XR		REMARKS		
Date	By	Date	By	REMARKS
				\$ 70.50
				zero the balance & close

LOCATION

Vicinity Map

4489

SD# **3904a**

Side # **3904**

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 checked="" 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. SIGNED: <i>Ben Wells</i> DATE: <i>2/8/96</i>
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REPORT DATE: <i>01/25/96</i>	CASE #
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REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <i>Env. Resource Group</i>	PHONE <i>(415) 924-6261</i>	SIGNATURE <i>Ben Wells</i>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <i>BEN WELLS ERG</i>		
	ADDRESS <i>151 Golden Hind Passage</i> CITY: <i>Corte Madera</i> STATE: <i>CA</i> ZIP: <i>94920</i>			

RESPONSIBLE PARTY	NAME <i>Sy Tong</i> <input type="checkbox"/> UNKNOWN	CONTACT PERSON ()	PHONE ()
	ADDRESS <i>336 Ramona ave</i> CITY: <i>El Cerrito</i> STATE: <i>CA</i> ZIP: <i>94530</i>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <i>ND</i>	OPERATOR <i>ND</i>	PHONE ()	
	ADDRESS <i>3133 Martin Luther King Jr. Way</i> CITY: <i>Oakland</i> COUNTY: <i>CA</i> ZIP: <i>94609</i>			
	CROSS STREET <i>32nd St.</i>			

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME <i>Alameda County Health Dept.</i>	CONTACT PERSON <i>Brian Olive</i>	PHONE <i>(510) 567-6700</i>
	REGIONAL BOARD ()		

SUBSTANCES INVOLVED	(1) <i>(3) 1,000 gal Gas tanks & (1) 10,000 gal. gas tank</i>	QUANTITY LOST (GALLONS)	<input type="checkbox"/> UNKNOWN
	(2) <input type="checkbox"/> UNKNOWN		

DISCOVERY/ABATEMENT	DATE DISCOVERED <i>01/25/96</i>	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER	
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER	
	HAS DISCHARGE BEEN STOPPED? <input checked="" 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"/> CORROSION <input checked="" type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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CURRENT STATUS	CHECK ONE ONLY		
	<input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> REMEDIATION PLAN	<input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY)	<input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input checked="" type="checkbox"/> CLEANUP UNDERWAY

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)		
	<input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE)	<input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)	<input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> TREATMENT AT HOOKUP (HU)

COMMENTS: *(3) 1,000 gal. gas tanks & (1) 10,000 gal. gas tank removed 1/25/96 soil & water samples collected from 1,000 gal & 10,000 gal. tanks*

Sheet 5 of _____

Project: _____ Job No.: 1004-95
 Subject: FIELD INVESTIGATION DAILY REPORT Date: 1-23-95
 Equipment Rental: _____ Company: _____ To: _____
 Equipment Hours: _____ F.E. Time from: _____ to: _____ By: _____

(outside service and expense record must be attached for any outside costs)

- Removed at 4 UST

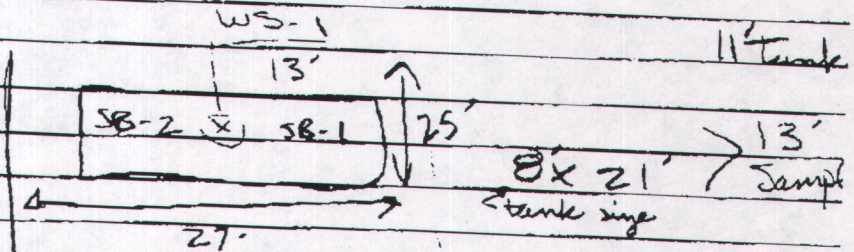
7:30 start work on site Buckle (KSI) help, I
 setup 2 pull tanks at 12:30 pm

- Soil Samples - on 10,000 gal. gas tanks

11:20 SB-1 at 13' > 10,000 gal. gas tank

11:30 SB-2 at 13' Test for TPH-g, d, BTEX

with TPH-g, d, BTEX (WS-1) (1) for Total lead



1 hr Lunch

4:30 Buckle (KSI) off site

5:30 helped I off site

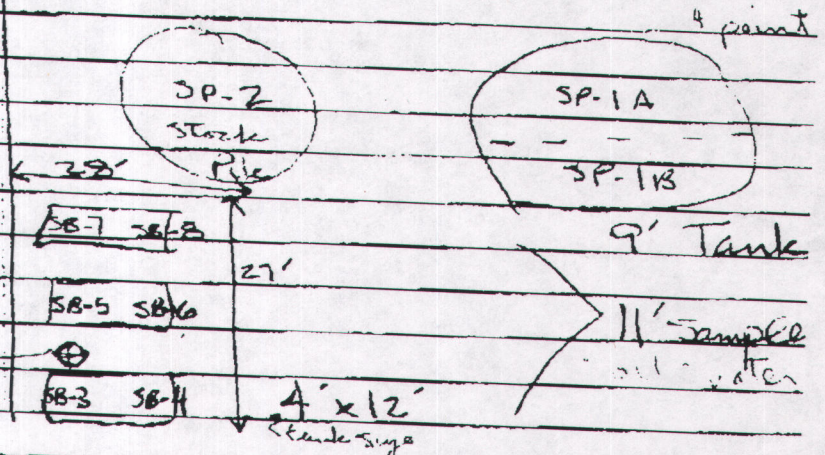
Soil

TPH-g, d, BTEX

(1) Total lead

(WS-2)

Water TPH-g, d, BTEX



Attachments:

WS-2

11'

Initial

N

(1)

Environmental Resource Group

151 Golden Hind Passage
Corte Madera, CA 94925
(415) 924-6261
(415) 924-5517 FAX

FAX COVER SHEET

To: Brian Oliver

FROM: Ben Wells

DATE: 2/6/96

RE: MLK a.w.

Number of pages 16 including cover sheet

Comments: Final Results for Soil & water - 3:30 PM

If you experience a problem with this transmission please call the numbers listed below.

FAX#: 415-924-5517

Reporting Information

1. Client: ENV. Resource Group
 Address: 151 Golden Hill Park
Corte Madera, CA 94025
 Contact: Ben Wells
 Alt. Contact: Tony

American Environmental Network
 3440 Vincent Road, Pleasant Hill, CA 94523
 Phone (510) 930-9090
 FAX (510) 930-0256

AEN

R-5, S1 Page 1 of 1

REQUEST FOR ANALYSIS / CHAIN OF CUSTODY

9601344

Lab Job Number: _____
 Lab Destination: _____
 Date Samples Shipped: 1/26/96
 Lab Contact: _____
 Date Results Required: 7 days
 Date Report Required: _____
 Client Phone No.: 415-924-6261
 Client FAX No.: 415-924-6517

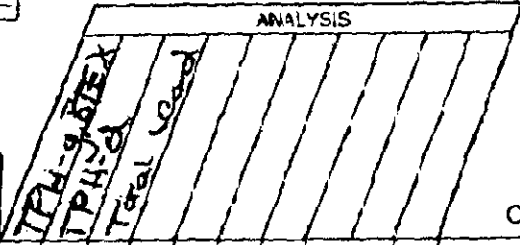
Address Report To
 2. 3133 M.L.K. Jr. Way
Oakland, CA 94612

Send Invoice To
 3. Same

Send Report To 1 or 2 (Circle one)

3133 Client P.O. No.: M.L.K. Jr. Way Client Project I.D. No.: 1004-95

Sample Team Member (s) Ben Wells



Lab Number	Client Sample Identification	Air Volume	Date/Time Collected	Sample Type*	Pres.	No. of Cont.	Type of Cont.	TPH-9.0/10.0	TPH-15.0	Total Lead	Comments / Hazards
01A	SB-1		1:20	S		1	Bun	X	X	X	
02A	SB-2		1:30					X	X		
03A	SB-3		1:40					X	X		
04A	SB-4		1:42					X	X	X	
05A	SB-5		1:45					X	X		
06A	SB-6		1:50					X	X		
07A	SB-7		1:55					X	X		
08A	SB-8		2:00					X	X		
09A	SP-1A		5:00					X	X	X	
10A	SP-1B		5:00					X	X	X	
11A	SP-2		5:00	↓		↓	↓	X	X	X	
12AD	WS-1		2:10	W	HCl	4	Non-Hal	X	X		
13AD	WS-2		2:30	W	HCl	4	Non-Hal	X	X		

Relinquished by: (Signature) <u>Ben Wells</u>	DATE <u>1/26/96</u>	TIME <u>9:30 A.M.</u>	Received by: (Signature) <u>Michael E. ...</u>	DATE <u>1-26-96</u>	TIME <u>11:40</u>
Relinquished by: (Signature) <u>Michael E. ...</u>	DATE <u>1-26-96</u>	TIME <u>12:35</u>	Received by: (Signature) <u>Liz ...</u>	DATE <u>1-26-96</u>	TIME <u>12:35</u>
Relinquished by: (Signature) _____	DATE _____	TIME _____	Received by: (Signature) _____	DATE _____	TIME _____
Method of Shipment _____			Lab Comments _____		

*Sample type (Specify): 1) 37mm 0.8µm MCEF 2) 25mm 0.3µm MCEF 3) 25mm 0.4µm polycarb. filter
 4) PVC filter, diam. _____ pore size _____ 5) Charcoal tube 6) Silica gel tube 7) Water 8) Soil 9) Bulk Sample
 10) Other _____ 11) Other _____

P. 17/17

FAX NO. 5109300256

AEN CALIFORNIA

FEB-06-96 TUE 14:19

02/06/1996 16:34

4159245517

ENVIRONMENTAL RESOURCE

PAGE 03

FEB-06-96 TUE 14:16

AEN CALIFORNIA

FAX NO. 5109300256

P. 13/17

PAGE 13

ENV. RESOURCE GROUP

SAMPLE ID: WS-1
 AEN LAB NO: 9601344.12
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/06/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	0.5	ug/L	02/02/96
Toluene	108-88-3	0.6 *	0.5	ug/L	02/02/96
Ethylbenzene	100-41-4	0.9 *	0.5	ug/L	02/02/96
Xylenes, Total	1330-20-7	4.3 *	2	ug/L	02/02/96
Purgeable HCs as Gasoline	5030/GCFID	0.1 *	0.05	mg/L	02/02/96
#Extraction for TPH	EPA 3510	-		Extrn Date	02/05/96
TPH as Diesel	GC-FID	ND	0.05	mg/L	02/05/96

ND = Not detected at or above the reporting limit
 * = Value at or above reporting limit

FEB-06-96 TUE 14:11

AEN CALIFORNIA

FAX NO. 5109300258

P. 02/17

PAGE 2

ENV. RESOURCE GROUP

SAMPLE ID: SB-1
 AEN LAB NO: 9601344-01
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/06/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		01/30/96
Toluene	108-88-3	ND	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	ND	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	ND	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	ND	0.2 mg/kg		01/30/96
#Extraction for TPH	EPA 3550	-		Extrn Date	01/26/96
TPH as Diesel	GC-FID	ND	1 mg/kg		01/29/96
#Digestion. Metals AA/ICP	EPA 3050	-		Prep Date	02/01/96
Lead	EPA 6010	7 *	1 mg/kg		02/04/96

ND - Not detected at or above the reporting limit

* - Value at or above reporting limit

FEB-06-96 TUE 14:11

AEN CALIFORNIA

FAX NO. 5109300256

P. 03/17

PAGE 3

ENV. RESOURCE GROUP

SAMPLE ID: SB-2
 AEN LAB NO: 9601344-02
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/06/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		01/30/96
Toluene	108-88-3	ND	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	ND	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	ND	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	ND	0.2 mg/kg		01/30/96
#Extraction for TPH	EPA 3550	-		Extrn Date	01/26/96
TPH as Diesel	GC-FID	ND	1 mg/kg		01/29/96

ND = Not detected at or above the reporting limit.

* = Value at or above reporting limit

02/06/1996 16:34 4159245517
FEB-06-96 TUE 14:12

AEN CALIFORNIA

ENVIRONMENTAL RESOURCE

PAGE 08

FAX NO. 5109300256

P.04/17

PAGE 4

ENV. RESOURCE GROUP

SAMPLE ID: SB-3
AEN LAB NO: 9601344-03
AEN WORK ORDER: 9601344
CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
DATE RECEIVED: 01/26/96
REPORT DATE: 02/06/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		01/30/96
Toluene	108-88-3	ND	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	32 *	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	110 *	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	37 *	0.2 mg/kg		01/31/96
#Extraction for TPH	EPA 3550	-		Extrn Date	01/26/96
TPH as Diesel	GC-FID	43 *	1 mg/kg		01/29/96

ND = Not detected at or above the reporting limit
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FEB-06-96 TUE 14:12

AEN CALIFORNIA

FAX NO. 5109300258

P. 05/17

PAGE 5

ENV. RESOURCE GROUP

SAMPLE ID: SB-4
 AEN LAB NO: 9601344-04
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/06/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	140 *	30	ug/kg	01/30/96
Toluene	108-88-3	490 *	30	ug/kg	01/30/96
Ethylbenzene	100-41-4	830 *	30	ug/kg	01/30/96
Xylenes, Total	1330-20-7	1000 *	30	ug/kg	01/30/96
Purgeable HCs as Gasoline	5030/GCFID	21 *	1	mg/kg	01/31/96
#Extraction for TPH	EPA 3550	-		Extrn Date	01/26/96
TPH as Diesel	GC-FID	20 *	1	mg/kg	01/29/96
#Digestion. Metals AA/ICP	EPA 3050	-		Prep Date	02/01/96
Lead	EPA 6010	25 *	1	mg/kg	02/04/96

ND - Not detected at or above the reporting limit

* = Value at or above reporting limit

FEB-06-98 TUE 14:13

AEN CALIFORNIA

FAX NO. 5109300256

P.08/17

PAGE 6

ENV. RESOURCE GROUP

SAMPLE ID: SB-5
 AEN LAB NO: 9601344-05
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/06/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		01/30/96
Toluene	108-88-3	ND	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	ND	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	ND	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	ND	0.2 mg/kg		01/30/96
#Extraction for TPH	EPA 3550	-		Extrn Date	02/01/96
TPH as Diesel	GC-FID	6 *	1 mg/kg		02/02/96

ND = Not detected at or above the reporting limit

* = Value at or above reporting limit

FEB-08-96 TUE 14:13

AEN CALIFORNIA

FAX NO. 5109300258

P. 07/17

PAGE 7

ENV. RESOURCE GROUP

SAMPLE ID: SB-6
 AEN LAB NO: 9601344-06
 AEN WORK ORDER: 9601344
 CLIFNT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/06/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	7.2 *	5 ug/kg		01/30/96
Toluene	108-88-3	18 *	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	35 *	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	38 *	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	1.7 *	0.2 mg/kg		01/31/96
#Extraction for TPH	EPA 3550	-		Extrn Date	02/01/96
TPH as Diesel	GC-FID	8 *	1 mg/kg		02/02/96

ND = Not detected at or above the reporting limit

* = Value at or above reporting limit

FEB-08-96 TUE 14:14

AEN CALIFORNIA

FAX NO. 5109300256

P.09/17

PAGE 9

ENV. RESOURCE GROUP

SAMPLE ID: SB-8
 AEN LAB NO: 9601344-08
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/06/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		01/30/96
Toluene	108-88-3	ND	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	9.3 *	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	13 *	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	2.5 *	0.2 mg/kg		01/30/96
#Extraction for TPH	EPA 3550			Extrn Date	02/01/96
TPH as Diesel	GC-FID	21 *	1 mg/kg		02/02/96

ND = Not detected at or above the reporting limit

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FEB-06-96 TUE 14:16

AEN CALIFORNIA

FAX NO. 5109300256

P. 12/17

PAGE 12

ENV. RESOURCE GROUP

SAMPLE ID: SP-2
 AEN LAB NO: 9601344-11
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/06/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		01/30/96
Toluene	108-88-3	ND	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	ND	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	ND	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	ND	0.2 mg/kg		01/30/96
#Extraction for TPH	EPA 3550	-		Extrn Date	02/01/96
TPH as Diesel	GC-FID	ND	1 mg/kg		02/02/96
#Digestion, Metals AA/ICP	EPA 3050	-		Prep Date	02/01/96
Lead	EPA 6010	17 *	1 mg/kg		02/04/96

ND = Not detected at or above the reporting limit
 * = Value at or above reporting limit

Project: _____ Job No.: 1004-95
 Subject: FIELD INVESTIGATION DAILY REPORT Date: 1-25-95
 Equipment Rental: _____ Company: _____ To: _____
 Equipment Hours: _____ F.E. Time from: _____ to: _____ By: _____

(outside service and expense record must be attached for any outside costs)

- Removed at 4 UST

7:30 Start work on site Buck (KSI) help, I
 set up to pull tanks at 12:30 pm

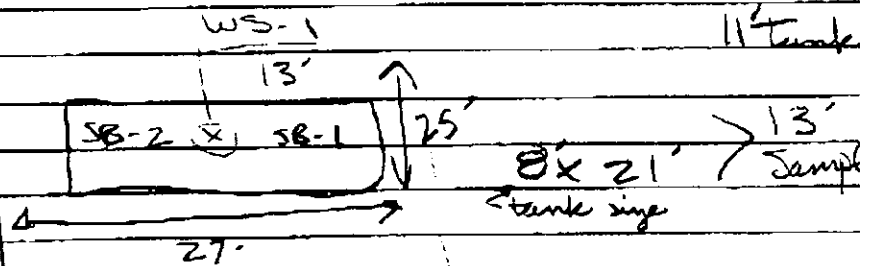
- Soil Samples - on 10,000 gal. gas tanks?

11:20 SB-1 at 13' > 10,000 gal gas tank

11:30 SB-2 at 13' Test for TPH-g, d, BTEX

(1) for Total lead

with TPH-g, d, BTEX (WS-1)



7 hr lunch

4:30 Buck (KSI) off site

5:30 help I off site

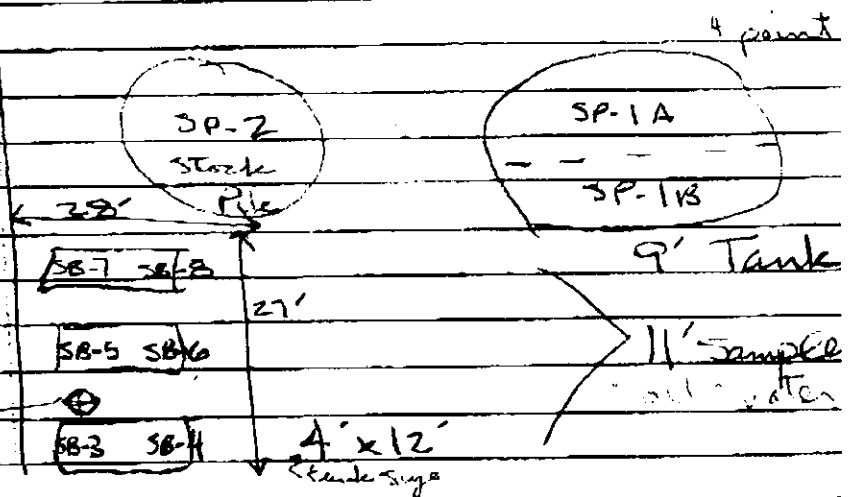
Soil

TPH-g, d, BTEX

(1) Total lead

WS-2

Water TPH-g, d, BTEX



Attachments:

WS-2

11'

Initial

N

(1)

P. 13/13

FAX NO. 5109300256

ALY CALIFORNIA

FEB-02-96 FRI 08:44

1. Client: Env. Resource Group
 Address: 151 Golden Hill Park, Corte Madera, CA 94925
 Contact: Bernadette
 Alt. Contact: Toni Linn

AMERICAN ENVIRONMENTAL SERVICES
 3440 Vincent Road, Pleasant Hill, CA 94523
 Phone (510) 930-9090
 FAX (510) 930-0256

REQUEST FOR ANALYSIS / CHAIN OF CUSTODY
 9601344

Lab Job Number: _____
 Lab Destination: _____
 Date Samples Shipped: 1/26/96
 Lab Contact: _____
 Date Results Required: 7 days
 Date Report Required: _____
 Client Phone No.: 415-924-6261
 Client FAX No.: 415-924-6517

Address Report To:
 2 3133 M.L.K. Jr. Way
OAKLAND, CALIF

Send Invoice To:
 3. Same

Send Report To: 1 or 2 (Circle one)
3133
 Client P.O. No.: M.L.K. Jr. Way Client Project ID. No.: 1004-95

Sample Team Member(s) Ben Wells

Lab Number	Client Sample Identification	Air Volume	Date/Time Collected	Sample Type*	Pres.	No. of Cont.	Type of Cont.	ANALYSIS			Comments / Hazards
01A	SB-1		1:20	S		1	802	X	X	X	
02A	SB-2		1:30					X	X		
03A	SB-3		1:40					X	X		
04A	SB-4		1:42					X	X	X	
05A	SB-5		1:45					X	X		
06A	SB-6		1:50					X	X		
07A	SB-7		1:55					X	X		
08A	SB-8		2:00					X	X		
09A	SP-1A		5:00					X	X	X	
10A	SP-1B		5:00					X	X	X	
11A	SP-2		5:00					X	X	X	
12AD	WS-1		2:10	W	HCl	4		X	X		
13AD	WS-2		2:30	W	HCl	4		X	X		

IPH-9-BTEX
 TPH-9
 Total Lead

Relinquished by: (Signature) <u>Ben Wells</u>	DATE <u>1/26/96</u>	TIME <u>9:30 A.M.</u>	Received by: (Signature) <u>Michael E. Reda</u>	DATE <u>1-26-96</u>	TIME <u>11:40</u>
Relinquished by: (Signature) <u>Michael E. Reda</u>	DATE <u>1-26-96</u>	TIME <u>12:35</u>	Received by: (Signature) <u>Lori A. Ruvitt</u>	DATE <u>1-26-96</u>	TIME <u>12:35</u>
Relinquished by: (Signature)	DATE	TIME	Received by: (Signature)	DATE	TIME
Method of Shipment			Lab Comments		

*Sample type (Specify): 1) 37mm 0.8 µm MCEF 2) 25mm 0.8 µm MCEF 3) 25mm 0.4 µm polycart. filter
 4) PVC filter, diam _____ pore size _____ 5) Charcoal tube 6) Silica gel tube 7) Water 8) Soil 9) Bulk Sample
 10) Other _____ 11) Other _____

FEB-05-96 MON 17:51

AEN CALIFORNIA

FAX NO. 5109300256

P.13/14

PAGE 13

ENV. RESOURCE GROUP

SAMPLE ID: WS-1
 AEN LAB NO: 9601344.12
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/05/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
#Extraction for TPH	EPA 3510	-		Extrn Date	02/05/96
TPH as Diesel	GC-FID		0.05	mg/L	

ND = Not detected at or above the reporting limit
 * = Value at or above reporting limit

FEB-05-96 MON 17:51

AEN CALIFORNIA

FAX NO. 5109300258

P. 14/14

PAGE 14

ENV. RESOURCE GROUP

SAMPLE ID: WS-2
AEN LAB NO: 9601344-13
AEN WORK ORDER: 9601344
CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
DATE RECEIVED: 01/26/96
REPORT DATE: 02/05/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
#Extraction for TPH	EPA 3510	-		Extrn Date	02/05/96
TPH as Diesel	GC-FID			0.05 mg/L	

ND = Not detected at or above the reporting limit
* = Value at or above reporting limit

FEB-05-96 MON 17:45

AEN CALIFORNIA

FAX NO. 5109300256

P. 02/14

ENV. RESOURCE GROUP

SAMPLE ID: S8-1
AEN LAB NO: 9601344-01
AEN WORK ORDER: 9601344
CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
DATE RECEIVED: 01/26/96
REPORT DATE: 02/03/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		01/30/96
Toluene	108-88-3	ND	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	ND	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	ND	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	ND	0.2 mg/kg		01/30/96
#Extraction for TPH	EPA 3550	-		Extrn Date	01/26/96
TPH as Diesel	GC-FID		1 mg/kg		
#Digestion, Metals AA/ICP	EPA 3050	-		Prep Date	02/01/96
Lead	EPA 6010	7 *	1 mg/kg		02/04/96

ND = Not detected at or above the reporting limit
* = Value at or above reporting limit

FEB-05-96 MON 17:46

AEN CALIFORNIA

FAX NO. 5109300256

P.03/14

PAGE 3

ENV. RESOURCE GROUP

SAMPLE ID: SB-2
AEN LAB NO: 9601344-02
AEN WORK ORDER: 9601344
CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
DATE RECEIVED: 01/26/96
REPORT DATE: 02/05/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		01/30/96
Toluene	108-88-3	ND	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	ND	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	ND	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	ND	0.2 mg/kg		01/30/96
#Extraction for TPH	EPA 3550	-		Extrn Date	01/26/96
TPH as Diesel	GC-FID		1 mg/kg		

ND = Not detected at or above the reporting limit
* = Value at or above reporting limit

FEB-05-96 MON 17:46

AEN CALIFORNIA

FAX NO. 5109300256

P.04/14

PAGE 4

ENV. RESOURCE GROUP

SAMPLE ID: SB-3
 AEN LAB NO: 9601344-03
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/05/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		01/30/96
Toluene	108-88-3	ND	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	32 *	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	110 *	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	37 *	0.2 mg/kg		01/31/96
#Extraction for TPH	EPA 3550	-		Extrn Date	01/26/96
TPH as Diesel	GC-FID			1 mg/kg	

ND = Not detected at or above the reporting limit
 * = Value at or above reporting limit

FEB-05-96 MON 17:47

AEN CALIFORNIA

FAX NO. 5109300258

P. 05/14

PAGE 5

ENV. RESOURCE GROUP

SAMPLE ID: SB-4
 AEN LAB NO: 9601344-04
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/05/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	140 *	30	ug/kg	01/30/96
Toluene	108-88-3	490 *	30	ug/kg	01/30/96
Ethylbenzene	100-41-4	830 *	30	ug/kg	01/30/96
Xylenes, Total	1330-20-7	1,100 *	30	ug/kg	01/30/96
Purgeable HCs as Gasoline	5030/GCFID	21 *	1	mg/kg	01/31/96
#Extraction for TPH	EPA 3550	-		Extrn Date	01/26/96
TPH as Diesel	GC-FID		1	mg/kg	
#Digestion, Metals AA/ICP	EPA 3050	-		Prep Date	02/01/96
Lead	EPA 6010	25 *	1	mg/kg	02/04/96

ND = Not detected at or above the reporting limit
 * = Value at or above reporting limit

FEB-05-98 MON 17:47

AEN CALIFORNIA

FAX NO. 5109300256

P. 06/14

PAGE 6

ENV. RESOURCE GROUP

SAMPLE ID: SB-5
 AEN LAB NO: 9601344-05
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/05/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		01/30/96
Toluene	108-88-3	ND	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	ND	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	ND	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	ND	0.2 mg/kg		01/30/96
#Extraction for TPH	EPA 3550	-		Extrn Date	02/01/96
TPH as Diesel	GC-FID			1 mg/kg	

ND = Not detected at or above the reporting limit
 * = Value at or above reporting limit

FEB-05-96 MON 17:48

AEN CALIFORNIA

FAX NO. 5109300256

P. 07/14

PAGE 7

ENV. RESOURCE GROUP

SAMPLE ID: SB-6
 AEN LAB NO: 9601344-06
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/05/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	7.2 *	5 ug/kg		01/30/96
Toluene	108-88-3	18 *	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	35 *	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	38 *	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	1.7 *	0.2 mg/kg		01/31/96
#Extraction for TPH	EPA 3550	-		Extrn Date	02/01/96
TPH as Diesel	GC-FID			1 mg/kg	

ND = Not detected at or above the reporting limit
 * = Value at or above reporting limit

FEB-05-96 MON 17:48

AEN CALIFORNIA

FAX NO. 5109300256

P. 08/14

PAGE 8

ENV. RESOURCE GROUP

SAMPLE ID: SB-7
 AEN LAB NO: 9601344.07
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/05/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	270 *	100	ug/kg	01/30/96
Toluene	108-88-3	1,100 *	100	ug/kg	01/30/96
Ethylbenzene	100-41-4	1,900 *	100	ug/kg	01/30/96
Xylenes, Total	1330-20-7	2,200 *	300	ug/kg	01/30/96
Purgeable HCs as Gasoline	5030/GCFID	350 *	20	mg/kg	01/30/96
#Extraction for TPH	EPA 3550			Extrn Date	02/01/96
TPH as Diesel	GC-FID			1	mg/kg

ND - Not detected at or above the reporting limit
 * = Value at or above reporting limit

FEB-05-96 MON 17:49

AEN CALIFORNIA

FAX NO. 5109300256

P.09/14

PAGE 9

ENV. RESOURCE GROUP

SAMPLE ID: SB-8
 AEN LAB NO: 9601344-08
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/05/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	FPA 8020				
Benzene	71-43-2	ND	5 ug/kg		01/30/96
Toluene	108-88-3	ND	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	9.3 *	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	13 *	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	2.5 *	0.2 mg/kg		01/30/96
#Extraction for TPH	EPA 3550	-	Extrn Date		02/01/96
TPH as Diesel	GC-FID		1 mg/kg		

ND - Not detected at or above the reporting limit
 * = Value at or above reporting limit

FEB-05-96 MON 17:49

AEN CALIFORNIA

FAX NO. 5109300258

P. 10/14

PAGE 10

ENV. RESOURCE GROUP

SAMPLE ID: SP-1A
 AEN LAB NO: 9601344-09
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/05/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND		5 ug/kg	01/30/96
Toluene	108-88-3	ND		5 ug/kg	01/30/96
Ethylbenzene	100-41-4	ND		5 ug/kg	01/30/96
Xylenes, Total	1330-20-7	ND		5 ug/kg	01/30/96
Purgeable HCs as Gasoline	5030/GCFID	ND		0.2 mg/kg	01/30/96
#Extraction for TPH	EPA 3550	-		Extrn Date	02/01/96
TPH as Diesel	GC-FID			1 mg/kg	
#Digestion, Metals AA/ICP	EPA 3050	-		Prep Date	02/01/96
Lead	EPA 6010	56 *		1 mg/kg	02/04/96

ND = Not detected at or above the reporting limit
 * = Value at or above reporting limit

FEB-05-96 MON 17:50

AEN CALIFORNIA

FAX NO. 5109300258

P. 11/14

PAGE 11

ENV. RESOURCE GROUP

SAMPLE ID: SP-18
AEN LAB NO: 9601344-10
AEN WORK ORDER: 9601344
CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
DATE RECEIVED: 01/26/96
REPORT DATE: 02/05/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND		5 ug/kg	01/30/96
Toluene	108-88-3	ND		5 ug/kg	01/30/96
Ethylbenzene	100-41-4	ND		5 ug/kg	01/30/96
Xylenes, Total	1330-20-7	5.0 *		5 ug/kg	01/30/96
Purgeable HCs as Gasoline	5030/GCFID	0.3 *		0.2 mg/kg	01/30/96
#Extraction for TPH	EPA 3550	-		Extrn Date	02/01/96
TPH as Diesel	GC-FID			1 mg/kg	
#Digestion, Metals AA/ICP	EPA 3050	-		Prep Date	02/01/96
Lead	EPA 6010	61 *		1 mg/kg	02/04/96

ND = Not detected at or above the reporting limit
* = Value at or above reporting limit

FEB-02-96 FRI 08:43

CALIFORNIA

FAX NO. 5109300256

P. 12/13

PAGE 12

ENV. RESOURCE GROUP

SAMPLE ID: SP-2
 AEN LAB NO: 9601344.11
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/02/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		01/30/96
Toluene	108-88-3	ND	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	ND	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	ND	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	ND	0.2 mg/kg		01/30/96
#Extraction for TPH	EPA 3550			Extrn Date	
TPH as Diesel	GC-FID		1 mg/kg		
#Digestion. Metals AA/ICP	EPA 3050			Prep Date	
Lead	EPA 6010		1 mg/kg		

ND = Not detected at or above the reporting limit

* = Value at or above reporting limit

FEB-06-96 TUE 14:17

AEN CALIFORNIA

FAX NO. 5109300258

P. 14/17

PAGE 14

ENV. RESOURCE GROUP

SAMPLE ID: WS-2
 AEN LAB NO: 9601344-13
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/06/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	29 *	0.5 ug/L		02/01/96
Toluene	108-88-3	31 *	0.5 ug/L		02/01/96
Ethylbenzene	100-41-4	89 *	0.5 ug/L		02/01/96
Xylenes, Total	1330-20-7	62 *	2 ug/L		02/01/96
Purgeable HCs as Gasoline	5030/GCFID	8.2 *	0.05 mg/L		02/06/96
#Extraction for TPH	EPA 3510	-		Extrn Date	02/05/96
TPH as Diesel	GC-FID	ND	0.3 mg/L		02/05/96

ND = Not detected at or above the reporting limit

* = Value at or above reporting limit

FEB-06-96 TUE 14:15

AEN CALIFORNIA

FAX NO. 5109300256

P.10/17

PAGE 10

ENV. RESOURCE GROUP

SAMPLE ID: SP-1A
 AEN LAB NO: 9601344-09
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/06/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		01/30/96
Toluene	108-88-3	ND	5 ug/kg		01/30/96
Ethylbenzene	100-41-4	ND	5 ug/kg		01/30/96
Xylenes, Total	1330-20-7	ND	5 ug/kg		01/30/96
Purgeable HCs as Gasoline	5030/GCFID	ND	0.2 mg/kg		01/30/96
#Extraction for TPH	EPA 3550	-		Extrn Date	02/01/96
TPH as Diesel	GC-FID	8 *	1 mg/kg		02/02/96
#Digestion, Metals AA/ICP	EPA 3050	-		Prep Date	02/01/96
Lead	EPA 6010	56 *	1 mg/kg		02/04/96

ND = Not detected at or above the reporting limit
 * = Value at or above reporting limit

FEB-06-96 TUE 14:15

AEN CALIFORNIA

FAX NO. 5109300256

P. 11/17

PAGE 11

ENV. RESOURCE GROUP

SAMPLE ID: SP-18
 AEN LAB NO: 9601344-10
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/06/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND		5 ug/kg	01/30/96
Toluene	108-88-3	ND		5 ug/kg	01/30/96
Ethylbenzene	100-41-4	ND		5 ug/kg	01/30/96
Xylenes, Total	1330-20-7	5.0 *		5 ug/kg	01/30/96
Purgeable HCs as Gasoline	5030/GCF10	0.3 *	0.2	mg/kg	01/30/96
#Extraction for TPH	EPA 3550	-		Extrn Date	02/01/96
TPH as Diesel	GC-FID	4 *		1 mg/kg	02/02/96
#Digestion, Metals AA/ICP	EPA 3050			Prep Date	02/01/96
Lead	EPA 6010	61 *		1 mg/kg	02/04/96

ND = Not detected at or above the reporting limit
 * = Value at or above reporting limit

FEB-06-96 TUE 14:14

AEN CALIFORNIA

FAX NO. 5109300256

P.08/17

PAGE 8

ENV. RESOURCE GROUP

SAMPLE ID: SB-7
 AEN LAB NO: 9601344-07
 AEN WORK ORDER: 9601344
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 01/25/96
 DATE RECEIVED: 01/26/96
 REPORT DATE: 02/06/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	270 *	100	ug/kg	01/30/96
Toluene	108-88-3	1,100 *	100	ug/kg	01/30/96
Ethylbenzene	100-41-4	1,900 *	100	ug/kg	01/30/96
Xylenes, Total	1330-20-7	2,200 *	300	ug/kg	01/30/96
Purgeable HCs as Gasoline	5030/GCFID	350 *	20	mg/kg	01/30/96
#Extraction for TPH	EPA 3550	-		Extrn Date	02/01/96
TPH as Diesel	GC-FID	180 *	1	mg/kg	02/02/96

ND - Not detected at or above the reporting limit
 * - Value at or above reporting limit

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 checked="" 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 01/25/96		CASE #		SIGNED: <i>Ben Wells</i> DATE: 2/8/96		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Env. Resource Group		PHONE (415) 924-6261		SIGNATURE Ben Wells	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME BEN WELLS ERG			
RESPONSIBLE PARTY	ADDRESS 151 Golden Hind Passage					CITY: Corte Madera STATE: CA ZIP: 94920
	NAME Sy Tong		CONTACT PERSON <input type="checkbox"/> UNKNOWN		PHONE ()	
SITE LOCATION	ADDRESS 336 Ramona ave					CITY: El Cerrito STATE: CA ZIP: 94530
	FACILITY NAME (IF APPLICABLE) N/D		OPERATOR N/D		PHONE ()	
	ADDRESS 3133 Martin Luther King Jr. Way					CITY: Oakland COUNTY: CA ZIP: 94609
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Dept.		AGENCY NAME Alameda County Health Dept.		CONTACT PERSON Brian Olive	
	REGIONAL BOARD				PHONE (510) 567-6700	
SUBSTANCES INVOLVED	(1) (3) 1,000 gal gas tanks & (1) 10,000 gal. gas tank					QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN
	(2)					<input type="checkbox"/> UNKNOWN
DISCOVERY/ABATEMENT	DATE DISCOVERED 01/25/96		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" 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"/> 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			
	PIPING LEAK					
CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input 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 checked="" type="checkbox"/> CLEANUP UNDERWAY					
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) <input checked="" 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 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	(3) 1,000 gal. gas tanks & (1) 10,000 gal. gas tank removed 1/25/96					
	soil & water samples collected from 1,000 gal & 10,000 gal. tanks					

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 ENVIRONMENTAL PROTECTION DIVISION
 1131 HARBOR BAY PARKWAY, RM 250
 ALAMEDA, CA 94502-6577
 PHONE # 510/567-6700
 FAX # 510/337-9335

ACCEPTED Project Specialist

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 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/erection.

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) permit to close, 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:

Call this office at least 72 hours prior to on-site activities

Volunteer 8, (OSHA)

See also 12/28/95

*** COMPLETE ACCORDING TO ATTACHED INSTRUCTIONS ***
 UNDERGROUND TANK CLOSURE PLAN

1. Name of Business _____
 Business Owner or Contact Person (PRINT) Sy Tong
2. Site Address 3133 Martin Luther King Jr. Way
 city Oakland zip 94609 Phone _____
3. Mailing Address 336 Ramona Avenue
 city El Cerrito zip 94530 Phone 510 5280568
4. Property Owner Sy Tong
 Business Name (if applicable) N/A
 Address 336 Ramona Avenue
 City, State El Cerrito, Ca. zip 94530
5. Generator name under which tank will be manifested
Sy Tong
 EPA ID# under which tank will be manifested CA 634555

6. Contractor Remedial Solutions, Inc.
 Address 43353 Osgood Road, Suite B
 City Fremont, Ca. 94539 Phone 510 651 7728
 License Type A ID# A 634555

*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.

7. Consultant (if applicable) Environmental Resource Group
 Address 151 Golden Hind Passage
 City, State Corte Madera, Ca 94425 Phone (415) 9246261

8. Main Contact Person for Investigation (if applicable)
 Name Ben Wells Title Project Geologist
 Company Environmental Resource Group
 Phone (415) 9246261

9. Number of underground tanks being closed with this plan 4
 Length of piping being removed under this plan 30 ft.

Total number of underground tanks at this facility (**confirmed with owner or operator) _____

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

** Underground storage tanks must be handled as hazardous waste **

a) Product/Residual Sludge/Rinsate Transporter

Name Evergreen Environ. Service EPA I.D. No. CAD980695761
 Hauler License No. 0242 License Exp. Date 7/31/96
 Address 6880 Smith Avenue
 City Newark State Ca. Zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site

Name Evergreen Environmental EPA ID# CAD980695761
 Address 6880 Smith Avenue
 City Newark State Ca. Zip 94560

c) Tank and Piping Transporter

Name Erickson Inc. EPA I.D. No. CAD0009466392
Hauler License No. 0019 License Exp. Date 7/31/96
Address 255 Parr Blvd.
City Richmond State CA zip 94801

d) Tank and Piping Disposal Site

Name Erickson Inc EPA I.D. No. CAD0009466392
Address 255 Parr Blvd.
City Richmond State CA zip 94801

11. Sample Collector

Name Environmental Resource Group
Company Ben Wells
Address 151 Golden Hind Passage
City Costa Madera State CA zip 94925 Phone 415924626

12. Laboratory

Name American Environmental Network
Address 3440 Vincent Rd.
City Pleasant Hill State CA zip 94523
State Certification No. 1172

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

If yes, describe. _____

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

Vacuum will be used to empty the tanks, dry ice will be added into tanks, LEL meter will be used to detect explosion levels.

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 permanently plugged.

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 bring a working combustible gas indicator on-site to verify that the tank is inert.

15. Tank History and Sampling Information *** (see instructions) ***

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
(3) 1,000 gallon gas tanks (1) 10,000 gallon diesel tank	Unknown	Soil +/- water	2 samples to be taken 2 ft. directly under each tank.

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

Excavated/Stockpiled Soil

<p>Stockpiled Soil Volume (estimated) Approximately A 25 cubic yards</p>	<p>Sampling Plan 1 - 4 point composite, analyzed for: TPH - Gasoline TPH - Diesel BTEX Total Lead</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 [X] 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 Alameda County. This means that the contractor, consultant, or responsible party must communicate with the specialist IN ADVANCE of backfilling operations.

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.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPH Gasoline	GC FID (5030)	M 8015	1.0 ppm
TPH Diesel	GC FID (3550)	M 8015	1.0 ppm
BTEX		8020/602	0.005 ppm
Organic Lead		TEL DHS-LUFT	1 ppm
Total Lead		Total Lead - AA	1 ppm

18. Submit Worker's Compensation Certificate copy

Name of Insurer _____

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

22. Submit a closure report to this office within 60 days of the tank removal. The 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)

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

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

CONTRACTOR INFORMATION

Name of Business Environmental Resource Group

Name of Individual Ben Wells

Signature Ben Wells Date Dec. 18, 1995

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business _____

Name of Individual Sy Tong

Signature _____ Date _____

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.

SITE INFORMATION:

Site ID Number
(if known)

3133 Martin Luther King Jr. Way
Name of Site

Street Address

3 Oakland, CA 94609
City, State & Zip Code

I designate the following person or business to receive any refund due at the completion of all deposit/refund projects:

Name Sy Tong

Street Address 336 Ramona Ave.

City, State & Zip Code El Cerrito Ca. 94530

Signature of Payor

Date

Name of Payor
(PLEASE PRINT CLEARLY)

Company Name of Payor

RETURN FORM TO:

*County of Alameda, Environmental Protection
1131 Harbor Bay Parkway, Rm 250
Alameda CA 94502-6577
Phone#(510) 567-6700*

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy.
 Suite 250
 Alameda, CA 94502-6577
 (510) 567-6700

Hazardous Materials Inspection Form

Page 2 of 2 II, III
 Today's Date 1/26/96

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703 25503(b)
- ___ 2. Bus. Plan Slds. 25503.7
- ___ 3. RR Cars > 30 days 25504(a)
- ___ 4. Inventory Information 2730
- ___ 5. Inventory Complete 25504(b)
- ___ 6. Emergency Response 25504(c)
- ___ 7. Training 25505(a)
- ___ 8. Deficiency 25505(b)
- ___ 9. Modification

II.B ACUTELY HAZ MATLS

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N)
- ___ 14. OnSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25536

III. UNDERGROUND TANKS (Title 23)

- | | |
|---------------------------------|--|
| General | ___ 1. Permit Application 25284 (H&S) |
| | ___ 2. Pipeline Leak Detection 25292 (H&S) |
| | ___ 3. Records Maintenance 2712 |
| | ___ 4. Release Report 2651 |
| | ___ 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | ___ 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose Semi-annual groundwater One time soils |
| | 3) Daily Vadose One time soils Annual tank test |
| | 4) Monthly Groundwater One time soils |
| | 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/gndwater mon. |
| | 6) Daily Inventory Annual tank testing Cont pipe leak det |
| | 7) Weekly Tank Gauge Annual tank testing |
| | 8) Annual Tank Testing Daily inventory |
| | 9) Other |
| New Tanks | ___ 7. Precip Tank Test Date: 2643 |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing 2646 |
| | ___ 10. Ground Water. 2647 |
| ___ 11. Monitor Plan 2632 | |
| ___ 12. Access. Secure 2634 | |
| ___ 13. Plans Submit Date: 2711 | |
| ___ 14. As Built Date: 2635 | |

Site ID # Perds Name S Y TONG
 Site Address 3133 MLK
 City _____ Zip 94 Phone _____

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

Inspection Categories:

- ___ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ___ II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

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

Comments:

Required actions - Continued

① Complete + Submit URF (State form)

② Sample excavated pit for ^{total} 2 samples each
 1) BTEX TPH-G, D.O.
 ② Water encountered in excavated pit

③ Complete and Submit Report of findings to this office within (30) days
 → And Soil Piled Soils

④ Sample at each end of tank 2 samples each and notify this office ASAP

⑤ manifest associated piping as hazardous

⑥ Secure area, pits, so on. Be safe. ie, secure secure fence etc.

Note on Verification of Contamination from laboratory analysis site will be transferred to Local Oversight Program

Rev 6/88

Contact: Benville ER6
 Title: _____
 Signature: _____

Inspector: Brulle
 Signature: _____

II, III

100-100-100-100

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white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy.
 Suite 250
 Alameda, CA 94502-6577
 (510) 567-6700

Hazardous Materials Inspection Form

II, III

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Stds. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MAT'L'S

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- | | |
|--|--|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
| | 4) Monthly Groundwater
One time soils |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/groundwater mon. |
| | 6) Daily Inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other _____ |
| New Tanks | <input type="checkbox"/> 7. Precs Tank Test Date: 2643 |
| | <input type="checkbox"/> 8. Inventory Rec. 2644 |
| | <input type="checkbox"/> 9. Soil Testing 2646 |
| | <input type="checkbox"/> 10. Ground Water. 2647 |
| <input type="checkbox"/> 11. Monitor Plan 2632 | |
| <input type="checkbox"/> 12. Access. Secure 2634 | |
| <input type="checkbox"/> 13. Plans Submit Date: 2711 | |
| <input type="checkbox"/> 14. As Built Date: 2635 | |

Site ID # _____ Site Name SY Tony Today's Date 1/23/96
 Site Address 3133 MLK
 City Oakland Zip 94 Phone _____

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

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

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

Comments:

On site for UST Removal
 - Met with Ben Wells Consultant for the Owner - Southern most tank 10,000 gallon tank removed uncovered stained soil observed - Holes in tank (as per Consultant)
 - several photographs taken of area other tanks, as indicated piping partially uncovered indicating stained soil in area south of tanks
 UST removals scheduled for 1/25/96
 Required Action - submit questionnaire release forms "URF" and submit to this office

Rev 6/88

Contact: To files/US MAIL
 Title: _____
 Signature: Ben Wells

Inspector: _____
 Signature: Ben Wells

II, III

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

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

II, III

Site ID # 4489 Site Name Sy Tong Today's Date 3/19/96
Site Address 3133 MLK
City Oakland Zip 94609 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

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

Comments:

On site for over-excavation of site following removal of 4-USTs on site

On site with Ben Wells - consultant of Record
Contamination removal in process

The four corners of the N/E excavation to be re-sampled following over-excavation south excavation N.D. - close P&T
Several photographs observed taken

Backfill with excavated soil - minimal product less than 1 ppm BTEX

- Required action Provide laboratory analysis results to this office within 14 working days.

② Submit - Report of findings within 30 days

③ Compact Samples to be taken of removed stockpiled soils (overexcavation)

Contact US mail to Ben Wells Inspector Ben Wells
Title _____ Signature _____
Signature _____ Signature _____

II, III

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

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

II, III

Site ID # 4189 Site Name Sy Tong Today's Date 1/25/96
Site Address 3133 MLK
City Oakland Zip 94609 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

9599 3863
Epson TANK depress

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

Comments:

On site for removal of 4 USTs samples taken @ 13' BGS
Inspection of TANK by dig ICE. } water records in pit
1 - 19,000 gal removed following check of LEL = 0
Upon removal one large 2"x2" hole observed in tank and stained soil
Photographs taken of hole in tank and stained soil
stained soil also observed in former pit

TANK # 2 = LEL 1 02 12

No apparent holes

TANK # 3 = LEL 1 02 15

No apparent holes

TANK # 4 LEL 1 - 02 6

HEAVY Hydrocarbon odor emanating

It should be noted that liquid (H₂O) in tank has been removed by pump truck and is to be manifested. Copy to this office.

Removed soil, if contaminated, should not be placed/returned to pit.

Contact

Bennett Ely

Title

Signature

Inspector

Signature

Bennett Ely

II, III

ENVIRONMENTAL RESOURCE GROUP
GEOTECHNICAL SERVICES • HAZARDOUS MATERIAL MANAGEMENT
151 GOLDEN HIND PASSAGE
CORTE MADERA, CA 94925
(415) 924-6261 FAX (415) 924-6517

THANK YOU FOR INSURING WITH STATE FUND

Your policy number is 1412684-95, and your coverage period is 3-10-95 to 3-1-96. The actual policy and declarations will follow under separate cover.

We have prepared this packet for your information and we hope that you will take a moment to review the materials enclosed.

If you have any questions regarding your policy, please contact your Policy Services Representative, MIRNA ESTES, at (707) 573-6409.

If you need a Certificate of Insurance, call (707) 573-6450.

For information regarding claims, call (707) 573-6500.

To order additional forms, call (707) 573-6362.

Environmental Resource Group _____

151 Golden Hind Passage
Corte Madera, California 94925
415-924-6261
415-924-5811 FAX

**WORKPLAN
FOR UNDERGROUND STORAGE TANK
REMOVAL**

**3133 Martin Luther King Jr. Way
Oakland, California**

Project No. 1004-95

December 19, 1995

1.0 INTRODUCTION

Environmental Resource Group (ERG), has prepared this Workplan for removal of Underground Storage Tanks (USTs) on behalf of Mr. Sy Tong. ERG intends to subcontract with Remedial Solutions, Inc., an A licensed General Engineering contractor (No. A534555) to perform the actual UST removal portion of the project.

2.0 SITE HISTORY

Mr. Sy Tong owns the site at 3133 Martin Luther King Jr. Way, Oakland, California, where three 1,000-gallon gasoline USTs and one 3,000-gallon diesel UST are located as shown on the Site Plan. The site was formerly used as a delivery station. It is unknown how old the USTs are, or when they were last used.

3.0 BRIEF DESCRIPTION OF UST REMOVAL ACTIVITIES

3.1 Excavation Rinsing of USTs

Upon commencement of site activities, the asphalt and concrete covering the USTs and the piping will be removed, and the soil surrounding the USTs will be excavated. Prior to removal, any liquid remaining in the USTs will be removed using a vacuum truck. The USTs will be rinsed with water, and the rinsate will be removed. ERG intends to use Evergreen Environmental, EPA I.D. No. CAD98069576, Hauler License No. 0242, to remove, transport and dispose of the liquid remaining in the USTs, and the rinsate that is generated.

3.2 Inerting of USTs and Analysis of Interior Gases

To complete the inerting process, 15 pounds of dry ice per 1,000 gallons of UST volume will be placed in each UST prior to removal. The percent Lower Explosive Limit (LEL) and the Oxygen content of the gases within the interior of the USTs will be analyzed using a GasTech or similar device capable of providing measurements in an Oxygen-deficient environment.

3.3 UST Removal and Disposal

The USTs will be removed when the atmosphere within the USTs is indicated by the GasTech device to be at 10 percent or less of the LEL. The Alameda County Environmental Health (ACEH) representative will be given assistance in inspecting the USTs. The USTs will then be transported by Erickson Inc., EPA I.D. No. CAD009466396, Hauler License No. 0019, to their UST destruction facility in Richmond, California.

3.4 Soil Sampling

ERG will collect the UST removal verification soil samples from the backhoe bucket using appropriate protocol. Soil samples will be collected pursuant to Tables 1 and 2 of the Tri-regional Guidelines.

Latex gloves will be worn while collecting samples, and new gloves will be worn for each sample. Equipment and brass sample tubes used to collect soil samples will be decontaminated prior to use. Once the samples are collected, the ends of the tubes will be covered with aluminum foil and sealed with plastic caps. Alternatively, the samples will be placed in glass sample jars with air-tight sealing lids. Self-adhesive labels, with the following information, will be affixed to the tubes: date

and time sampled, sample I.D., sampler's initials and affiliation, project number, and analyses to be performed.

The soil samples will then be placed in a cooled ice chest and transferred to American Environmental Network (AEN), a state certified analytical laboratory under chain-of-custody procedure. AEN will analyze the soil samples for Total Petroleum Hydrocarbons (TPH) as gasoline, TPH as diesel, and benzene, toluene, ethylbenzene, and xylenes (BTEX). The soil samples will also be analyzed for organic lead. The samples will be analyzed on a two-week turnaround basis. If groundwater is encountered in the excavation, groundwater samples will be collected in laboratory supplied containers and analyzed for TPH as gasoline, TPH as diesel, BTEX, and organic lead. If the onsite observations and organic vapor field screening indicate that soil contamination remains at the limits of the excavation, additional soil may be removed, and soil samples collected, pending approval by the ACEH and the client.

3.5 Soil Stockpile Management

Excavation spoils will be placed on and covered with 6-millimeter thick plastic liner material. The soil will be stockpiled onsite at the approximate location shown on the Site Plan.

3.6 Backfilling of Excavation

Upon the client's authorization, the excavations will be backfilled to the ground surface using a low expansive material. The backfill material will be compacted, upon approval from ACEH, to at least 90 percent relative compaction, and the concrete and asphalt will be replaced to match existing surfaces.

4.0 SITE SECURITY

Six-foot high portable fencing will be used to restrict access to the excavations. An exclusion zone will be constructed, at the direction of the Site Safety Officer, using barricades and caution flagging.

5.0 PROPOSED SCHEDULE

ERG intends to commence the UST removal activities on December 28, 1995. ERG will not proceed with UST removal activities until after an approved permit application has been received from the ACEH.

6.0 REPORT OF FINDINGS

Within 30 days of the tank pull date, a closure report will be submitted to ACEH. Upon receipt of analytical laboratory results, ERG will prepare a Report of Findings consisting of a site diagram, a copy of the analytical laboratory report(s), conclusions regarding the site, and recommendations regarding future site work, if warranted. The report will be reviewed and signed by Tom Lion, a California Registered Geologist and Certified Engineering Geologist.

7.0 SITE SAFETY PLAN

A Site Safety Plan which describes safety precautions to be taken while performing the UST removal project is attached. A map showing the quickest route to the hospital is included in the Site Safety Plan.

8.0 DISTRIBUTION

Mr. Brian P. Oliva, REHS, REA
Senior Hazardous Materials Specialist
Alameda County Environmental Health
1131 Harbor Bay Parkway, Room 250
Alameda, California 94502-6577

1 copy

Environmental Resource Group

151 Golden Hind Passage
Corte Madera, California 94925
415-924-6261
415-924-5517 FAX

**WORKPLAN
FOR UNDERGROUND STORAGE TANK
REMOVAL.**


3133 Martin Luther King Jr. Way
Oakland, California

Prepared for:

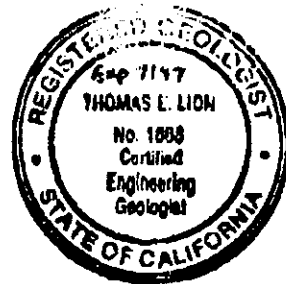
Mr. Sy Tong
336 Ramona Avenue
El Cerrito, California 94530

Project No. 1004-95

December 19, 1995



Tom Lion, R.G. 5491, C.E.G. 1888
Certified Engineering Geologist





Ben Wells
President

(510)651-7725 FAX (510)651-7822
 43353 Osgood Road, Suite B.,
 Fremont, CA 94539-5639
 Contractors License No. 634555 Class A

LINE	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YY)	DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> Contractors Pollution Legal Liability	138LCL4001	01-22-95	01-22-98	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ Excluded
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER				W/STAYL-OTHR- TORY LIMITS ER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS
 The Certificate Holder shall be named as additional insured with respects to General Liability.

ACORD 203 (1/88)

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

APPROVED REPRESENTATIVE: *[Signature]*

12-18-1995 11:51AM FROM RSI

TO

14159245517 P.02

ISSUE DATE (MM/DD/YY)

03/31/95

PRODUCER

Alburger Basso de Grosz
301 Island Parkway
P.O. Box 2017
Belmont, CA 94002-1169

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A Safeco Insurance Co.

COMPANY LETTER B CalCorp

COMPANY LETTER C Fidelity & Deposit Co.

COMPANY LETTER D

COMPANY LETTER E

INSURED

Remedial Solutions Inc.
43353 Osgood Road, Suite B
Fremont, CA 94539

EMB

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$
				PRODUCTS-COMP/OP AGG \$
				PERSONAL & ADV. INJURY \$
				EACH OCCURRENCE \$
				FIRE DAMAGE (Any one fire) \$
				MED. EXPENSE (Any one person) \$
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> MIXED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	BAE332969A	01/22/95	01/22/96	COMBINED SINGLE LIMIT \$ 1,000,000
				BODILY INJURY (Per person) \$
				BODILY INJURY (Per accident) \$
				PROPERTY DAMAGE \$
				EACH OCCURRENCE \$
EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
				EACH OCCURRENCE \$
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	W951113579	01/01/95	01/01/96	STATUTORY LIMITS
				EACH ACCIDENT \$ 1,000,000
				DISEASE-POLICY LIMIT \$ 1,000,000
				DISEASE-EACH EMPLOYEE \$ 1,000,000
OTHER				

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLE/SPECIAL ITEMS

For Information Only

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

AUTHORIZED REPRESENTATIVE

[Signature]

TOTAL P. 82

05/31/95 13:25

NO.278 P001

ADDRESSES		ISSUE DATE (MM/DD/YY) 5/31/88			
DEALEY, RENTON & ASSOC. Attn: Dean Seiji P.O. Box 12875 Oakland, CA 94606-2875 510-488-3890		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED		COMPANIES AFFORDING COVERAGE			
Environmental Resource Group 181 Golden Mind Passage Corte Madera CA 94025		COMPANY LETTER A	American Empire Surplus Lines		
		COMPANY LETTER B			
		COMPANY LETTER C			
		COMPANY LETTER D			
		COMPANY LETTER E			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
OR LTY	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROF.	SCN18745	3/13/88	3/13/88	GENERAL AGGREGATE SEE BELOW PRODUCTS-COMP/OP ABL. 0 PERSONAL & ADM. INJURY 0 EACH OCCURRENCE 0 FIRE DAMAGE (any one claim) 0 MED. EXPENSE (any one claim) 0
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRE AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT 0 BODILY INJURY (Per person) 0 BODILY INJURY (Per accident) 0 PROPERTY DAMAGE 0
	<input type="checkbox"/> EMPLOYER LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE 0 AGGREGATE 0 STATUTORY LIMITS
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				EACH ACCOUNT 0 RESERVE-POLICY LIMIT 0 RESERVE-EACH EMPLOYEE 0
A	<input type="checkbox"/> OTHER Professional, General & Pollution Limb.	SCN18748	3/13/88	3/13/88	\$500,000 per claim & \$500,000 annual aggregate
DESCRIPTION OF OPERATIONS/INDUSTRY/COMMERICAL RISK All operations of the Named Insured.					
Harding Lawson Associates 90 Digital Drive Novato, CA 94947		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
		DEALEY, RENTON & ASSOC. Inc.		183781000	

SIMS LMC RECYCLERS
A DIVISION OF SIMSMETAL USA CORPORATION

ERG → 415-924-6261
151 Golden Hind Pass,
Corte Madera, CA 94928



30104 Industrial Parkway S.W. • Hayward, California 94544-6906
(510) 471-6600 • FAX (510) 471-7660

Facsimile Transmission

Date 12/21/95

Fax Number 1510-337-9335

Company Alameda County Health Agency

Attention Brian Oliva

From Ben Wells (ERG)

Number Of Pages 2

Comments: more info on Hay License No.

Sy Tong 510-701-3800 92

09-06-1995 08:29AM FRC RSI

TO 14159245517 P.06

State of California
Contractors State License Board


Pursuant to Chapter 9 of Division 3 of the Business and Professions Code
 and the Rules and Regulations of the Contractors State License Board,
 the Registrar of Contractors does hereby issue this license to:

REMEDIAL SOLUTIONS INC



to engage in the business or act in the capacity of a contractor
 in the following classification(s):

**A - GENERAL ENGINEERING CONTRACTOR
 HAZ - HAZARDOUS SUBSTANCES REMOVAL**



Witness my hand and seal this day,
 January 3, 1992

Mark C. Ryan
 Signature of Licensee

David W. Patton
 Registered Professional Engineer

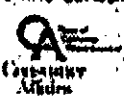
Issued January 3, 1992

David R. Phillips
 Registrar of Contractors


63-4555
 License Number

This license is the property of the Registrar of Contractors. It is not transferable, and shall be returned to the Registrar upon request. It is subject to the provisions of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board.

STATE OF CALIFORNIA
 STATE AND CONSUMER SERVICES AGENCY **CONTRACTORS STATE LICENSE BOARD**




Building Quality



**HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL
 ACTIONS CERTIFICATION**

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code,
 the Registrar of Contractors does hereby certify that the following qualifying person
 has successfully completed the hazardous substances removal and remedial actions
 examination.



Qualifier: **DAVID WILLIAM PATTON**

License No.: **634555**

Namestyle: **REMEDIAL SOLUTIONS INC.**

WITNESS my hand and official seal this
 6 day of **JANUARY, 1992**

David R. Phillips
 Registrar of Contractors

This certification is the property of the Registrar of Contractors. It is not transferable, and shall be returned to the Registrar upon request. It is subject to the provisions of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board.

A 4429

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 checked="" 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. SIGNED: <u>Ben Wells</u> DATE: <u>2/6/96</u>
REPORT DATE <u>01/25/96</u>	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>Env. Resource Group</u>	PHONE <u>(415) 924-6161</u>	SIGNATURE <u>Ben Wells</u>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <u>BEN WELLS ERG</u>		
	ADDRESS <u>151 Golden Hind Passages</u>			

RESPONSIBLE PARTY	NAME <u>Sy Tong</u>	CONTACT PERSON	PHONE ()
	ADDRESS <u>336 Remona ave</u>	CITY <u>El Cerrito</u> STATE <u>CA</u> ZIP <u>94530</u>	

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>ND</u>	OPERATOR <u>ND</u>	PHONE ()	
	ADDRESS <u>3133 Martin Luther King Jr. Way</u>			
	CROSS STREET <u>32nd St.</u>			

IMPLEMENTING AGENCIES	LOCAL AGENCY <u>Alameda County Health Dept.</u>	CONTACT PERSON <u>Brian Olive</u>	PHONE <u>(510) 567-6700</u>
	REGIONAL BOARD	PHONE ()	

SUBSTANCES INVOLVED	(1) <u>(3) 1,000 gal gas tanks & (1) 10,000 gal. gas tank</u>	QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED <u>01/25/96</u>	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input checked="" 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"/> CORROSION <input checked="" type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER

CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
-----------	--

CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input 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 checked="" type="checkbox"/> CLEANUP UNDERWAY
----------------	--

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE)	<input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)	<input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VENT SOIL (VS)

COMMENTS: (3) 1,000 gal. gas tanks & (1) 10,000 gal. gas tank removed 1/25/96. Soil & water samples collected from 1,000 gal & 10,000 gal tanks.

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name Sy Tong Today's Date 2/26/97
Site Address MLK
City Oakland Zip 94 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

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

Comments:

Sy Tong
on site for Verification of backfill of
formerly removed USTs
backfill 90% completed
have been contacted by consultant/contractors
regarding site

Contact _____
Title _____
Signature _____

Inspector Bruce P. O'Neil
Signature _____

II, III

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 # _____ Site Name Sy Tong Today's Date 2/26/97
Site Address MLK
City Oakland Zip 94 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

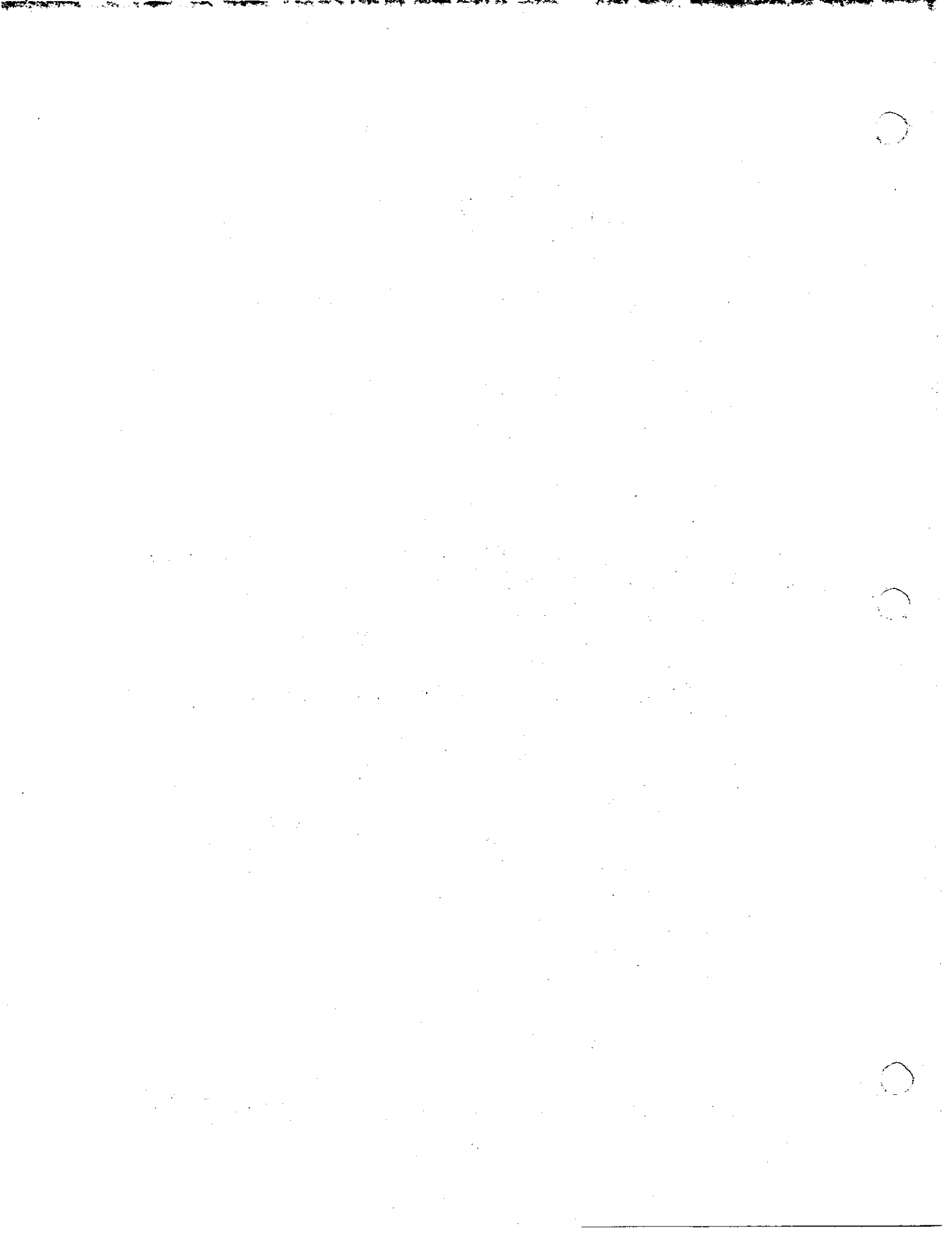
* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments: Sy Tong
on site for Verification of backfill of
formerly removed USTs
backfill 90% completed
have been contacted by Consultant/Contractor
regarding site

Contact _____
Title V
Signature _____

Inspector Bruce P. De
Signature _____

II, III



TO - Brian Oliva.

From: Ben Wells

(415) 924 6261

Reporting Information:

1. Client: M.L.K. Jr. w/ 1004-95
 Address: 3133 M.L.K. Jr. W.
 Contact: Ben Wells
 Alt. Contact: _____

American Environmental Network

3440 Vincent Road, Pleasant Hill, CA 94523
 Phone (510) 930-9090
 FAX (510) 930-0256

AEN

R-5,5M Page 1 of 1
REQUEST FOR ANALYSIS / CHAIN OF CUSTODY
2102 081

Post-It™ brand fax transmittal memo 7671 # of pages 1

To: <u>Brian Oliva</u>	From: <u>Ben Wells</u>
Co: <u>Hayward</u>	Co: <u>ERG</u>
Dept: _____	Phone # <u>415-924-6261</u>
Fax # <u>510-337-9335</u>	Fax # <u>924-5517</u>

Address Report To:

2. ERG
151 Golden Hind Pass.
Corte Madera, CA 94925

Send Invoice To:

3. _____

Send Report To: 1 or 2 (Circle one)

Client P.O. No.: _____ Client Project I.D. No.: 1004-95

Sample Team Member(s): Ben Wells

Lab Number	Client Sample Identification	Air Volume	Date/Time Collected	Sample Type*	Pres.	No. of Cont.	Type of Cont.	ANALYSIS					Comments / Hazards		
								TPH-9	TPH-8	BIEX	Total Lead				
<u>01A</u>	<u>S8-3-13'</u>		<u>3/16/96 12:35</u>	<u>S</u>		<u>1</u>	<u>Box</u>	<u>X</u>	<u>X</u>	<u>X</u>					
<u>02A</u>	<u>S8-4-13'</u>		<u>12:45</u>	<u> </u>				<u>X</u>	<u>X</u>	<u>X</u>					
<u>03A</u>	<u>S8-7-13'</u>		<u>1:00</u>	<u> </u>				<u>X</u>	<u>X</u>	<u>X</u>					
<u>04A</u>	<u>S8-8-12'</u>		<u>12:30</u>	<u> </u>				<u>X</u>	<u>X</u>	<u>X</u>					
<u>05A</u>	<u>S8-3</u>		<u>3:30</u>	<u> </u>				<u>X</u>	<u>X</u>	<u>X</u>					

Relinquished by (Signature): <u>Ben Wells</u>	DATE: <u>3-19-96</u>	TIME: <u>19:00</u>	Received by (Signature): <u>Michael E. ...</u>	DATE: <u>3/20/96</u>	TIME: <u>12:25</u>
Relinquished by (Signature): <u>Michael E. ...</u>	DATE: <u>3/20/96</u>	TIME: <u>13:15</u>	Received by (Signature): <u>Lu ...</u>	DATE: <u>3-20-96</u>	TIME: <u>13:15</u>
Relinquished by (Signature): _____	DATE: _____	TIME: _____	Received by (Signature): _____	DATE: _____	TIME: _____
Method of Shipment			Lab Comments		

*Sample type (Specify): 1) 37mm 0.8 µm MCEF 2) 25mm 0.8 µm MCEF 3) 25mm 0.4 µm polycarb. filter
 4) PVC filter, diam. _____ pore size _____ 5) Charcoal tube 6) Silica gel tube 7) Water 8) Soil 9) Bulk Sample
 10) Other _____ 11) Other _____

04/01/1996 09:32 4159245517
 MAR-30-98 SAT 13:54
 AMERICAN ENV NETWORK
 FAX NO. 15109300256
 P. 02
 ENVIRONMENTAL RESOURCE
 PAGE 01

ENV. RESOURCE GROUP

SAMPLE ID: SB - 3 - 13'
 AEN LAB NO: 9603281-01
 AEN WORK ORDER: 9603281
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 03/19/96
 DATE RECEIVED: 03/20/96
 REPORT DATE: 03/29/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs					
Benzene	EPA 8020 71-43-2	ND	5 ug/kg		03/21/96
Toluene	108-88-3	ND	5 ug/kg		03/21/96
Ethylbenzene	100-41-4	ND	5 ug/kg		03/21/96
Xylenes, Total	1330-20-7	ND	5 ug/kg		03/21/96
Purgeable HCs as Gasoline	5030/GCFID	ND	0.2 mg/kg		03/21/96
#Extraction for TPH	EPA 3550	-		Extrn Date	03/28/96
TPH as Diesel	GC-FID	ND	1 mg/kg		03/29/96

ND = Not detected at or above the reporting limit
 * = Value at or above reporting limit

ENV. RESOURCE GROUP

SAMPLE ID: SB - 4 - 13'
 AEN LAB NO: 9603281-02
 AEN WORK ORDER: 9603281
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 03/19/96
 DATE RECEIVED: 03/20/96
 REPORT DATE: 03/29/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		03/21/96
Toluene	108-88-3	ND	5 ug/kg		03/21/96
Ethylbenzene	100-41-4	ND	5 ug/kg		03/21/96
Xylenes, Total	1330-20-7	ND	5 ug/kg		03/21/96
Purgeable HCs as Gasoline	5030/GCFID	ND	0.2 mg/kg		03/21/96
#Extraction for TPH	EPA 3550	-		Extrn Date	03/28/96
TPH as Diesel	GC-FID	ND	1 mg/kg		03/29/96

ND = Not detected at or above the reporting limit

* = Value at or above reporting limit

ENV. RESOURCE GROUP

SAMPLE ID: SB - 7 - 13'
 AEN LAB NO: 9603281-03
 AEN WORK ORDER: 9603281
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 03/19/96
 DATE RECEIVED: 03/20/96
 REPORT DATE: 03/29/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		03/21/96
Toluene	108-88-3	ND	5 ug/kg		03/21/96
Ethylbenzene	100-41-4	ND	5 ug/kg		03/21/96
Xylenes, Total	1330-20-7	ND	5 ug/kg		03/21/96
Purgeable HCs as Gasoline	5030/GCFID	ND	0.2 mg/kg		03/21/96
#Extraction for TPH	EPA 3550	-		Extrn Date	03/28/96
TPH as Diesel	GC-FID	ND	1 mg/kg		03/29/96

ND = Not detected at or above the reporting limit

* = Value at or above reporting limit

ENV. RESOURCE GROUP

SAMPLE ID: SB - 8 - 12'
 AEN LAB NO: 9603281-04
 AEN WORK ORDER: 9603281
 CLIENT PROJ. ID: 1004-95

DATE SAMPLED: 03/19/96
 DATE RECEIVED: 03/20/96
 REPORT DATE: 03/29/96

ANALYTE	METHOD/ CAS#	RESULT	REPORTING LIMIT	UNITS	DATE ANALYZED
BTEX & Gasoline HCs	EPA 8020				
Benzene	71-43-2	ND	5 ug/kg		03/21/96
Toluene	108-88-3	ND	5 ug/kg		03/21/96
Ethylbenzene	100-41-4	ND	5 ug/kg		03/21/96
Xylenes, Total	1330-20-7	ND	5 ug/kg		03/21/96
Purgeable HCs as Gasoline	5030/GCFID	ND	0.2 mg/kg		03/21/96
#Extraction for TPH	EPA 3550	-		Extrn Data	03/28/96
TPH as Diesel	GC-FID	ND	1 mg/kg		03/29/96

ND = Not detected at or above the reporting limit
 * = Value at or above reporting limit

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name Sy Tony Today's Date 3/20/96
Site Address 3133 MLK J
City Oakland Zip 94 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

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

Comments: On site for Continued Remediation

Broken sanitary sewer line under repair
→ Public Health Hazard

Required actions
① Complete Sanitary sewers = repairs immediately

→ Several photos taken of area

Note Do NOT back fill the pits with over-excavated soil, until laboratory results available for analysis

for Ben Wells
x Don D Mills RSI

Contact _____
Title _____
Signature _____

Inspector Ben Al
Signature _____

II, III