



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

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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

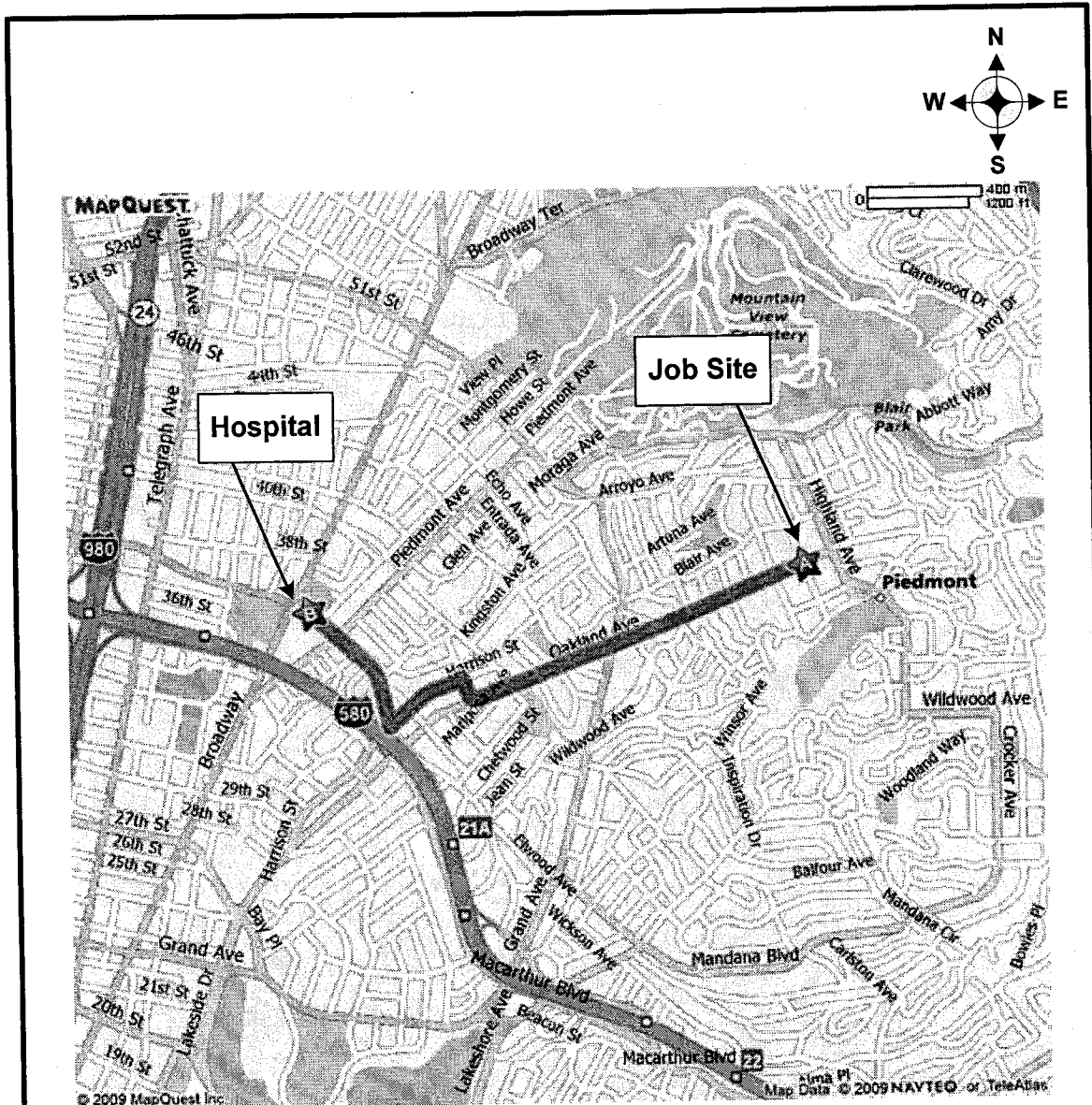
Emergency/Contingency Plans & Procedures See Safety Procedures

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

Signature:  Annette Chen

Digitally signed by Annette Chen
DN: cn=Annette Chen, o=US
Date: 2008.07.28 09:16:18
4700

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>GOLDEN GATE TANK REMOVAL, INC. 3730 Mission Street San Francisco, CA 94110 Ph (415) 512-1555 Fx (415) 512-0964</p> | <p>HOSPITAL MAP 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 lel 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

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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.

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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: 2008.07.29
09:15:55 -07'00'

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: 10-01-2008
 10-01-2008/10-01-2009

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

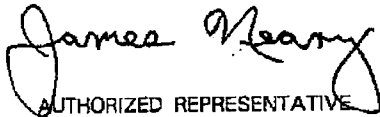
NA

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.

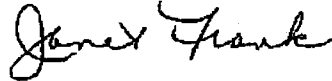
This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

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

PRINTED : 09-17-2008

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(c)

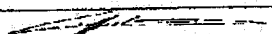
Date of Issue: 11/10/2008

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)

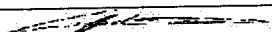
Date of Issue: 11/10/2008

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)

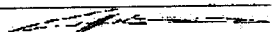
Date of Issue: 11/10/2008

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)

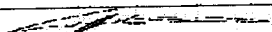
Date of Issue: 11/10/2008

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)

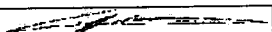
Date of Issue: 11/10/2008

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)

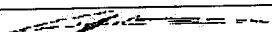
Date of Issue: 11/10/2008

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)

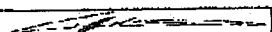
Date of Issue: 11/10/2008

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)

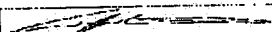
Date of Issue: 11/10/2008

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

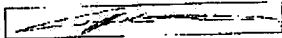
Company: Golden Gate Tank Removal Inc

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

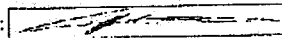
Company: Golden Gate Tank Removal Inc

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

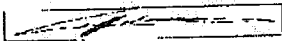
Company: Golden Gate Tank Removal Inc

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 | | 616521 | | Permit Valid through | | 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 _____ 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 | | INSURERS AFFORDING COVERAGE |
| Golden Gate Tank Removal Inc. 3730 Mission Street | | INSURER A: Rockhill Ins. Co. |
| San Francisco CA 94110 | | INSURER B: American States Ins. Co. |
| | | INSURER C: |
| | | INSURER D: |
| | | INSURER E: |

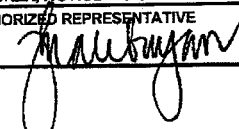
COVERAGES

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 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 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/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 \$ AUTO ONLY: AGG \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WC STATU-TORY 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**



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

The 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:

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 ^{WE INTEND TO DISPOSE & TRANSPORT THIS AS NON HAZ, IF NOT}

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 ^{WE INTEND TO DISPOSE & TRANSPORT THIS AS NON HAZ, IF NOT}

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 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 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

7/28/09

Signature of Payor

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 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 | 9070 | 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 524/625 (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)

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 specify change local use only _____ | <input type="checkbox"/> 7. PERMANENTLY CLOSED SITE |
| | <input type="checkbox"/> 4. AMENDED PERMIT | | <input type="checkbox"/> 6. TEMPORARY SITE CLOSURE | <input type="checkbox"/> 8. TANK REMOVED |

I. FACILITY / SITE INFORMATION

| | | | | | |
|--|--|--|---|--|--|
| BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 Piedmont Unified School District | | | FACILITY ID# | | |
| NEAREST CROSS STREET 401 Bonita Ave. | | | 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 403 | | | <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* 402 | | |
| TOTAL NUMBER OF TANKS REMAINING AT SITE 404 1 (one) | Is facility on Indian Reservation or trustlands? 405 <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.) 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 413 <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 414 | PHONE 415 | |
| MAILING OR STREET ADDRESS 416 | | |
| CITY 417 | STATE 418 | ZIP CODE 419 |
| TANK OWNER TYPE 420 <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 421 |
|----------------|--|


V. PETROLEUM UST FINANCIAL RESPONSIBILITY

| | | | | |
|--------------------|--|--|---|---|
| INDICATE METHOD(S) | <input 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 | 422 |

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. | <input type="checkbox"/> 1. FACILITY | <input type="checkbox"/> 2. PROPERTY OWNER | <input type="checkbox"/> 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 424  Annette Chen <small>Digitally signed by Annette Chen, DN: cn=Annette Chen, c=US, Date: 2009.07.29 06:19:51 -0700</small> | | DATE 424 7/28/09 | PHONE 425 |
| NAME OF APPLICANT (print) 426 | | 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
 7 PERMANENTLY CLOSED ON SITE
 3 RENEWAL PERMIT
 (Specify reason – for local use only)
 (Specify reason – for local use only)
 8 TANK REMOVED
 430

(Check one item only)

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 432 | TANK MANUFACTURER Unknown 433 | COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input type="checkbox"/> No 434 <small>If "Yes", complete one page for each compartment.</small> |
| 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 <input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL <small>(If marked complete Petroleum Type)</small> <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input type="checkbox"/> 4. HAZARDOUS WASTE <small>(Includes Used Oil)</small> <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 Diesel |

III. TANK CONSTRUCTION

| | |
|---|--|
| TYPE OF TANK 443 <small>(Check one item only)</small> <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"/> 2. DOUBLE WALL <input type="checkbox"/> 4. SINGLE WALL IN VAULT <input type="checkbox"/> 99. OTHER | TANK MATERIAL – primary tank 444 <small>(Check one item only)</small> <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"/> 2. STAINLESS STEEL <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPTIBLE W/100% METHANOL <input type="checkbox"/> 99. OTHER |
| TANK MATERIAL – secondary tank 445 <small>(Check one item only)</small> <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"/> 2. STAINLESS STEEL <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPTIBLE W/100% METHANOL <input type="checkbox"/> 99. OTHER <input type="checkbox"/> 10. COATED STEEL | TANK INTERIOR LINING OR COATING 446 <small>(Check one item only)</small> <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"/> 2. ALKYD LINING <input type="checkbox"/> 4. PHENOLIC LINING <input type="checkbox"/> 6 UNLINED <input type="checkbox"/> 99 OTHER |
| OTHER CORROSION PROTECTION IF APPLICABLE 448 <small>(Check one item only)</small> <input type="checkbox"/> 1 MANUFACTURED CATHODIC PROTECTION <input type="checkbox"/> 3 FIBERGLASS REINFORCED PLASTIC <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 2 SACRIFICIAL ANODE <input type="checkbox"/> 4 IMPRESSED CURRENT <input type="checkbox"/> 99 OTHER | DATE INSTALLED 449 _____ |

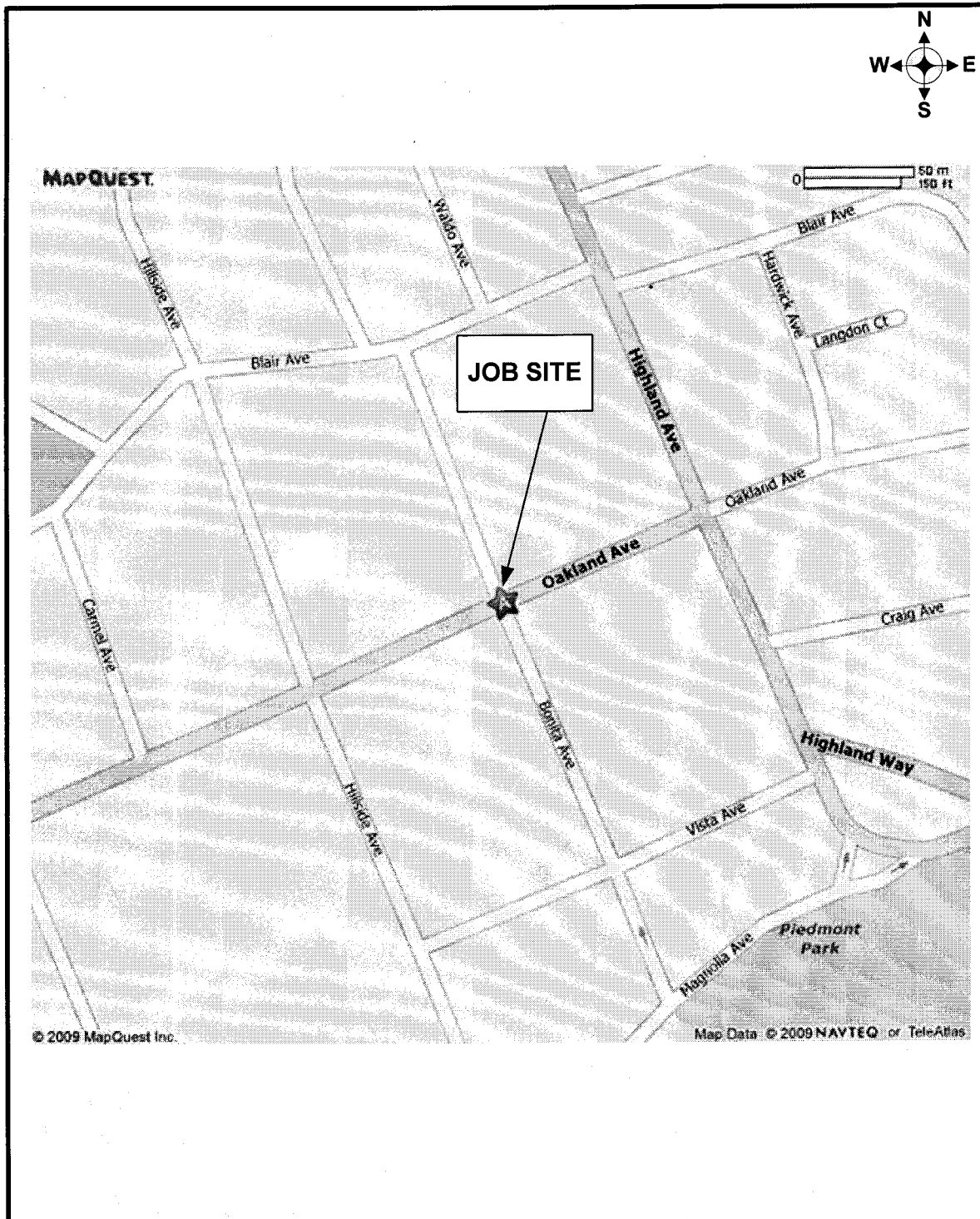
| | | | |
|--|------------------------------------|---|---|
| SPILL AND OVERFILL 450 <small>(Check all that apply)</small> <input type="checkbox"/> 1 SPILL CONTAINMENT <input type="checkbox"/> 2 DROP TUBE <input type="checkbox"/> 3 STRIKER PLATE | YEAR INSTALLED 450 _____ | TYPE (local use only) 451 _____ | 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 |
|--|------------------------------------|---|---|

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 <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 |
|---|--|--|

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|--|--|



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

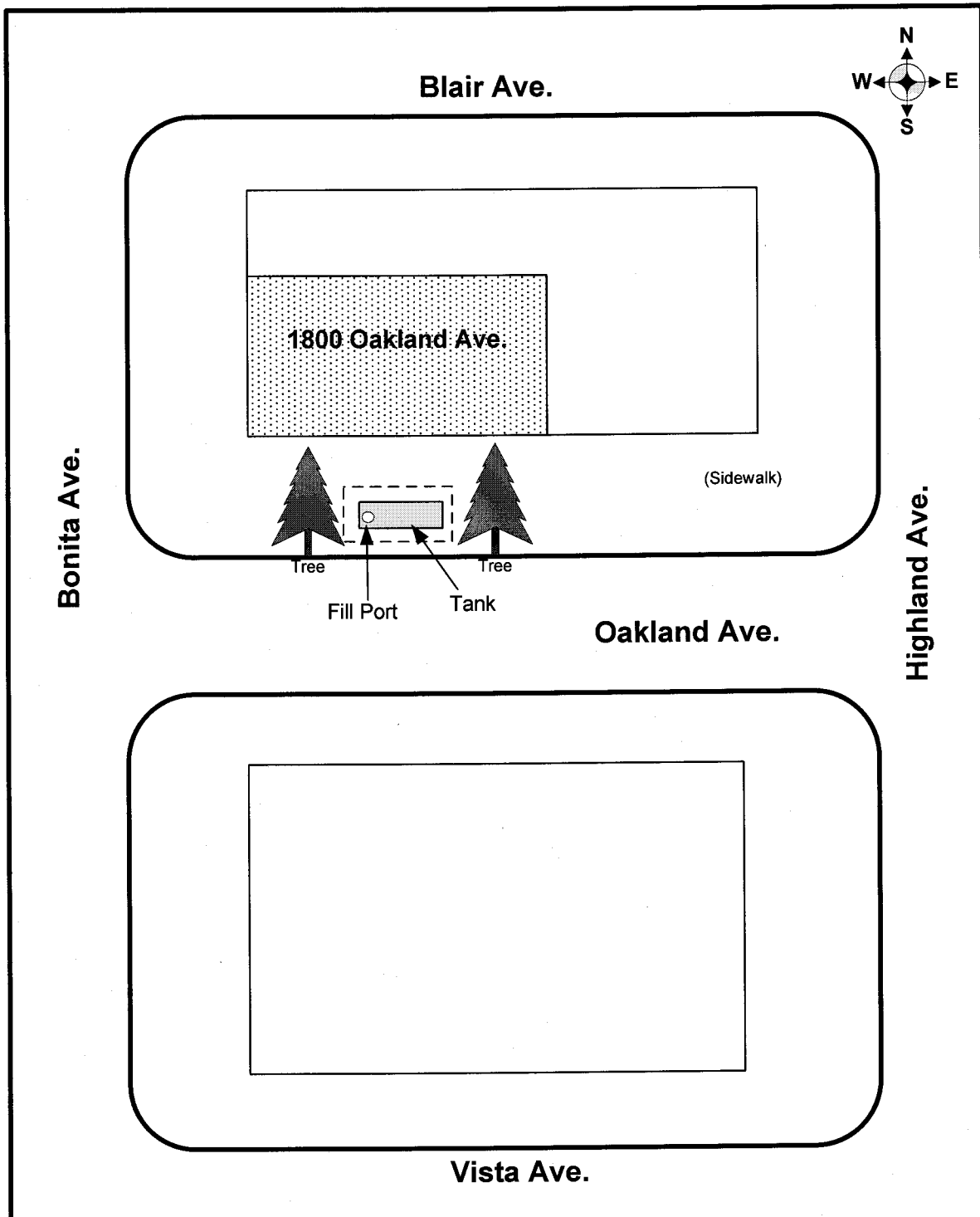
VICINITY MAP
 1800 Oakland Avenue
 Piedmont, CA 94611

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 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

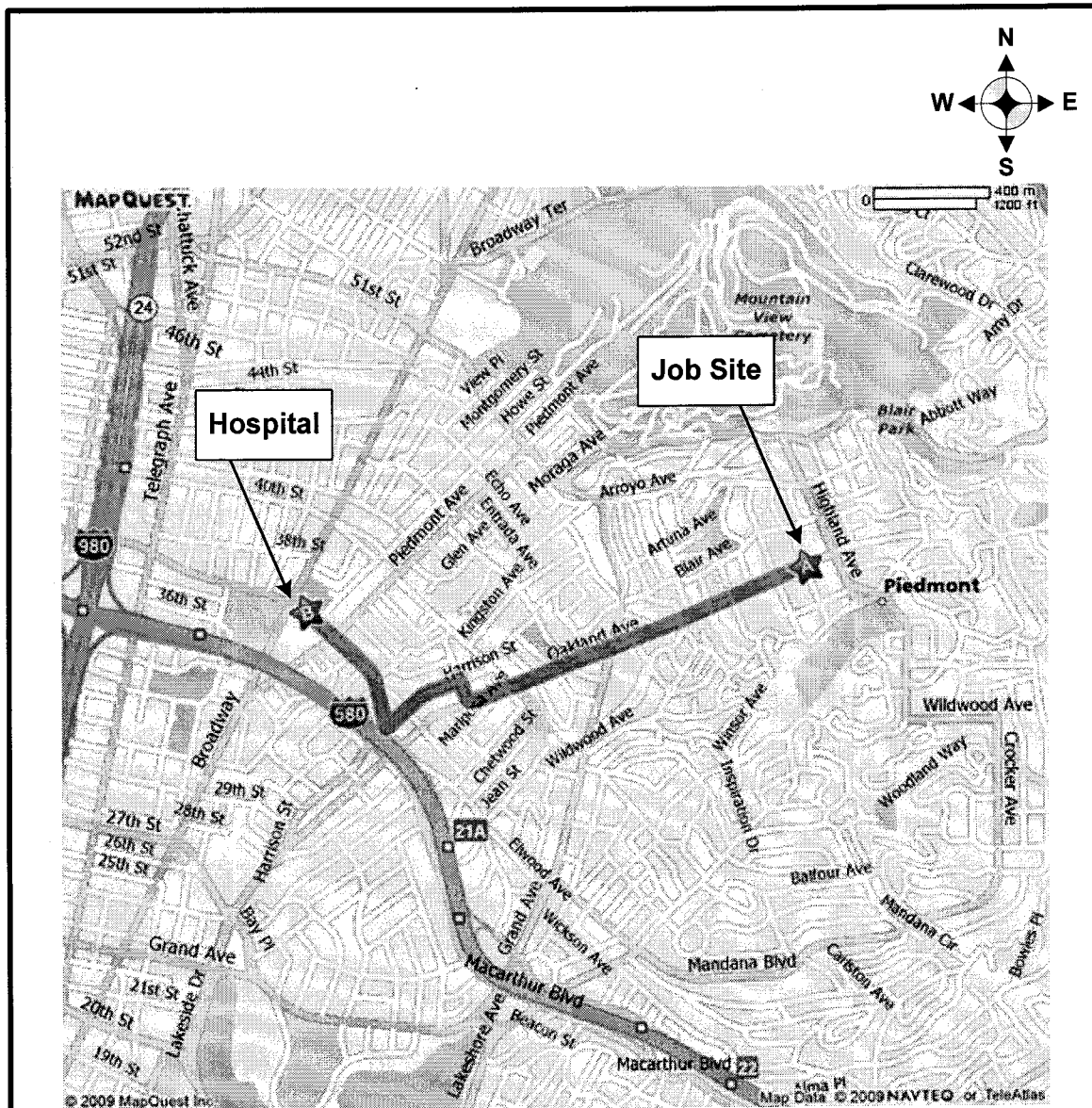
Emergency/Contingency Plans & Procedures See Safety Procedures

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

Signature:  Annette Chen

Date: 7/28/09

Digitally signed by Annette Chen
DN: cn=Annette Chen, o=1010
Date: 2009.07.29 09:16:18
+0700



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>GOLDEN GATE TANK REMOVAL, INC. 3730 Mission Street San Francisco, CA 94110 Ph (415) 512-1555 Fx (415) 512-0964</p> | <p>HOSPITAL MAP 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 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 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

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
09:15:55 -07'00'

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

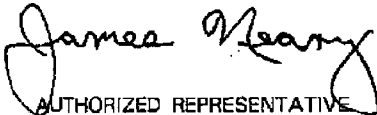
NA

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.

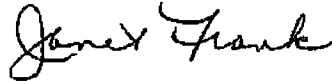
This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

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

**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

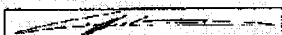
By:  President

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

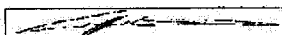
By:  President

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

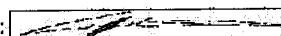
By:  President

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

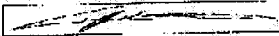
Company: Golden Gate Tank Removal Inc

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 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 _____

Safety Engineer

Date

Approved by _____

District Manager/Permit Unit

Date

Robert E. Law 7/10/2009

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

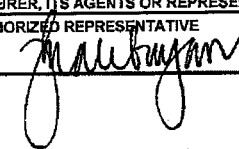
| INSURERS AFFORDING COVERAGE | NAIC # |
|-------------------------------------|--------|
| INSURER A: Rockhill Ins. Co. | |
| INSURER B: American States Ins. Co. | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 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 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 \$ AUTO ONLY: AGG \$ |
| | | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| | | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 | CANCELLATION |
|---------------------------------------|---|
| TO BE DETERMINED AT INSURED'S REQUEST | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 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

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 Unkdocs 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 | 9070 | 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 524/625 (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)

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 specify change local use only _____ | <input type="checkbox"/> 7. PERMANENTLY CLOSED SITE | <input checked="" type="checkbox"/> 8. TANK REMOVED |
| | <input type="checkbox"/> 4. AMENDED PERMIT | <input type="checkbox"/> 6. TEMPORARY SITE CLOSURE | | | 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 Bonita Ave. | | 401 | FACILITY OWNER TYPE | | <input checked="" type="checkbox"/> 4. LOCAL AGENCY/DISTRICT* |
| BUSINESS TYPE | | | <input type="checkbox"/> 1. CORPORATION | | <input type="checkbox"/> 5. COUNTY AGENCY* |
| <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 | | 403 | <input type="checkbox"/> 3. PARTNERSHIP | | <input type="checkbox"/> 7. FEDERAL AGENCY* 402 |
| TOTAL NUMBER OF TANKS REMAINING AT SITE 1 (one) | 404 | Is facility on Indian Reservation or trustlands? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Piedmont Unified School District | | 407 | PHONE 410-594-2608 | 408 |
| MAILING OR STREET ADDRESS 760 Magnolia Ave. | | | | |
| CITY Piedmont | 410 | STATE CA | 411 | ZIP CODE 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"/> 3. PARTNERSHIP | <input type="checkbox"/> 5. COUNTY AGENCY | <input type="checkbox"/> 6. STATE AGENCY |
| | | | | <input type="checkbox"/> 7. FEDERAL AGENCY 413 |

III. TANK OWNER INFORMATION

| | | | | |
|-------------------------------|-----|---|---|--|
| TANK OWNER NAME Same as #2 | | 414 | PHONE | 415 |
| MAILING OR STREET ADDRESS | | | | |
| CITY | 417 | STATE | 418 | ZIP CODE |
| TANK OWNER TYPE | | <input type="checkbox"/> 1. CORPORATION | <input type="checkbox"/> 2. INDIVIDUAL | <input checked="" type="checkbox"/> 4. LOCAL AGENCY / DISTRICT |
| | | <input type="checkbox"/> 3. PARTNERSHIP | <input type="checkbox"/> 5. COUNTY AGENCY | <input type="checkbox"/> 6. STATE AGENCY |
| | | | | <input type="checkbox"/> 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 |
|----------------|--|--|-----|

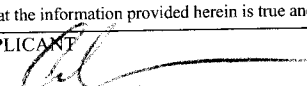
V. PETROLEUM UST FINANCIAL RESPONSIBILITY

| | | | | | |
|--------------------|--|---|--|---|---|
| INDICATE METHOD(S) | | <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 | 422 |

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. | | <input type="checkbox"/> 1. FACILITY | <input type="checkbox"/> 2. PROPERTY OWNER | <input checked="" type="checkbox"/> 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 7/28/09 | 424 | PHONE (415) 512-1555 | 425 |
| NAME OF APPLICANT (print) Annette Chen - On Behalf of Owner | | TITLE OF APPLICANT Project Coordinator | | | |
| STATE UST FACILITY NUMBER (For local use only) | | 1998 UPGRADE CERTIFICATE NUMBER (For local use only) | | | |
| | 428 | | | 429 | |

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 1

(two pages per tank)

Page ____ of ____

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

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

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

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

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

TANK MATERIAL – secondary tank 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 95. UNKNOWN 445
 (Check one item only) 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER
 REINFORCED PLASTIC (FRP) 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 2. ALKYD LINING 4. PHENOLIC LINING 6. UNLINED 99 OTHER (For local use only)

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

SPILL AND OVERFILL YEAR INSTALLED 450 TYPE (local use only) 451 OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452
 (Check all that apply) 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 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 |
|--|---|
| SINGLE WALL PIPING 466 | SINGLE WALL PIPING 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 GROUNDPIPING): <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) |
| SECONDARILY CONTAINED PIPING | SECONDARILY CONTAINED PIPING |
| 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 EMERGENCY GENERATORS ONLY (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 EMERGENCY GENERATORS ONLY (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

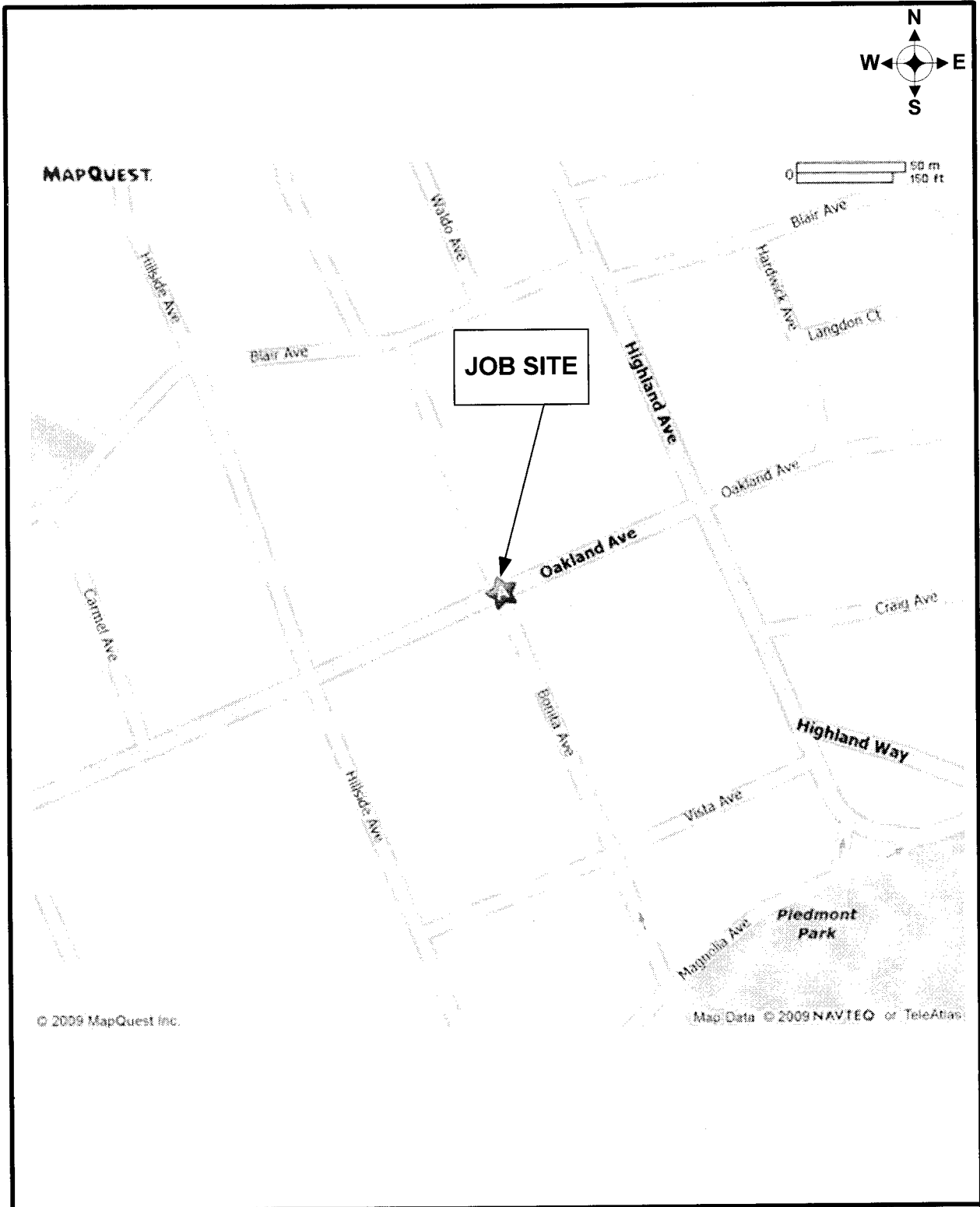
| | | |
|-----------------------|--|---|
| DISPENSER CONTAINMENT | <input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE | <input type="checkbox"/> 4. DAILY VISUAL CHECK |
| DATE INSTALLED 468 | <input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS |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

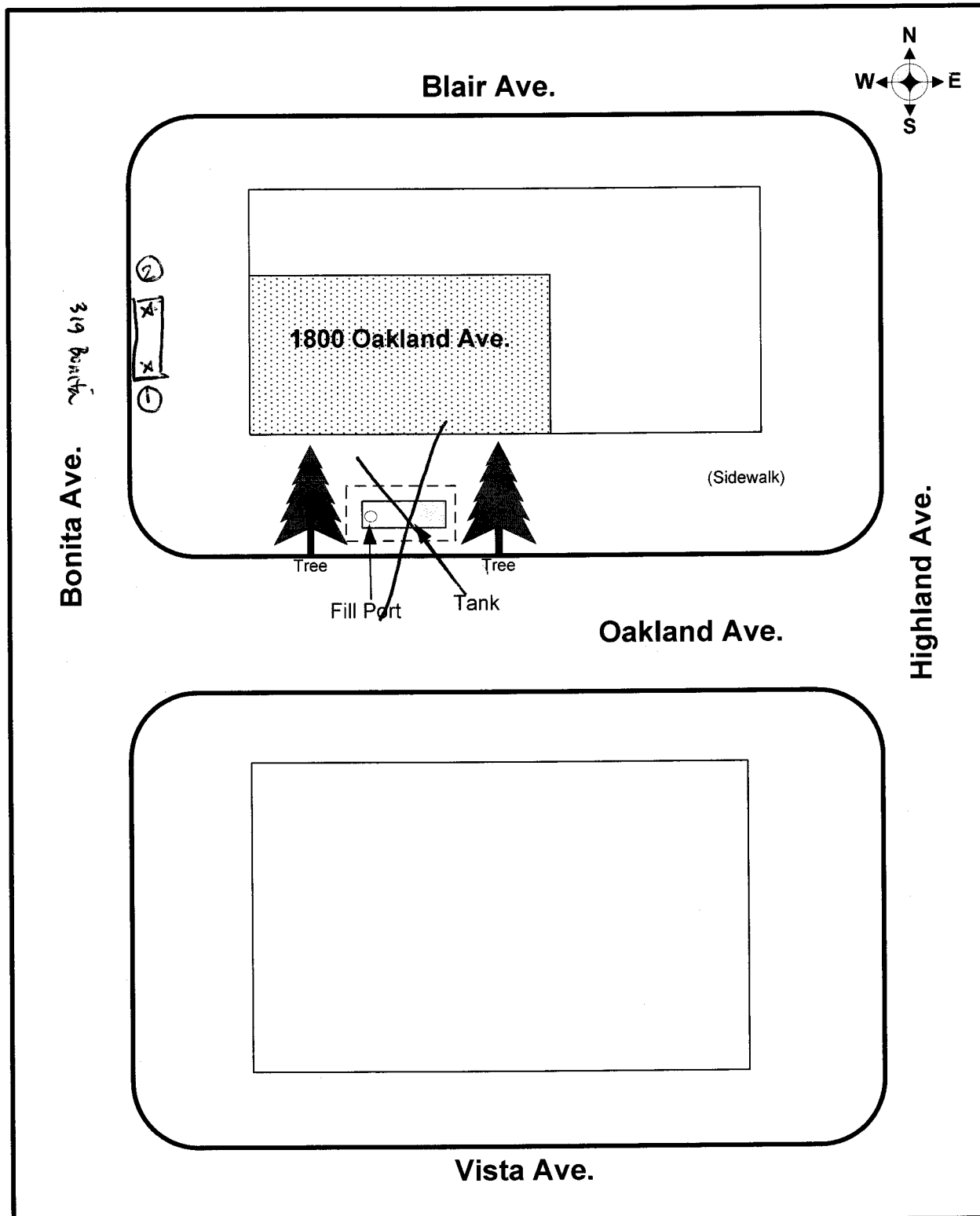
VICINITY MAP
 1800 Oakland Avenue
 Piedmont, CA 94611

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

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

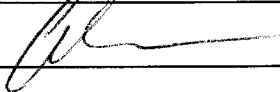
- Organic Vapor Analyzer
- Air Sampling Pump
- Oxygen Meter
- Combustible Gas Meter
- H2S Meter
- Other _____

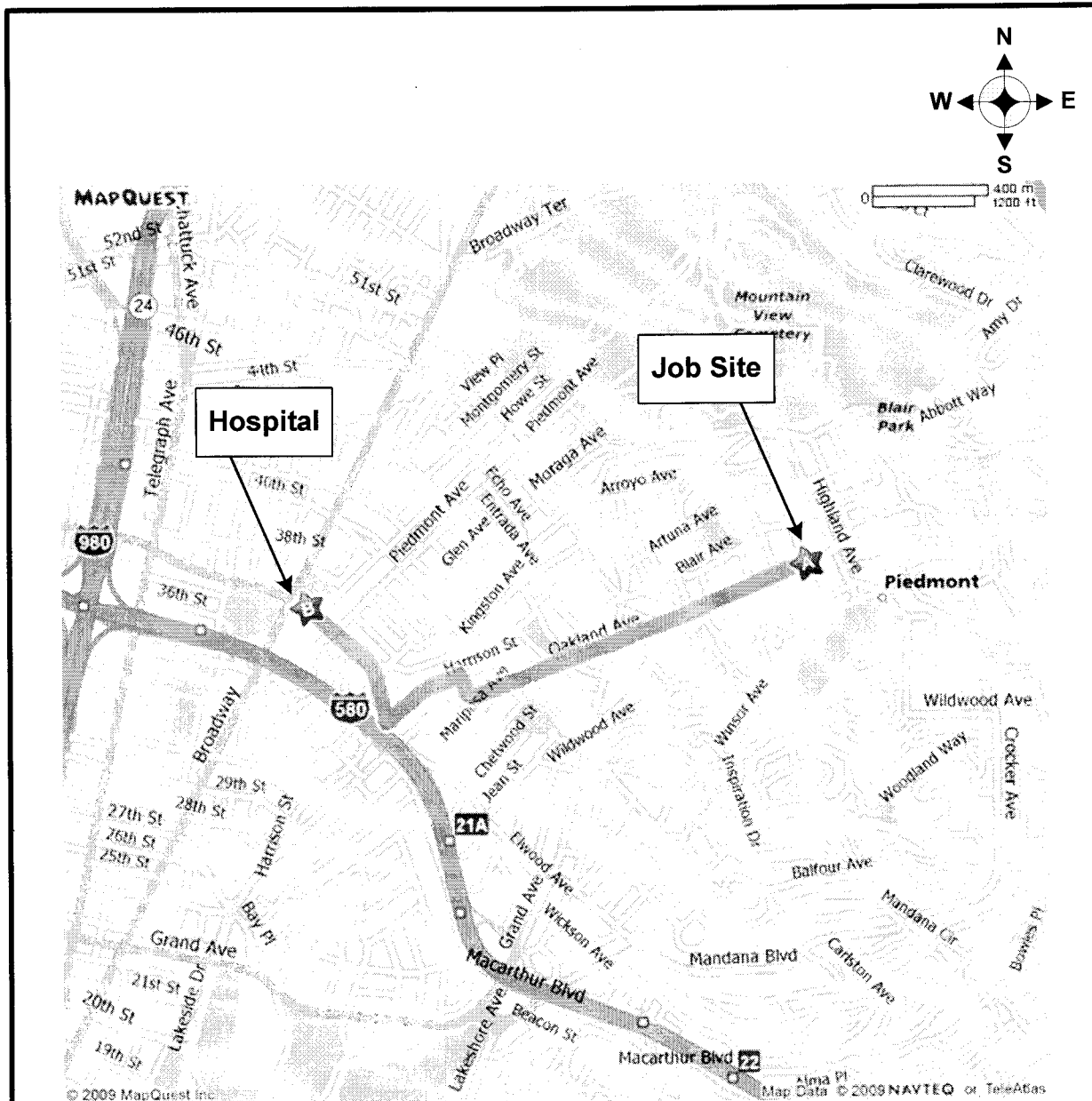
Site Control Measures Normal Pedestrian, Orange Cones, Traffic Signs

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:  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 l_{el} 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.

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.

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
Golden Gate Tank Removal, Inc.

**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

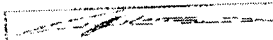
By:  President

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

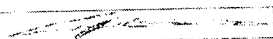
By:  President

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)

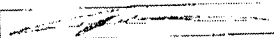
Date of Issue: 11/10/2008

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)

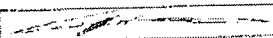
Date of Issue: 11/10/2008

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 | | 616521 | | Permit Valid through | | 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 _____ Date _____
 Approved by Robert E. Lars 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | RPKGE001535-00 | 1/23/2009 | 1/23/2010 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RELATED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALI OWN'D AUTOS SCHEDULE'D AUTOS <input checked="" type="checkbox"/> HIR'D AUTOS <input checked="" type="checkbox"/> NON-OWN'D 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 AUTO ONLY: AGG \$ |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> P.L. EACH ACCIDENT \$ P.L. DISEASE - EA EMPLOYEE \$ P.L. DISEASE - POLICY LIMIT \$ |
| A | OTHER CONTRACTORS POLLUTION LIABILITY | RMKGE001535-00 | 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 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 THEREON, 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

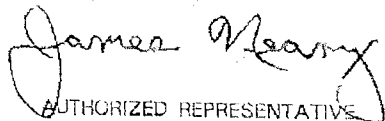
NA

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.

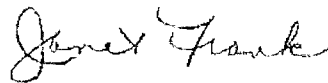
This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

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.



AUTHORIZED REPRESENTATIVE



PRESIDENT

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

ENDORSEMENT #1500 - 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



Division of
Contractor
Affairs

State Of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number

616521

(City)

CORP

Business Name

GOLDEN GATE TANK REMOVAL INC

Classification

A C-B 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

\$1581⁰⁰

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⑆ 0410081129⑈

© 2005 INTUIT INC. # 991 1-800-429-0810

Jason Alexander

FAX 415-512-0964

PHONE 415-912-0555

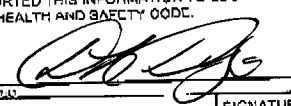
VILA CONSTRUCTION CO.
COMMERCIAL CONSTRUCTION

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

| UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK)/ CONTAMINATION SITE REPORT | | | |
|--|---|---|--|
| EMERGENCY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| REPORT DATE 8/3/09 | | CASE # | |
| | | FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.  08/31/10 DATE | |
| REPORTED BY | NAME OF INDIVIDUAL FILING REPORT Annette Chen | | PHONE (415) 512-1555 |
| | REPRESENTING LOCAL AGENCY OWNER/OPERATOR REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY OWNER/OPERATOR <input checked="" type="checkbox"/> OTHER... contractor | | COMPANY OR AGENCY NAME Golden Gate Tank Removal, Inc. |
| | ADDRESS 3730 Mission Street | | CITY STATE ZIP San Francisco CA 94110 |
| RESPONSIBLE PARTY | NAME Piedmont Unified School District <input type="checkbox"/> Unknown | | PHONE 510-594-2608 |
| | ADDRESS 760 Magnolia Ave. | | CITY STATE ZIP Piedmont CA 94611 |
| SITE LOCATION | FACILITY NAME (IF APPLICABLE) | | OPERATOR |
| | ADDRESS 1800 Oakland Ave. | | CITY COUNTY ZIP Piedmont Alameda 94611 |
| | CROSS STREET Bonita Ave. | | |
| IMPLEMENTING AGENCIES | LOCAL AGENCY AGENCY NAME Alameda County Department of Environmental Health -Barney Chan | | PHONE (510)567-6765 |
| | REGIONAL BOARD | | PHONE |
| SUBSTANCES INVOLVED | (1) NAME Heating Oil & Concrete | | QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown |
| | (2) | | <input type="checkbox"/> Unknown |
| DISCOVERY/ABATEMENT | DATE DISCOVERED 7/30/09 | HOW DISCOVERED <input type="checkbox"/> Tank Test <input checked="" type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions <input type="checkbox"/> Inventory Control <input type="checkbox"/> Subsurface Monitoring <input type="checkbox"/> Other... | |
| | DATE DISCHARGE BEGAN | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> Remove Contents <input checked="" type="checkbox"/> Close Tank & Removed <input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure <input type="checkbox"/> Replace Tank <input type="checkbox"/> Other... <input type="checkbox"/> Repair Piping | |
| | HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7/30/09 IF YES, DATE | | |
| SOURCE/ CAUSE | SOURCE OF DISCHARGE <input type="checkbox"/> Tank Leak <input type="checkbox"/> Piping Leak <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other... CAUSE(S) <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Rupture/Failure <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Spill <input type="checkbox"/> Other... | | |
| CASE TYPE | CHECK ONE ONLY <input checked="" type="checkbox"/> Undetermined <input type="checkbox"/> Soil Only <input type="checkbox"/> Groundwater <input type="checkbox"/> Drinking Water - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED) | | |
| CURRENT STATUS | CHECK ONE ONLY <input checked="" type="checkbox"/> No Action Taken <input type="checkbox"/> Case Closed (Cleanup Completed or Unnecessary) <input type="checkbox"/> Leak Being Confirmed <input type="checkbox"/> Pollution Characterization <input type="checkbox"/> Remediation Plan <input type="checkbox"/> Post Cleanup Monitoring in Progress <input type="checkbox"/> Preliminary Site Assessment Workplan Submitted <input type="checkbox"/> Cleanup Underway <input type="checkbox"/> Preliminary Site Assessment Underway | | |
| REMEDIAL ACTION | CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> Cap Site (CD) <input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Treatment at Hookup (HU) <input type="checkbox"/> Other... <input type="checkbox"/> Contamination Barrier (CB) <input type="checkbox"/> No Action Required (NA) <input type="checkbox"/> Enhanced Bio Degradation (IT) <input type="checkbox"/> Vacuum Extract (VE) <input type="checkbox"/> Remove Free Product (FP) <input type="checkbox"/> Replace Supply (RS) <input type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS) | | |
| COMMENTS | Holes found in the tank. | | |

Golden Gate Tank Removal, Inc.
3730 Mission Street
San Francisco, CA 94110
Telephone. (415) 512-1555
Fax. (415) 512-0964



Faded text, possibly a stamp or watermark, including the words 'GOLDEN GATE' and 'TANK REMOVAL'.

Fax

| | | | |
|--------|---------------------------------------|--------|---------------------------|
| To: | <u>Barney Chan</u> | From: | <u>Annette Chen</u> |
| Fax: | <u>510-337-9335</u> | Pages: | <u>2 pages with cover</u> |
| Phone: | <u>510-567-6765</u> | Date: | <u>8/3/09</u> |
| Re: | <u>1820 Oakland Ave, Piedmont, CA</u> | | |

*Copy of the UST Unauthorized Release (Leak)
Report.*

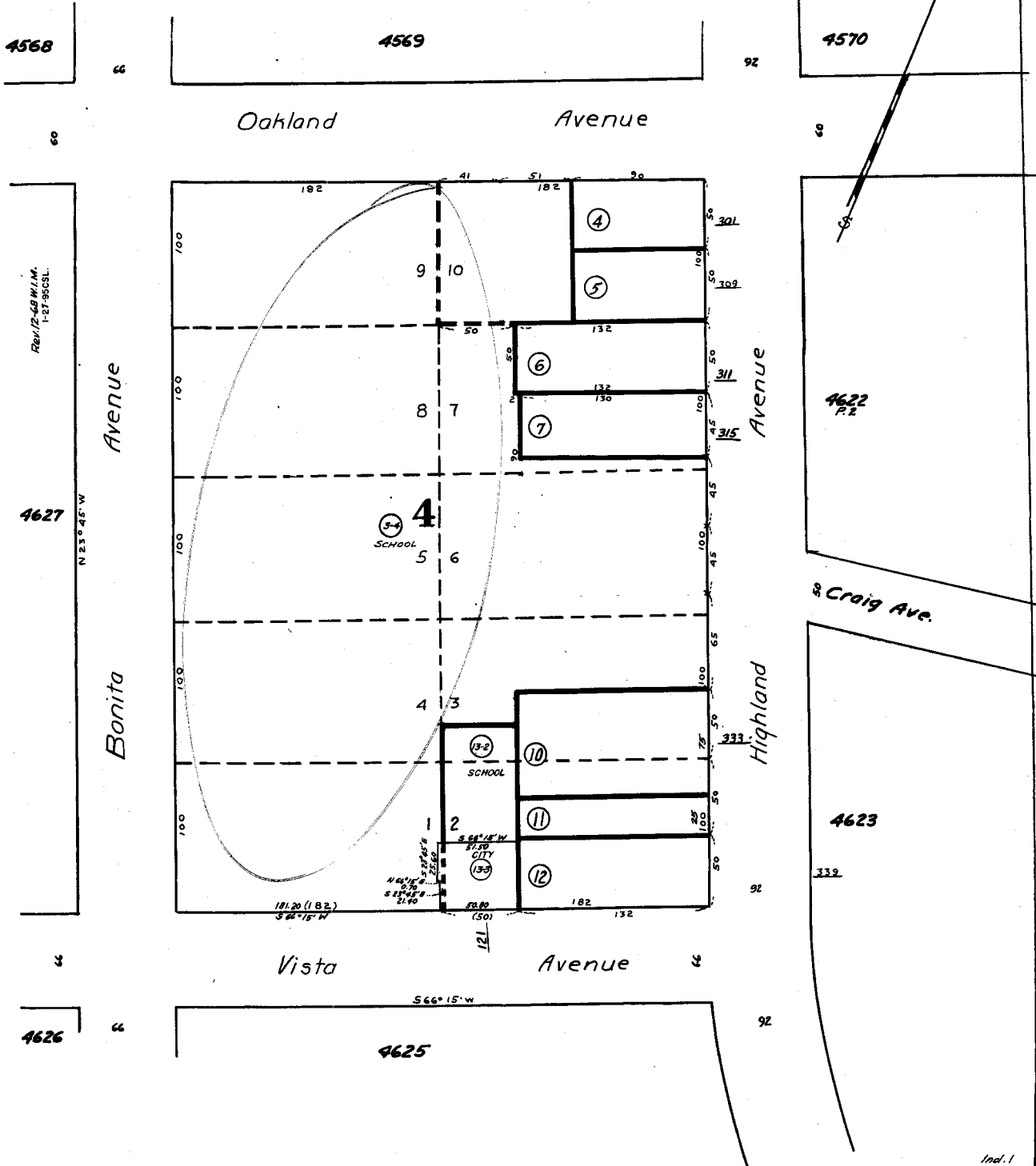
ASSESSOR'S MAP 50

Code Area No. 18-000

4624

Revised Map of Piedmont Park (Bk. 6 R. 24)

Scale = 50 ft.





COUNTY OF ALAMEDA
Assessor's Office
Property Value System

[Help](#)

[New Query](#)

[History](#) [Value](#) [Transfer](#) [Map](#) [Glossary](#)

Parcel Number: **50-4624-3-4** Inactive: **N** Lien Date: **01/01/2010** Owner: **PIEDMONT UNIFIED SCHOOL DISTRICT**

Property Address: **OAKLAND AVE, PIEDMONT, CA 94611**

[Parcel History](#)

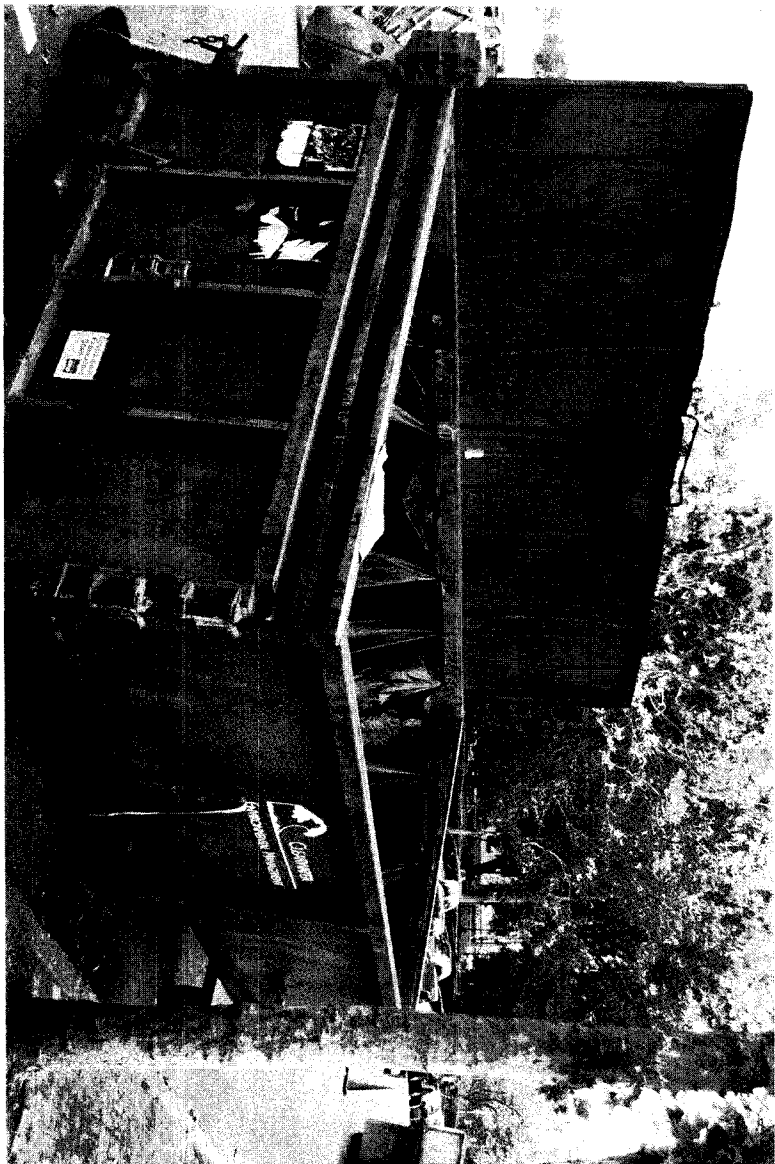
| Mailing Name | Historical Mailing Address | Document Date | Document Number | Value From Trans Tax | Parcel Count | Use |
|--|------------------------------------|---------------|-----------------|----------------------|--------------|-----|
| PIEDMONT UNIFIED SCHOOL DISTRICT List Owners | 121 VISTA AVE , PIEDMONT, CA 94611 | 03/01/1994 | TRAN-65416 | 1 0300 | | |

All information on this site is to be assumed accurate for property assessment purposes only, and is based upon the Assessor's knowledge of each property. Caution is advised for use other than its intended purpose.

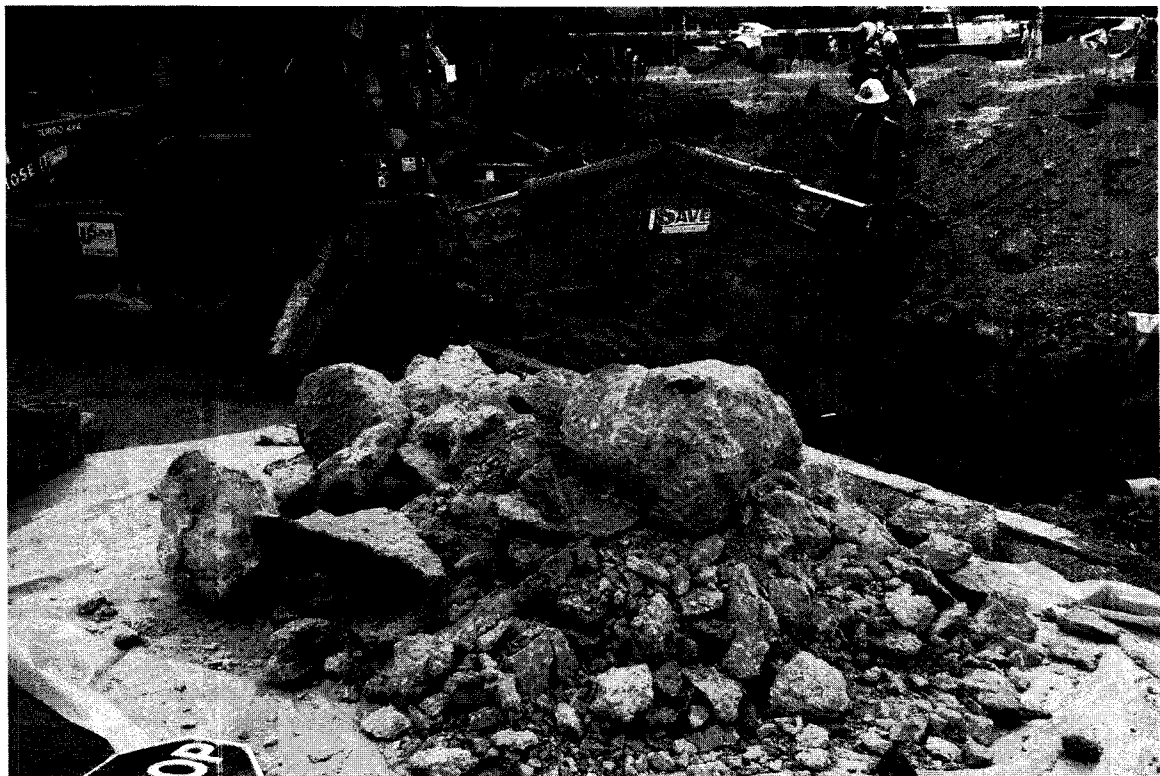
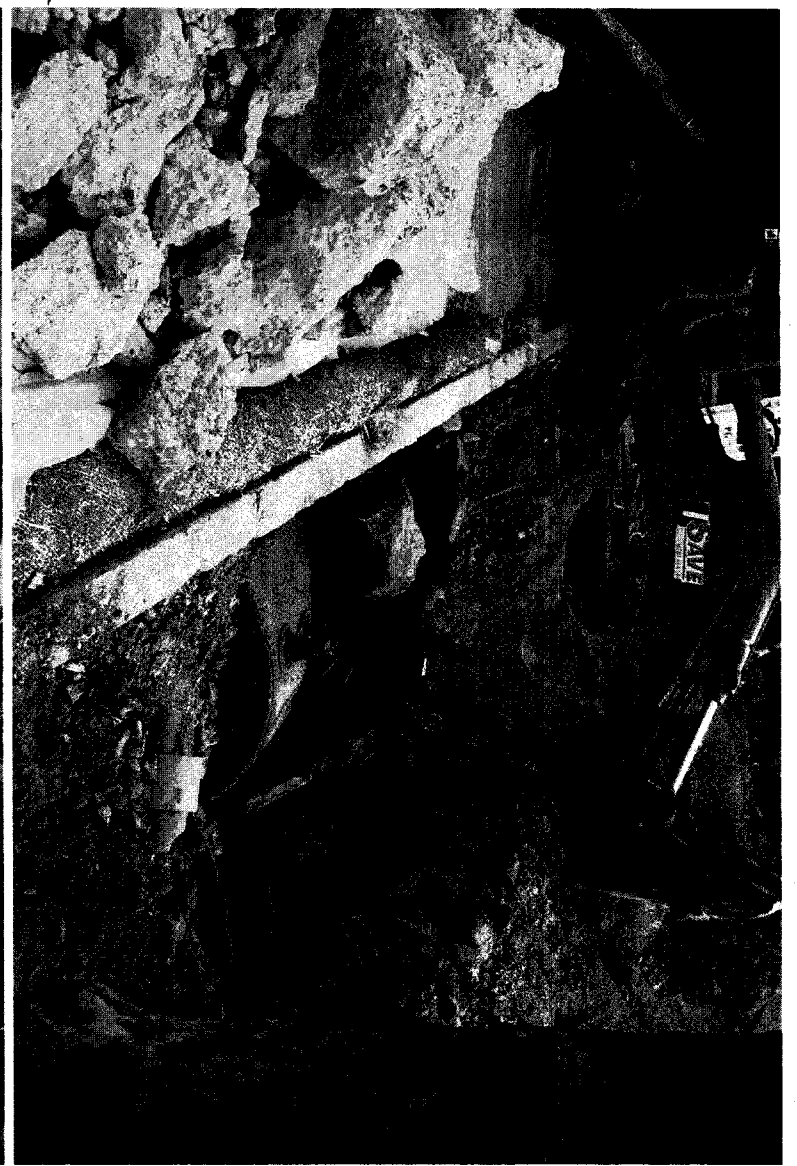
The Alameda County Intranet site is best viewed in Internet Explorer Version 5.5 or later.
Click [here](#) for more information regarding supported browsers.

Copyright © 2001 Alameda County

1900 Oakland Ave Piedmont 7-30-09



1800 Oakland Ave, Piedmont 7-3609



1800 Oakland Ave Piedmont 7-30-09



Hole in UST



McC Campbell Analytical, Inc.

"When Quality Counts"

1534 Willow Pass Road, Pittsburg, CA 94565-1701
Web: www.mcccampbell.com E-mail: main@mcccampbell.com
Telephone: 877-252-9262 Fax: 925-252-9269

| | | |
|---|---|----------------------------------|
| MECA Consulting, Inc. 620 Contra Costa Blvd. Ste. 102 Pleasant Hill, CA 94523 | Client Project ID: #16033.2007; Havens ES Phase I/II EJA | Date Sampled: 07/30/09 |
| | Client Contact: Ramil Arcia | Date Received: 07/30/09 |
| | Client P.O.: #4043 | Date Extracted: 07/30/09 |
| | | Date Analyzed: 07/30/09-07/31/09 |

Total Extractable Petroleum Hydrocarbons*

Extraction method: SW3550C

Analytical methods: SW8015B

Work Order: 0907797

| Lab ID | Client ID | Matrix | TPH-Diesel (C10-C23) | TPH-Motor Oil (C18-C36) | DF | % SS | Comments |
|--------------|-------------------|--------|-------------------------|----------------------------|----|------|----------|
| 0907797-001A | 090730-801S | S | 5.1 | 23 | 2 | 93 | c7,c2 |
| 0907797-002A | 090730-802S | S | 28 | 62 | 5 | 117 | c7,c2 |
| 0907797-003A | 090730-803,4,5,6S | S | 7.0 | 35 | 2 | 112 | c7,c2 |
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|--|---|-----|-----|-------|
| Reporting Limit for DF =1; ND means not detected at or above the reporting limit | W | NA | NA | ug/L |
| | S | 1.0 | 5.0 | mg/Kg |


* water samples are reported in µg/L, wipe samples in µg/wipe, soil/solid/sludge samples in mg/kg, product/oil/non-aqueous liquid samples in mg/L, and all DISTLC / STLC / SPLP / TCLP extracts are reported in µg/L.

cluttered chromatogram resulting in coeluted surrogate and sample peaks, or; surrogate peak is on elevated baseline, or; surrogate has been diminished by dilution of original extract.

+The following descriptions of the TPH chromatogram are cursory in nature and McC Campbell Analytical is not responsible for their interpretation:

c2) diesel range compounds are significant; no recognizable pattern

c7) oil range compounds are significant

 Angela Rydelius, Lab Manager



McC Campbell Analytical, Inc.

"When Quality Counts"

1534 Willow Pass Road, Pittsburg, CA 94565-1701
Web: www.mcccampbell.com E-mail: main@mcccampbell.com
Telephone: 877-252-9262 Fax: 925-252-9269

| | | |
|---|---|--------------------------|
| MECA Consulting, Inc. 620 Contra Costa Blvd. Ste. 102 Pleasant Hill, CA 94523 | Client Project ID: #16033.2007; Havens ES Phase I/II EJA | Date Sampled: 07/30/09 |
| | | Date Received: 07/30/09 |
| | Client Contact: Ramil Arcia | Date Extracted: 07/30/09 |
| | Client P.O.: #4043 | Date Analyzed: 07/30/09 |

Oxygenated Volatile Organics + EDB and 1,2-DCA by P&T and GC/MS*

Extraction Method: SW5030B

Analytical Method: SW8260B

Work Order: 0907797

| | | | | | | |
|-----------|--------------|--------------|-----------------------|--|------------------------------|---|
| Lab ID | 0907797-001A | 0907797-002A | 0907797-003A | | Reporting Limit for DF =1 | |
| Client ID | 090730-801S | 090730-802S | 090730- 803,4,5,6S | | | |
| Matrix | S | S | S | | | |
| DF | 1 | 1 | 1 | | | S |

| Compound | Concentration | | | mg/kg | ug/L |
|-------------------------------|---------------|----|----|-------|------|
| tert-Amyl methyl ether (TAME) | ND | ND | ND | 0.005 | NA |
| t-Butyl alcohol (TBA) | ND | ND | ND | 0.05 | NA |
| 1,2-Dibromoethane (EDB) | ND | ND | ND | 0.004 | NA |
| 1,2-Dichloroethane (1,2-DCA) | ND | ND | ND | 0.004 | NA |
| Diisopropyl ether (DIPE) | ND | ND | ND | 0.005 | NA |
| Ethyl tert-butyl ether (ETBE) | ND | ND | ND | 0.005 | NA |
| Methyl-t-butyl ether (MTBE) | ND | ND | ND | 0.005 | NA |

Surrogate Recoveries (%)

| | | | | | |
|-------|----|----|----|--|--|
| %SSI: | 94 | 92 | 92 | | |
|-------|----|----|----|--|--|

Comments

* water and vapor samples are reported in µg/L, soil/sludge/solid samples in mg/kg, product/oil/non-aqueous liquid samples and all TCLP & SPLP extracts are reported in mg/L, wipe samples in µg/wipe.

ND means not detected above the reporting limit; N/A means analyte not applicable to this analysis.

surrogate diluted out of range or coelutes with another peak; &) low surrogate due to matrix interference.



McC Campbell Analytical, Inc.

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1534 Willow Pass Road, Pittsburg, CA 94565-1701
Web: www.mccampbell.com E-mail: main@mccampbell.com
Telephone: 877-252-9262 Fax: 925-252-9269

Sample Receipt Checklist

Client Name: **MECA Consulting, Inc.**

Date and Time Received: **7/30/2009 4:18:53 PM**

Project Name: **#16033.2007; Havens ES Phase I/II EJA**

Checklist completed and reviewed by: **Maria Venegas**

WorkOrder N°: **0907797** Matrix Soil

Carrier: Client Drop-In

Chain of Custody (COC) Information

| | | |
|---|---|-----------------------------|
| Chain of custody present? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Chain of custody signed when relinquished and received? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Chain of custody agrees with sample labels? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Sample IDs noted by Client on COC? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Date and Time of collection noted by Client on COC? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Sampler's name noted on COC? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

Sample Receipt Information

| | | | |
|--|---|-----------------------------|--|
| Custody seals intact on shipping container/cooler? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input checked="" type="checkbox"/> |
| Shipping container/cooler in good condition? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Samples in proper containers/bottles? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Sample containers intact? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Sufficient sample volume for indicated test? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |

Sample Preservation and Hold Time (HT) Information

| | | | |
|---|---|-----------------------------|--|
| All samples received within holding time? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Container/Temp Blank temperature | Cooler Temp: 10.6°C | | NA <input type="checkbox"/> |
| Water - VOA vials have zero headspace / no bubbles? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | No VOA vials submitted <input checked="" type="checkbox"/> |
| Sample labels checked for correct preservation? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| TTLIC Metal - pH acceptable upon receipt (pH<2)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | NA <input checked="" type="checkbox"/> |
| Samples Received on Ice? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |

(Ice Type: BLUE ICE)

* NOTE: If the "No" box is checked, see comments below.

Client contacted:

Date contacted:

Contacted by:

Comments:

McC Campbell Analytical, Inc.



1534 Willow Pass Rd
Pittsburg, CA 94565-1701
(925) 252-9262

CHAIN-OF-CUSTODY RECORD

WorkOrder: 0907797

ClientCode: MECA

WaterTrax WriteOn EDF Excel Fax Email HardCopy ThirdParty J-flag

Report to:

Ramil Arcia
MECA Consulting, Inc.
620 Contra Costa Blvd. Ste. 102
Pleasant Hill, CA 94523
(925) 808-6700 FAX (925) 808-6708

Email: rarcia@mecaenviro.com, kgoodrich@m
cc:
PO: #4043
ProjectNo: #16033.2007; Havens ES Phase I/II EJA

Bill to:

Accounts Payable
MECA, LLC
620 Contra Costa Blvd. Ste. 102
Pleasant Hill, CA 94523

Requested TAT: 1 day

Date Received: 07/30/2009

Date Printed: 07/30/2009

| Lab ID | Client ID | Matrix | Collection Date | Hold | Requested Tests (See legend below) | | | | | | | | | | | | |
|-------------|-------------------|--------|-----------------|--------------------------|------------------------------------|---|---|---|---|---|---|---|---|----|----|----|--|
| | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| 0907797-001 | 090730-801S | Soil | 7/30/2009 | <input type="checkbox"/> | A | A | A | | | | | | | | | | |
| 0907797-002 | 090730-802S | Soil | 7/30/2009 | <input type="checkbox"/> | A | A | A | | | | | | | | | | |
| 0907797-003 | 090730-803,4,5,6S | Soil | 7/30/2009 | <input type="checkbox"/> | A | A | A | | | | | | | | | | |

Test Legend:

1 | 5-OXYS+PBSCV S
6 |
11 |

2 | G-MBTEX S
7 |
12 |

3 | TPH(DMO) S
8 |

4 |
9 |

5 |
10 |

Prepared by: Maria Venegas

Comments: 24hr Rush

NOTE: Soil samples are discarded 60 days after results are reported unless other arrangements are made (Water samples are 30 days).
Hazardous samples will be returned to client or disposed of at client expense.

090 779 7

McCAMPBELL ANALYTICAL, INC.

1534 WILLOW PASS ROAD
PITTSBURG, CA 94565-1701

Website: www.mccampbell.com Email: main@mccampbell.com
Telephone: (877) 252-9262 Fax: (925) 252-9269

RF 4643

CHAIN OF CUSTODY RECORD

TURN AROUND TIME

RUSH 48 HR 72 HR 5 DAY
 GeoTracker EDF PDF Excel Write On (DW)

Report To: Kamal Arora Bill To:

Company: Millennium Consulting

Tele: (925) 808-0900 E-Mail: main@mccampbell.com

Project #: 16033 2007 Project Name: Kaweah Pt. Hwy. I/O ESR

Project Location: Hawens Pt

Sampler Signature: [Signature]

Analysis Request

Other

Comments

- MTBE / BTEX & TPH as Gas (602 / 6021 + 8015)
- TPH as Diesel / Motor Oil (8015)
- Total Petroleum Oil & Grease (1664 / 5529 / 6341)
- Total Petroleum Hydrocarbons (418.1)
- EPA 502.2 / 601 / 8010 / 8021 (HVOCS)
- EPA 505 / 608 / 8081 (C) Pesticides
- EPA 608 / 8082 PCB's ONLY; Aerosols / Cosmetics
- EPA 507 / 8141 (NF Pesticides)
- EPA 515 / 8151 (Acidic C) Herbicides
- EPA 524.2 / 624 / 8260 (VOCs)
- EPA 525.2 / 625 / 8270 (SVOCs)
- EPA 8270 SIM / 8310 (PAHs / DNAPL)
- CA 117 Metals (209.7 / 209.8 / 6030 / 6039)
- LEAD 5 Metals (300.7 / 300.8 / 6010 / 6020)
- Lead (200.7 / 200.8 / 6010 / 6020)

Filter Samples for Metals analysis: Yes / No

| SAMPLE ID | LOCATION Field Point Name | SAMPLING | | # Containers | Type Containers | MATRIX | | | | | METHOD PRESERVED | | | | | | | |
|-------------|---------------------------|----------|------|--------------|-----------------|--------|------|-----|--------|-------|------------------|-----|------------------|-------|--|--|--|--|
| | | Date | Time | | | Water | Soil | Air | Sludge | Other | ICE | HCL | HNO ₃ | Other | | | | |
| 090730-801S | Under tank S | 1/30/07 | | 1 | SS | | X | | | | X | | | | | | | |
| 802S | J - N | | | 1 | | | | | | | | | | | | | | |
| 803S | Spile N | | | 1 | | | | | | | | | | | | | | |
| 804S | NE | | | 1 | | | | | | | | | | | | | | |
| 805S | E | | | 1 | | | | | | | | | | | | | | |
| 806S | SE | | | 1 | | | | | | | | | | | | | | |

ICE/10 G. Blue Ice
GOOD CONDITION
HEAD SPACE ABSENT
DECHLORINATED IN LAB
APPROPRIATE CONTAINERS
PRESERVED IN LAB

EDB, EDC (8260)
Organogenes (8260)

Relinquished By: [Signature] Date: 7/30/07 Time: 4:15 PM Received By: [Signature]
Relinquished By: Date: Time: Received By:
Relinquished By: Date: Time: Received By:

COMMENTS: *
* (1) Pleas. composite sample
803S → 806S *

VOCs O&G METALS OTHER
PRESERVATION pH<2