

**Alameda County CUPA Program**  
**Contaminated Site Case Transfer Form**

**Referral To:**

<b>Date</b>	11-12-09
<b>Agency</b>	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502
<b>Attention</b>	Donna L. Drogos, LOP/SLIC Program Manager

**Site Information:**

<b>Site Responsible Party(s)</b>	<b>Piedmont Unified School District</b>
Site Name	1800 Oakland Ave.
Site Address	1800 Oakland Ave., Piedmont, CA 94110
Site Phone	510-594-2608
Site Contractor/Consultant (if available)	Golden Gate Tank Removal
Site DBA	

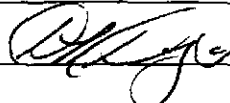
**Site Conditions:**

<b>UST</b>			
USTs removed? # removed: <u>1</u> Date removed: 7-30-09	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Contents (circle): gasoline diesel waste oil <u>heating oil</u> solvents kerosene stoddard solvent other (specify) _____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Observations of system (holes, leaks)?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Observed contamination (free product, smell, soil/water discoloration)?	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? <input checked="" type="checkbox"/> Highest Concentration Detected in Soil Contaminant (specify) <u>TPHg/TPHd/TPHmo</u> Concentration <u>1.8/28/62</u> ppm <input type="checkbox"/> Highest Concentration Detected in Water Contaminant (specify) <u>NA</u> Concentration _____ ppb	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Unauthorized Release Form filed?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Future intended use if known? Specify _____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<b>NON-UST</b>			
Former industrial use?	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm o Highest Concentration Detected in Water Contaminant (specify) _____ Concentration _____ ppb	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Future intended use if known? Specify _____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<i>If available, attach pertinent reports</i>			

Transferred as: LOP  SLIC

Level of Update requested:  distribution list  all meetings  all site visits  closure sign off  all the above none

Transfer requested by Inspector: Barney Chan Date: 11-12-09

Transfer accepted by (ACEH):  Date: 08/20/10

# COUNTY OF ALAMEDA UNDERGROUND TANK SYSTEM CLOSURE INSPECTION REPORT

For Use By the County of Alameda, Environmental Health

[ ]

Facility Name: Piedmont USD Contractor's name: Golden Gate Tank Removal Inc  
 Address: 1800 Oakland Ave City: Piedmont Zip: 94611  
 Project Contact: Tim Hallen Phone No.: 415-539-0499

Tank ID No.					
Size	1500 GALLONS				
Construction Material	Steel				
Single/Double Wall					
Backfill Type	Sandy/silty soil				
Oxygen <10%	NA				
LEL <20%	NA				
Tank Condition	<del>No obvious holes</del> or breaches. observed on N-end of UST				
Soil/Groundwater Condition	sandy/silty soil - no odors observed				
Soil Sample Depth	~ 8' bgs				
Number and Description of Soil/Groundwater Samples (Indicate Sample Locations on Site Plan.)	1- 8' bgs S-end of UST 1- 8' bgs N-end of UST				

Disposition of Tank Contents: Will be taken ashw by Cleanwater      NA      NA  
 Tank & Piping Transport:  Shipped on Manifest;  Transporter Name Same as on Application. Transported by GTR as non-haz  
 Sampling:  Evidence Tape;  Chain of Custody;  Samples Refrigerated; Pipeline Samples Taken  Yes,  No (If no, explain why in Comments.)  
 Soil:  Soil Stored on Bermed Plastic & Covered;  Soil Returned to Excavation. - after analysis/confirm assumed      Site Plan:  Attached.

Comments/Special Conditions: 4 discreet samples to be computed into 1 by lab

Please submit Tank Removal report to AEDPH, attn: Robert Weston w/ 30 days.

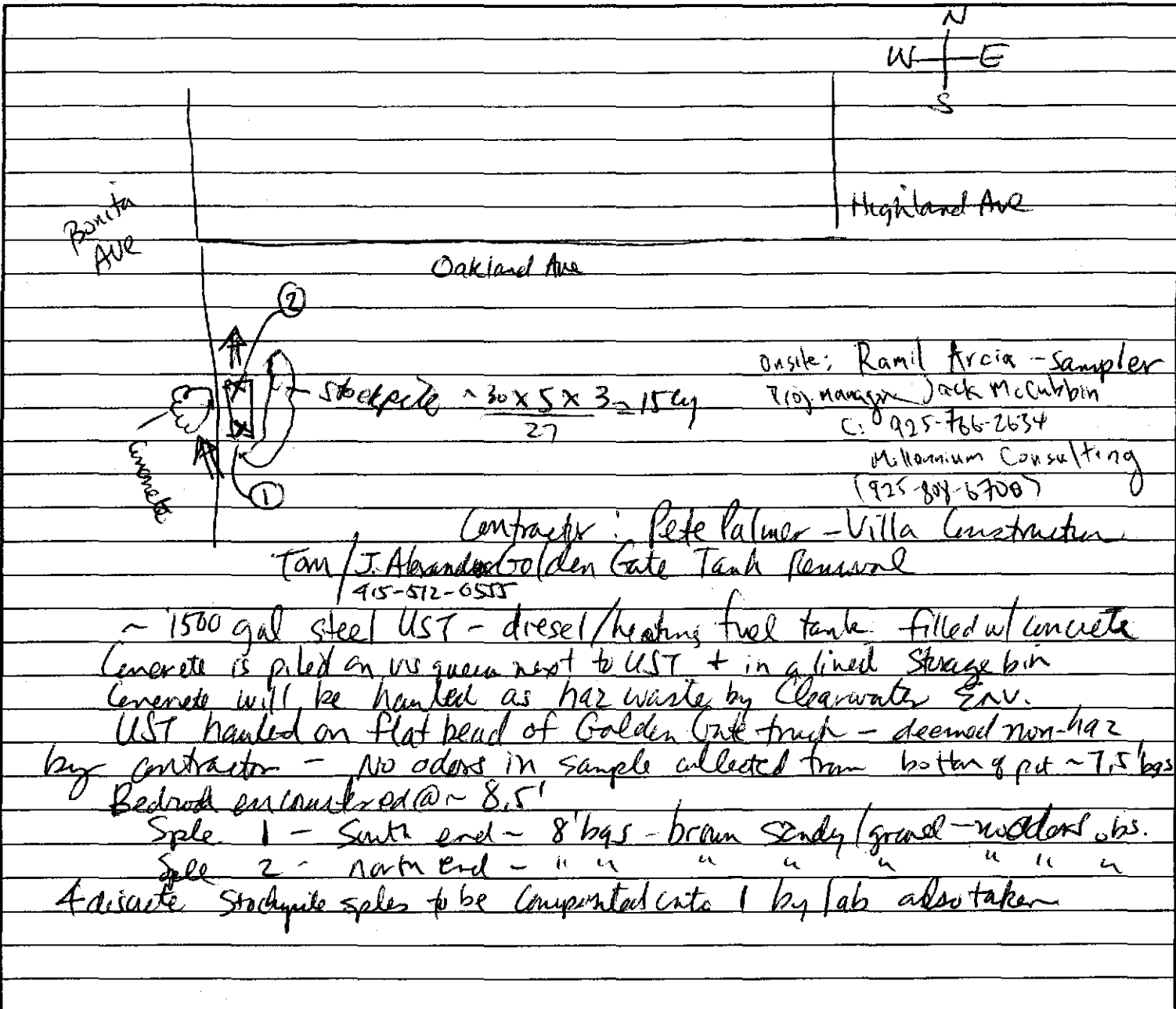
Inspector: Barney Chan Agency: AEDPH Date: 7/30/09 Start Time: 1100 Stop Time: [ ]

Signature of Contractor/Authorized Agent: [Signature] Date: 7/30/09 Page 1 of 2

ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH  
 Certified Unified Program Agency (CUPA)

INSPECTION REPORT SUMMARY / SUMMARY OF VIOLATIONS  
 NARRATIVE

Facility Name: Piedmont Unified School District - Tank Renewal  
 Facility Address: 1800 Oakland Ave Piedmont



~ 1500 gal steel UST - diesel/heating fuel tank - filled w/ concrete  
 Concrete is piled on west side next to UST + in a lined storage bin  
 Concrete will be hauled as haz waste by Clearwater Env.  
 UST hauled on flat bed of Golden Gate truck - deemed non-haz  
 by contractor - No odors in sample collected from bottom of pit ~ 7.5' bgs  
 Bedrock encountered @ ~ 8.5'  
 Sple 1 - South end - 8' bgs - brown sandy/gravel - nodules obs.  
 Sple 2 - North end - " " " " " " " "  
 4 discrete Stochpile sples to be composited into 1 by lab also taken

Date of Inspection: 7/30/09  
 Inspector: B Chan  
 Signature of Facility Representative: [Signature]

**ATTN: Mr. Robert Weston**  
**Alameda County Environmental Health Services**  
**1131 Harbor Bay Parkway, Room 250**  
**Alameda, CA 94502-6577**  
**510-567-6700**

**Health Permit Application**  
**Underground Tank Removal**

**ACCEPTED**

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

**1800 Oakland Avenue**  
**Piedmont, California 94611**

**July 28, 2009**

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/destruction.

**Golden Gate Tank Removal, Inc.**  
**3730 Mission Street**  
**San Francisco, California 94110**

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

**Project # 9098**

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws.

Notify this Department at least 72 hours prior to the following required inspections:

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

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

**\*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:**

Contact Specialist:

*Bamey Chan*  
*510-520-3250*

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
ENVIRONMENTAL HEALTH SERVICES  
1131 HARBOR BAY PARKWAY, RM 250  
ALAMEDA, CA 94502-6577  
PHONE # 510/567-6700

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business Golden Gate Tank Removal, Inc.  
Business Owner or Contact Person (PRINT) Joshua Alexander
2. Site Address 1800 Oakland Ave.  
City Piedmont Zip 94611 Phone (510)594-2608
3. Mailing Address 3730 Mission Street  
City San Francisco Zip 94110 Phone (415) 512-1555
4. Property Owner Piedmont Unified School District  
Business Name (if applicable) \_\_\_\_\_  
Address 760 Magnolia Ave.  
City, state Piedmont CA Zip 94611
5. Generator name under which tank will be manifested  
Piedmont Unified School District  
EPA ID# under which tank will be manifested C A C 0 0 2 6 4 2 6 8 2

6. Contractor Golden Gate Tank Removal, Inc.  
Address 3730 Mission Street  
City San Francisco Phone (415) 512-1555  
License Type A C-8 HAZ ID# 616521

7. Consultant (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Phone \_\_\_\_\_

8. Main Contact Person for Investigation (if applicable)  
Name Joshua Alexander Title Project Manager  
Company Golden Gate Tank Removal, Inc.  
Phone (415) 512-1555

9. Number of underground tanks being closed with this plan 1 (one)  
Length of piping being removed under this plan up to 15 feet  
Total number of underground tanks at this facility (\*\*confirmed with owner or operator) 1 (to be removed)

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 Uniwaste, Inc. EPA I.D. No. CAL000317320  
Hauler License No. 4919 License Exp. Date 03/31/2009  
Address P.O. Box 2404  
City Union City State CA Zip \_\_\_\_\_

b) Product/Residual Sludge/Rinsate Disposal Site  
Name Clearwater Environmental EPA ID# NVD982358483  
Address 2430 Almond Drive  
City Silver Springs State NV Zip 89429

c) Tank and Piping Transporter <sup>WE INTEND TO DISPOSE & TRANSPORT THIS AS NON HAZ, IF NOT</sup>

Name Ecology Control Industries EPA I.D. No. CAD 009 466 392  
Hauler License No. 1533 License Exp. Date 04/06/2017  
Address 255 Parr Road  
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site <sup>WE INTEND TO DISPOSE & TRANSPORT THIS AS NON HAZ, IF NOT</sup>

Name Ecology Control Industries EPA I.D. No. CAD 009 466 392  
Address 255 Parr Road  
City Richmond State CA Zip 94801

11. Sample Collector

Name Joshua Alexander  
Company Golden Gate Tank Removal, Inc.  
Address 3730 Mission Street  
City San Francisco State CA Zip 94110 Phone (415) 512-1555

12. Laboratory

Name Accutest Laboratories  
Address 3334 Victor court  
City Santa Clara State CA Zip 95054  
State Certification No. 2346

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:

removal of product, purge, introduce dry ice to reduce vapors  
flush lines and triple rinse with water, if necessary  
pump to vacuum truck, steam clean tank

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
1500 Gallons	unknown	soil samples & water if present	1. stockpile 2. north/ east end of excavation 3. south/west end of excavation bottom of tank- max 15 feet

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	
Stockpiled Soil Volume (estimated)  <h1>10-20 yards</h1>	Sampling Plan  4 point composite for every 50 cubic yards  or 4 point composite for every 20 cubic yards

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

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

If yes, explain reasoning \_\_\_\_\_  
 \_\_\_\_\_

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

16. Chemical methods and associated detection limits to be used for analyzing sample(s):

**The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits shall be followed.**

See Table 2, Recommended Minimum Verification Analyses for Underground Tank Leaks.

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Benzene	8021B	SW8020F	0.005 PPM
Toluene	8021B	SW8020F	0.005 PPM
Ethylbenzene	8021B	SW8020F	0.005 PPM
Xylenes	8021 B	SW8020F	0.010 PPM
MTBE	8015M/8021B	SW8020F	0.005 PPM
TPH-D	8015M	CATFH	1.0 PPM

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

18. Submit copy of Worker's Compensation Certificate

Name of Insurer State Fund Compensation Insurance

19. Submit Plot Plan (See Instructions)

20. Enclose Fee (See Instructions)

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

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

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

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

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

I understand that information, in addition to that provided above, may be needed in order to obtain approval from the 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 Golden Gate Tank Removal, Inc.


Name of Individual Annette Chen - Project Coordinator

Signature  Annette Chen Digitally signed by Annette Chen  
DN: cn=Annette Chen, c=US  
Date: 2009.07.28 09:17:18 -0700 Date 7/28/09

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Piedmont Unified School District (care of GGTR)

Name of Individual Piedmont Unified School District

Signature  Annette Chen Digitally signed by Annette Chen  
DN: cn=Annette Chen, c=US  
Date: 2009.07.28 09:18:07 -0700 On Behave of Owner Date 7/28/09

**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)

Name of Site

1800 Oakland Ave.

Street Address

Piedmont CA 94611

City, State & Zip Code

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

Golden Gate Tank Removal, Inc.

Name

3730 Mission Street

Street Address

San Francisco CA 94110

City, State & Zip Code

Signature of Payor

7/28/09

Date

Name of Payor  
(PLEASE PRINT CLEARLY)

Golden Gate Tank Removal, Inc.

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*

## RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR UNDERGROUND TANK LEAKS

*For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction*

**TABLE #2**

REVISED 1 MARCH 1999

HYDROCARBON LEAK	SOIL ANALYSIS (SW-846 METHOD)		WATER ANALYSIS (Water/Waste Water Method)	
Gasoline (Leaded and Unleaded)	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
Unknown Fuel	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water		MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water	
Diesel, Jet Fuel, Kerosene, and Fuel/Heating Oil	TOTAL LEAD	AA	TOTAL LEAD	AA
	- Optional -		- Optional -	
Chlorinated Solvents	Organic Lead	DHS-LUFT	Organic Lead	DHS-LUFT
	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
Non-chlorinated Solvents	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
Waste, Used, or Unknown Oil	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water		MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water	
Waste, Used, or Unknown Oil	TOTAL LEAD	AA	TOTAL LEAD	AA
	- Optional -		- Optional -	
Waste, Used, or Unknown Oil	Organic Lead	DHS-LUFT	Organic Lead	DHS-LUFT
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
Waste, Used, or Unknown Oil	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
Waste, Used, or Unknown Oil	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water		MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water	
	CL HC	8260	CL HC	524.2/624 (8260)
Waste, Used, or Unknown Oil	BTEX	8060 or 8021	BTEX	524.2/624 (8260) or 524.2/602 (8021)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
Waste, Used, or Unknown Oil	BTEX	8060 or 8021	BTEX	524.2/624 (8260) or 524.2/602 (8021)
	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
Waste, Used, or Unknown Oil	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	O&G	9070	O&G	418.1
Waste, Used, or Unknown Oil	BTEX	8260	BTEX	524.2/624 (8260)
	CL HC	8260	CL HC	524.2/624 (8260)
Waste, Used, or Unknown Oil	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water		MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water	
Waste, Used, or Unknown Oil	METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil and water		METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil and water	
	PCB*, PCP*, PNA, CREOSOTE by 8270 for soil and 524/625 (8270) for water		PCB*, PCP*, PNA, CREOSOTE by 8270 for soil and 524/625 (8270) for water	

\* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

**NOTES:**

1. 8021 replaces old methods 8020 and 8010
2. 8260 replaces old method 8240
3. Reference: Table B-1 in Appendix B of "Expedited Site Assessment Tools for Underground Storage Tank Sites: A Guide for Regulators" (EPA 610-B-97-001)

**UNIFIED PROGRAM CONSOLIDATED FORM**

**TANKS**

**UNDERGROUND STORAGE TANKS - FACILITY**

(one page per site) Page \_\_\_\_ of \_\_\_\_

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW SITE PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION <small>specify change local use only _____</small>	<input type="checkbox"/> 7. PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2. AMENDED PERMIT	<input type="checkbox"/> 4. TEMPORARY SITE CLOSURE	<input type="checkbox"/> 6. TEMPORARY SITE CLOSURE	<input type="checkbox"/> 8. TANK REMOVED

400

**I. FACILITY / SITE INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 <b>Piedmont Unified School District</b>			FACILITY ID#									
NEAREST CROSS STREET <b>Bonita Ave.</b>			FACILITY OWNER TYPE									
BUSINESS TYPE <input type="checkbox"/> 1. GAS STATION <input type="checkbox"/> 2. DISTRIBUTOR <input type="checkbox"/> 3. FARM <input type="checkbox"/> 4. PROCESSOR <input type="checkbox"/> 5. COMMERCIAL <input type="checkbox"/> 6. OTHER			<input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT* <input type="checkbox"/> 5. COUNTY AGENCY* <input type="checkbox"/> 6. STATE AGENCY* <input type="checkbox"/> 7. FEDERAL AGENCY*									
TOTAL NUMBER OF TANKS REMAINING AT SITE <b>1 (one)</b>	Is facility on Indian Reservation or trustlands? <input type="checkbox"/> Yes <input type="checkbox"/> No	*If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.)										

**II. PROPERTY OWNER INFORMATION**

PROPERTY OWNER NAME <b>Piedmont Unified School District</b>			PHONE <b>410-594-2608</b>		
MAILING OR STREET ADDRESS <b>760 Magnolia Ave.</b>					
CITY <b>Piedmont</b>	STATE <b>CA</b>	ZIP CODE <b>94611</b>			
PROPERTY OWNER TYPE <input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY					

**III. TANK OWNER INFORMATION**

TANK OWNER NAME			PHONE		
MAILING OR STREET ADDRESS					
CITY	STATE	ZIP CODE			
TANK OWNER TYPE <input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY					

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER**

TY (TK) HQ 44-	Call (916) 322-9669 if questions arise				
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**V. PETROLEUM UST FINANCIAL RESPONSIBILITY**

INDICATE METHOD(S) <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"/> 7. STATE FUND <input type="checkbox"/> 8. STATE FUND & CFO LETTER <input type="checkbox"/> 9. STATE FUND & CD <input type="checkbox"/> 10. LOCAL GOVT MECHANISM <input type="checkbox"/> 99. OTHER:					
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**VI. LEGAL NOTIFICATION AND MAILING ADDRESS**

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.

1. FACILITY  2. PROPERTY OWNER  3. TANK OWNER

**VII. APPLICANT SIGNATURE**

Certification - I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT  <b>Annette Chen</b>	DATE <b>7/28/09</b>	PHONE
NAME OF APPLICANT (print) <b>Annette Chen</b>	TITLE OF APPLICANT	
STATE UST FACILITY NUMBER (For local use only)	1998 UPGRADE CERTIFICATE NUMBER (For local use only)	

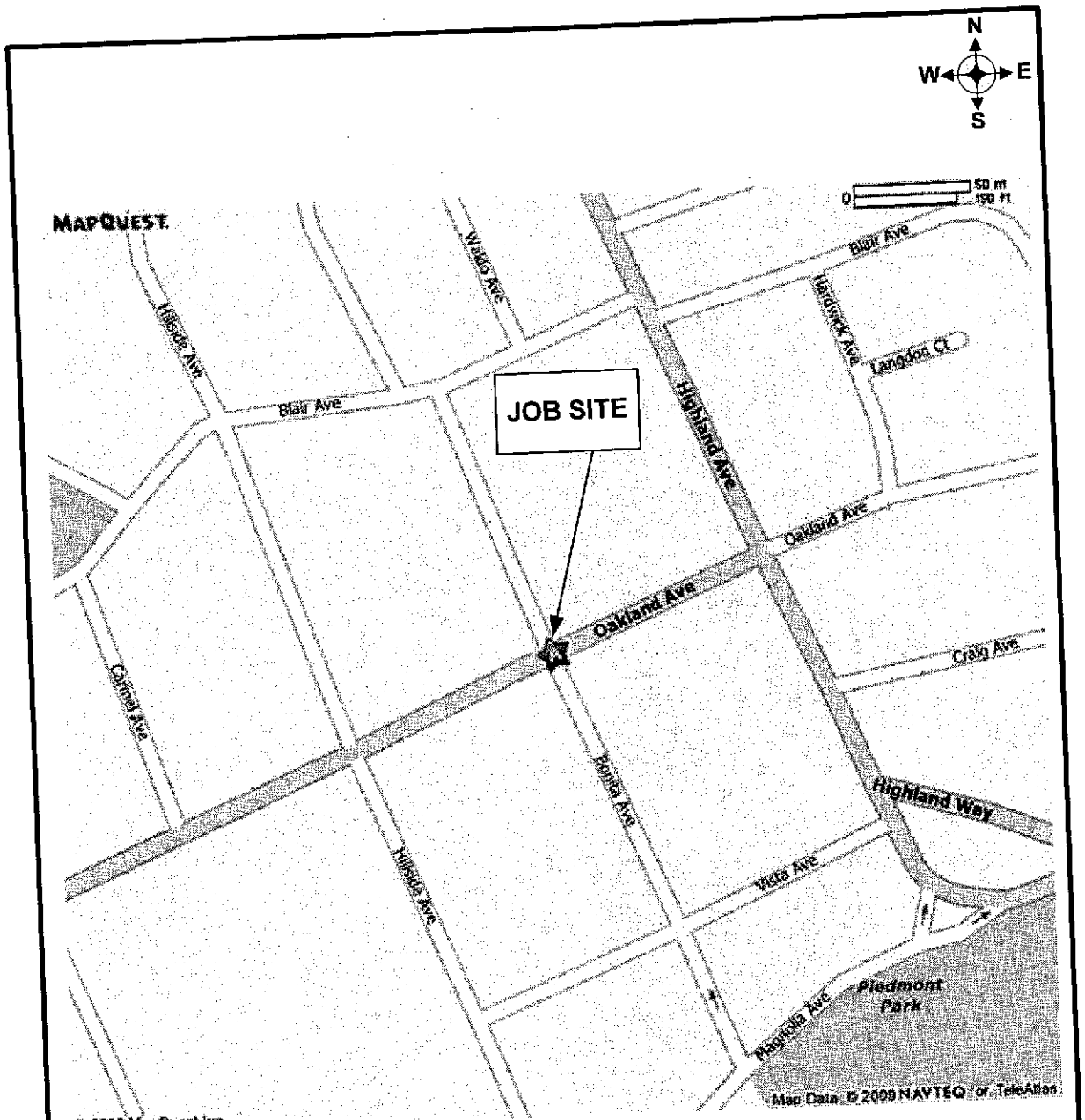
**UNIFIED PROGRAM CONSOLIDATED FORM**

**UNDERGROUND STORAGE TANKS – TANK PAGE 1**

**TANKS**

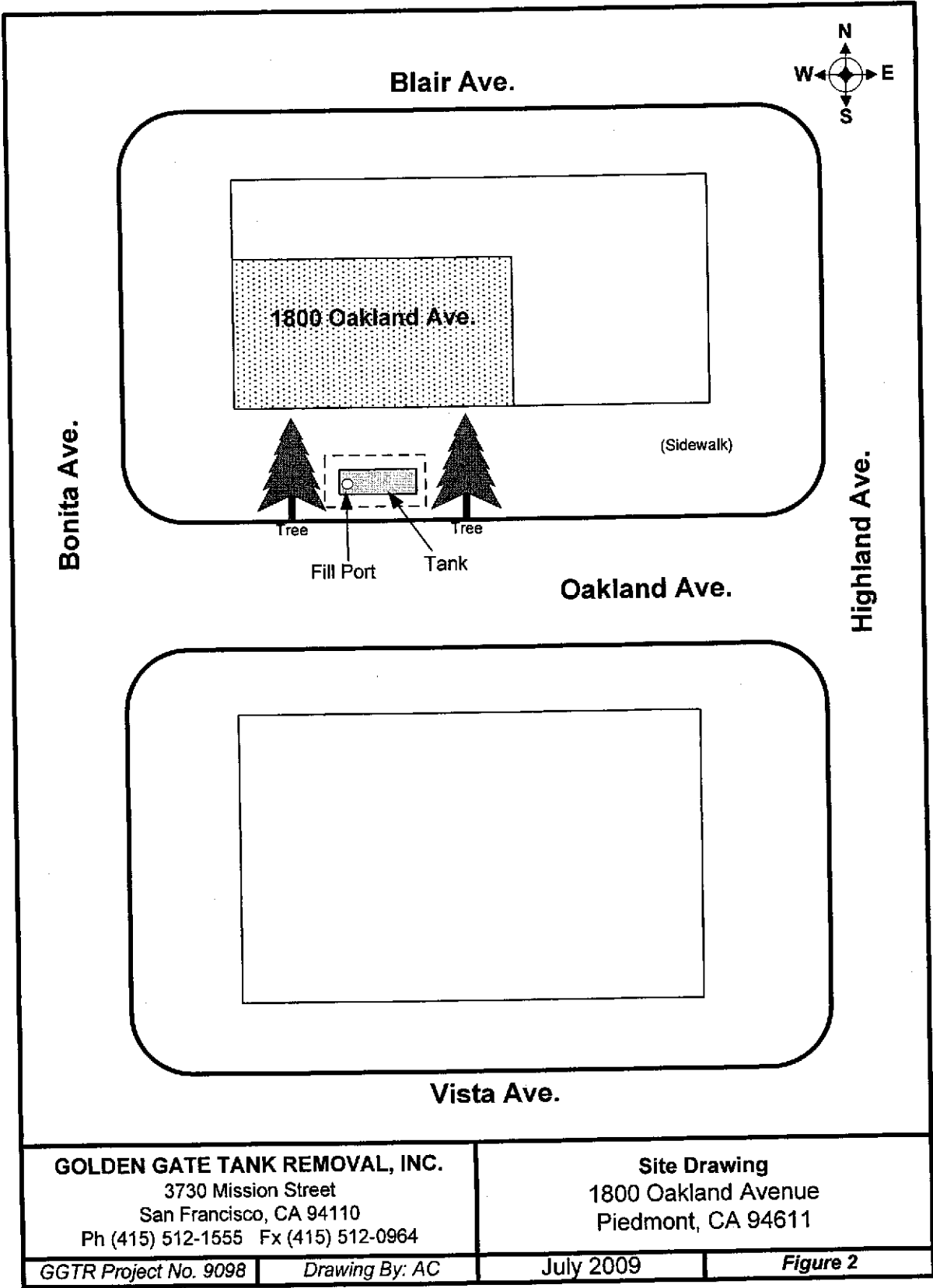
(two pages per tank) Page \_\_\_\_ of \_\_\_\_

TYPE OF ACTION <input type="checkbox"/> 1 NEW SITE PERMIT <input type="checkbox"/> 4 AMENDED PERMIT <input type="checkbox"/> 5 CHANGE OF INFORMATION <input type="checkbox"/> 6 TEMPORARY SITE CLOSURE		430
(Check one item only) <input type="checkbox"/> 3 RENEWAL PERMIT (Specify reason - for local use only) (Specify reason - for local use only) <input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE		
<input checked="" type="checkbox"/> 8 TANK REMOVED		
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <b>Piedmont Unified School District</b>		FACILITY ID: _____
LOCATION WITHIN SITE (Optional) <b>1800 Oakland Ave., Piedmont, CA</b>		
<b>I. TANK DESCRIPTION</b> (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)		
TANK ID # <b>Unknown</b> 432	TANK MANUFACTURER <b>Unknown</b> 433	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input type="checkbox"/> No 434
DATE INSTALLED (YEAR/MO) <b>Unknown</b> 435	TANK CAPACITY IN GALLONS <b>1500 gallon</b> 436	NUMBER OF COMPARTMENTS <b>One</b> 437
ADDITIONAL DESCRIPTION (For local use only) 438		
<b>II. TANK CONTENTS</b>		
TANK USE 439 <input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL (if marked complete Petroleum Type) <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 95. UNKNOWN	PETROLEUM TYPE 440 <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION FUEL <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input checked="" type="checkbox"/> 99. OTHER	
	COMMON NAME (from Hazardous Materials Inventory page) 441 <b>Diesel</b>	CAS# (from Hazardous Materials Inventory page) 442
<b>III. TANK CONSTRUCTION</b>		
TYPE OF TANK (Check one item only) <input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER <input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER		443
TANK MATERIAL - primary tank (Check one item only) <input checked="" type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER		444
TANK MATERIAL - secondary tank (Check one item only) <input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE <input checked="" type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER		445
TANK INTERIOR LINING OR COATING (Check one item only) <input type="checkbox"/> 1. RUBBER LINED <input type="checkbox"/> 3. EPOXY LINING <input type="checkbox"/> 5. GLASS LINING <input checked="" type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER		446
OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only) <input type="checkbox"/> 1. MANUFACTURED CATHODIC PROTECTION <input type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC <input checked="" type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER		448
SPILL AND OVERFILL (Check all that apply) <input type="checkbox"/> 1. SPILL CONTAINMENT <input type="checkbox"/> 2. DROP TUBE <input type="checkbox"/> 3. STRIKER PLATE	YEAR INSTALLED 450 TYPE (local use only) 451	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452 <input type="checkbox"/> 1. ALARM <input type="checkbox"/> 3. FILL TUBE SHUT OFF VALVE <input type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 4. EXEMPT
<b>IV. TANK LEAK DETECTION</b> (A description of the monitoring program shall be submitted to the local agency.)		
IF SINGLE WALL TANK (Check all that apply) 453 <input type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 3. CONTINUOUS ATG <input type="checkbox"/> 4. STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING	<input type="checkbox"/> 5. MANUAL TANK GAUGING (MTG) <input type="checkbox"/> 6. VADOSE ZONE <input type="checkbox"/> 7. GROUNDWATER <input type="checkbox"/> 8. TANK TESTING <input type="checkbox"/> 99. OTHER	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454 <input type="checkbox"/> 1. VISUAL (SINGLE WALL IN VAULT ONLY) <input type="checkbox"/> 2. CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3. MANUAL MONITORING
<b>IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE</b>		
ESTIMATED DATE LAST USED (YR/MO/DAY) <b>Unknown</b> 455	ESTIMATED QUANTITY OF SUBSTANCE REMAINING <b>Unknown</b> gallons 456	TANK FILLED WITH INERT MATERIAL? 457 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



<p><b>GOLDEN GATE TANK REMOVAL, INC.</b>          3730 Mission Street          San Francisco, CA 94110          Ph (415) 512-1555 Fx (415) 512-0964</p>	<p><b>VICINITY MAP</b>          1800 Oakland Avenue          Piedmont, CA 94611</p>		
<p>GGTR Project No.9098</p>	<p>Drawing By: AC</p>	<p>July 2009</p>	<p>Figure 1</p>







**SITE SAFETY PLAN  
UNDERGROUND TANK REMOVAL**

**1800 OAKLAND AVENUE  
PIEDMONT, CALIFORNIA 94611**

**JULY 28, 2009**

**GOLDEN GATE TANK REMOVAL, INC.  
3730 MISSION STREET  
SAN FRANCISCO, CALIFORNIA 94110**

**PROJECT # 9098**

1800 Oakland Avenue, Piedmont California 94611 – Job# 9098

SITE HAZARD INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE

Owners Name: Piedmont Unified School District
Site Address: 1800 Oakland Ave. Piedmont, CA 94611
Directions to Site: Cross Street: Bonita Ave. & Highland Ave.

Consultant On Site: Golden Gate Tank Removal, Inc. Phone number: 415/512-1555
Site Safety Officer: Joshua Alexander Phone Number: 415/512-1555
Type of Facility: Commercial Mobile Number: 415/730-2179
Site Activities: Drilling construction x Tank Excavation Soil Excavation
Work in Traffic Area Groundwater Extraction Vapor Extraction Above Ground Remediation
Other:

Hazardous Substances

Table with 3 columns: Name (CAS#), Expected Concentration, Health Affects. Row 1: Diesel, Minimal, Nausea, Dizziness.

Physical Hazards

x Noise x Excavations/Trenches
x Traffic Other:
x Underground Hazards Overhead Lines
Potential Explosions and Fire hazards:

Level of Protection Equipment

A B C X D See Personal Protective Equipment

Personal Protective Equipment

R = Required A = As Needed

- R Hard Hat A Safety Eye wear (Type)
A Safety Boots A Respirator (Type) 1/2 Face
R Orange Vest A Filter (Type) Carbon
A Hearing Protection A Gloves (Type) Leather
Tyvek Coveralls Other

1800 Oakland Avenue, Piedmont California 94611 – Job# 9098

SITE HAZARD INFORMATION

Monitoring Equipment On Site

Organic Vapor Analyzer  
Oxygen Meter  
H2S Meter

Air Sampling Pump  
X Combustible Gas Meter  
Other \_\_\_\_\_

Site Control Measures Normal Pedestrian, Orange Cones, Traffic Signs

Decontamination Procedures Warm Water Soap

Hospital/Clinic Kaiser Permanente Medical Center Phone (510) 251-3960

Hospital Address 280 W Macarthur Blvd., Oakland, CA 94611

Paramedic 911 Fire Dept. 911 Police Dept. 911

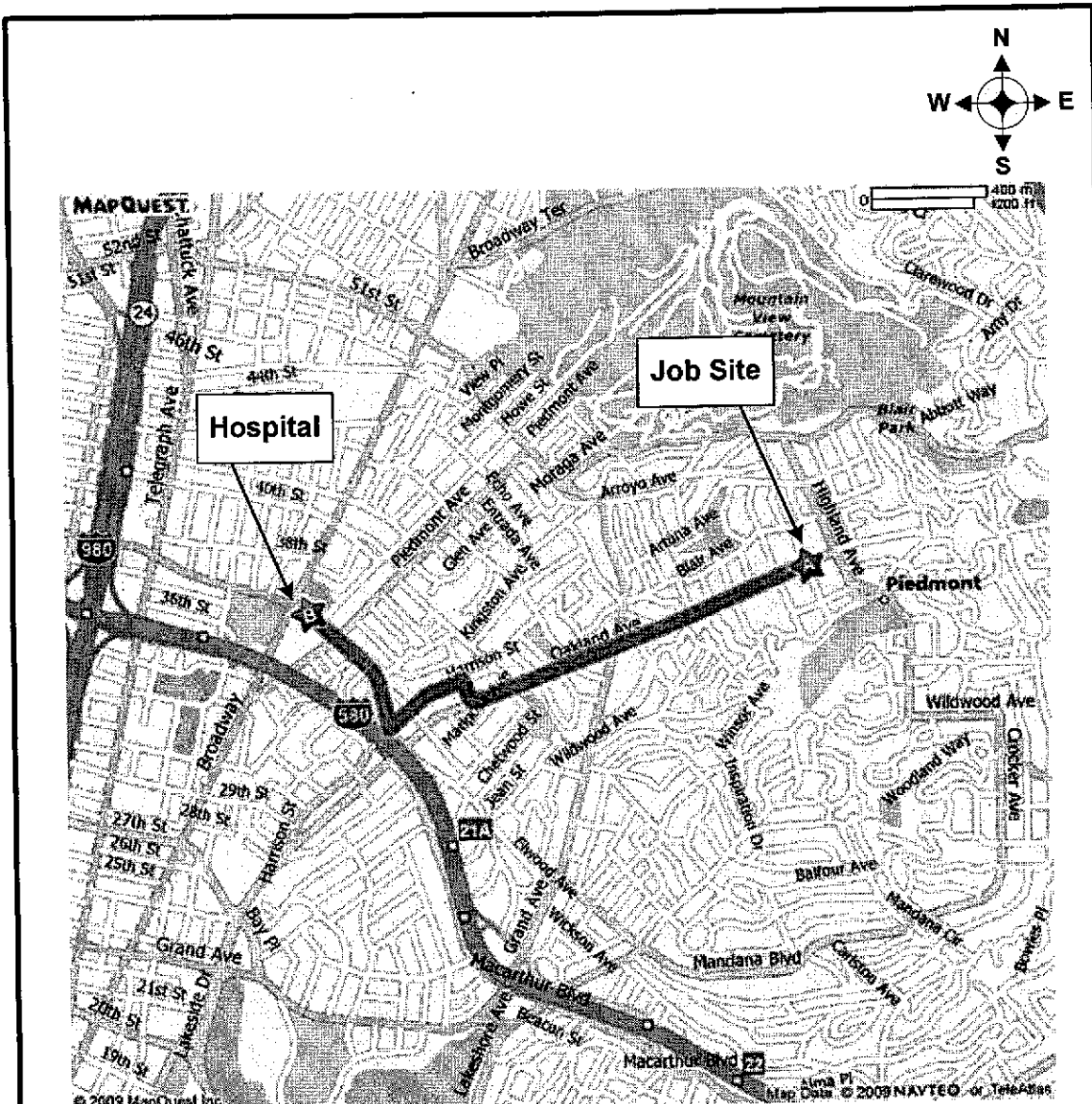
Emergency/Contingency Plans & Procedures See Safety Procedures

Site Hazard Information Provided By: Annette Chen Phone: 415/512-1555

Signature:  Annette Chen

Digitally signed by Annette Chen  
DN: cn=Annette Chen, o=Kaiser  
Date: 2008.07.28 06:15:18  
+0700

Date: 7/28/09



Total Time: 4 minutes      Total Distance: 1.60 miles

- A: 1800 Oakland Ave, Piedmont, CA 94611-4022
- 1: Start out going SOUTHWEST on OAKLAND AVE toward HILLSIDE AVE. 0.9 mi
  - 2: Turn SLIGHT RIGHT onto BAYO VISTA AVE. 0.1 mi
  - 3: Turn LEFT onto HARRISON ST. 0.2 mi
  - 4: Turn RIGHT onto W MACARTHUR BLVD. 0.4 mi
  - 5: 280 W MACARTHUR BLVD is on the RIGHT. 0.0 mi
- B: Kaiser Permanente Medical Ctr. 280 W Macarthur Blvd, Oakland, CA 94611

<p><b>GOLDEN GATE TANK REMOVAL, INC.</b>          3730 Mission Street          San Francisco, CA 94110          Ph (415) 512-1555 Fx (415) 512-0964</p>	<p><b>HOSPITAL MAP</b>          Kaiser Permanente Medical Ctr          280 W Macarthur Blvd.          Oakland, California 94611          (510) 251-3960</p>		
<p>GGTR Project No. 9098</p>	<p>Drawing By: AC</p>	<p>July 2009</p>	<p>Figure H</p>

## 1.0 PURPOSE

This operating procedure establishes minimum procedures for protecting personnel against the hazardous properties during the performance of the removal of an underground storage tank and related activities. All employees and subcontractors of Golden Gate Tank Removal shall follow this plan. This plan is developed to work with the California Occupational Safety and Health Code to quickly prepare and issue a site safety plan for the removal of an underground storage tank and the related activities.

## 2.0 APPLICABILITY

This procedure is applicable to the removal of underground storage tanks and the related activities. Listed below are some of, but not limited to, the activities and substances that may be encountered during the project.

### Activities:

The work to be performed will include: the excavation of potentially contaminated soil in order to expose the underground storage tank, the stock piling of soil, the removal and manifested disposal of the tank, the recovery of soil samples from the excavation and stockpiled soil, and the backfill and resurfacing of the excavation.

### Substances:

- Diesel Fuel Oil (Home Heating Oil)
- Lead and Unleaded Gasoline
- Diesel Fuel
- Motor Oil (used and unused)

## 3.0 RESPONSIBILITY AND AUTHORITY

Personnel responsible for project safety are the business unit's Health and Safety Officer (HSO), the Project Manager (PM), and the Site Safety Officer (SSO).

The HSO is responsible for reviewing and approving the site safety plan and advising both the PM and SSO on health and safety matters. The HSO has the authority to audit compliance with the provisions of the site safety plan, suspend work or modify work practices for safety reasons, and to dismiss from the site any individual whose conduct on-site endangers the health and safety of themselves and/or others.

The PM is responsible for having the site safety plan prepared and distributed to all field personnel and to an authorized representative of each firm contracted to assist with the on-site work.

The SSO is responsible for assisting the PM with on-site implementation of site safety plan. The SSO may suspend work anytime he/she determines that the provisions of the site safety plan are inadequate to ensure worker safety and inform the PM and HSO of individuals whose on-site behavior jeopardizes their health and safety or the health and safety of others.

#### 4.0 HAZARD EVALUATION/CRITERIA

##### Chemical

The general types of chemical hazards associated with this project are exposure to various chemical substances, including but not limited to, petroleum hydrocarbon liquids and vapors, caustic and acidic mists, liquids and solids. Exposure to elevated levels of hydrocarbon vapors presents potential health risks that need to be properly controlled. Work practices and methods will be monitored to limit exposures. Where elevated exposures persist, respiratory protection will be the primary control method to protect personnel from inhalation of hydrocarbon vapors.

##### Physical

The general types of physical hazards associated with this project are:

- Mechanical hazards: swinging objects, machinery, etc.,
- Physical lifting, shoveling, climbing (ladder), etc.,
- Electrical hazards: buried cables and overhead power lines,
- Thermal hazards: heat stress, and heat exhaustion
- Acoustical hazards: excessive noise created by machinery.

##### Flammability

The general types of flammable hazards associated with this project are fire hazards: natural gas and product lines, flammable petroleum hydrocarbons, and motor driven equipment.

Petroleum distillate fuels possess two intrinsic hazardous properties, namely, flammability and toxicity. The flammable property of the oil and fuels presents a far greater hazard to field personnel than toxicity because it is difficult to protect against and can result in catastrophic consequences. Being Flammable, the vapors of volatile components of crude oil and the fuels can be explosive when confined.

Eliminating any one of the three factors needed to produce combustion can minimize the probability of fire and explosion. Two of the factors, ignition source and vapor concentration, can be controlled in many cases. Prohibiting

## 1800 Oakland Avenue, Piedmont California 94611 – Job# 9098

open fires and smoking on-site, installing spark arrestors on engines and turning off engines when fuel is approached can control ignition. Introducing dry ice (solid carbon dioxide) in the tank can reduce vapor concentrations in the headspace; the carbon dioxide gas will displace the combustible vapors.

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### 5.0 HEALTH AND SAFETY DIRECTIVES

#### Site-Specific Safety Briefing

Before fieldwork begins, all field personnel, including subcontractor employees must be briefed on their work assignments and safety procedures contained in this document.

#### Personal Protective Equipment

Each field team member shall have on-site, before the commencement of work, the following personal protective equipment:

- NIOSH-approved full or half face respirator with organic vapor cartridges (cartridges will be supplied pending the work criteria).
- Hard-hat and safety vest
- Leather work boots, steel toed boots are strongly suggested
- Leather work gloves
- Ear protection, earphone type or ear plugs
- Eye protection, safety glasses and splash proof goggles

#### Equipment Usage

Hard-hats and safety vests must be worn at all times when on the job site.

Safety goggles must be worn when working within 10 feet of any operating heavy equipment (e.g., jackhammer, and backhoe). Splash-proof goggles or face shields must be worn whenever product quantities of fuel are encountered.

Respirators must be worn whenever total airborne hydrocarbon levels in the breathing zone of field personnel reach or exceed a 15-minute average of 25 ppm. If total airborne hydrocarbons in the breathing zone exceed 100 ppm, work must be suspended, personnel directed to move a safe distance from the source, and the HSO or designee consulted.

Chemical-resistant safety boots must be worn during the performance of work where surface soil is obviously contaminated.

#### Monitoring



## 1800 Oakland Avenue, Piedmont California 94611 – Job# 9098

Personal exposure to ambient airborne hazards will be monitored to assure that personnel exposures do not exceed acceptable limits and that appropriate selection of protective equipment items is made. If concentrations approach criteria levels, all personnel will be notified of possible site safety changes. Audits will be conducted by the Safety Officer to insure compliance with the Safety Plan and to provide additional support as required.

---

### Area Control

Access to hazardous and potential hazardous work sites must be controlled to reduce the probability of occurrence of physical injury and chemical exposure of field personnel, visitors and the public. A hazardous or potential hazardous area includes area where a tank removal or related activity is being performed and/or field personnel are required to wear respirators.

Cordons, barricades, and/or emergency traffic cones or posts, depending on conditions must identify the boundaries of hazardous and potentially hazardous areas. If such areas are left unattended, signs warning of the danger and forbidding entry must be placed around the perimeter if the areas are accessible to the public. Trenches and other large holes must be guarded with wooded or metal barricades spaced no further than 20 feet apart and connected with yellow caution tape. The barricades must be placed no less than two feet from the edge of the excavation or hole.

Entry to hazardous areas shall be limited to individuals who must work in those areas. Unofficial visitors must not be permitted to enter hazardous areas while work in those areas is in progress.

Official visitors should be discouraged from entering hazardous areas, but may be allowed to enter only if they agree to abide by the safety officer and are informed of the potential dangers that could be encountered in the areas.

### Decontamination

Field decontamination of personnel and equipment is not required except when contamination is obvious (visual or by odor). Recommended de-contamination procedures follow:

#### Personnel

Gasoline, heating oil, diesel and oil should be removed from skin using a mild detergent and water. Hot water is more effective than cold. Liquid dishwashing detergent is more effective than hand soap. If weathered to an asphaltic condition, mechanics waterless hand cleaner is recommended for initial cleaning followed by detergent and water.

#### Equipment

Gloves, respirators, hard-hats, boots and goggles should be cleaned as described under personnel. However, if boots do not become clean after washing with detergent and water, they should be cleaned with a strong solution of trisodium phosphate and hot water. If this fails, clean with diesel oil followed by detergent and water to remove diesel oil.

## 1800 Oakland Avenue, Piedmont California 94611 – Job# 9098

Sampling equipment, augers, vehicle undercarriages, and tires should be steamed cleaned. The steam cleaner is a convenient source of hot water for personnel and protective equipment cleaning.

---

### 6.0 SAFETY AND HEALTH TRAINING

Each individual on the job site should have been or is preparing to attend the 40 hr. Hazardous Materials Handling Course as required by the California Occupational Safety and Health Association. In addition, the HSO conducts BI-weekly health and safety meetings.

Each morning before fieldwork begins, all field personnel, including subcontractor employees, must attend the site-specific safety briefing at their work site to receive assignments and safety procedures.

### 7.0 RECORD KEEPING REQUIREMENT

The following record keeping requirements will be maintained in the program file indefinitely. The particular organization responsible for these records is also listed.

- Copy of this Health and Safety Plan - Golden Gate Tank Removal.
- Health and Safety Training Certification Form for Site Safety Officer -- Golden Gate Tank Removal.
- Any accident/illness report forms -- All Parties.
- Personal sampling results -- Golden Gate Tank Removal.
- Documentation of employee's medical ability to perform work and wear respirators -- All parties.

Prepared By:



Annette Chen

Digitally signed by  
Annette Chen  
DN: cn=Annette  
Chen, o=HSE  
Date: 2009.07.29  
09:16:56 -0700

Annette Chen

Golden Gate Tank Removal, Inc.



## REQUIREMENTS FOR ONSITE CUTTING OF UNDERGROUND TANKS

Various circumstances at underground tank removals may make on-site cutting of tanks necessary or advantageous. Due to the inherent safety, health and environmental hazards, Golden Gate Tank Removal, Inc. has imposed the following conditions on cutting of any tanks that have held hazardous material of waste.

1. The local fire department shall be advised in advance of planned on-site cutting, or of any change from approved plans to include on-site cutting. The cutting of any tank that previously held flammable and/or combustible liquids shall be approved in advance by the local Fire Department inspector.
2. Tanks shall be completely emptied and the contents handled in accordance with all pertinent regulations.
3. To minimize release of the hazardous waste, any tank to be cut in place shall be cleaned to render it non-hazardous. The final Rinsate or interior wipe sample shall not exceed 100 PPM of product verified by laboratory analysis: or the tank shall be evinced as cleaned to bare metal. Rinsate shall be handled in accordance with all pertinent regulations.
4. Any tank that held flammable or combustible liquid shall be inerted prior to cutting. A minimum of 3 pounds of dry ice per 100 gallons of capacity shall be used for a flammable liquid tank. The atmosphere in the tank shall be maintained below 5% of Lower Explosive Limit (LEL) throughout cutting.
5. Cutting implements shall be approved for use prior to the cutting of any tank. Tanks that are properly inerted may be cut with gas torches only with approval from the local Fire Department. Edged tools may be used in the tank if it is properly inerted. Edged tools shall be lubricated with cutting oil or water spray.
6. At least one charged 20BC Fire extinguisher shall be kept on-site, immediately accessible to the workers performing the cutting.
7. Occupational Health and Safety provisions of Title 8, California Code of Regulations, shall be observed, including but not limited to site safety plans, confined space entry, respirators and other personal protection equipment and sanitation.
8. All other pertinent regulations, including but not limited to those of the local departments of Public Health, Fire and Public Works, the Bay Area Air Quality Management District and the Bay Regional Water Quality Control Board, shall be observed.

# **ATTACHMENTS**

**STATE CONTRACTOR'S LICENSE  
CERTIFICATE OF COMPLETION 8HRS ANNUAL HAZWOPER  
WORKMEN'S COMPENSATION INSURANCE  
CERTIFICATE OF LIABILITY INSURANCE  
OSHA ANNUAL EXCAVATION PERMIT**

**STATE  
COMPENSATION  
INSURANCE  
FUND**

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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 10-01-2008

 GROUP: 000571  
 POLICY NUMBER: 0007200-2008  
 CERTIFICATE ID: 159  
 CERTIFICATE EXPIRES: 10-01-2009  
 10-01-2008/10-01-2009

 GOLDEN GATE TANK REMOVAL  
 3730 MISSION ST  
 SAN FRANCISCO CA 94110-5830

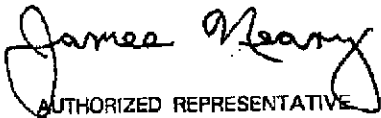
NA

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

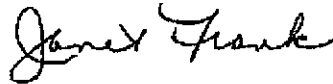
This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

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

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



AUTHORIZED REPRESENTATIVE



PRESIDENT

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

ENDORSEMENT #1600 - JAMES F. TRACY CEO, CFO - EXCLUDED.

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 10-01-2001 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

 GOLDEN GATE TANK REMOVAL, INC  
 3730 MISSION ST  
 SAN FRANCISCO CA 94110

NA


PRINTED : 08-17-2008

M0410

**Compliance SolutionsOccupational Trainers, Inc.  
Certificate of Completion**

Student Name: Tom Ferrick  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

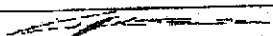
Date of Issue: 11/10/2008

By:  President

**Compliance SolutionsOccupational Trainers, Inc.  
Certificate of Completion**

Student Name: Gabriel Limon  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

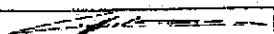
Date of Issue: 11/10/2008

By:  President

**Compliance SolutionsOccupational Trainers, Inc.  
Certificate of Completion**

Student Name: Joshua Alexander  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

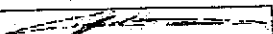
Date of Issue: 11/10/2008

By:  President

**Compliance SolutionsOccupational Trainers, Inc.  
Certificate of Completion**

Student Name: Julian Rodriguez  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

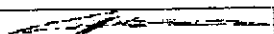
Date of Issue: 11/10/2008

By:  President

**Compliance SolutionsOccupational Trainers, Inc.  
Certificate of Completion**

Student Name: Everardo Ochoa  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

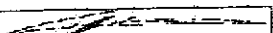
Date of Issue: 11/10/2008

By:  President

**Compliance SolutionsOccupational Trainers, Inc.  
Certificate of Completion**

Student Name: Salvador Martinez  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

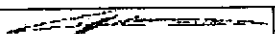
Date of Issue: 11/10/2008

By:  President

**Compliance SolutionsOccupational Trainers, Inc.  
Certificate of Completion**

Student Name: Julian Maldonado  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

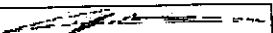
Date of Issue: 11/10/2008

By:  President

**Compliance SolutionsOccupational Trainers, Inc.  
Certificate of Completion**

Student Name: Gabriel Vargas  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

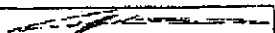
Date of Issue: 11/10/2008

By:  President

**Compliance SolutionsOccupational Trainers, Inc.  
Certificate of Completion**

Student Name: Ascension Mora  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

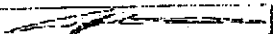
Date of Issue: 11/10/2008

By:  President

**Compliance SolutionsOccupational Trainers, Inc.  
Certificate of Completion**

Student Name: Tim Hallen  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

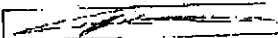
Student Name: Brent Wheeler

Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

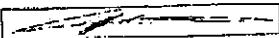
Student Name: Honorio Mora

Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

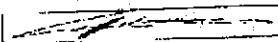
Student Name: Ruben Limon

Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

No: **2009-900016**

**ANNUAL PERMIT**

Permit Issued To

(Insert Contractor/Project Administrator's Name, Address and Telephone No.)

Golden Gate Tank Removal Inc  
 3730 Mission St  
 San Francisco CA 94110-5830

(415) 512-1555

No. \_\_\_\_\_  
 Date 7/10/2009  
 Region 1  
 District 1  
 Tel. (415) 972-8670

Type of Permit **T1-ANNUAL TRENCH/EXCAVATION**

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number		Permit Valid through		
616521		July 10, 2010		
Description of Project	Location Address	City and County	Anticipated Dates	
			Starting	Completion
Various	Statewide		Jul 10, 2009	Jul 10, 2010

**This Permit is issued upon the following conditions:**

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

Received From Tim Hallen	Received By Permit Unit	
<input type="checkbox"/> Cash	Amount	Date
<input checked="" type="checkbox"/> Check 22482	\$100.00	7/10/09

Investigated by \_\_\_\_\_ Date \_\_\_\_\_  
 Approved by Robert E. Law 7/10/2009  
 District Manager/Permit Unit Date



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/3/2009

PRODUCER (415) 978-3800 FAX: (415) 978-3825  
Calender-Robinson Company, Inc.  
FB0267063  
300 Montgomery St., Suite 888  
San Francisco CA 94104

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  
Golden Gate Tank Removal Inc.  
3730 Mission Street  
San Francisco CA 94110

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: Rockhill Ins. Co.  
INSURER B: American States Ins. Co.  
INSURER C:  
INSURER D:  
INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L TR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	RPKGE001535-00	1/23/2009	1/23/2010	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 1,000,000
B		AUTOMOBILE LIABILITY	01-CI-123766-1	1/23/2009	1/23/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN EA ACC \$
		GARAGE LIABILITY				AUTO ONLY: AGG \$
		<input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$
		EXCESS/UMBRELLA LIABILITY				AGGREGATE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER CONTRACTORS				E.L. DISEASE - POLICY LIMIT \$
A		POLLUTION LIABILITY	RPKGE001535-00	1/23/2009	1/23/2010	AGGREGATE LIMIT \$1,000,000
						EACH CLAIM \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
A PROFESSIONAL LIABILITY RPKGE001535-00 1/23/2009 1/23/2010 \$1,000,000 Each Incident Limit \$2,000,000 Aggregate

\*10-Day Notice of Cancellation Applies for Non-Payment of Premium.

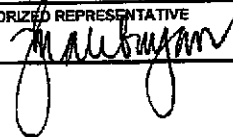
**CERTIFICATE HOLDER**

TO BE DETERMINED AT INSURED'S REQUEST

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE





State Of California  
**CONTRACTORS STATE LICENSE BOARD**  
**ACTIVE LICENSE**



License Number: **616521**

Entity: **CORP**

Business Name: **GOLDEN GATE TANK REMOVAL INC**

Classification(s): **A C-8 HAZ**

Expiration Date: **02/28/2011**



**ATTN: Mr. Robert Weston**  
**Alameda County Environmental Health Services**  
**1131 Harbor Bay Parkway, Room 250**  
**Alameda, CA 94502-6577**  
**510-567-6700**

**Health Permit Application**  
**Underground Tank Removal**

**ACCEPTED**

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

**1800 Oakland Avenue**  
**Piedmont, California 94611**

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/reconstruction.

**July 28, 2009**

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 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:

**Golden Gate Tank Removal, Inc.**  
**3730 Mission Street**  
**San Francisco, California 94110**

**Project # 9098**

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

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

**\*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:**

Contact Specialist:

*Barney Chan*  
*510-520-3250*

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
ENVIRONMENTAL HEALTH SERVICES  
1131 HARBOR BAY PARKWAY, RM 250  
ALAMEDA, CA 94502-6577  
PHONE # 510/567-6700

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business Golden Gate Tank Removal, Inc.  
Business Owner or Contact Person (PRINT) Joshua Alexander
2. Site Address 1800 Oakland Ave.  
city Piedmont zip 94611 Phone (510)594-2608
3. Mailing Address 3730 Mission Street  
city San Francisco zip 94110 Phone (415) 512-1555
4. Property Owner Piedmont Unified School District  
Business Name (if applicable) \_\_\_\_\_  
Address 760 Magnolia Ave.  
City, state Piedmont CA zip 94611
5. Generator name under which tank will be manifested  
Piedmont Unified School District  
EPA ID# under which tank will be manifested C A C 0 0 2 6 4 2 6 8 2

6. Contractor Golden Gate Tank Removal, Inc.  
Address 3730 Mission Street  
city San Francisco Phone (415) 512-1555  
License Type A C-8 HAZ ID# 616521

7. Consultant (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Phone \_\_\_\_\_

8. Main Contact Person for Investigation (if applicable)  
Name Joshua Alexander Title Project Manager  
Company Golden Gate Tank Removal, Inc.  
Phone (415) 512-1555

9. Number of underground tanks being closed with this plan 1 (one)  
Length of piping being removed under this plan up to 15 feet  
Total number of underground tanks at this facility (\*\*confirmed with owner or operator) 1 (to be removed)

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 Uniwaste, Inc. EPA I.D. No. CAL000317320  
Hauler License No. 4919 License Exp. Date 03/31/2009  
Address P.O. Box 2404  
city Union City State CA Zip \_\_\_\_\_

b) Product/Residual Sludge/Rinsate Disposal Site  
Name Clearwater Environmental EPA ID# NVD982358483  
Address 2430 Almond Drive  
city Silver Springs State NV Zip 89429

c) Tank and Piping Transporter <sup>WE INTEND TO DISPOSE & TRANSPORT THIS AS NON HAZ, IF NOT</sup>

Name Ecology Control Industries EPA I.D. No. CAD 009 466 392  
Hauler License No. 1533 License Exp. Date 04/06/2017  
Address 255 Parr Road  
city Richmond State CA zip 94801

d) Tank and Piping Disposal Site <sup>WE INTEND TO DISPOSE & TRANSPORT THIS AS NON HAZ, IF NOT</sup>

Name Ecology Control Industries EPA I.D. No. CAD 009 466 392  
Address 255 Parr Road  
city Richmond State CA zip 94801

11. Sample Collector

Name Joshua Alexander  
Company Golden Gate Tank Removal, Inc.  
Address 3730 Mission Street  
city San Francisco State CA zip 94110 Phone (415) 512-1555

12. Laboratory

Name Accutest Laboratories  
Address 3334 Victor court  
City Santa Clara State CA zip 95054  
State Certification No. 2346

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:

removal of product, purge, introduce dry ice to reduce vapors  
flush lines and triple rinse with water, if necessary  
pump to vacuum truck, steam clean tank

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
1500 Gallons	unknown	soil samples & water if present	1. stockpile 2. north/ east end of excavation 3. south/west end of excavation bottom of tank- max 15 feet

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)</p> <p><b>10-20 yards</b></p>	<p>Sampling Plan</p> <p>4 point composite for every 50 cubic yards</p> <p>or 4 point composite for every 20 cubic yards</p>

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

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

If yes, explain reasoning \_\_\_\_\_

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



16. Chemical methods and associated detection limits to be used for analyzing sample(s):

**The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits shall be followed.**

See Table 2, Recommended Minimum Verification Analyses for Underground Tank Leaks.

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Benzene	8021B	SW8020F	0.005 PPM
Toluene	8021B	SW8020F	0.005 PPM
Ethylbenzene	8021B	SW8020F	0.005 PPM
Xylenes	8021 B	SW8020F	0.010 PPM
MTBE	8015M/8021B	SW8020F	0.005 PPM
TPH-D	8015M	CATFH	1.0 PPM

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

18. Submit copy of Worker's Compensation Certificate

Name of Insurer State Fund Compensation Insurance

19. Submit Plot Plan (See Instructions)

20. Enclose Fee (See Instructions)

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

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

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

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

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

I understand that information, in addition to that provided above, may be needed in order to obtain approval from the 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 Golden Gate Tank Removal, Inc.


Name of Individual Annette Chen - Project Coordinator

Signature  Annette Chen Digitally signed by Annette Chen  
DN: cn=Annette Chen, c=US  
Date: 2009.07.29 09:17:10 -0700 Date 7/28/09

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Piedmont Unified School District (care of GGTR)

Name of Individual Piedmont Unified School District

Signature  Annette Chen Digitally signed by Annette Chen  
DN: cn=Annette Chen, c=US  
Date: 2009.07.29 09:17:10 -0700 On Behave of Owner Date 7/28/09

**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)

Name of Site

1800 Oakland Ave.

Street Address

Piedmont CA 94611

City, State & Zip Code

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

Golden Gate Tank Removal, Inc.

Name

3730 Mission Street

Street Address

San Francisco CA 94110

City, State & Zip Code

Signature of Payor

7/28/09

Date

Golden Gate Tank Removal, Inc.

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

# RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR UNDERGROUND TANK LEAKS

*For Use by Unkloss Member Agencies or where approved by your Local Jurisdiction*

**TABLE #2**  
REVISED 1 MARCH 1999

HYDROCARBON LEAK	SOIL ANALYSIS (SW-846 METHOD)		WATER ANALYSIS (Water/Waste Water Method)	
Gasoline (Leaded and Unleaded)	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
Unknown Fuel	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
Diesel, Jet Fuel, Kerosene, and Fuel-heating Oil	TOTAL LEAD	AA	TOTAL LEAD	AA
	- Optional -			
Chlorinated Solvents	Organic Lead	DHS-LUFT	Organic Lead	DHS-LUFT
	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
Non-chlorinated Solvents	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
Waste, Used, or Unknown Oil	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
Chlorinated Solvents	CL HC	8260	CL HC	524.2/624 (8260)
	BTEX	8060 or 8021	BTEX	524.2/624 (8260) or 524.2/602 (8021)
Non-chlorinated Solvents	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8060 or 8021	BTEX	524.2/624 (8260) or 524.2/602 (8021)
Waste, Used, or Unknown Oil	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
Waste, Used, or Unknown Oil	O&G	9070	O&G	418.1
	BTEX	8260	BTEX	524.2/624 (8260)
Waste, Used, or Unknown Oil	CL HC	8260	CL HC	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
Waste, Used, or Unknown Oil	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
	METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil and water			
Waste, Used, or Unknown Oil	PCB*, PCP*, PNA, CREOSOTE by 8270 for soil and 524/625 (8270) for water			
	* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)			

**NOTES:**

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

UNDERGROUND STORAGE TANKS - FACILITY

(one page per site) Page \_\_\_\_ of \_\_\_\_

TYPE OF ACTION (Check one item only)  1. NEW SITE PERMIT  3. RENEWAL PERMIT  5. CHANGE OF INFORMATION  7. PERMANENTLY CLOSED SITE  
 4. AMENDED PERMIT  6. TEMPORARY SITE CLOSURE  8. TANK REMOVED  
specify change local use only \_\_\_\_\_ 400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 FACILITY ID# \_\_\_\_\_  
**Piedmont Unified School District**

NEAREST CROSS STREET 401 **Bonita Ave.** FACILITY OWNER TYPE  4. LOCAL AGENCY/DISTRICT\*  
 1. CORPORATION  5. COUNTY AGENCY\*  
 2. INDIVIDUAL  6. STATE AGENCY\*  
 3. PARTNERSHIP  7. FEDERAL AGENCY\* 402

BUSINESS TYPE  1. GAS STATION  3. FARM  5. COMMERCIAL  4. PROCESSOR  6. OTHER 403

TOTAL NUMBER OF TANKS REMAINING AT SITE 404 **1 (one)** Is facility on Indian Reservation or trustlands?  Yes  No 405  
\*If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.) 406

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407 **Piedmont Unified School District** PHONE 408 **410-594-2608**

MAILING OR STREET ADDRESS 409 **760 Magnolia Ave.**

CITY 410 **Piedmont** STATE 411 **CA** ZIP CODE 412 **94611**

PROPERTY OWNER TYPE  1. CORPORATION  2. INDIVIDUAL  4. LOCAL AGENCY / DISTRICT  6. STATE AGENCY  
 3. PARTNERSHIP  5. COUNTY AGENCY  7. FEDERAL AGENCY 413

III. TANK OWNER INFORMATION

TANK OWNER NAME 414 \_\_\_\_\_ PHONE 415 \_\_\_\_\_

MAILING OR STREET ADDRESS 416 \_\_\_\_\_

CITY 417 \_\_\_\_\_ STATE 418 \_\_\_\_\_ ZIP CODE 419 \_\_\_\_\_

TANK OWNER TYPE  1. CORPORATION  2. INDIVIDUAL  4. LOCAL AGENCY / DISTRICT  6. STATE AGENCY  
 3. PARTNERSHIP  5. COUNTY AGENCY  7. FEDERAL AGENCY 420

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- \_\_\_\_\_ Call (916) 322-9669 if questions arise 421

V. PETROLEUM UST FINANCIAL RESPONSIBILITY

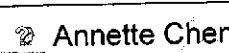
INDICATE METHOD(S)  1. SELF-INSURED  4. SURETY BOND  7. STATE FUND  10. LOCAL GOVT MECHANISM  
 2. GUARANTEE  5. LETTER OF CREDIT  8. STATE FUND & CFO LETTER  99. OTHER: 422  
 3. INSURANCE  6. EXEMPTION  9. STATE FUND & CD

VI. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.  1. FACILITY  2. PROPERTY OWNER  3. TANK OWNER 423

VII. APPLICANT SIGNATURE

Certification - I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT  Digitally signed by Annette Chen  
DN: cn=Annette Chen, o=UCP  
Date: 2008.07.27 09:18:11  
+107 DATE 424 **7/28/09** PHONE 425 \_\_\_\_\_

NAME OF APPLICANT (print) 426 **Annette Chen** TITLE OF APPLICANT 427 \_\_\_\_\_

STATE UST FACILITY NUMBER (For local use only) 428 \_\_\_\_\_ 1998 UPGRADE CERTIFICATE NUMBER (For local use only) 429 \_\_\_\_\_

**UNIFIED PROGRAM CONSOLIDATED FORM**

**TANKS**

**UNDERGROUND STORAGE TANKS – TANK PAGE 1**

(two pages per tank)

Page \_\_\_\_ of \_\_\_\_

- 1 NEW SITE PERMIT   
  4 AMENDED PERMIT   
  5 CHANGE OF INFORMATION   
  6 TEMPORARY SITE CLOSURE  
 3 RENEWAL PERMIT   
 (Specify reason – for local use only)   
 (Specify reason – for local use only)   
  7 PERMANENTLY CLOSED ON SITE  
 8 TANK REMOVED

(Check one item only)

430

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) **Piedmont Unified School District**    FACILITY ID: \_\_\_\_\_

LOCATION WITHIN SITE (Optional) **1800 Oakland Ave., Piedmont, CA**

**I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)**

TANK ID # **Unknown**    TANK MANUFACTURER **Unknown**    COMPARTMENTALIZED TANK  Yes  No

DATE INSTALLED (YEAR/MO) **Unknown**    TANK CAPACITY IN GALLONS **1500 gallon**    NUMBER OF COMPARTMENTS **One**

ADDITIONAL DESCRIPTION (For local use only)

**II. TANK CONTENTS**

TANK USE  1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type)    PETROLEUM TYPE

2. NON-FUEL PETROLEUM   
  1a. REGULAR UNLEADED   
  2. LEADED   
  5. JET FUEL  
 3. CHEMICAL PRODUCT   
  1b. PREMIUM UNLEADED   
  3. DIESEL   
  6. AVIATION FUEL  
 4. HAZARDOUS WASTE (Includes Used Oil)   
  1c. MIDGRADE UNLEADED   
  4. GASOHOL   
  99. OTHER  
 95. UNKNOWN

COMMON NAME (from Hazardous Materials Inventory page) **Diesel**    CAS# (from Hazardous Materials Inventory page)

**III. TANK CONSTRUCTION**

TYPE OF TANK  1. SINGLE WALL     3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER     5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM     95. UNKNOWN     99. OTHER

TANK MATERIAL – primary tank  1. BARE STEEL     3. FIBERGLASS / PLASTIC     5. CONCRETE     95. UNKNOWN

TANK MATERIAL – secondary tank  1. BARE STEEL     3. FIBERGLASS / PLASTIC     5. CONCRETE     95. UNKNOWN

TANK INTERIOR LINING  1. RUBBER LINED     3. EPOXY LINING     5. GLASS LINING     95. UNKNOWN    DATE INSTALLED

OR COATING  2. ALKYD LINING     4. PHENOLIC LINING     6 UNLINED     99 OTHER

OTHER CORROSION PROTECTION IF APPLICABLE  1 MANUFACTURED CATHODIC PROTECTION     3 FIBERGLASS REINFORCED PLASTIC     95 UNKNOWN    DATE INSTALLED

PROTECTION IF APPLICABLE  2 SACRIFICIAL ANODE     4 IMPRESSED CURRENT     99 OTHER

SPILL AND OVERFILL YEAR INSTALLED    TYPE (local use only)    OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED

1 SPILL CONTAINMENT     1 ALARM     3 FILL TUBE SHUT OFF VALVE  
 2 DROP TUBE     2 BALL FLOAT     4 EXEMPT  
 3 STRIKER PLATE

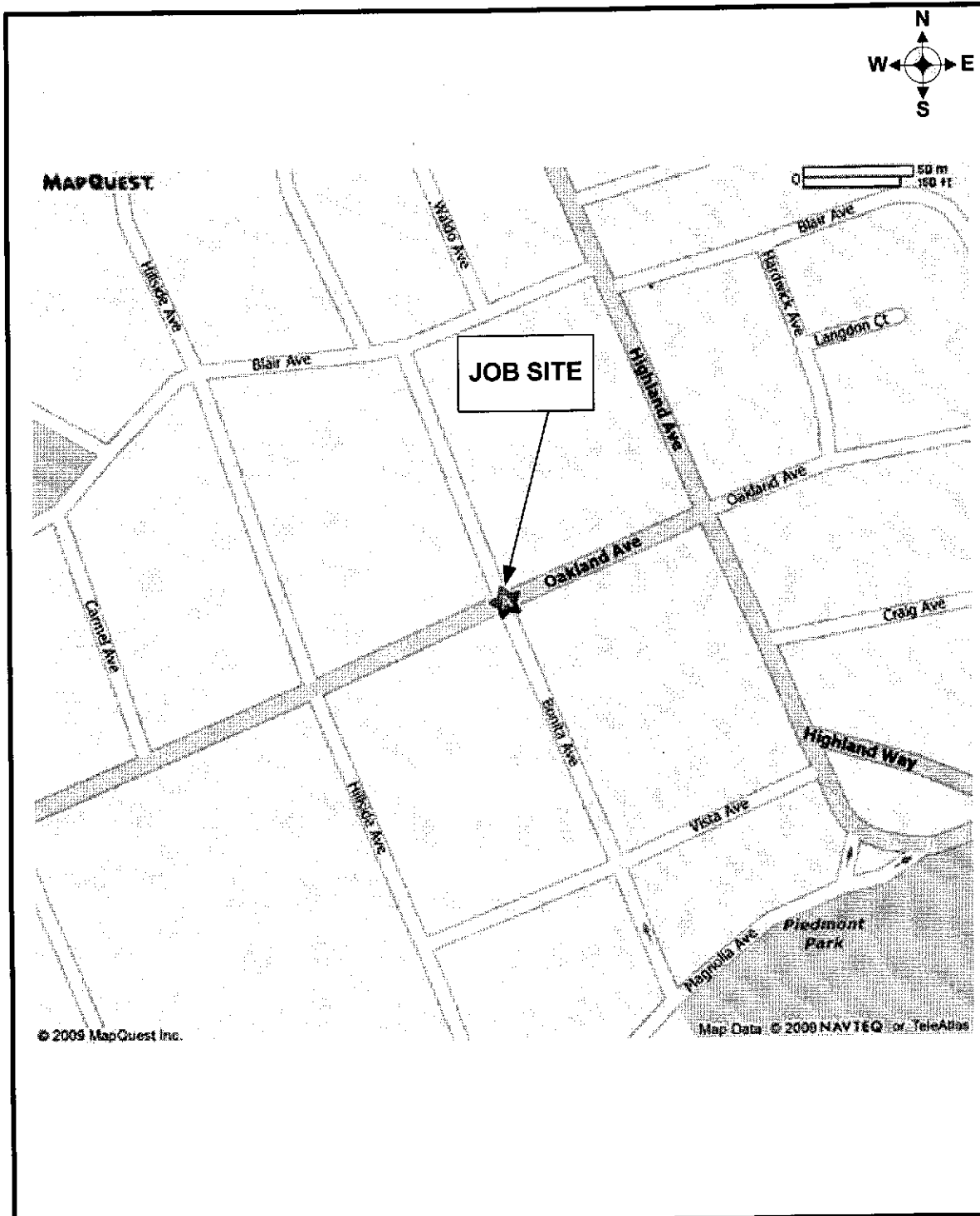
**IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)**

IF SINGLE WALL TANK (Check all that apply)    IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only)

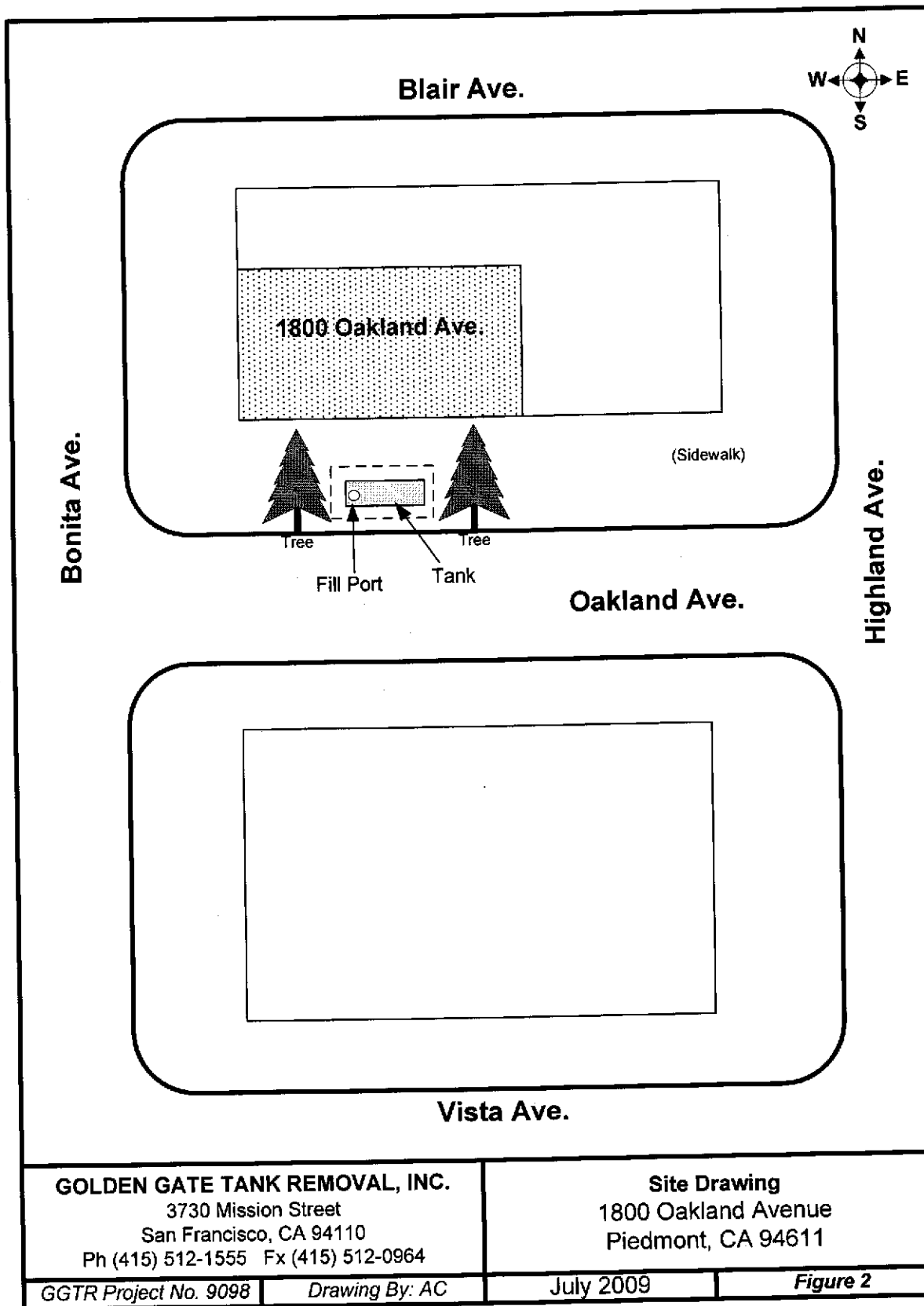
1 VISUAL (EXPOSED PORTION ONLY)     5 MANUAL TANK GAUGING (MTG)     1 VISUAL (SINGLE WALL IN VAULT ONLY)  
 2 AUTOMATIC TANK GAUGING (ATG)     6 VADOSE ZONE     2 CONTINUOUS INTERSTITIAL MONITORING  
 3 CONTINUOUS ATG     7 GROUNDWATER     3 MANUAL MONITORING  
 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING     8 TANK TESTING  
 99 OTHER

**IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE**

ESTIMATED DATE LAST USED (YR/MO/DAY) **Unknown**    ESTIMATED QUANTITY OF SUBSTANCE REMAINING **Unknown** gallons    TANK FILLED WITH INERT MATERIAL?  Yes  No



<b>GOLDEN GATE TANK REMOVAL, INC.</b> 3730 Mission Street San Francisco, CA 94110 Ph (415) 512-1555 Fx (415) 512-0964		<b>VICINITY MAP</b> 1800 Oakland Avenue Piedmont, CA 94611	
GGTR Project No.9098	Drawing By: AC	July 2009	Figure 1



**GOLDEN GATE TANK REMOVAL, INC.**  
 3730 Mission Street  
 San Francisco, CA 94110  
 Ph (415) 512-1555 Fx (415) 512-0964

**Site Drawing**  
 1800 Oakland Avenue  
 Piedmont, CA 94611

GGTR Project No. 9098

Drawing By: AC

July 2009

Figure 2





**SITE SAFETY PLAN  
UNDERGROUND TANK REMOVAL**

**1800 OAKLAND AVENUE  
PIEDMONT, CALIFORNIA 94611**

**JULY 28, 2009**

**GOLDEN GATE TANK REMOVAL, INC.  
3730 MISSION STREET  
SAN FRANCISCO, CALIFORNIA 94110**

**PROJECT # 9098**

1800 Oakland Avenue, Piedmont California 94611 – Job# 9098

SITE HAZARD INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE

Owners Name: Piedmont Unified School District
Site Address: 1800 Oakland Ave. Piedmont, CA 94611
Directions to Site: Cross Street: Bonita Ave. & Highland Ave.

Consultant On Site: Golden Gate Tank Removal, Inc. Phone number: 415/512-1555
Site Safety Officer: Joshua Alexander Phone Number: 415/512-1555
Type of Facility: Commercial Mobile Number: 415/730-2179
Site Activities: Drilling construction x Tank Excavation Soil Excavation
Work in Traffic Area Groundwater Extraction Vapor Extraction Above Ground Remediation
Other:

Hazardous Substances

Table with 3 columns: Name (CAS#), Expected Concentration, Health Affects. Row 1: Diesel, Minimal, Nausea, Dizziness.

Physical Hazards

x Noise x Excavations/Trenches
x Traffic Other:
x Underground Hazards Overhead Lines
Potential Explosions and Fire hazards:

Level of Protection Equipment

A B C X D See Personal Protective Equipment

Personal Protective Equipment

R = Required A = As Needed

R Hard Hat A Safety Eye wear (Type)
A Safety Boots A Respirator (Type) 1/2 Face
R Orange Vest A Filter (Type) Carbon
A Hearing Protection A Gloves (Type) Leather
Tyvek Coveralls Other

1800 Oakland Avenue, Piedmont California 94611 – Job# 9098

SITE HAZARD INFORMATION

Monitoring Equipment On Site

Organic Vapor Analyzer                      Air Sampling Pump  
Oxygen Meter                                    X Combustible Gas Meter  
H2S Meter                                         Other \_\_\_\_\_

Site Control Measures Normal Pedestrian, Orange Cones, Traffic Signs

Decontamination Procedures Warm Water Soap

Hospital/Clinic Kaiser Permanente Medical Center Phone (510) 251-3960

Hospital Address 280 W Macarthur Blvd., Oakland, CA 94611

Paramedic 911 Fire Dept. 911 Police Dept. 911

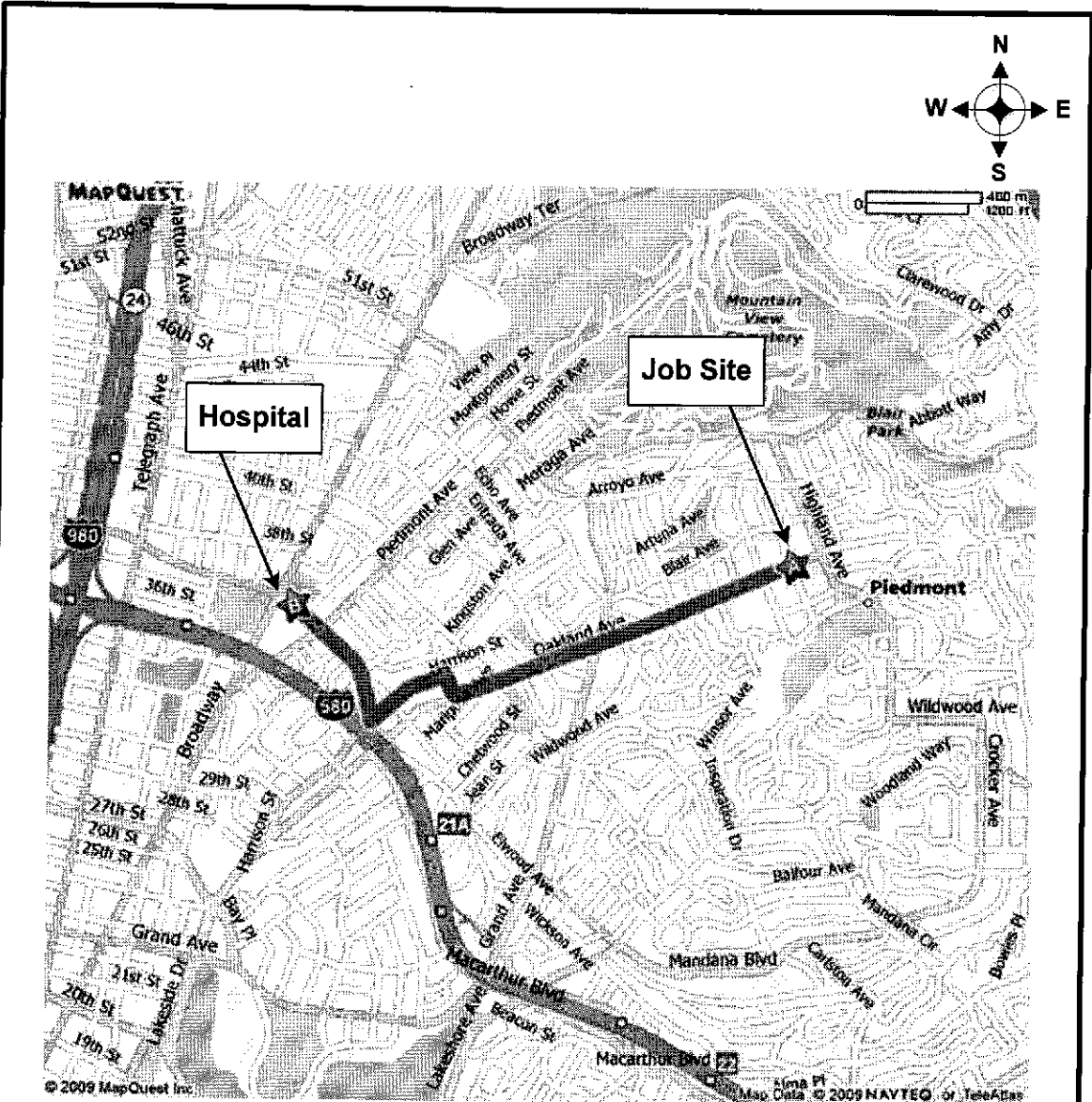
Emergency/Contingency Plans & Procedures See Safety Procedures

Site Hazard Information Provided By: Annette Chen Phone: 415/512-1555

Signature:  Annette Chen

Digitally signed by Annette Chen  
DN: cn=Annette Chen, o=US  
Date: 2008.07.28 09:16:18  
+0700

Date: 7/28/09



Total Time: 4 minutes

Total Distance: 1.60 miles

A: 1800 Oakland Ave, Piedmont, CA 94611-4022

- 1: Start out going SOUTHWEST on OAKLAND AVE toward HILLSIDE AVE. 0.9 mi
- 2: Turn SLIGHT RIGHT onto BAYO VISTA AVE. 0.1 mi
- 3: Turn LEFT onto HARRISON ST. 0.2 mi
- 4: Turn RIGHT onto W MACARTHUR BLVD. 0.4 mi
- 5: 280 W MACARTHUR BLVD is on the RIGHT. 0.0 mi

B: Kaiser Permanente Medical Ctr: 280 W Macarthur Blvd, Oakland, CA 94611

**GOLDEN GATE TANK REMOVAL, INC.**  
 3730 Mission Street  
 San Francisco, CA 94110  
 Ph (415) 512-1555 Fx (415) 512-0964

**HOSPITAL MAP**  
**Kaiser Permanente Medical Ctr**  
 280 W Macarthur Blvd.  
 Oakland, California 94611  
 (510) 251-3960

GGTR Project No. 9098

Drawing By: AC

July 2009

Figure H

**1.0 PURPOSE**

This operating procedure establishes minimum procedures for protecting personnel against the hazardous properties during the performance of the removal of an underground storage tank and related activities. All employees and subcontractors of Golden Gate Tank Removal shall follow this plan. This plan is developed to work with the California Occupational Safety and Health Code to quickly prepare and issue a site safety plan for the removal of an underground storage tank and the related activities.

**2.0 APPLICABILITY**

This procedure is applicable to the removal of underground storage tanks and the related activities. Listed below are some of, but not limited to, the activities and substances that may be encountered during the project.

Activities:

The work to be performed will include: the excavation of potentially contaminated soil in order to expose the underground storage tank, the stock piling of soil, the removal and manifested disposal of the tank, the recovery of soil samples from the excavation and stockpiled soil, and the backfill and resurfacing of the excavation.

Substances:

- Diesel Fuel Oil (Home Heating Oil)
- Lead and Unleaded Gasoline
- Diesel Fuel
- Motor Oil (used and unused)

**3.0 RESPONSIBILITY AND AUTHORITY**

Personnel responsible for project safety are the business unit's Health and Safety Officer (HSO), the Project Manager (PM), and the Site Safety Officer (SSO).

The HSO is responsible for reviewing and approving the site safety plan and advising both the PM and SSO on health and safety matters. The HSO has the authority to audit compliance with the provisions of the site safety plan, suspend work or modify work practices for safety reasons, and to dismiss from the site any individual whose conduct on-site endangers the health and safety of themselves and/or others.

The PM is responsible for having the site safety plan prepared and distributed to all field personnel and to an authorized representative of each firm contracted to assist with the on-site work.

The SSO is responsible for assisting the PM with on-site implementation of site safety plan. The SSO may suspend work anytime he/she determines that the provisions of the site safety plan are inadequate to ensure worker safety and inform the PM and HSO of individuals whose on-site behavior jeopardizes their health and safety or the health and safety of others.

#### 4.0 HAZARD EVALUATION/CRITERIA

##### Chemical

The general types of chemical hazards associated with this project are exposure to various chemical substances, including but not limited to, petroleum hydrocarbon liquids and vapors, caustic and acidic mists, liquids and solids. Exposure to elevated levels of hydrocarbon vapors presents potential health risks that need to be properly controlled. Work practices and methods will be monitored to limit exposures. Where elevated exposures persist, respiratory protection will be the primary control method to protect personnel from inhalation of hydrocarbon vapors.

##### Physical

The general types of physical hazards associated with this project are:

- Mechanical hazards: swinging objects, machinery, etc.,
- Physical lifting, shoveling, climbing (ladder), etc.,
- Electrical hazards: buried cables and overhead power lines,
- Thermal hazards: heat stress, and heat exhaustion
- Acoustical hazards: excessive noise created by machinery.

##### Flammability

The general types of flammable hazards associated with this project are fire hazards: natural gas and product lines, flammable petroleum hydrocarbons, and motor driven equipment.

Petroleum distillate fuels passes two intrinsic hazardous properties, namely, flammability and toxicity. The flammable property of the oil and fuels presents a far greater hazard to field personnel than toxicity because it is difficult to protect against and can result in catastrophic consequences. Being Flammable, the vapors of volatile components of crude oil and the fuels can be explosive when confined.

Eliminating any one of the three factors needed to produce combustion can minimize the probability of fire and explosion. Two of the factors, ignition source and vapor concentration, can be controlled in many cases. Prohibiting

## 1800 Oakland Avenue, Piedmont California 94611 – Job# 9098

open fires and smoking on-site, installing spark arrestors on engines and turning off engines when fuel is approached can control ignition. Introducing dry ice (solid carbon dioxide) in the tank can reduce vapor concentrations in the headspace; the carbon dioxide gas will displace the combustible vapors.

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### 5.0 HEALTH AND SAFETY DIRECTIVES

#### Site-Specific Safety Briefing

Before fieldwork begins, all field personnel, including subcontractor employees must be briefed on their work assignments and safety procedures contained in this document.

#### Personal Protective Equipment

Each field team member shall have on-site, before the commencement of work, the following personal protective equipment:

- NIOSH-approved full or half face respirator with organic vapor cartridges (cartridges will be supplied pending the work criteria).
- Hard-hat and safety vest
- Leather work boots, steel toed boots are strongly suggested
- Leather work gloves
- Ear protection, earphone type or ear plugs
- Eye protection, safety glasses and splash proof goggles

#### Equipment Usage

Hard-hats and safety vests must be worn at all times when on the job site.

Safety goggles must be worn when working within 10 feet of any operating heavy equipment (e.g., jackhammer, and backhoe). Splash-proof goggles or face shields must be worn whenever product quantities of fuel are encountered.

Respirators must be worn whenever total airborne hydrocarbon levels in the breathing zone of field personnel reach or exceed a 15-minute average of 25 ppm. If total airborne hydrocarbons in the breathing zone exceed 100 ppm, work must be suspended, personnel directed to move a safe distance from the source, and the HSO or designee consulted.

Chemical-resistant safety boots must be worn during the performance of work where surface soil is obviously contaminated.

#### Monitoring

## 1800 Oakland Avenue, Piedmont California 94611 – Job# 9098

Personal exposure to ambient airborne hazards will be monitored to assure that personnel exposures do not exceed acceptable limits and that appropriate selection of protective equipment items is made. If concentrations approach criteria levels, all personnel will be notified of possible site safety changes. Audits will be conducted by the Safety Officer to insure compliance with the Safety Plan and to provide additional support as required.

---

### Area Control

Access to hazardous and potential hazardous work sites must be controlled to reduce the probability of occurrence of physical injury and chemical exposure of field personnel, visitors and the public. A hazardous or potential hazardous area includes area where a tank removal or related activity is being performed and/or field personnel are required to wear respirators.

Cordons, barricades, and/or emergency traffic cones or posts, depending on conditions must identify the boundaries of hazardous and potentially hazardous areas. If such areas are left unattended, signs warning of the danger and forbidding entry must be placed around the perimeter if the areas are accessible to the public. Trenches and other large holes must be guarded with wooded or metal barricades spaced no further than 20 feet apart and connected with yellow caution tape. The barricades must be placed no less than two feet from the edge of the excavation or hole.

Entry to hazardous areas shall be limited to individuals who must work in those areas. Unofficial visitors must not be permitted to enter hazardous areas while work in those areas is in progress.

Official visitors should be discouraged from entering hazardous areas, but may be allowed to enter only if they agree to abide by the safety officer and are informed of the potential dangers that could be encountered in the areas.

### Decontamination

Field decontamination of personnel and equipment is not required except when contamination is obvious (visual or by odor). Recommended de-contamination procedures follow:

#### Personnel

Gasoline, heating oil, diesel and oil should be removed from skin using a mild detergent and water. Hot water is more effective than cold. Liquid dishwashing detergent is more effective than hand soap. If weathered to an asphaltic condition, mechanics waterless hand cleaner is recommended for initial cleaning followed by detergent and water.

#### Equipment

Gloves, respirators, hard-hats, boots and goggles should be cleaned as described under personnel. However, if boots do not become clean after washing with detergent and water, they should be cleaned with a strong solution of trisodium phosphate and hot water. If this fails, clean with diesel oil followed by detergent and water to remove diesel oil.



1800 Oakland Avenue, Piedmont California 94611 – Job# 9098

Sampling equipment, augers, vehicle undercarriages, and tires should be steamed cleaned. The steam cleaner is a convenient source of hot water for personnel and protective equipment cleaning.

---

## 6.0 SAFETY AND HEALTH TRAINING

Each individual on the job site should have been or is preparing to attend the 40 hr. Hazardous Materials Handling Course as required by the California Occupational Safety and Health Association. In addition, the HSO conducts BI-weekly health and safety meetings.

Each morning before fieldwork begins, all field personnel, including subcontractor employees, must attend the site-specific safety briefing at their work site to receive assignments and safety procedures.

## 7.0 RECORD KEEPING REQUIREMENT

The following record keeping requirements will be maintained in the program file indefinitely. The particular organization responsible for these records is also listed.

- Copy of this Health and Safety Plan - Golden Gate Tank Removal.
- Health and Safety Training Certification Form for Site Safety Officer -- Golden Gate Tank Removal.
- Any accident/illness report forms -- All Parties.
- Personal sampling results -- Golden Gate Tank Removal.
- Documentation of employee's medical ability to perform work and wear respirators -- All parties.

Prepared By:



Annette Chen

Digitally signed by  
Annette Chen  
DN: cn=Annette  
Chen, c=US  
Date: 2009.07.29  
09:19:55 -0700

Annette Chen

Golden Gate Tank Removal, Inc.



## REQUIREMENTS FOR ONSITE CUTTING OF UNDERGROUND TANKS

Various circumstances at underground tank removals may make on-site cutting of tanks necessary or advantageous. Due to the inherent safety, health and environmental hazards, Golden Gate Tank Removal, Inc. has imposed the following conditions on cutting of any tanks that have held hazardous material of waste.

1. The local fire department shall be advised in advance of planned on-site cutting, or of any change from approved plans to include on-site cutting. The cutting of any tank that previously held flammable and/or combustible liquids shall be approved in advance by the local Fire Department inspector.
2. Tanks shall be completely emptied and the contents handled in accordance with all pertinent regulations.
3. To minimize release of the hazardous waste, any tank to be cut in place shall be cleaned to render it non-hazardous. The final Rinsate or interior wipe sample shall not exceed 100 PPM of product verified by laboratory analysis; or the tank shall be evinced as cleaned to bare metal. Rinsate shall be handled in accordance with all pertinent regulations.
4. Any tank that held flammable or combustible liquid shall be inerted prior to cutting. A minimum of 3 pounds of dry ice per 100 gallons of capacity shall be used for a flammable liquid tank. The atmosphere in the tank shall be maintained below 5% of Lower Explosive Limit (LEL) throughout cutting.
5. Cutting implements shall be approved for use prior to the cutting of any tank. Tanks that are properly inerted may be cut with gas torches only with approval from the local Fire Department. Edged tools may be used in the tank if it is properly inerted. Edged tools shall be lubricated with cutting oil or water spray.
6. At least one charged 20BC Fire extinguisher shall be kept on-site, immediately accessible to the workers performing the cutting.
7. Occupational Health and Safety provisions of Title 8, California Code of Regulations, shall be observed, including but not limited to site safety plans, confined space entry, respirators and other personal protection equipment and sanitation.
8. All other pertinent regulations, including but not limited to those of the local departments of Public Health, Fire and Public Works, the Bay Area Air Quality Management District and the Bay Regional Water Quality Control Board, shall be observed.

## **ATTACHMENTS**

**STATE CONTRACTOR'S LICENSE  
CERTIFICATE OF COMPLETION 8HRS ANNUAL HAZWOPER  
WORKMEN'S COMPENSATION INSURANCE  
CERTIFICATE OF LIABILITY INSURANCE  
OSHA ANNUAL EXCAVATION PERMIT**

**STATE  
COMPENSATION  
INSURANCE  
FUND**

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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 10-01-2008

 GROUP: 000571  
 POLICY NUMBER: 0007200-2008  
 CERTIFICATE ID: 159  
 CERTIFICATE EXPIRES: 10-01-2009  
 10-01-2008/10-01-2009

 GOLDEN GATE TANK REMOVAL  
 3730 MISSION ST  
 SAN FRANCISCO CA 94110-5830

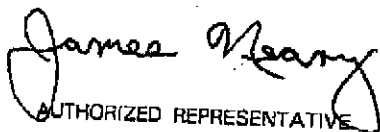
NA

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

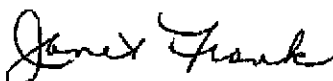
This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

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

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



AUTHORIZED REPRESENTATIVE



PRESIDENT

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

ENDORSEMENT #1600 - JAMES F. TRACY CEO, CFO - EXCLUDED.

 ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 10-01-2001 IS  
 ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

 GOLDEN GATE TANK REMOVAL, INC  
 3730 MISSION ST  
 SAN FRANCISCO CA 94110

NA

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Tom Ferrick  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

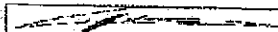
Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Gabriel Limon  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

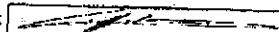
Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Joshua Alexander  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)


Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Julian Rodriguez  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

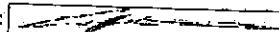
Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Everardo Ochoa  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

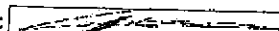
Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Salvador Martinez  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

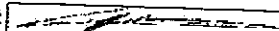
Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Julian Maldonado  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

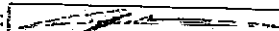
Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Gabriel Vargas  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

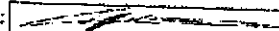
Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Ascension Mora  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

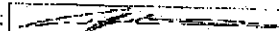
Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Tim Hallen  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

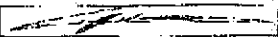
Student Name: Brent Wheeler

Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

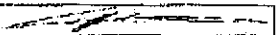
Student Name: Honorio Mora

Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

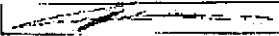
Student Name: Ruben Limon

Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

No: **2009-900016**

**ANNUAL PERMIT**

Permit Issued To

(Insert Contractor/Project Administrator's Name, Address and Telephone No.)

Golden Gate Tank Removal Inc  
 3730 Mission St  
 San Francisco CA 94110-5830  
  
 (415) 512-1555

No. \_\_\_\_\_  
 Date 7/10/2009  
 Region 1  
 District 1  
 Tel. (415) 972-8670

Type of Permit **T1-ANNUAL TRENCH/EXCAVATION**

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number		Permit Valid through		
616521		July 10, 2010		
Description of Project	Location Address	City and County	Anticipated Dates	
			Starting	Completion
Various	Statewide		Jul 10, 2009	Jul 10, 2010

**This Permit is issued upon the following conditions:**

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

Received From		Received By	
Tim Hallen		Permit Unit	
<input type="checkbox"/> Cash	Amount	Date	
<input checked="" type="checkbox"/> Check 22482	\$100.00	7/10/09	

Investigated by \_\_\_\_\_  
 Approved by Robert E. Law Safety Engineer Date 7/10/2009  
 District Manager/Permit Unit Date \_\_\_\_\_

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/3/2009

PRODUCER (415)978-3800 FAX: (415)978-3825  
Calender-Robinson Company, Inc.  
FB0267063  
300 Montgomery St., Suite 888  
San Francisco CA 94104

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  
Golden Gate Tank Removal Inc.  
3730 Mission Street  
San Francisco CA 94110

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Rockhill Ins. Co.	
INSURER B: American States Ins. Co.	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RPKGE001535-00	1/23/2009	1/23/2010	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	01-CI-123766-1	1/23/2009	1/23/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				INC STATUTORY LIMITS OTH-ER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER CONTRACTORS POLLUTION LIABILITY	RPKGE001535-00	1/23/2009	1/23/2010	AGGREGATE LIMIT \$1,000,000 EACH CLAIM \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
A PROFESSIONAL LIABILITY RPKGE001535-00 1/23/2009 1/23/2010 \$1,000,000 Each Incident Limit \$2,000,000 Aggregate

\*10-Day Notice of Cancellation Applies for Non-Payment of Premium.

### CERTIFICATE HOLDER

TO BE DETERMINED AT INSURED'S REQUEST

### CANCELLATION

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

AUTHORIZED REPRESENTATIVE





State Of California  
**CONTRACTORS STATE LICENSE BOARD**  
**ACTIVE LICENSE**



License Number **616521**

Entity **CORP**

Business Name **GOLDEN GATE TANK REMOVAL INC**

Classification(s) **A C-8 HAZ**

Expiration Date **02/28/2011**



SR0015482

**ATTN: Mr. Robert Weston**  
**Alameda County Environmental Health Services**  
**1131 Harbor Bay Parkway, Room 250**  
**Alameda, CA 94502-6577**  
**510-567-6700**

**Health Permit Application**  
**Underground Tank Removal**

**1800 Oakland Avenue**  
**Piedmont, California 94611**

**July 28, 2009**

**Golden Gate Tank Removal, Inc.**  
**3730 Mission Street**  
**San Francisco, California 94110**

**Project # 9098**

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
ENVIRONMENTAL HEALTH SERVICES  
1131 HARBOR BAY PARKWAY, RM 250  
ALAMEDA, CA 94502-6577  
PHONE # 510/567-6700

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business Golden Gate Tank Removal, Inc.  
Business Owner or Contact Person (PRINT) Joshua Alexander
2. Site Address 1800 Oakland Ave.  
City Piedmont Zip 94611 Phone (510)594-2608
3. Mailing Address 3730 Mission Street  
City San Francisco Zip 94110 Phone (415) 512-1555
4. Property Owner Piedmont Unified School District  
Business Name (if applicable) \_\_\_\_\_  
Address 760 Magnolia Ave.  
City, State Piedmont CA Zip 94611
5. Generator name under which tank will be manifested  
Piedmont Unified School District  
EPA ID# under which tank will be manifested CAC 002642682

6. Contractor Golden Gate Tank Removal, Inc.  
Address 3730 Mission Street  
City San Francisco Phone (415) 512-1555  
License Type A C-8 HAZ ID# 616521
7. Consultant (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Phone \_\_\_\_\_
8. Main Contact Person for Investigation (if applicable)  
Name Joshua Alexander Title Project Manager  
Company Golden Gate Tank Removal, Inc.  
Phone (415) 512-1555
9. Number of underground tanks being closed with this plan 1 (one)  
Length of piping being removed under this plan up to 15 feet  
Total number of underground tanks at this facility (\*\*confirmed with owner or operator) 1 (to be removed)
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 Uniwaste, Inc. EPA I.D. No. CAL000317320  
Hauler License No. 4919 License Exp. Date 03/31/2009  
Address P.O. Box 2404  
City Union City State CA Zip \_\_\_\_\_

- b) Product/Residual Sludge/Rinsate Disposal Site

Name Clearwater Environmental EPA ID# NVD982358483  
Address 2430 Almond Drive  
City Silver Springs State NV Zip 89429

WE INTEND TO DISPOSE & TRANSPORT THIS AS NON HAZ. IF NOT

c) Tank and Piping Transporter

Name Ecology Control Industries EPA I.D. No. CAD 009 466 392  
Hauler License No. 1533 License Exp. Date 04/06/2017  
Address 255 Parr Road  
City Richmond State CA Zip 94801

WE INTEND TO DISPOSE & TRANSPORT THIS AS NON HAZ. IF NOT

d) Tank and Piping Disposal Site

Name Ecology Control Industries EPA I.D. No. CAD 009 466 392  
Address 255 Parr Road  
City Richmond State CA Zip 94801

11. Sample Collector

Name Joshua Alexander  
Company Golden Gate Tank Removal, Inc.  
Address 3730 Mission Street  
City San Francisco State CA Zip 94110 Phone (415) 512-1555

12. Laboratory

Name Accutest Laboratories  
Address 3334 Victor court  
City Santa Clara State CA Zip 95054  
State Certification No. 2346

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:

removal of product, purge, introduce dry ice to reduce vapors  
flush lines and triple rinse with water, if necessary  
pump to vacuum truck, steam clean tank

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
1500 Gallons	unknown	soil samples & water if present	1. stockpile 2. north/ east end of excavation 3. south/west end of excavation bottom of tank- max 15 feet

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	
Stockpiled Soil Volume (estimated)  <h1>10-20 yards</h1>	Sampling Plan  4 point composite for every 50 cubic yards  or 4 point composite for every 20 cubic yards

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

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

If yes, explain reasoning \_\_\_\_\_  
 \_\_\_\_\_

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

16. Chemical methods and associated detection limits to be used for analyzing sample(s):

**The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits shall be followed.**

See Table 2, Recommended Minimum Verification Analyses for Underground Tank Leaks.

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Benzene	8021B	SW8020F	0.005 PPM
Toluene	8021B	SW8020F	0.005 PPM
Ethylbenzene	8021B	SW8020F	0.005 PPM
Xylenes	8021 B	SW8020F	0.010 PPM
MTBE	8015M/8021B	SW8020F	0.005 PPM
TPH-D	8015M	CATFH	1.0 PPM

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

18. Submit copy of Worker's Compensation Certificate

Name of Insurer State Fund Compensation Insurance

19. Submit Plot Plan (See Instructions)

20. Enclose Fee (See Instructions)

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

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

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



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

I understand that information, in addition to that provided above, may be needed in order to obtain approval from the 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.

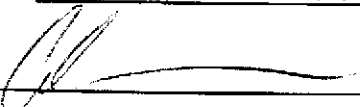
I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner 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 Golden Gate Tank Removal, Inc.


Name of Individual Annette Chen - Project Coordinator

Signature  Date 7/28/09

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Piedmont Unified School District (care of GGTR)

Name of Individual \_\_\_\_\_

Signature  On Behave Of Owner \_\_\_\_\_ Date 7/28/09

**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)

Piedmont Unified School District

Name of Site

1800 Oakland Ave.

Street Address

Piedmont CA 94611

City, State & Zip Code

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

Golden Gate Tank Removal, Inc.

Name

3730 Mission Street

Street Address

San Francisco CA 94110

City, State & Zip Code

  
Signature of Payor

7/28/09

Date

Annette Chen  
Name of Payor  
(PLEASE PRINT CLEARLY)

Golden Gate Tank Removal, Inc.  
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

## RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR UNDERGROUND TANK LEAKS

*For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction*

**TABLE #2**  
REVISED 1 MARCH 1999

HYDROCARBON LEAK	SOIL ANALYSIS (SW-846 METHOD)		WATER ANALYSIS (Water/Waste Water Method)	
Gasoline (Leaded and Unleaded)	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
	TOTAL LEAD	AA	TOTAL LEAD	AA
	-- Optional --			
Organic Lead		DHS-LUFT	Organic Lead	DHS-LUFT
Unknown Fuel	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
	TOTAL LEAD	AA	TOTAL LEAD	AA
-- Optional --				
Organic Lead		DHS-LUFT	Organic Lead	DHS-LUFT
Diesel, Jet Fuel, Kerosene, and Fuel/Heating Oil	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2-624 (8260) for water			
Chlorinated Solvents	CL HC	8260	CL HC	524.2/624 (8260)
	BTEX	8060 or 8021	BTEX	524.2/624 (8260) or 524.2/602 (8021)
Non-chlorinated Solvents	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8060 or 8021	BTEX	524.2/624 (8260) or 524.2/602 (8021)
Waste, Used, or Unknown Oil	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	O&G	8070	O&G	418.1
	BTEX	8260	BTEX	524.2/624 (8260)
	CL HC	8260	CL HC	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
	METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil and water			
	PCB*, PCP*, PNA, CREOSOTE by 8270 for soil and 524/825 (8270) for water			
	* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)			

**NOTES:**

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

**UNIFIED PROGRAM CONSOLIDATED FORM**

**TANKS**

**UNDERGROUND STORAGE TANKS - FACILITY**

(one page per site) Page \_\_\_\_ of \_\_\_\_

TYPE OF ACTION  1. NEW SITE PERMIT  3. RENEWAL PERMIT  5. CHANGE OF INFORMATION  7. PERMANENTLY CLOSED SITE  
 (Check one item only)  4. AMENDED PERMIT specify change local use only \_\_\_\_\_  8. TANK REMOVED  
 6. TEMPORARY SITE CLOSURE 400

**I. FACILITY / SITE INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <span style="float: right;">3</span>			FACILITY ID#									
Piedmont Unified School District												
NEAREST CROSS STREET <span style="float: right;">401</span>			FACILITY OWNER TYPE							<input checked="" type="checkbox"/> 4. LOCAL AGENCY/DISTRICT*		
Bonita Ave.			<input type="checkbox"/> 1. CORPORATION							<input type="checkbox"/> 5. COUNTY AGENCY*		
BUSINESS TYPE <input type="checkbox"/> 1. GAS STATION <input type="checkbox"/> 3. FARM <input type="checkbox"/> 5. COMMERCIAL			<input type="checkbox"/> 2. INDIVIDUAL							<input type="checkbox"/> 6. STATE AGENCY*		
<input type="checkbox"/> 2. DISTRIBUTOR <input type="checkbox"/> 4. PROCESSOR <input checked="" type="checkbox"/> 6. OTHER <span style="float: right;">403</span>			<input type="checkbox"/> 3. PARTNERSHIP							<input type="checkbox"/> 7. FEDERAL AGENCY* <span style="float: right;">402</span>		
TOTAL NUMBER OF TANKS REMAINING AT SITE		Is facility on Indian Reservation or trustlands?		*If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.)								
1 (one) <span style="float: right;">404</span>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">405</span>										

**II. PROPERTY OWNER INFORMATION**

PROPERTY OWNER NAME <span style="float: right;">407</span>			PHONE <span style="float: right;">408</span>		
Piedmont Unified School District			410-594-2608		
MAILING OR STREET ADDRESS <span style="float: right;">409</span>					
760 Magnolia Ave.					
CITY <span style="float: right;">410</span>		STATE <span style="float: right;">411</span>		ZIP CODE <span style="float: right;">412</span>	
Piedmont		CA		94611	
PROPERTY OWNER TYPE <input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input checked="" type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY <span style="float: right;">413</span>					
<input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY					

**III. TANK OWNER INFORMATION**

TANK OWNER NAME <span style="float: right;">414</span>			PHONE <span style="float: right;">415</span>		
Same as #2					
MAILING OR STREET ADDRESS <span style="float: right;">416</span>					
CITY <span style="float: right;">417</span> STATE <span style="float: right;">418</span> ZIP CODE <span style="float: right;">419</span>					
TANK OWNER TYPE <input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input checked="" type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY <span style="float: right;">420</span>					
<input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY					

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER**

TY (TK) HQ 44-					Call (916) 322-9669 if questions arise	421
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**V. PETROLEUM UST FINANCIAL RESPONSIBILITY**

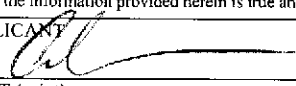
INDICATE METHOD(S) <input checked="" type="checkbox"/> 1. SELF-INSURED <input type="checkbox"/> 4. SURETY BOND <input type="checkbox"/> 7. STATE FUND <input type="checkbox"/> 10. LOCAL GOVT MECHANISM					
<input type="checkbox"/> 2. GUARANTEE <input type="checkbox"/> 5. LETTER OF CREDIT <input type="checkbox"/> 8. STATE FUND & CFO LETTER <input type="checkbox"/> 99. OTHER:					
<input type="checkbox"/> 3. INSURANCE <input type="checkbox"/> 6. EXEMPTION <input type="checkbox"/> 9. STATE FUND & CD <span style="float: right;">422</span>					

**VI. LEGAL NOTIFICATION AND MAILING ADDRESS**

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.  1. FACILITY  2. PROPERTY OWNER  3. TANK OWNER 423

**VII. APPLICANT SIGNATURE**

Certification - I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT 		DATE <span style="float: right;">424</span>	PHONE <span style="float: right;">425</span>
		7/28/09	(415) 512-1555
NAME OF APPLICANT (print) <span style="float: right;">426</span>		TITLE OF APPLICANT <span style="float: right;">427</span>	
Annette Chen - On Behalf of Owner		Project Coordinator	
STATE UST FACILITY NUMBER (For local use only) <span style="float: right;">428</span>	1998 UPGRADE CERTIFICATE NUMBER (For local use only) <span style="float: right;">429</span>		

**UNIFIED PROGRAM CONSOLIDATED FORM**

**TANKS**

**UNDERGROUND STORAGE TANKS – TANK PAGE 1**

(two pages per tank)

TYPE OF ACTION  1 NEW SITE PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6 TEMPORARY SITE CLOSURE  
 (Check one item only)  3 RENEWAL PERMIT (Specify reason – for local use only)  7 PERMANENTLY CLOSED ON SITE  8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) **Piedmont Unified School District** 3 FACILITY ID: \_\_\_\_\_ 1

LOCATION WITHIN SITE (Optional) 431  
**1800 Oakland Ave., Piedmont, CA**

**I. TANK DESCRIPTION** (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # **Unknown** 432 TANK MANUFACTURER **Unknown** 433 COMPARTMENTALIZED TANK  Yes  No 434  
 If "Yes", complete one page for each compartment.

DATE INSTALLED (YEAR/MO) **Unknown** 435 TANK CAPACITY IN GALLONS **1500 gallon** 436 NUMBER OF COMPARTMENTS **One** 437

ADDITIONAL DESCRIPTION (For local use only) 438

**II. TANK CONTENTS**

TANK USE 439 PETROLEUM TYPE 440  
 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type)  1a. REGULAR UNLEADED  2. LEADED  5. JET FUEL  
 2. NON-FUEL PETROLEUM  1b. PREMIUM UNLEADED  3. DIESEL  6. AVIATION FUEL  
 3. CHEMICAL PRODUCT  1c. MIDGRADE UNLEADED  4. GASOHOL  99. OTHER  
 4. HAZARDOUS WASTE (Includes Used Oil)  
 95. UNKNOWN  
 COMMON NAME (from Hazardous Materials Inventory page) 441 **Diesel** CAS# (from Hazardous Materials Inventory page) 442

**III. TANK CONSTRUCTION**

TYPE OF TANK (Check one item only)  1. SINGLE WALL  3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER  5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443  
 2. DOUBLE WALL  4. SINGLE WALL IN VAULT  95. UNKNOWN  
 99. OTHER

TANK MATERIAL – primary tank (Check one item only)  1. BARE STEEL  3. FIBERGLASS / PLASTIC  5. CONCRETE  95. UNKNOWN 444  
 2. STAINLESS STEEL  4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)  8. FRP COMPATIBLE W/100% METHANOL  99. OTHER

TANK MATERIAL – secondary tank (Check one item only)  1. BARE STEEL  3. FIBERGLASS / PLASTIC  5. CONCRETE  95. UNKNOWN 445  
 2. STAINLESS STEEL  4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)  8. FRP COMPATIBLE W/100% METHANOL  99. OTHER  
 10. COATED STEEL  
 5. CONCRETE

TANK INTERIOR LINING  1. RUBBER LINED  3. EPOXY LINING  5. GLASS LINING  95. UNKNOWN 446 DATE INSTALLED 447  
 OR COATING (Check one item only)  2 ALKYD LINING  4 PHENOLIC LINING  6 UNLINED  99 OTHER (For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only)  1 MANUFACTURED CATHODIC PROTECTION  3 FIBERGLASS REINFORCED PLASTIC  95 UNKNOWN 448 DATE INSTALLED 449  
 2 SACRIFICIAL ANODE  4 IMPRESSED CURRENT  99 OTHER (For local use only)

SPILL AND OVERFILL (Check all that apply) YEAR INSTALLED 450 TYPE (local use only) 451 OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452  
 1 SPILL CONTAINMENT  1 ALARM  3 FILL TUBE SHUT OFF VALVE  
 2 DROP TUBE  2 BALL FLOAT  4 EXEMPT  
 3 STRIKER PLATE

**IV. TANK LEAK DETECTION** (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453 IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454  
 1 VISUAL (EXPOSED PORTION ONLY)  5 MANUAL TANK GAUGING (MTG)  1 VISUAL (SINGLE WALL IN VAULT ONLY)  
 2 AUTOMATIC TANK GAUGING (ATG)  6 VADOSE ZONE  2 CONTINUOUS INTERSTITIAL MONITORING  
 3 CONTINUOUS ATG  7 GROUNDWATER  3 MANUAL MONITORING  
 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING  8 TANK TESTING  99 OTHER

**IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE**

ESTIMATED DATE LAST USED (YR/MO/DAY) 455 **Unknown** ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 **Unknown** gallons TANK FILLED WITH INERT MATERIAL? 457  
 Yes  No

**UNIFIED PROGRAM CONSOLIDATED FORM**

**TANKS**

**UNDERGROUND STORAGE TANKS – TANK PAGE 2**

**VI. PIPING CONSTRUCTION** (Check all that apply)

Page \_\_\_ of \_\_\_

UNDERGROUND PIPING		ABOVEGROUND PIPING			
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE <input checked="" type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY	459	
CONSTRUCTION	<input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. LINED TRENCH <input type="checkbox"/> 99. OTHER	460	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 95. UNKNOWN	462	
MANUFACTURER	<input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN	461	<input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 99. OTHER	463	
<input checked="" type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> Unknown <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 99. Other <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 9. CATHODIC PROTECTION		464	<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 99. OTHER <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 9. CATHODIC PROTECTION <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 95. UNKNOWN		465

**VII. PIPING LEAK DETECTION** (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
<b>SINGLE WALL PIPING</b> 466	<b>SINGLE WALL PIPING</b> 467
PRESSURIZED PIPING (Check all that apply): <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)  CONVENTIONAL SUCTION SYSTEMS <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH) SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUNDPILING): <input type="checkbox"/> 7. SELF MONITORING GRAVITY FLOW <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	PRESSURIZED PIPING (Check all that apply): <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH) <input type="checkbox"/> 4. DAILY VISUAL CHECK CONVENTIONAL SUCTION SYSTEMS (Check all that apply) <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM <input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH) SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING): <input type="checkbox"/> 7. SELF MONITORING GRAVITY FLOW (Check all that apply): <input type="checkbox"/> 8. DAILY VISUAL MONITORING <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)
<b>SECONDARILY CONTAINED PIPING</b>	<b>SECONDARILY CONTAINED PIPING</b>
PRESSURIZED PIPING (Check all that apply): 10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one) <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) SUCTION/GRAVITY SYSTEM <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS  <b>EMERGENCY GENERATORS ONLY</b> (Check all that apply) <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK	PRESSURIZED PIPING (Check all that apply): 10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one) <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) SUCTION/GRAVITY SYSTEM <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS  <b>EMERGENCY GENERATORS ONLY</b> (Check all that apply) <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK

**VIII. DISPENSER CONTAINMENT**

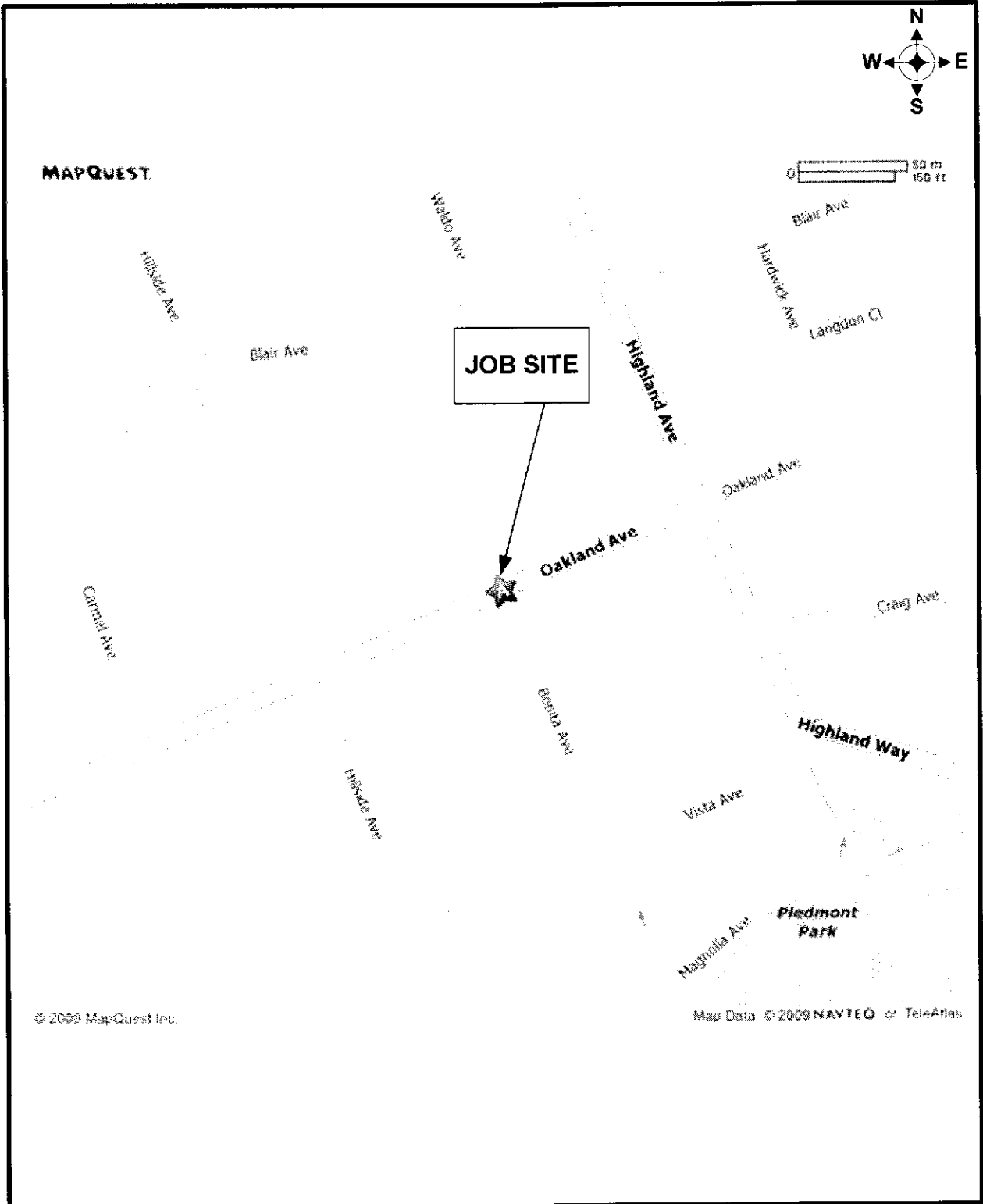
DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED	468	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE
	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	469

**IX. OWNER/OPERATOR SIGNATURE**

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR	DATE
	7/28/09
NAME OF OWNER/OPERATOR (print)	TITLE OF OWNER/OPERATOR
Annette Chen - On Behalf of Owner	Project Coordinator

Permit Number (For local use only)	473	Permit Approved (For local use only)	474	Permit Expiration Date (For local use only)	475
------------------------------------	-----	--------------------------------------	-----	---------------------------------------------	-----



**GOLDEN GATE TANK REMOVAL, INC.**  
 3730 Mission Street  
 San Francisco, CA 94110  
 Ph (415) 512-1555 Fx (415) 512-0964

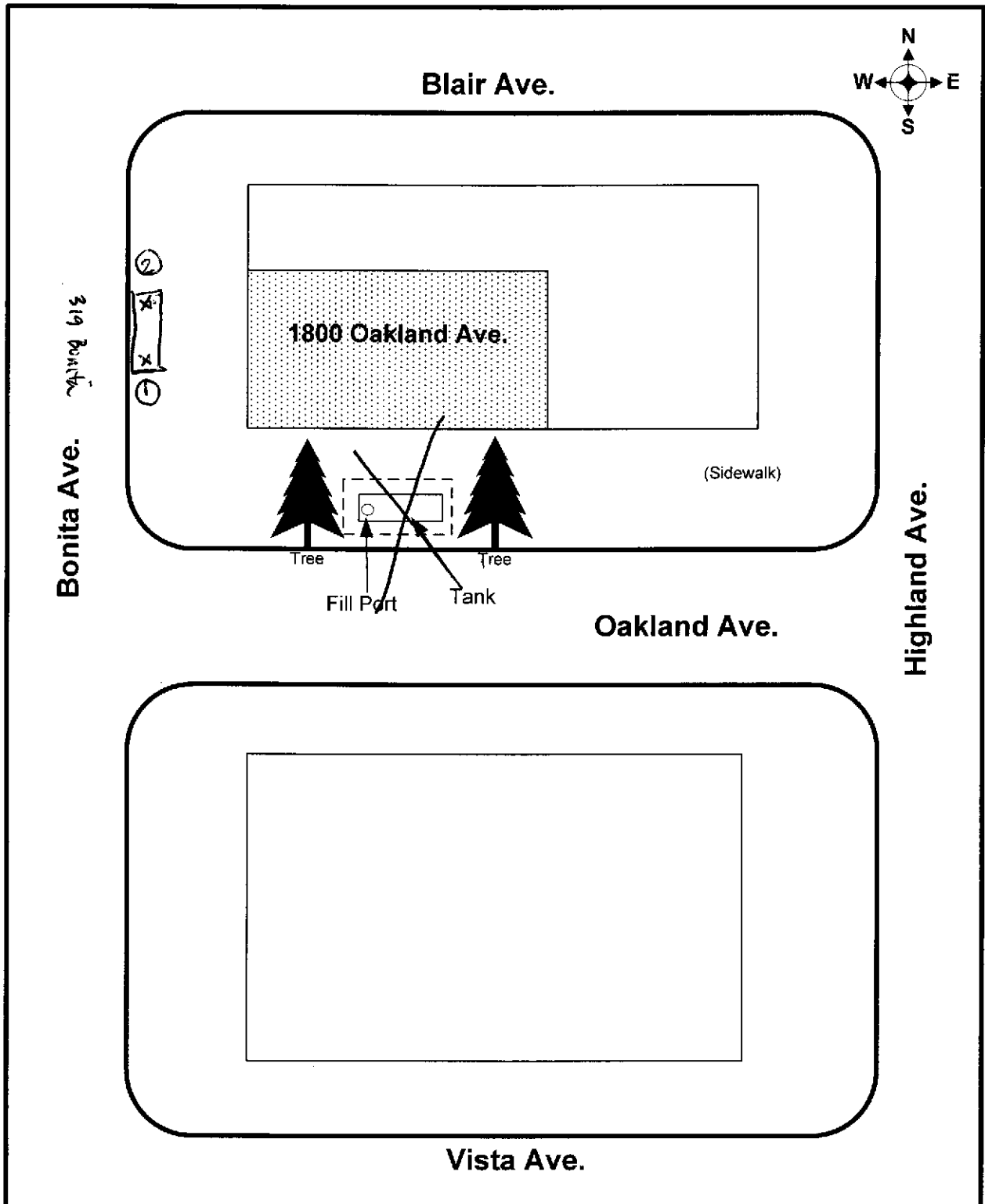
**VICINITY MAP**  
 1800 Oakland Avenue  
 Piedmont, CA 94611

GGTR Project No.9098

Drawing By: AC

July 2009

Figure 1



**GOLDEN GATE TANK REMOVAL, INC.**  
 3730 Mission Street  
 San Francisco, CA 94110  
 Ph (415) 512-1555 Fx (415) 512-0964

**Site Drawing**  
 1800 Oakland Avenue  
 Piedmont, CA 94611

GGTR Project No. 9098

Drawing By: AC

July 2009

Figure 2





**SITE SAFETY PLAN  
UNDERGROUND TANK REMOVAL**

**1800 OAKLAND AVENUE  
PIEDMONT, CALIFORNIA 94611**

**JULY 28, 2009**

**GOLDEN GATE TANK REMOVAL, INC.  
3730 MISSION STREET  
SAN FRANCISCO, CALIFORNIA 94110**

**PROJECT # 9098**

1800 Oakland Avenue, Piedmont California 94611 – Job# 9098

### SITE HAZARD INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE

Owners Name: Piedmont Unified School District  
Site Address: 1800 Oakland Ave.  
Piedmont, CA 94611  
Directions to Site: Cross Street: Bonita Ave. & Highland Ave.

Consultant On Site: Golden Gate Tank Removal, Inc. Phone number: 415/512-1555  
Site Safety Officer: Joshua Alexander Phone Number: 415/512-1555  
Type of Facility: Commercial Mobile Number: 415/730-2179  
Site Activities:  Drilling  construction  Tank Excavation  Soil Excavation  
 Work in Traffic Area  Groundwater Extraction  Vapor Extraction  Above Ground Remediation  
 Other: \_\_\_\_\_

#### Hazardous Substances

Name (CAS#)	Expected Concentration	Health Affects
<u>Diesel</u>	<u>Minimal</u>	<u>Nausea, Dizziness</u>
_____	_____	_____
_____	_____	_____

#### Physical Hazards

Noise  Excavations/Trenches  
 Traffic  Other: \_\_\_\_\_  
 Underground Hazards \_\_\_\_\_  
 Overhead Lines \_\_\_\_\_  
Potential Explosions and Fire hazards: \_\_\_\_\_

#### Level of Protection Equipment

A  B  C  D  See Personal Protective Equipment

#### Personal Protective Equipment

R = Required A = As Needed

<u>R</u> Hard Hat	<u>A</u> Safety Eye wear (Type) _____
<u>A</u> Safety Boots	<u>A</u> Respirator (Type) <u>1/2 Face</u>
<u>R</u> Orange Vest	<u>A</u> Filter (Type) <u>Carbon</u>
<u>A</u> Hearing Protection	<u>A</u> Gloves (Type) <u>Leather</u>
_____ Tyvek Coveralls	_____ Other _____

1800 Oakland Avenue, Piedmont California 94611 – Job# 9098

SITE HAZARD INFORMATION

Monitoring Equipment On Site

- Organic Vapor Analyzer
- Oxygen Meter
- H2S Meter
- Air Sampling Pump
- Combustible Gas Meter
- Other \_\_\_\_\_

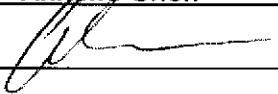
Site Control Measures Normal Pedestrian, Orange Cones, Traffic Signs

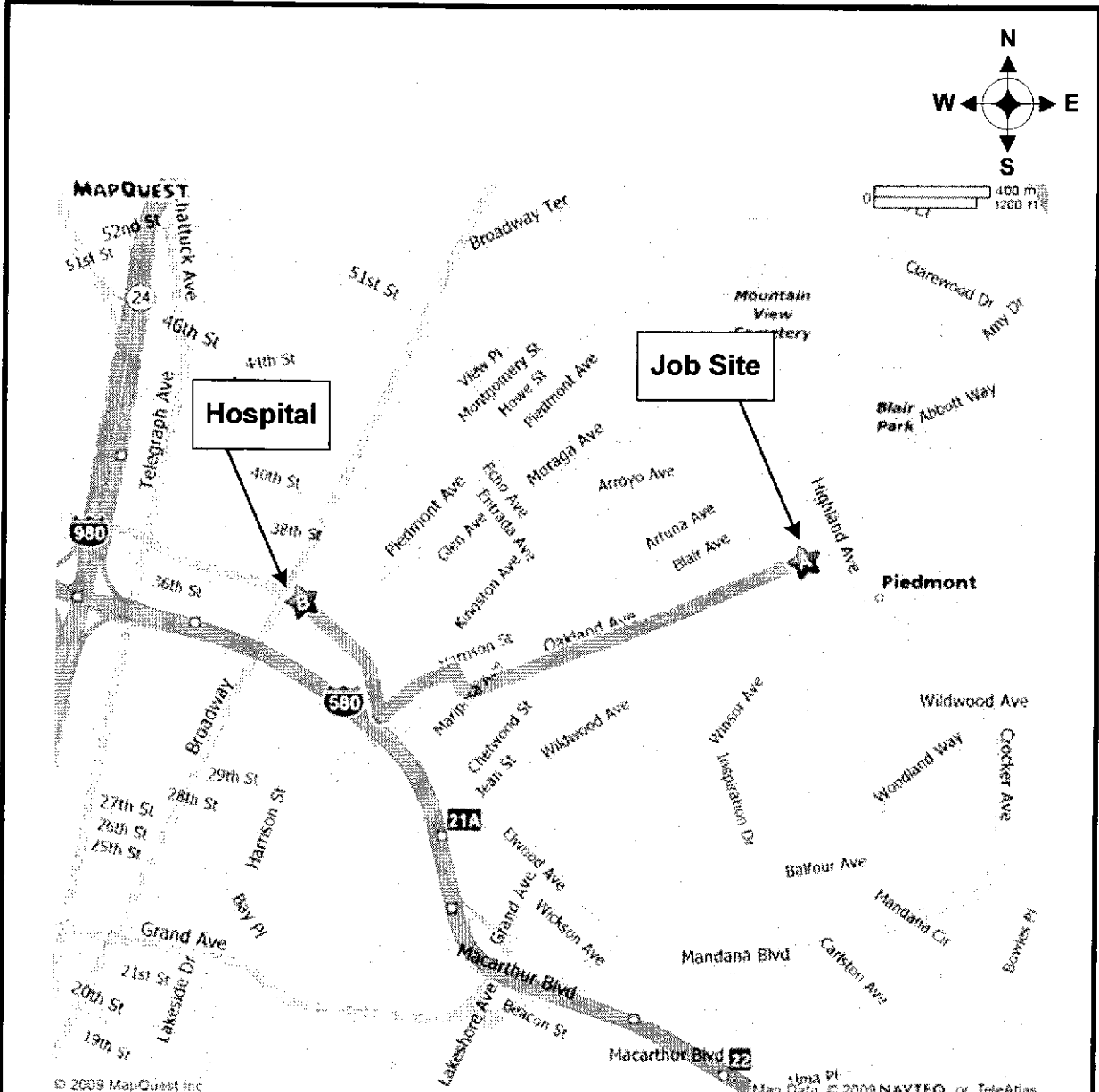
Decontamination Procedures Warm Water Soap

Hospital/Clinic Kaiser Permanente Medical Center Phone (510) 251-3960  
Hospital Address 280 W Macarthur Blvd., Oakland, CA 94611  
Paramedic 911 Fire Dept. 911 Police Dept. 911

Emergency/Contingency Plans & Procedures See Safety Procedures

Site Hazard Information Provided By: Annette Chen Phone: 415/512-1555

Signature:  Date: 7/28/09



Total Time: 4 minutes      Total Distance: 1.60 miles

- A: 1800 Oakland Ave, Piedmont, CA 94611-4022
- 1: Start out going SOUTHWEST on OAKLAND AVE toward HILLSIDE AVE.      0.9 mi
  - 2: Turn SLIGHT RIGHT onto BAYO VISTA AVE.      0.1 mi
  - 3: Turn LEFT onto HARRISON ST.      0.2 mi
  - 4: Turn RIGHT onto W MACARTHUR BLVD.      0.4 mi
  - 5: 280 W MACARTHUR BLVD is on the RIGHT.      0.0 mi
- B: Kaiser Permanente Medical Ctr: 280 W Macarthur Blvd, Oakland, CA 94611

**GOLDEN GATE TANK REMOVAL, INC.**  
 3730 Mission Street  
 San Francisco, CA 94110  
 Ph (415) 512-1555 Fx (415) 512-0964

**HOSPITAL MAP**  
**Kaiser Permanente Medical Ctr**  
 280 W Macarthur Blvd.  
 Oakland, California 94611  
 (510) 251-3960

GGTR Project No. 9098

Drawing By: AC

July 2009

Figure H

## 1.0 PURPOSE

This operating procedure establishes minimum procedures for protecting personnel against the hazardous properties during the performance of the removal of an underground storage tank and related activities. All employees and subcontractors of Golden Gate Tank Removal shall follow this plan. This plan is developed to work with the California Occupational Safety and Health Code to quickly prepare and issue a site safety plan for the removal of an underground storage tank and the related activities.

## 2.0 APPLICABILITY

This procedure is applicable to the removal of underground storage tanks and the related activities. Listed below are some of, but not limited to, the activities and substances that may be encountered during the project.

### Activities:

The work to be performed will include: the excavation of potentially contaminated soil in order to expose the underground storage tank, the stock piling of soil, the removal and manifested disposal of the tank, the recovery of soil samples from the excavation and stockpiled soil, and the backfill and resurfacing of the excavation.

### Substances:

- Diesel Fuel Oil (Home Heating Oil)
- Lead and Unleaded Gasoline
- Diesel Fuel
- Motor Oil (used and unused)

## 3.0 RESPONSIBILITY AND AUTHORITY

Personnel responsible for project safety are the business unit's Health and Safety Officer (HSO), the Project Manager (PM), and the Site Safety Officer (SSO).

The HSO is responsible for reviewing and approving the site safety plan and advising both the PM and SSO on health and safety matters. The HSO has the authority to audit compliance with the provisions of the site safety plan, suspend work or modify work practices for safety reasons, and to dismiss from the site any individual whose conduct on-site endangers the health and safety of themselves and/or others.

The PM is responsible for having the site safety plan prepared and distributed to all field personnel and to an authorized representative of each firm contracted to assist with the on-site work.

The SSO is responsible for assisting the PM with on-site implementation of site safety plan. The SSO may suspend work anytime he/she determines that the provisions of the site safety plan are inadequate to ensure worker safety and inform the PM and HSO of individuals whose on-site behavior jeopardizes their health and safety or the health and safety of others.

#### **4.0 HAZARD EVALUATION/CRITERIA**

##### Chemical

The general types of chemical hazards associated with this project are exposure to various chemical substances, including but not limited to, petroleum hydrocarbon liquids and vapors, caustic and acidic mists, liquids and solids. Exposure to elevated levels of hydrocarbon vapors presents potential health risks that need to be properly controlled. Work practices and methods will be monitored to limit exposures. Where elevated exposures persist, respiratory protection will be the primary control method to protect personnel from inhalation of hydrocarbon vapors.

##### Physical

The general types of physical hazards associated with this project are:

- Mechanical hazards: swinging objects, machinery, etc.,
- Physical lifting, shoveling, climbing (ladder), etc.,
- Electrical hazards: buried cables and overhead power lines,
- Thermal hazards: heat stress, and heat exhaustion
- Acoustical hazards: excessive noise created by machinery.

##### Flammability

The general types of flammable hazards associated with this project are fire hazards: natural gas and product lines, flammable petroleum hydrocarbons, and motor driven equipment.

Petroleum distillate fuels passes two intrinsic hazardous properties, namely, flammability and toxicity. The flammable property of the oil and fuels presents a far greater hazard to field personnel than toxicity because it is difficult to protect against and can result in catastrophic consequences. Being Flammable, the vapors of volatile components of crude oil and the fuels can be explosive when confined.

Eliminating any one of the three factors needed to produce combustion can minimize the probability of fire and explosion. Two of the factors, ignition source and vapor concentration, can be controlled in many cases. Prohibiting open fires and smoking on-site, installing spark arrestors on engines and turning off engines when lcl is approached can control ignition. Introducing dry ice (solid carbon dioxide) in the tank can reduce vapor concentrations in the headspace; the carbon dioxide gas will displace the combustible vapors.

## 5.0 HEALTH AND SAFETY DIRECTIVES

### Site-Specific Safety Briefing

Before fieldwork begins, all field personnel, including subcontractor employees must be briefed on their work assignments and safety procedures contained in this document.

### Personal Protective Equipment

Each field team member shall have on-site, before the commencement of work, the following personal protective equipment:

- NIOSH-approved full or half face respirator with organic vapor cartridges (cartridges will be supplied pending the work criteria).
- Hard-hat and safety vest
- Leather work boots, steel toed boots are strongly suggested
- Leather work gloves
- Ear protection, earphone type or ear plugs
- Eye protection, safety glasses and splash proof goggles

### Equipment Usage

Hard-hats and safety vests must be worn at all times when on the job site.

Safety goggles must be worn when working within 10 feet of any operating heavy equipment (e.g., jackhammer, and backhoe). Splash-proof goggles or face shields must be worn whenever product quantities of fuel are encountered.

Respirators must be worn whenever total airborne hydrocarbon levels in the breathing zone of field personnel reach or exceed a 15-minute average of 25 ppm. If total airborne hydrocarbons in the breathing zone exceed 100 ppm, work must be suspended, personnel directed to move a safe distance from the source, and the HSO or designee consulted.

Chemical-resistant safety boots must be worn during the performance of work where surface soil is obviously contaminated.

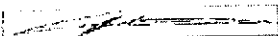
### Monitoring

Personal exposure to ambient airborne hazards will be monitored to assure that personnel exposures do not exceed acceptable limits and that appropriate selection of protective equipment items is made. If concentrations approach criteria levels, all personnel will be notified of possible site safety changes. Audits will be conducted by the Safety Officer to insure compliance with the Safety Plan and to provide additional support as required.

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Tom Ferrick  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

Date of Issue: 11/10/2008

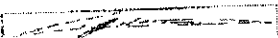
By:  President

12870

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Gabriel Limon  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

Date of Issue: 11/10/2008

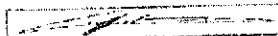
By:  President

12870

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Joshua Alexander  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

12870

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Julian Rodriguez  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

Date of Issue: 11/10/2008

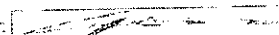
By:  President

12870

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Everardo Ochoa  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

Date of Issue: 11/10/2008

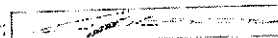
By:  President

12870

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Salvador Martinez  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

Date of Issue: 11/10/2008

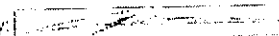
By:  President

12870

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Julian Maldonado  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

12870

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Gabriel Vargas  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

Date of Issue: 11/10/2008

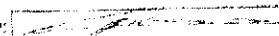
By:  President

12870

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Ascension Mora  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

Student Name: Tim Hallen  
Company: Golden Gate Tank Removal Inc  
I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher  
29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President



**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

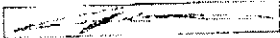
Student Name: Brent Wheeler

Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

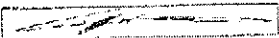
Student Name: Honorio Mora

Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

**Compliance Solutions Occupational Trainers, Inc.  
Certificate of Completion**

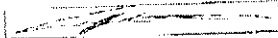
Student Name: Ruben Limon

Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the  
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

No: **2009-900016**

**ANNUAL PERMIT**

Permit Issued To

(Insert Contractor/Project Administrator's Name, Address and Telephone No.)

Golden Gate Tank Removal Inc  
 3730 Mission St  
 San Francisco CA 94110-5830

(415) 512-1555

No. \_\_\_\_\_  
 Date 7/10/2009  
 Region 1  
 District 1  
 Tel. (415) 972-8670

**Type of Permit** T1-ANNUAL TRENCH/EXCAVATION

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number		Permit Valid through		
616521		July 10, 2010		
Description of Project	Location Address	City and County	Anticipated Dates	
			Starting	Completion
Various	Statewide		Jul 10, 2009	Jul 10, 2010

**This Permit is issued upon the following conditions:**

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CFR 341.4

Received From		Received By	
Tim Hallen		Permit Unit	
<input type="checkbox"/> Cash	Amount	Date	
<input checked="" type="checkbox"/> Check 22482	\$100.00	7/10/09	

Investigated by \_\_\_\_\_ Date \_\_\_\_\_  
 Approved by Robert E. Lee Safety Engineer Date 7/10/2009  
 District Manager/Permit Unit Date \_\_\_\_\_

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/3/2009

PRODUCER (415) 978-3800 FAX: (415) 978-3825  
Calender-Robinson Company, Inc.  
FB0267063  
300 Montgomery St., Suite 888  
San Francisco CA 94104

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  
Golden Gate Tank Removal Inc.  
3730 Mission Street  
San Francisco CA 94110

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Rockhill Ins. Co.	
INSURER B: American States Ins. Co.	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A			GENERAL LIABILITY	RPRGE001535-00	1/23/2009	1/23/2010	EACH OCCURRENCE \$ 1,000,000			
			<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MFH EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000			
B			AUTOMOBILE LIABILITY	01-CI-123786-1	1/23/2009	1/23/2010	COMBINED SGL ACCIDENT (Ea accident) \$ 1,000,000			
			<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOW'D AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIR'D AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			
			GARAGE LIABILITY							AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AUTO ONLY AGG \$
			EXCESS/UMBRELLA LIABILITY							EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$			
A			POLLUTION LIABILITY	RPMGE001535-00	1/23/2009	1/23/2010	AGGREGATE LIMIT \$1,000,000 EACH CLAIM \$1,000,000			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS  
 A PROPRIETORS' LIABILITY RPRGE001535-00 1/23/2009 1/23/2010 \$1,000,000 Each Incident Limit \$2,000,000 Aggregate

10-Day Notice of Cancellation Applies for Non-Payment of Premium.

## CERTIFICATE HOLDER

TO BE DETERMINED AT INSURED'S REQUEST

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

**STATE  
COMPENSATION  
INSURANCE  
FUND**

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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 10-01-2008

GROUP: 000571  
POLICY NUMBER: 0007200-2008  
CERTIFICATE ID: 159  
CERTIFICATE EXPIRES: 10-01-2009  
10-01-2008/10-01-2009

GOLDEN GATE TANK REMOVAL  
3730 MISSION ST  
SAN FRANCISCO CA 94110-5830

NA

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

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

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

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

*James Neary*  
AUTHORIZED REPRESENTATIVE

*Janet Frank*  
PRESIDENT

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

ENDORSEMENT #1500 - JAMES F. GRACY CEO, CFO - EXCLUDED.

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 10-01-2001 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

GOLDEN GATE TANK REMOVAL, INC  
3730 MISSION ST  
SAN FRANCISCO CA 94110

NA



State Of California  
CONTRACTORS STATE LICENSE BOARD  
ACTIVE LICENSE



License Number

616521

Entity

CORP

Business Name

GOLDEN GATE TANK REMOVAL INC

Classification

A C-3 HAZ

Expiration Date

02/28/2011



**GOLDEN GATE TANK REMOVAL INC.**  
3730 MISSION STREET  
SAN FRANCISCO, CA 94110  
(415) 512-1555

**THE MECHANICS BANK**  
343 SANSOME ST. STE 850  
SAN FRANCISCO, CA 94104  
(415) 249-0300  
90-203/1211

22623

7/29/09

PAY TO THE ORDER OF Alameda County Health Department

\$1581<sup>00</sup>

*Fifteen Hundred eighty one*

*00/100*

DOLLARS

Alameda County Health Department  
1131 Harbor Bay Parkway #250  
Alameda, CA 94502

*Tim Hall*

MEMO (#9098-1800 Oakland Ave. Piedmon

⑈022623⑈ ⑆121102036⑆ 041⑈081129⑈

John Alexander

FAX 415-412-0964  
PHONE 415-412-0955

VILA CONSTRUCTION CO.  
COMMERCIAL CONSTRUCTION

590 SOUTH 33rd STREET  
RICHMOND, CA 94804  
(510) 236-9111  
FAX (510) 236-4979

1372 N. McDOWELL, SUITE J  
PETALUMA, CA 94954  
(707) 773-2121, EXT. 14  
FAX (707) 773-2727

PETE PALMER

EMAIL: [pete@vilaconstruction.com](mailto:pete@vilaconstruction.com)