

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

INSPECTION REPORT SUMMARY / SUMMARY OF VIOLATIONS - NARRATIVE

Facility Name: TUDOR HALL APARTMENT, LP - UST REMOVAL

Facility Address: 150 17TH STREET, OAKLAND, CA

PERMIT WAS ISSUED BY OAKLAND FIRE DEPARTMENT TO REMOVE 1,500 GALLON UNDERGROUND TANK FORMERLY HOLDING HEATING OIL.

SR0027046 UST REMOVAL

CONTRACTOR
GOLDEN GATE TANK REMOVAL, INC.
ANNETTE CHEN / TIM ALLEN
1480 CARROLL AVENUE
SAN FRANCISCO, CA 94124
415-512-1555 ANNETTECHEN@GGTR.COM

CONTRACTOR SUBMITTED INFORMATION INDICATING TANK WILL NEED TO BE CLOSED IN PLACE DUE TO CLOSE PROXIMITY OF UNDERGROUND UTILITIES. TANK TOP IS LOCATED APPROXIMATELY 11 FEET BELOW GRADE.

CONTRACTOR WILL SUBMIT ACDEH TANK CLOSURE APPLICATION FOR UNKNOWN CONTENTS. ON 2-27-2015 ACDEH APPROVED UST REMOVAL PERMIT

2-23-2015 ONSITE TO WITNESS TANK CLEANING, HAZARDOUS WASTE CLEANING CERTIFICATION, SOIL SAMPLING, AND FILLING TANK WITH CEMENT SLURRY TO ABANDON TANK IN PLACE. OFD INSPECTOR SHERYL SKILLERN ARRIVED ONSITE, AND INFORMED CONTRACTOR THAT WORK WILL NOT PROCEED DUE TO FAILING TO PROPERLY CONDUCT A CONFINED SPACE ENTRY. CONTRACTOR WILL CONTACT ACDEH TO COORDINATE ANOTHER DATE/TIME FOR REGULATORY OVERSIGHT.

3-11-2015 ONSITE TO WITNESS CLEANING OF TANK WITH HAZARDOUS WASTE CERTIFICATION DOCUMENT GENERATED AND SOIL SAMPLING UNDER UST. CONTRACTOR OBTAINED 2 SAMPLES FROM EACH END OF THE TANK 2 FEET BELOW TANK BOTTOM. A FOUR POINT COMPOSITE SAMPLE WAS TAKEN OF STOCKPILE. (SEE UST CLOSURE NOTES PAGE)

3-16-2015 ONSITE TO WITNESS UST CLOSURE / ABANDONMENT. CONTRACTOR PLACED APPROXIMATELY 8 YARDS OF CONCRETE SLURRY INTO TANK. DUE TO THE HIGH LEVELS OF TPH IN STOCK PILED SOIL CONTRACT WILL PROPERLY DISPOSE OF STOCK PILED SOIL AND BRING IN CLEAN SOIL/ROCK TO FILL IN EXCAVATION.

BASED ON THE REVIEW OF SOIL SAMPLE RESULTS THIS CASE WILL BE FORWARDED TO ACDEH LOP PROGRAM FOR REVIEW.

Date of Inspection

Inspector

Signature of Facility Representative

CHRIS TOUGERON



Page ___ of ___

COUNTY OF ALAMEDA UNDERGROUND TANK SYSTEM CLOSURE INSPECTION REPORT

For Use By the County of Alameda, Environmental Health

SR0027046

Facility Name: TUDOR HALL APARTMENT, LP Contractor's name : GOLDEN GATE TANK REMOVAL, INC
Address: 150 17TH STREET City: OAKLAND, CA Zip: 94612

Project Contact: ANNETTE CHEN Phone No.: 415-512-1555

Tank ID No.	N/A			
Size	APPROXIMATELY 1,500 GALLONS			
Construction Material	STEEL			
Single/Double Wall	SINGLE WALLED			
Backfill Type	NATIVE SOIL			
Oxygen <10%	1.2%		DRY ICE USED TO INERT TANK	
LEL <10%	0%		LEVEL AFTER CLEANING	
Tank Condition	TANK ABANDONED IN PLACE NO VISUAL OBSERVATIONS			
Soil/Groundwater Condition	TANK ABANDONED IN PLACE NO VISUAL OBSERVATIONS. CONTRACTOR STATED OIL WAS OBSERVED DURING SAMPLING			
Soil Sample Depth	2 FEET BELOW TANK BOTTOM APPROXIMATELY 18 FEET BELOW GRADE			
Number and Description of Soil/Groundwater Samples (Indicate Sample Locations on Site Plan.)	ONE FROM EACH END OF TANK AND ONE 4 POINT COMPOSITE SAMPLE 3 SAMPLES TOTAL			

Disposition of Tank Contents: TANK ABANDONED IN PLACE FILLED WITH CONCRETE SLURRY

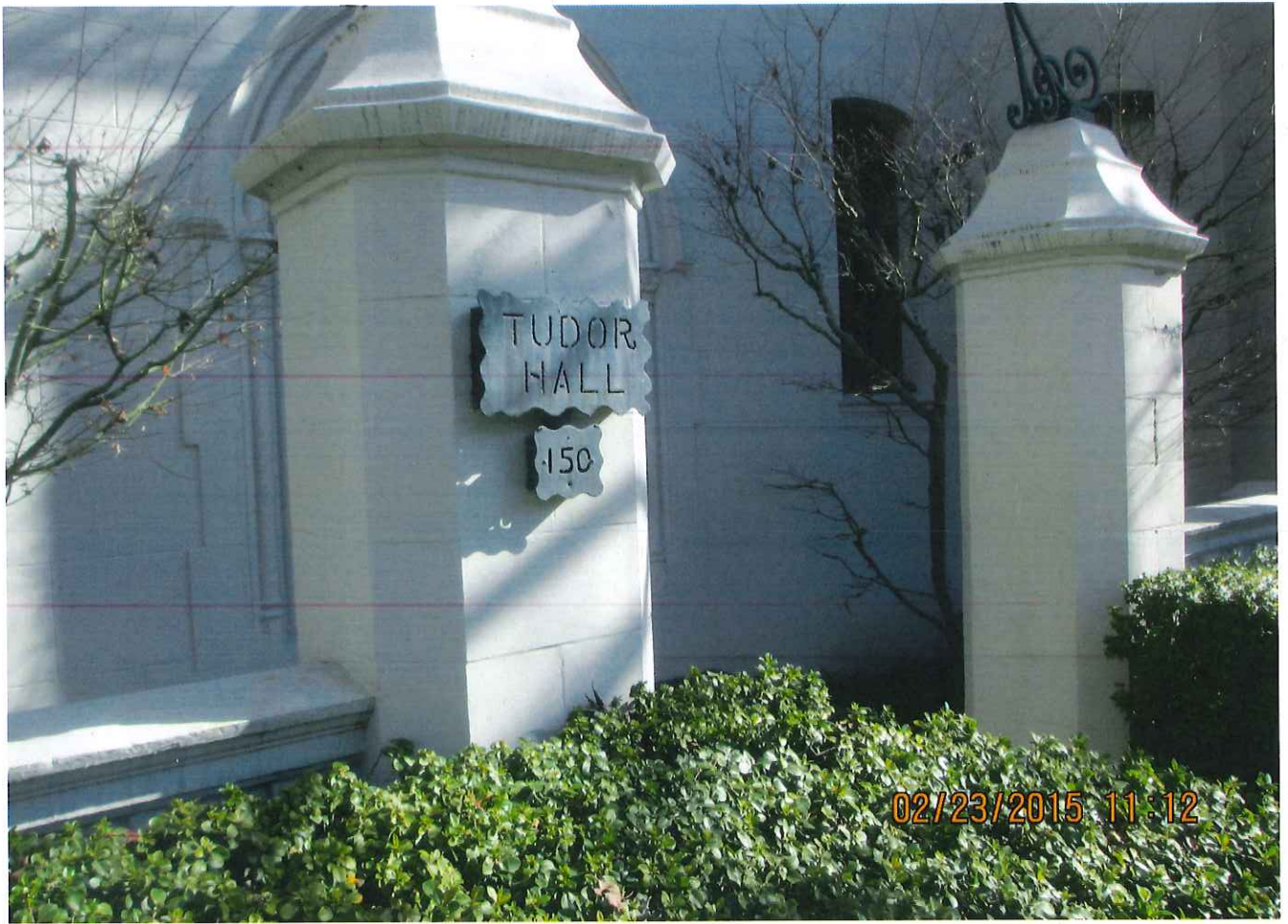
Piping: Rinsed/Tested/Capped. Rinsate: Shipped on Manifest.

Tank & Piping Transport: Evidence Tape; Chain of Custody; Transporter Name Same as on Application.

Soil: Soil Stored in roll off bin & Covered; Soil Returned to Excavation. Samples Refrigerated; Piping Samples Taken Yes, No (If no, explain why in Comments.)

Comments/Special Conditions: TANK CERTIFIED AS CLEAN / NON-HAZARDOUS. TANK CONTENTS AND RINSATE TRANSPORTED ON HW MANIFEST. NO OBSERVED PIPING ASSOCIATED WITH TANK. Site Plan: Attached.

Inspector: CHRIS TOUGERON Agency: ACDEH Date: 3-20-2015 Page 1 of 1





02/23/2015 10:36



02/23/2015 10:36



02/23/2015 10:37



02/23/2015 10:37



ALAMEDA COUNTY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 1131 HARBOR BAY PARKWAY
 ALAMEDA, CA 94502-6577
 PHONE (510) 567-6700

ACCEPTED

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

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/construction.

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

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fee 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, by 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:

CHRIS TONGERON
 cc pr
 510-567-6804
 2-27-2015

UNDERGROUND STORAGE TANK CLOSURE PLAN

***** Complete closure plan according to instructions *****

1. Name of Business 150 17th Street
 Business Owner or Contact Person (PRINT) Tudor Hall Apartment, LP
2. Site Address 150 17th Street
 City, State Oakland, CA Zip 94612 Phone 650-342-0002
3. Mailing Address 800 Airport Blvd #510
 City, State Burlingame, CA Zip 94010 Phone 650-342-0002
4. Property Owner Tudor Hall Apartment, LP
 Business Name (if applicable) _____
 Address 800 Airport Blvd #510
 City, State Burlingame, CA Zip 94010 Phone 650-342-0002
5. Generator name under which tank will be manifested
Tudor Hall Apartment, LP
 EPA I.D. No. under which tank(s) will be manifested C A C 0 0 2 8 0 4 6 1 3

6. Contractor Golden Gate Tank Removal, Inc.
Address 1480 Carroll Avenue
City, State San Francisco, CA Zip 94124 Phone 415-512-1555
License Type A C-8, Haz ID# 616521
7. Consultant (if applicable) _____
Address _____
City, State _____ Zip _____ Phone _____
8. Main Contact Person for Investigation (if applicable)
Name Tim Hallen 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 underground tanks at this facility (**confirmed with owner or operator) one
10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).
- a) Product/Residual Sludge/Rinsate Transporter
Name NRC Environmental Services EPA I.D. No. CAR000030114
Hauler License No. 114013 License Exp. Date 3/31/2015
Address 1605 Ferry Point
City, State Alameda, CA Zip 94501
- b) Product/Residual Sludge/Rinsate Disposal Site
Name Riverbank Oil Transfer, LLC EPA I.D. No. CAL000190816
Address 5300 Claus Road, Bldg 11
City, State Riverbank, CA Zip 95367

c) Tank and Piping Transporter

Name Golden Gate Tank Removal, Inc. (Dispose & Transport as Non Haz) EPA I.D. No. _____

Hauler License No. _____ License Exp. Date _____

d) Tank and Piping Disposal Site

Name Circosta Scrap Metal EPA I.D. No. CAD983650797

Address 1801 Evans Ave.

City, State San Francisco, CA Zip 94124

11. Sample Collector

Name Tim Hallen

Company Golden Gate Tank Removal, Inc.

Address 1480 Carroll Avenue

City, State San Francisco, CA Zip 94124 Phone 415-512-1555

12. Laboratory

Name Accutes Laboratories

Company _____

Address 2105 Lundy Ave

City, State San Jose, CA Zip 95054

State Certification No. 08258

13. Have tank(s) or piping leaked in the past? Yes [] No [] Unknown [X]

If yes, describe: _____

14. Describe method(s) 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 tank(s) 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 Sample(s)
Capacity (gallons)	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 underground piping that is removed. A groundwater sample must be collected if any groundwater is present in the excavation.

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (estimated)	Sampling Plan
10-20 yards	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	8260B	SW846	0.005ppm
Toluene	8260B	SW846	0.005ppm
Ethylbenzene	8260B	SW846	0.005ppm
Xylenes	8260B	SW846	0.010ppm
TPH	8015B M	SW846	0.010ppm

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Fund Compensation Insurance

19. Submit Plot Plan *****(See Instructions)*****

20. Enclose Deposit (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).

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 has been 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 2/23/2015

PROPERTY OWNER OR [] MOST RECENT TANK OPERATOR (Check one)

Name of Business _____

Name of Individual Tudor Hall Apartment, LP

Signature  Date 2/23/2015

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – FACILITY INFORMATION**
(One form per facility)

TYPE OF ACTION (Check one item only) 1. NEW PERMIT 2. RENEWAL PERMIT 3. CHANGE OF INFORMATION 4. TEMPORARY FACILITY CLOSURE 5. PERMANENT FACILITY CLOSURE 6. TRANSFER PERMIT 7. PERMANENT FACILITY CLOSURE 8. TRANSFER PERMIT 9. TRANSFER PERMIT 400.

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY ^{404.} 0 FACILITY ID # (Agency Use Only) 1.

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3.
150 17th Street

BUSINESS SITE ADDRESS ^{103.} 150 17th Street CITY ^{104.} Oakland

FACILITY TYPE 1. MOTOR VEHICLE FUELING 2. FUEL DISTRIBUTION 3. FARM 4. PROCESSOR 6. OTHER ^{403.} Is the facility located on Indian Reservation or Trust lands? 1. Yes 2. No 405.

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME ^{407.} Tudor Hall Apartment, LP PHONE ^{408.} (650) 342-0002

MAILING ADDRESS 409.
800 Airport Blvd #510

CITY ^{410.} Burlingame STATE ^{411.} CA ZIP CODE ^{412.} 94010

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME ^{428-1.} PHONE ^{428-2.} ()

MAILING ADDRESS 428-3.

CITY ^{428-4.} STATE ^{428-5.} ZIP CODE ^{428-6.}

IV. TANK OWNER INFORMATION

TANK OWNER NAME ^{414.} Tudor Hall Apartment, LP PHONE ^{415.} (650) 342-0002

MAILING ADDRESS 416.
800 Airport Blvd #510

CITY ^{417.} Burlingame STATE ^{418.} CA ZIP CODE ^{419.} 94010

OWNER TYPE: 4. LOCAL AGENCY/DISTRICT 5. COUNTY AGENCY 6. STATE AGENCY 7. FEDERAL AGENCY 8. NON-GOVERNMENT 420.

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- Call the State Board of Equalization, Fuel Tax Division, if there are questions. 421.

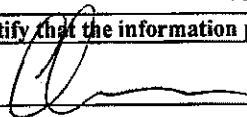
VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: 1. FACILITY OWNER 4. TANK OPERATOR 3. TANK OWNER 5. FACILITY OPERATOR 423.

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Agencies Only) 406.

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE  DATE ^{424.} 2/23/2015 PHONE ^{425.} (415) 512-1555

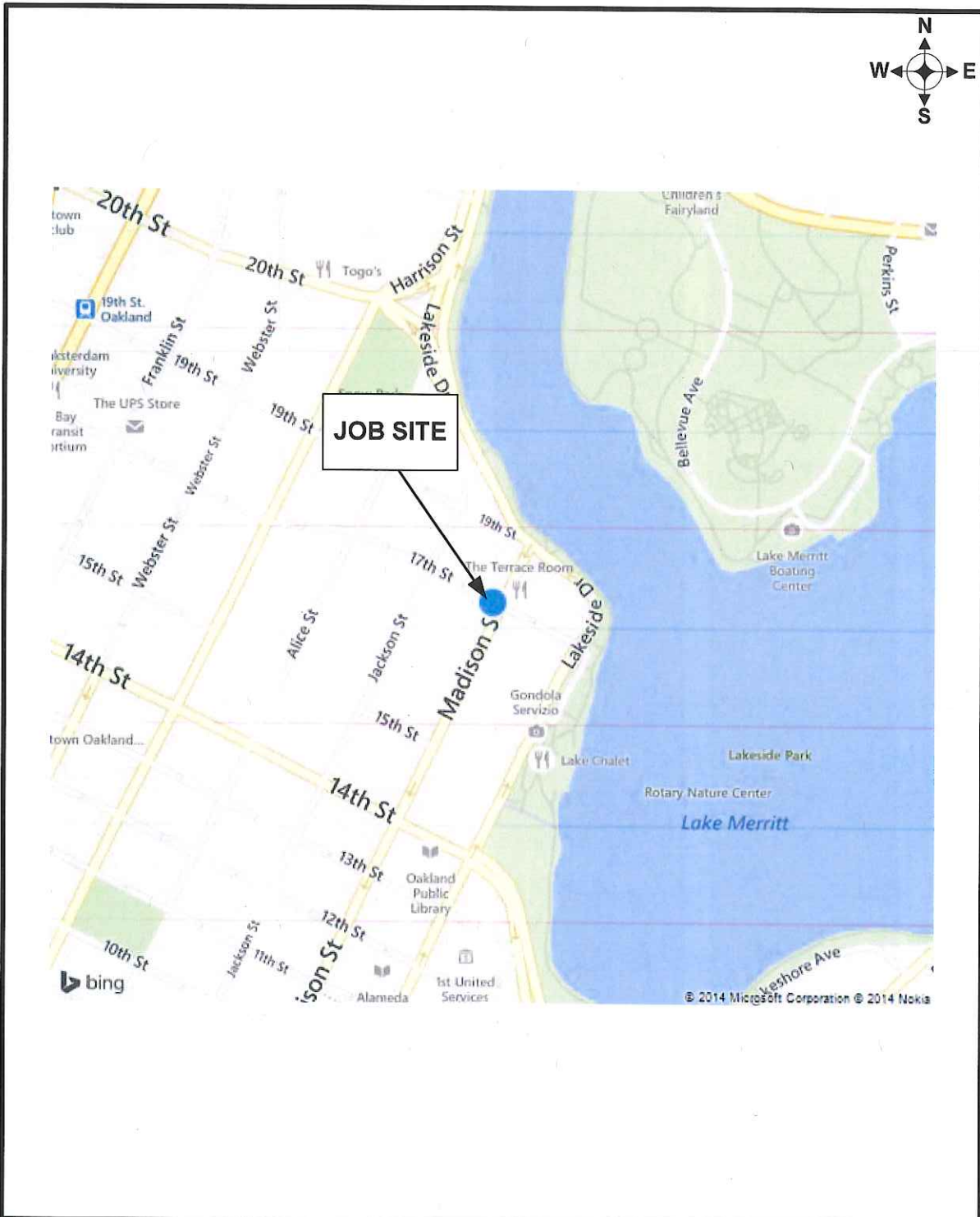
APPLICANT NAME (print) ^{426.} Annette Chen - One Behalf of Owner APPLICANT TITLE ^{427.} Project Coordinator



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.

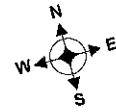
1. The local fire department shall be advised in advance of planned on-site cutting, or of any change from approved plans to include on-site cutting. The cutting of any tank that previously held flammable and/or combustible liquids shall be approved in advance by the local Fire Department inspector.
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 thru triple rinse with water 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 and oxygen level will be monitored and should be 0%.
5. Cutting implements shall be approved for use prior to the cutting of any tank. Tanks that are properly inerted may be cut with saw 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.



<p>GOLDEN GATE TANK REMOVAL, INC. 1455 Yosemite Avenue San Francisco, CA 94124 Ph (415) 512-1555 Fx (415) 512-0964</p>	<p>VICINITY MAP 150 17th Street Oakland, CA 94612</p>
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GGTR Project No.9475	Drawing By: AC	November 2014	Figure 1
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Lakeside Dr.



Jackson St.

Madison St.

150 17th St

Sidewalk

Sidewalk

Debris Box

Tank
(10ft L X 5ft D)

Parking Lane

17th St.

Not To Scale

Parking Lane

GOLDEN GATE TANK REMOVAL, INC.

1455 Yosemite Avenue, San Francisco, CA 94124
Ph (415) 512-1555 Fx (415) 512-0964

Site Drawing

150 17th Street
Oakland, CA 94612

GGTR Project No. 9475

Drawing By: AC

November 2014

Figure 2



**SITE SAFETY PLAN
UNDERGROUND TANK REMOVAL**

**150 17TH STREET
OAKLAND, CA 94612**

NOVEMBER 11, 2014

**GOLDEN GATE TANK REMOVAL, INC.
1455 YOSEMITE STREET
SAN FRANCISCO, CALIFORNIA 94124**

PROJECT # 9475

150 17th Street, Oakland, CA 94612

SITE HAZARD INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE

Owners Name: Tudor Hall Apartment, LP

Site Address: 150 17th St
Oakland, CA

Directions to Site: Cross Street: Madison St.

Consultant On Site: Golden Gate Tank Removal, Inc. Phone number: 415/512-1555

Site Safety Officer: Tim Hallen Phone Number: 415/512-1555

Type of Facility: Commercial Mobile Number: 415/559-0499

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>Heating Oil</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 _____

150 17th Street, Oakland, CA 94612

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, NO SMOKING Signs

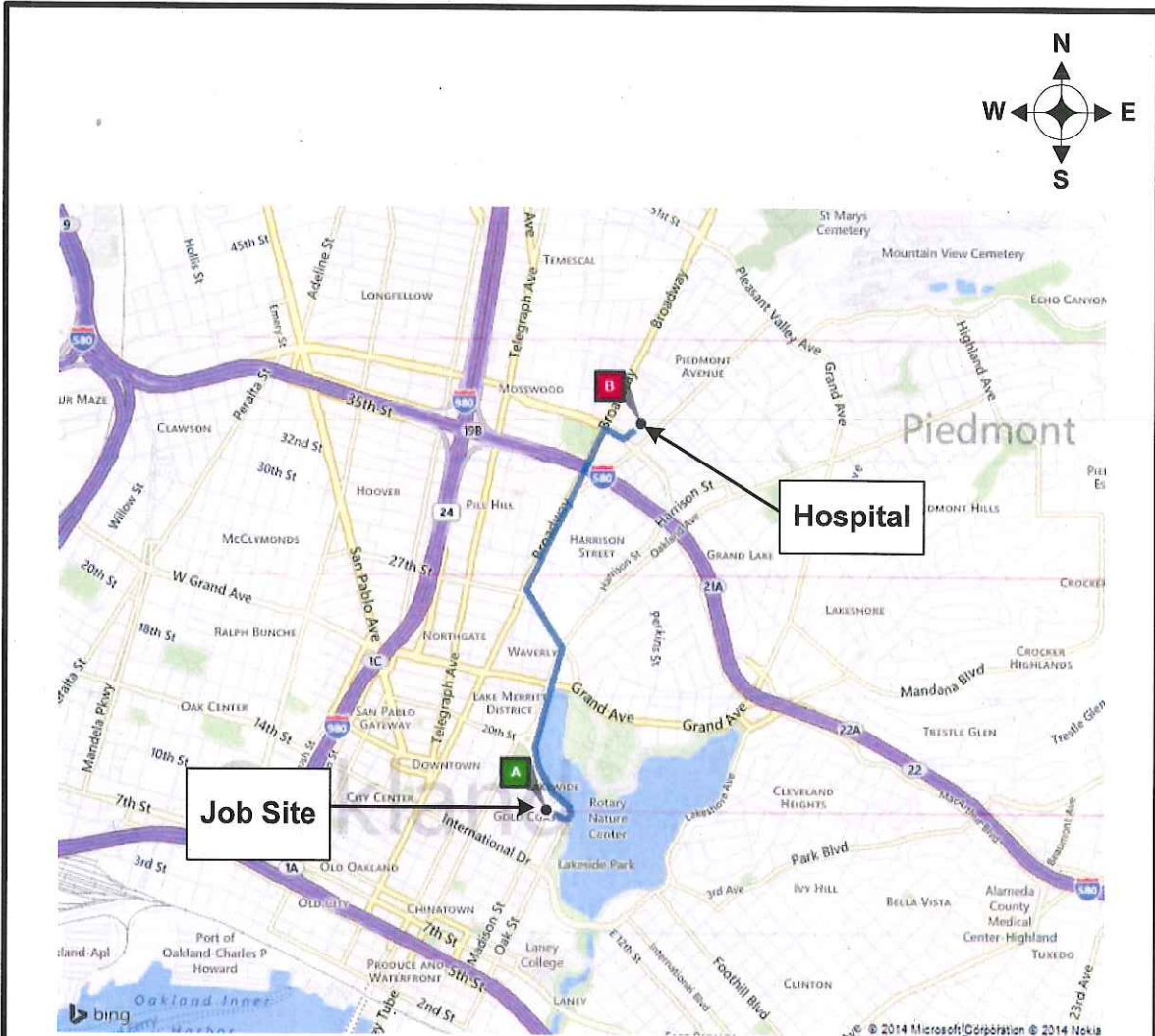
Decontamination Procedures Warm Water Soap

Hospital/Clinic Kaiser Hospital Phone 510-752-1235
Hospital Address 3772 Howe Street, Oakland, CA
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: _____



Total Travel Estimate : 1.9 mile - about 7 minutes

- A. 150 17th St, Oakland, CA 94612
1. Depart 17th St toward Madison St 433 ft
 2. Bear left onto Lakeside Dr 0.7 mi
 3. Bear left onto 27th St-Eleven on the corner 0.2 mi
 4. Turn right onto Broadway 0.7 mi
 5. Turn right onto W MacArthur Blvd 423 ft
 6. Turn left onto Howe St 453 ft
- B. Kaiser Hospital - 3772 Howe Street, Oakland, CA

GOLDEN GATE TANK REMOVAL, INC.
 1455 Yosemite Avenue
 San Francisco, CA 94124
 Ph (415) 512-1555 Fx (415) 512-0964

HOSPITAL MAP
Kaiser Hospital
 3772 Howe Street
 Oakland, California
 (510) 752-1235

GGTR Project No. 9474

Drawing By: AC

November 2014

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

150 17th Street, Oakland, CA 94612

and inform the PM and HSO of individuals whose on-site behavior jeopardizes their health and safety or the health and safety of others.

4.0 HAZARD EVALUATION/CRITERIA

Chemical

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

Physical

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

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

Flammability

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

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

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

5.0 HEALTH AND SAFETY DIRECTIVES

Site-Specific Safety Briefing

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

150 17th Street, Oakland, CA 94612

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

150 17th Street, Oakland, CA 94612

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.

150 17th Street, Oakland, CA 94612

- Personal sampling results -- Golden Gate Tank Removal.
- Documentation of employee's medical ability to perform work and wear respirators -- All parties.

8.0 HEAT ILLNESS PREVENTION

Procedures for Provision of Water include but are not limited to the following:

The CREW LEADER will bring 5 drinking water containers (of 5 to 10 gallons each) to the site, so that at least 2 quarts per employee are available at the start of the shift.

The CREW LEADER will bring paper cone rims or bags of disposable cups or drinking cups and the necessary cup dispensers to ensure that enough disposable cups are made available for each worker and are kept clean until used.

As part of GGTR, INC. Effective Replenishment Procedures, the CREW LEADER will check the water level of all containers every HOUR, and more frequently when the temperature exceeds 90°F. When the water level within a container drops below 50%, water containers will be refilled with cool water. To accomplish this task, the TRUCK will carry 2 additional water containers (i.e. 5 gallon bottles) to replace water as needed.

When the temperature exceeds 90 degrees, the CREW LEADER will carry ice in separate containers, so that when necessary, it will be added to the drinking water to keep it cool.

The PROJECT MANAGER will check the work site and place the water as close as possible to the workers. If field terrain prevents the water from being placed as close as possible to the workers, the PROJECT MANAGER will bring bottled water or individual containers (in addition to disposable cups and water containers), so that workers can have drinking water readily accessible.

The CREW LEADER will ensure that the water containers are relocated to follow along as the crew moves, so drinking water will be readily accessible.

The CREW LEADER will be responsible for cleaning the water containers and ensuring that they are kept in sanitary condition (all necessary cleaning supplies are provided by the company).

The company will reimburse the PERSONNEL for any cost incurred for them to fill up their water containers as needed on a daily basis or to purchase necessary disposable cups or cleaning supplies.

The CREW LEADER will point out daily the location of the water coolers to the workers and remind them to drink water frequently. When the temperature exceeds or is expected to exceed 90 degrees F, the PROJECT MANAGER will hold a brief 'tailgate' meeting each morning to review with employees the importance of drinking water, the number and schedule of water and rest breaks and the signs and symptoms of heat illness.

The CREW LEADER will use audible devices (such as whistles or air horns) to remind employees to drink water.

When the temperature equals or exceeds 95 °F or during a heat wave, the PROJECT MANAGER will increase the number of water breaks, and will remind workers throughout the work shift to drink water.

150 17th Street, Oakland, CA 94612

During employee training, the importance of frequent drinking of water will be stressed.

Procedures for Access to Shade include but are not limited to the following:

Note: Follow the general guidance provided above, under the Provisions for Water (identify the person assigned the task and list the specific tasks that have to be carried out).

Each CREW LEADER will bring **ONE** shade structures to the site, to accommodate at least 25 percent of the employees on the shift and either chairs, benches, sheets, towels or any other items to allow employees to sit and rest without contacting the bare ground. However, chairs, benches, etc. are not required for acceptable sources of shade such as trees.

The CREW LEADER will ensure that shade structures are opened and placed as close as practical to the workers, when the temperature equals or exceeds 85°F. When the temperature is below 85°F, the shade structures will be brought to the site, but will be opened and set in place upon worker(s) request.

Note: The interior of a vehicle may not be used to provide shade unless the vehicle is air-conditioned and the air conditioner is on.

The CREW LEADER will point out the daily location of the shade structures to the workers as well as allow and encourage employees to take a 5 min cool-down rest in the shade, when they feel the need to do so to protect themselves from overheating.

The CREW LEADER will ensure that the shade structures are relocated to follow along with the crew and double-check that they are as close as practical to the employees, so that access to shade is provided at all times.

In situations where trees or other vegetation are used to provide shade (such as in orchards), the CREW LEADER will evaluate the thickness and shape of the shaded area (given the changing angles of the sun during the entire shift), before assuming that sufficient shadow is being cast to protect employees.

In situations where it is not safe to provide shade (example winds of more than 40 mph), the PROJECT MANAGER will document how this determination was made, and what steps will be taken to provide shade upon request.

Procedures for Monitoring the Weather include but are not limited to:

Prior to each workday, the PROJECT MANAGER will review the forecasted temperature and humidity for the worksite and compare it against the National Weather service Heat Index to:

1. evaluate the risk level for heat illness.
2. determine when it will be necessary to make modifications to the work schedule (such as stopping work early, rescheduling the job, working at night or during the cooler hours of the day, increasing the number of water and rest breaks).

The CREW LEADER will be responsible for using a thermometer at the jobsite and checking the temperature every **HOUR** to monitor for sudden increases in temperature, to ensure that once the temperature exceeds 85 °F, the shade structures are opened and accessible to the workers and to make certain that once the temperature equals or exceeds 95 °F additional preventive measures such as the High Heat Procedures are implemented.

150 17th Street, Oakland, CA 94612

Handling a Heat Wave:

During a heat wave or heat spike (e.g., a sudden increase in daytime temperature of 9 degrees or more), the work day will be cut short (example 12 PM), will be rescheduled (example conducted at night or during cooler hours) or if possible cease for the day.

If schedule modifications are not possible and workers have to work during a heat wave, the PROJECT MANAGER will provide a tailgate meeting to reinforce heat illness prevention with emergency response procedures and review the weather forecast with the workers. In addition, the PROJECT MANAGER will institute alternative preventive measures such as provide workers with an increase number of water and rest breaks and supervise workers to ensure that they do stop work and take these breaks, and observe closely all workers for signs and symptoms of heat illness.

The PROJECT MANAGER will assign each employee a "buddy" to be on the lookout for signs and symptoms of heat illness and ensure that emergency procedures are initiated when someone displays possible signs or symptoms of heat illness.

High Heat Procedures include but are not limited to:

[High Heat Procedures are additional preventive measures that this company will use when the temperature equals or exceeds 95 degrees Fahrenheit].

The CREW LEADER will ensure that effective communication by voice, observation, or electronic means is maintained so that employees at the worksite can contact a supervisor when necessary. If the CREW LEADER is unable to be near the workers to observe them or communicate with them, then an electronic device, such as a cell phone or text messaging device, may be used for this purpose only if reception in the area is reliable.

The CREW LEADER will observe employees for alertness and signs and symptoms of heat illness. The CREW LEADER will remind employees throughout the work shift to drink plenty of water. The CREW LEADER will closely supervise a new employee, or assign a "buddy" or more experienced coworker for the first 14 days of the employee's employment by the employer, unless the employee indicates at the time of hire that he or she has been doing similar outdoor work for at least 10 of the past 30 days for 4 or more hours per day.

Procedures for Acclimatization include but are not limited to:

Acclimatization is the temporary and gradual physiological change in the body that occurs when the environmentally induced heat load to which the body is accustomed is significantly and suddenly exceeded by sudden environmental changes. In more common terms, the body needs time to adapt when temperatures rise suddenly, and an employee risks heat illness by not taking it easy when a heat wave strikes or when starting a new job that exposes the employee to heat to which the employee's body hasn't yet adjusted.

CREW LEADER will monitor the weather and in particular be on the look out for sudden heat wave(s), or increases in temperatures to which employees haven't been exposed to for several weeks or longer.

During a heat wave or heat spike (e.g., a sudden increase in daytime temperature of 9 degrees or more), the work day will be cut short (example 12 PM), will be rescheduled (example conducted at night or during cooler hours) or if possible cease for the day.

For new employees, the CREW LEADER will try to find ways to lessen the intensity of the

150 17th Street, Oakland, CA 94612

employees work during a two-week break-in period (such as scheduling slower paced, less physically demanding work during the hot parts of the day and the heaviest work activities during the cooler parts of the day (early-morning or evening)). Steps taken to lessen the intensity of the workload for new employees will be documented.

The CREW LEADER will be extra-vigilant with new employees and stay alert to the presence of heat related symptoms.

The CREW LEADER will assign new employees a "buddy" or experienced coworker to watch each other closely for discomfort or symptoms of heat illness.

During a heat wave, the CREW LEADER will observe all employees closely (or maintain frequent communication via phone or radio) and be on the look out for possible symptoms of heat illness.

Procedures for Emergency Response include but are not limited to:

Prior to assigning a crew to a particular worksite, the PROJECT MANAGER will provide workers and the foreman a map along with clear and precise directions (such as streets or road names, distinguishing features and distances to major roads) of the site, to avoid a delay of emergency medical services.

Prior to assigning a crew to a particular worksite, the PROJECT MANAGER will ensure that a qualified, appropriately trained and equipped person will be available at the site, to render first aid if necessary.

All foremen and supervisors will carry cell phones or other means of communication, to ensure that emergency medical services can be called and check that these are functional at the worksite prior to each shift.

When an employee is showing symptoms of possible heat illness, CREW LEADER will take immediate steps to keep the stricken employee cool and comfortable once emergency service responders have been called (to reduce the progression to more serious illness).

Handling a Sick Employee:

When an employee displays possible signs or symptoms of heat illness, a trained first aid worker or supervisor will check the sick employee and determine whether resting in the shade and drinking cool water will suffice or if emergency service providers will need to be called.

Do not leave a sick worker alone in the shade, as he or she can take a turn for the worse!

When an employee displays possible signs or symptoms of heat illness and no trained first aid worker or supervisor is available at the site, call emergency service providers.

Call emergency service providers immediately if an employee displays signs or symptoms of heat illness (loss of consciousness, incoherent speech, convulsions, red and hot face), does not look OK or does not get better after drinking cool water and resting in the shade. While the ambulance is in route, initiate first aid (cool the worker: place in the shade, remove excess layers of clothing, place ice pack in the armpits and groin area and fan the victim). Do not let a sick worker leave the site, as they can get lost or die (when not being transported by ambulance and treatment has not been started by paramedics) before reaching a hospital!

If an employee does not look OK and displays signs or symptoms of severe heat illness (loss of consciousness, incoherent speech, convulsions, red and hot face), and the worksite is located more

150 17th Street, Oakland, CA 94612

than 20 min away from a hospital, call emergency service providers, communicate the signs and symptoms of the victim and request Air Ambulance.

Procedures for Employee and Supervisory Training include but are not limited to:

GGTR, Inc. will ensure that all supervisors are trained prior to being assigned to supervise other workers. Training will include this company's written procedures and what steps supervisors will follow when employees' exhibit symptoms consistent with heat illness.

GGTR, Inc. will ensure that all employees and supervisors are trained prior to working outside. Training will include the company's written prevention procedures.

GGTR, Inc. will train employees on the steps that will be followed for contacting emergency medical services, including how they are to proceed when there are non-English speaking workers, how clear and precise directions to the site will be provided as well as stress the need to make visual contact with emergency responders at the nearest road or landmark to direct them to their worksite.

When the temperature exceeds 75 degrees °F, the PROJECT MANAGER will hold short 'tailgate' meetings to review the weather report, reinforce heat illness prevention with all workers and provide reminders to drink water frequently, to be on the lookout for signs and symptoms of heat illness and inform them that shade can be made available upon request.

The CREW LEADER will assign new employees a "buddy" or experienced coworker to ensure that they understood the training and follow company procedures.

Prepared By:

Annette Chen
Golden Gate Tank Removal, Inc.

150 17th Street, Oakland, CA 94612

Dry Ice Safety

First Aid

If you do get a burn from dry ice, frozen tissues should be flooded/soaked with tepid water. Don't use hot water. See a doctor if the skin blisters or comes off. If the burn is only red it will heal in time as any other burn.

Apply antibiotic ointment such as Neosporin™ or generic equivalent to prevent infection.

Bandage only if the burned skin area needs to be protected.

Caution:

Keep dry ice away from children if they cannot be closely supervised at all times.

Always handle dry ice with care. It is extremely cold at -109.3°F or -78.5°C. If touched very briefly dry ice may not harm skin, but contact with the skin for more than a second will freeze cells and can cause injury similar to a burn.

Wear hand protection whenever touching dry ice. An oven mitt or thick folded towel will work.

Do

Store dry ice in a thermally insulated container. The thicker the insulation, the slower it will sublimate – turn into carbon dioxide gas (CO₂).

If dry ice has been in a closed auto, van, room, or walk-in, open the doors and allow adequate ventilation before entering.

If you drive with dry ice in an enclosed vehicle, be sure to have proper ventilation.

Leave area containing dry ice if you start to pant or breathe quickly.

Remember that CO₂ is heavier than air and will accumulate in low spaces.

Keep proper air ventilation wherever dry ice is stored.

Don't

Do not enter closed storage areas that have had, or now have, dry ice before airing the space out completely.

Do not store dry ice in a completely airtight container. The sublimation of dry ice to CO₂ gas will cause any airtight container to expand and possibly rupture or explode.

Do not store dry ice in unventilated rooms, cellars, autos or boat holds.

The sublimated CO₂ gas will sink to low areas and replace oxygenated air.

This could cause suffocation if breathed exclusively.

150 17th Street, Oakland, CA 94612

Do not store dry ice in a refrigerator freezer. The extremely cold temperature will cause your thermostat to turn off the freezer. Dry ice is useful for emergency cooling if your refrigerator breaks down. Be sure to insure proper ventilation.

If the concentration of CO₂ gas in the air rises above 5%, it can be toxic. Smaller concentrations can cause quicker breathing.

Do not leave dry ice on a Formica™, plastic or tiled countertop as the extreme cold could crack the countertop.

Do not leave dry ice unattended around children.

Tips

- Pick up dry ice as close as possible to the time needed.
- Dry ice sublimates at 5-10%, or 5 to 10 pounds every 24 hours. Carry it in a well-insulated container such as an ice chest.
- If you transport dry ice in a car or van, make sure there is a fresh air supply.
- You can dispose of small quantities of dry ice, away from the public, by leaving it outside or in a well-ventilated room at room temperature.

ATTACHMENTS

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



State Of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **616521**

Entity **CORP**

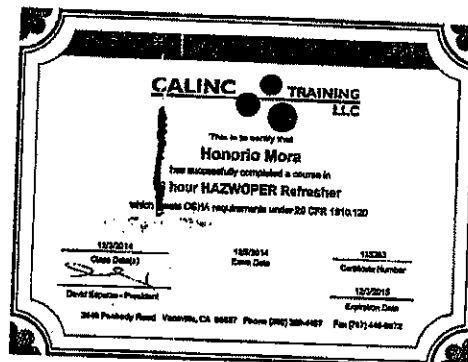
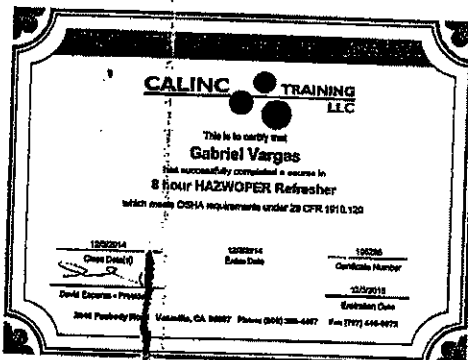
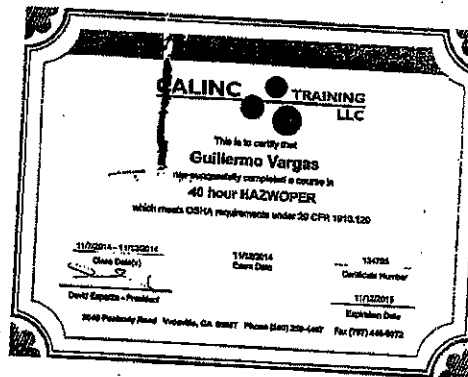
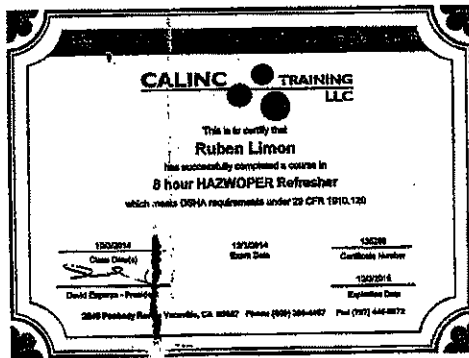
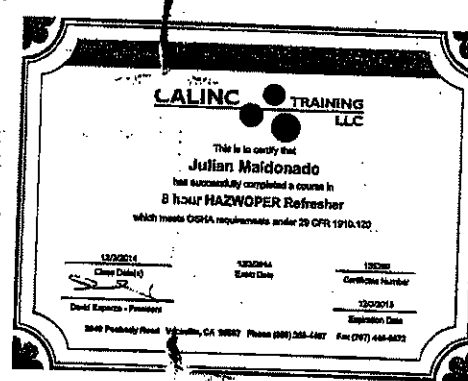
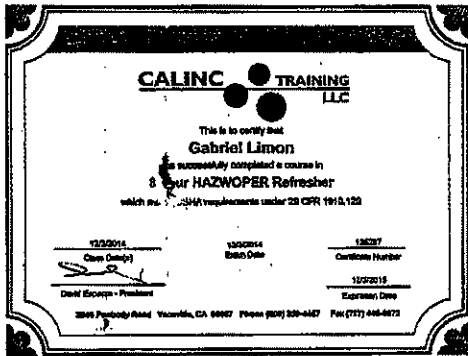
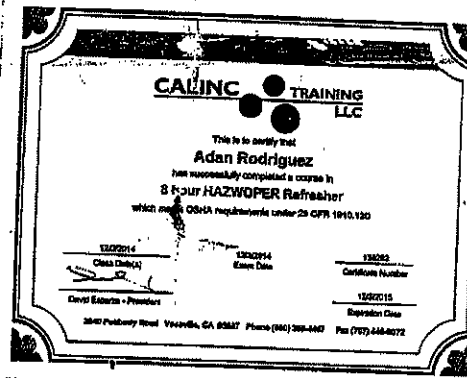
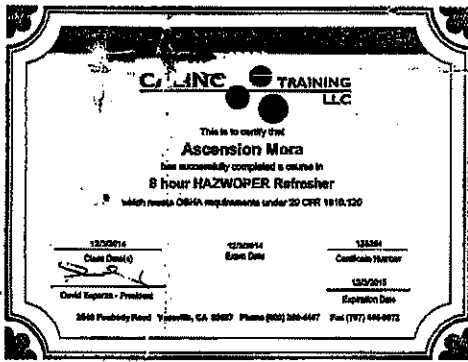
Business Name **GOLDEN GATE TANK REMOVAL INC**

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

Expiration Date **02/28/2015**

www.csib.ca.gov







CERTIFICATE OF LIABILITY INSURANCE

GOLDE-6 OP ID: BD

DATE (MM/DD/YYYY)
10/01/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER CAL Insurance & Associates Inc License #0241094 2311 Taraval Street San Francisco, CA 94116-2253 Scott Hauge		CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
INSURED Golden Gate Tank Removal, inc. 1455 Yosemite Ave. San Francisco, CA 94124		INSURER(S) AFFORDING COVERAGE	
		INSURER A : State Compensation Ins. Fund	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	1947693-14	10/01/2014	10/01/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER <div style="border: 1px solid black; padding: 5px; text-align: center;"> EVIDENC Sample Certificate of Insurance for Evidence Purposes Only </div>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/28/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Calender-Robinson Company, Inc. FB0267063 300 Montgomery St., Suite 888 San Francisco CA 94104	CONTACT NAME: PHONE (A/C No. Ext): (415) 978-3800 FAX (A/C No.): (415) 978-3825 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Golden Gate Tank Removal Inc. and Golden Gate Environmental, Inc. 1480 Carroll Avenue San Francisco CA 94124	INSURER A: Evanston Insurance Company	
	INSURER B: American Fire and Casualty Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 2015-2016 Renewal REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			15PKGWE00378	1/23/2015	1/23/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG			GENERAL AGGREGATE \$ 2,000,000			PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			BAA (16) 56322860	1/23/2015	1/23/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			15EFXWE00119	1/23/2015	1/23/2016	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 4,000,000
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	POLLUTION LIABILITY			15PKGWE00378	1/23/2015	1/23/2016	Occ. \$1,000,000; Aggregate \$2,000,000
A	PROFESSIONAL LIABILITY			15PKGWE00378	1/23/2015	1/23/2016	Occurrence: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

*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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Jamie Robinson

No: **2014-900016**

ANNUAL PERMIT

Permit Issued To

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

Golden Gate Tank Removal Inc
 Attn: Safety Mgr or Tim Hallen
 1455 Yosemite Ave
 San Francisco CA 94124-3321

(415) 512-1555

No.

Date 7/7/2014

Region 1

District 1

Tel. (415) 557-0100

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 07, 2015	
Description of Project		Location Address		City and County		Anticipated Dates	
Various Conditions of Issuance:		Statewide				Starting Completion	
						Jul 7, 2014 Jul 07, 2015	

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 27429	\$100.00	7/7/14	

Investigated by

Approved by

Robert E. Law
 Safety Engineer
 District Manager/Permit Unit
 Date 7/7/2014

Tougeron, Christopher, Env. Health

From: Annette Chen <annettechen@ggtr.com>
Sent: Friday, February 27, 2015 3:03 PM
To: Tougeron, Christopher, Env. Health
Subject: RE: Update on 150 17th

Hi Chris,

We should be able to get the confine space permit next week. We are planning to return to the site on 3/4 for LEL check and soil sampling. Will schedule with you as soon as we have the confine space permit.

Thank you and have a great weekend!

Thank you,
Annette Chen
Golden Gate Tank Removal, Inc.
1480 Carroll Avenue
San Francisco, CA 94124
Tel: 415-512-1555

-----Original Message-----

From: Tougeron, Christopher, Env. Health [mailto:Christopher.Tougeron@acgov.org]
Sent: Friday, February 27, 2015 2:56 PM
To: Annette Chen
Subject: Update on 150 17th

Annette,

Do you have an updated timeline for the UST closure in place located at 150 17th street, Oakland?

Chris Tougeron
Sr. Hazardous Materials Specialist
Alameda County Department of Environmental Health
1131 Harbor Bay Parkway, Alameda, CA 94502
510-567-6804
christopher.tougeron@acgov.org

Tougeron, Christopher, Env. Health

From: Annette Chen <annettechen@ggtr.com>
Sent: Monday, February 23, 2015 9:59 AM
To: Tougeron, Christopher, Env. Health
Subject: RE: 150 17th Street - LEL Check & Soil Sampling
Attachments: 9475 - Alameda County Permit Application.pdf

Good Morning Chris,

Attached is the permit application.

Thank you,
Annette Chen
Golden Gate Tank Removal, Inc.
1480 Carroll Avenue
San Francisco, CA 94124
Tel: 415-512-1555

-----Original Message-----

From: Tougeron, Christopher, Env. Health [mailto:Christopher.Tougeron@acgov.org]
Sent: Sunday, February 22, 2015 7:36 PM
To: Annette Chen
Subject: FW: 150 17th Street - LEL Check & Soil Sampling

Annette,

Attached is the ACDEH removal permit application that will need to be submitted for this UST closure.

Please let me know if you have any questions

Thank you

Chris Tougeron
Senior Hazardous Materials Specialist
Alameda County Department of Environmental Health
Ph: 510-567-6804
Fax: 510-337-9335
1131 Harbor Bay Parkway
Alameda, CA 94502

From: Tougeron, Christopher, Env. Health
Sent: Tuesday, February 17, 2015 3:48 PM
To: Annette Chen
Subject: RE: 150 17th Street - LEL Check & Soil Sampling

Please submit an acdeh removal permit application.

Thank you

Chris Tougeron
Sr. Hazardous Materials Specialist
Alameda County Department of Environmental Health
1131 Harbor Bay Parkway, Alameda, CA 94502
510-567-6804
christopher.tougeron@acgov.org

From: Annette Chen<mailto:annettechen@ggtr.com>
Sent: 2/17/2015 15:30
To: Tougeron, Christopher, Env.
Health<mailto:Christopher.Tougeron@acgov.org>
Subject: RE: 150 17th Street - LEL Check & Soil Sampling

Hi Chris,

Yes, Friday works for us. We will have pump truck on Friday at 9 AM, LEL check at 10 AM and soil sampling at 1 PM. Upon receipt of the lab result, we will submit it for your review and schedule for tank close in place.

Should we do the revise permit application with Alameda or City of Oakland Fire Dept?

Thank you,
Annette Chen
Golden Gate Tank Removal, Inc.
1480 Carroll Avenue
San Francisco, CA 94124
Tel: 415-512-1555

-----Original Message-----

From: Tougeron, Christopher, Env. Health [mailto:Christopher.Tougeron@acgov.org]
Sent: Tuesday, February 17, 2015 3:08 PM
To: Annette Chen
Subject: RE: 150 17th Street - LEL Check & Soil Sampling

Annette,

A revised permit will be needed to reflect the changes. I cannot make the Thursday appointment. Is Friday available? Or Monday next week?

I will need to witness the tank post cleaning for verification of the lel, clean certification, slurry, and sampling.

Thank you.

Chris Tougeron
Sr. Hazardous Materials Specialist
Alameda County Department of Environmental Health
1131 Harbor Bay Parkway, Alameda, CA 94502
510-567-6804
christopher.tougeron@acgov.org

From: Annette Chen<mailto:annettechen@ggtr.com>
Sent: 2/17/2015 12:53
To: Tougeron, Christopher, Env.
Health<mailto:Christopher.Tougeron@acgov.org>
Subject: RE: 150 17th Street - LEL Check & Soil Sampling

Chris,

Attached is the fig 3 and photo for the subject job site.

Thank you,
Annette Chen
Golden Gate Tank Removal, Inc.
1480 Carroll Avenue
San Francisco, CA 94124
Tel: 415-512-1555

-----Original Message-----

From: Annette Chen [mailto:annettechen@ggtr.com]
Sent: Tuesday, February 17, 2015 11:54 AM
To: 'Tougeron, Christopher, Env. Health'
Cc: 'Tim Hallen'; 'Gina Wee'
Subject: RE: 150 17th Street - LEL Check & Soil Sampling

Chris,

Because of the presence of utilities and tree above of the tank, removal of UST is not possible. The tank will be abandoned in place by completely filling with concrete slurry. Would you like us revise the permit application to close in place and resubmit it to you?

Thank you,
Annette Chen
Golden Gate Tank Removal, Inc.
1480 Carroll Avenue
San Francisco, CA 94124
Tel: 415-512-1555

-----Original Message-----

From: Tougeron, Christopher, Env. Health [mailto:Christopher.Tougeron@acgov.org]
Sent: Tuesday, February 17, 2015 9:15 AM
To: Annette Chen
Subject: RE: 150 17th Street - LEL Check & Soil Sampling

Annette,

The UST Removal Plan provided indicates that the tank will be removed.
There is no indication that the tank cannot be removed.

Can you provide clarification for a closure in place instead of removal?

Thank you

Chris Tougeron
Senior Hazardous Materials Specialist
Alameda County Department of Environmental Health
Ph: 510-567-6804
Fax: 510-337-9335
1131 Harbor Bay Parkway
Alameda, CA 94502

From: Annette Chen [annettechen@ggtr.com]
Sent: Tuesday, February 17, 2015 8:59 AM
To: Tougeron, Christopher, Env. Health
Subject: RE: 150 17th Street - LEL Check & Soil Sampling

Good Morning Chris,

The tank will be closed in place for this job site due to multiple utilities and tree located above the tank. We will obtain Minor Sidewalk Encroachment permit from City of Oakland DPW.

Please confirm if you will be available for the LEL Check and Soil Sampling on 2/19.

Thank you,
Annette Chen
Golden Gate Tank Removal, Inc.
1480 Carroll Avenue
San Francisco, CA 94124
Tel: 415-512-1555

-----Original Message-----

From: Tougeron, Christopher, Env. Health [mailto:Christopher.Tougeron@acgov.org]
Sent: Tuesday, February 17, 2015 7:04 AM
To: Annette Chen
Subject: RE: 150 17th Street - LEL Check & Soil Sampling

Annette,

Is this for the UST removal?

Chris Tougeron
Senior Hazardous Materials Specialist
Alameda County Department of Environmental Health
Ph: 510-567-6804
Fax: 510-337-9335
1131 Harbor Bay Parkway
Alameda, CA 94502

From: Annette Chen [annettechen@ggtr.com]
Sent: Friday, February 13, 2015 2:50 PM
To: Tougeron, Christopher, Env. Health; Weston, Robert, Env. Health
Cc: 'Skillern, Sheryl'
Subject: 150 17th Street - LEL Check & Soil Sampling

Hi Chris,

Would like to schedule LEL Check and Soil Sampling on the following job site.

150 17th Street, Oakland

LEL Check Date & Time: 2/19/15 Thursday
10 AM

Soil Sampling Date & Time: 2/19/15 Thursday
1 PM

Please confirm if the above schedule works for you.

Thank you,
Annette Chen
Golden Gate Tank Removal, Inc.
1480 Carroll Avenue
San Francisco, CA 94124
Tel: 415-512-1555=



Oakland Fire Department, Fire Prevention Bureau
250 Frank H. Ogawa Plaza, Ste. 3341
Oakland, CA 94612-2032



(510) 238-3851
TTY (510) 238-6884

Inspection Work Order

Business Name: GOLDEN GATE TANK REMOVAL INC.

Reason: Tanks

Address: 150 17TH ST

Scheduled: 2014-11-12 10:15AM

Job (Insp Ref#): 2014-34000

Assigned To: Skillern, Sheryl

Comments: 11/12/14 Golden Gate Tank Removal, Inc. submitting tank removal packet for CUPA.

Invoice # 2014-32556

Applicant:

Invoice Amount 2,660.00

Applicant Ph#:

Contractor:

Contractor Ph#:

Contact Name

Tim Hallen

Field Contact #

415-512-1555

<p>REVIEWED AND APPROVED OAKLAND FIRE DEPARTMENT BY: <i>[Signature]</i> TITLE: <i>Senior Haz Mat Insp</i> DATE: <i>12/8/14</i></p> <p style="text-align: center;">ALL INSPECTIONS REQUIRE 48 HOURS NOTICE</p>



**City of Oakland, Fire Department, Office of Emergency Services
Hazardous Materials Program
APPLICATION FOR UNDERGROUND TANK REMOVAL**

F A C I L I T Y	Project Contact & Phone # Tim Hallen (415) 512-1555			
	Facility Name 150 17th Street		Phone# 650-342-0002	
	Address 150 17th Street			
	Cross Street Madison Street			
C O N T R A C T O R	Owner/Operator Tudor Hall Apartment, LP		Phone # 650-342-0002	
	Contractor Name Golden Gate Tank Removal, Inc.		Phone # (415) 512-1555	
	Contractor Address 1455 Yosemite Ave.	CA License # 616521	Class A-Haz, C-8	
	Hazardous Waste Certified: (Qualifying license category <u>A-Haz, C-8</u>) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Workers Comp# 1947693-14	
	City of Oakland Business Tax License # 1307584		Permit #	
	Does this site have a leaking UST (or did it have a leaking tank system?) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	State Tank ID#	Tank Size	Material That Was Stored	Proposed Removal Date
	39- 1 (one)	1500 Gallons	Heating Oil	A.S.A.P
39				
39				
39				
39				
39				
<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED WITH CONDITION(S) <input type="checkbox"/> DISAPPROVED			<div style="border: 2px solid black; padding: 5px; text-align: center;"> REVIEWED AND APPROVED OAKLAND FIRE DEPARTMENT BY: <i>[Signature]</i> TITLE: <i>Senior Haz Mat Insp</i> DATE: <i>12/8/14</i> ALL INSPECTIONS REQUIRE 48 HOURS NOTICE </div>	
PLAN REVIEWER'S SIGNATURE		DATE OF APPROVAL		

APPLICANT MUST PERFORM ALL WORK IN ACCORDANCE WITH CITY OF OAKLAND ORDINANCES, STATE LAWS, AND RULES AND REGULATIONS OF THE CITY OF OAKLAND FIRE SERVICES AGENCY. OWNER OR LICENSED AGENT'S SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL NOT EMPLOY ANY PERSON IN SUCH A MANNER AS TO BECOME SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA. CONTRACTOR'S HIRING OR SUBCONTRACTING SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL EMPLOY PERSONS SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA.

APPLICANT'S SIGNATURE *[Signature]* TITLE: Project Coordinator DATE: 11/11/2014

CITY OF OAKLAND
FIRE PREVENTION BUREAU
250 Frank Ogawa Plaza, Ste. 3341
OAKLAND, CALIFORNIA 94612-2032
(510) 238-3851

APPLICATION for PERMIT to INSTALL, REMOVE or REPAIR TANKS
In the CITY OF OAKLAND

Request Submittal Date: 11/11/2014

PLEASE CIRCLE APPROPRIATE ACTIONS: Application is hereby made for permit to:

(a) Remove (b) Install (c) Repair (d) Modify (e) Abandon/Close-in Place **A**

(a) Gasoline (b) Fuel oil (c) Diesel (d) Heating Oil _____ tank(s) and excavate, commencing:

(a) four feet inside the curb line*; (b) inside the property line; (c) aboveground; (d) underground tank(s)
*inside curb line, please attach copy of sidewalk/excavation permit from PLANNING AND BUILDING

on the 17th St side of _____ (St./Ave.) _____ feet _____ of _____ St./Ave.

Site Address: 150 17th Street, Oakland, CA 94612 Present storage Heating Oil

Owner: Tudor Hall Apartment, LP Address 800 Airport Blvd #510 Phone 650-342-0002

Berkeley CA 94010

Applicant: Golden Gate Tank Removal, Inc. Address 1455 Yosemite Ave. Phone (415) 512-1555

San Francisco CA 94124

Sidewalk surface to be disturbed Number of Tanks 1 (one) Capacity 1500 Gallons ea.

Remarks _____

Signature _____

PLEASE ATTACH/SUBMIT: (All applicants must have a City Business License Permit)

- (2) Copies of Closure Plans for underground tank removal(s)
- (2) Sets of plans and (1) copy of specifications for above ground tank removal
- (2) Sets of plans and (2) sets of application packets for underground tank installation/modifications
- (2) Sets of plans for aboveground tank installation and specifications
- copy or prepare to show Planning and Building approval for aboveground tank removal and tank repair

NOTE: FOR TANK INSTALLATION PLEASE SUBMIT THIS APPLICATION FORM ALONG WITH A
APPLICATION FOR PERMIT TO OPERATE, MAINTAIN OR STORE

FOR OFFICE USE ONLY

Permit No. _____
Copies to: Electrical Inspection

Amt. Recv'd _____ Date Issued: _____

Ck# _____ Cash _____

Receipt# _____

rev:05/98


Rec'd by:	REVIEWED AND APPROVED
	OAKLAND FIRE DEPARTMENT
BY:	<i>Shyl Spill</i>
TITLE:	<i>SCM/DR/HR/MT/CSB</i>
DATE:	<i>11/18/14</i>
ALL INSPECTIONS REQUIRE 48 HOURS NOTICE	

INDICATE THE RESPONSIBLE PARTY TO BE BILLED FOR ADDITIONAL FSA/OES STAFF TIME EXPENDED BEYOND THE HOURS COVERED BY THE INITIAL DEPOSIT AMOUNT. THE PARTY MUST ACKNOWLEDGE THIS RESPONSIBILITY FOR THE ADDITIONAL BILLING BY SIGNATURE AND DATE BELOW.

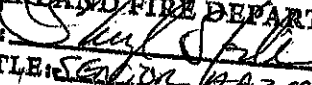
NAME Tudor Hall Apartment, LP

MAILING ADDRESS 800 Airport Blvd #510 Berkeley CA 94010
STREET CITY, STATE, ZIP

DAY PHONE NUMBER 650-342-0002
area code phone #

SIGNATURE  -agent for the owner

DATE 11/11/2014

REVIEWED AND APPROVED
OAKLAND FIRE DEPARTMENT
BY: 
TITLE: Sheriff
DATE: 12/8/14
ALL INSPECTIONS REQUIRE
48 HOURS NOTICE

**CITY OF OAKLAND
Fire Department
Fire Prevention Bureau
Hazardous Materials Program
250 Frank H. Ogawa Plaza, Ste. 3341
Oakland, CA 94612-2032**

UNDERGROUND TANK CLOSURE PLAN

(Complete according to instructions)

- 1) Name of Business 150 17th Street
Business Owner or Contact Person (PRINT) Tudor Hall Apartment, LP
- 2) Site Address 150 17th Street
City Oakland Zip 94612 Phone 650-342-0002
- 3) Mailing Address 800 Airport Blvd #510
City Berkeley Zip 94010 Phone 650-342-0002
- 4) Property Owner Tudor Hall Apartment, LP
Business Name (if applicable) _____
Address 800 Airport Blvd #510
City, State Berkeley CA Zip 94010
- 5) Generator name under which tank will be manifested
Tudor Hall Apartment, LP

EPA ID Under which tank will be manifested CA 002-792-923

REVIEWED AND APPROVED OAKLAND FIRE DEPARTMENT BY: <u>[Signature]</u> TITLE: <u>Senior Haz Mat Insp</u> DATE: <u>12/8/14</u> ALL INSPECTIONS REQUIRE 48 HOURS NOTICE

6) Contractor Golden Gate Tank Removal, Inc.
Address 1455 Yosemite Ave.
City San Francisco Phone (415) 512-1555
License Type A-Haz, C-8 IDS 616521

Effective January 1, 1992, Business and Professional Code Section 7058.7 require contractors to also hold Hazardous Waste certification issued by the State Contractor License Board

7) Consultant (if applicable) n/a
Address _____
City, State _____ Phone _____

8) Main Contact Person for Investigation (if applicable)
Name Tim Hallen 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) (Confirmed with owner operator)

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name NRC Environmental Services EPA ID. NO. CAR000030114
Hauler License No. 114013 License Exp. Date 3/31/2015
Address 1605 Ferry Point
City Alameda State CA Zip 94501

b) Product/Residual Sludge/Rinsate Disposal Site
Name Evergreen Oil, Inc. EPA ID No. CAD980887418
Address 6880 Smith Ave.
City Newark State CA Zip 94560

REVIEWED AND APPROVED
OAKLAND FIRE DEPARTMENT
BY: Shirley Bell
TITLE: Senior Hazmat Ins
DATE: 12/8/14
ALL INSPECTIONS REQUIRE
48 HOURS NOTICE

c) Tank and Piping Transporter

Name Golden Gate Tank Removal, Inc. (Dispose & Transport as Non-Haz) EPA I.D. No. _____

e) Hauler License No. _____ License Exp. Date _____

Address 1455 Yosemite Ave.

City San Francisco State CA Zip 94124

d) Tank and Piping Disposal Site

Name Circosta Scrap Metal EPA I.D. No. CAD983650797

Address 1801 Evans Ave.

City San Francisco State CA Zip 94124

11) Sample Collector

Name Tim Hallen

Company Golden Gate Tank Removal, Inc.

Address 1455 Yosemite Ave.

City San Francisco State CA Zip 94124

Phone (415) 512-1555

12) Laboratory

Name Accutest Laboratories

Address 2105 Lundy Ave.

City San Jose State CA Zip 95054

State Certification No. 08258

13) Have tanks or pipes leaked in the past Yes No Unknown

If yes, describe _____

REVIEWED AND APPROVED
OAKLAND FIRE DEPARTMENT
BY: [Signature]
TITLE: STANDARD HAZ MAT Insp
DATE: 12/8/14
ALL INSPECTIONS REQUIRE
48 HOURS NOTICE

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

All existing material in tank will be removed. Tank will then be triple rinsed to removal residual material. After triple rinsing, the tank will be purged of vapors using dry ice at a ratio of 25lbs per 1, 1000 gallon tank volume. Immediately prior to removal the tank will be tested for LEL and % O2.

The LEL must be within 10% of LEL for material previously contained in tank and oxygen should be not exceed 5%. Before tanks are pumped out and inserted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be permanently plugged.

The Bay Area Air Quality Management District, 415/771-6000 must also be contacted for tank removal permit. The use of a combustible gas indicator to verify tank inertness is required. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert. Note: you may be required to recalibrate the combustible gas indicator on site, to show that it is working properly.

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	unknown	soil, groundwater if present	<p>Sample will be taken at each end of tank at each end of tank at a depth of 2' into native soil and from stockpile.</p> <ol style="list-style-type: none"> 1. stockpile 2. north/or east end of excavation 3. south/or west end of excavation 4. bottom of tank (max of 15feet)

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.

REVIEWED AND APPROVED
 OAKLAND FIRE DEPARTMENT
 BY: *[Signature]*
 TITLE: *GEN. MGR. HAZ. MAT. INVS.*
 DATE: *12/8/14*
 ALL INSPECTIONS REQUIRE
 48 HOURS NOTICE

EXCAVATED/STOCKPILED SOIL

Stockpiled Soil volume (estimated) 20 yards	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 beamed 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 no be returned to the excavation without prior approval from Fire Services Agency, Office of Emergency Services. This means that the contractor, consultant, or responsible party must communicate with the Hazardous Materials Inspector **IN ADVANCE** of backfilling operations.

16. Chemical methods and associated detection limits to be used for analyzing samples:

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

See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Benzene	8260B	SW846	0.005 ppm
Toluene	8260B	SW846	0.005 ppm
Ethylbenzene	8260B	SW846	0.005 ppm
Xylenes	8260B	SW846	0.010 ppm
TPH	8015B M	SW846	1.0 ppm
Naphthalene	8260B	SW846	

REVIEWED AND APPROVED
OAKLAND FIRE DEPARTMENT
 BY: *[Signature]*
 TITLE: *Senior Haz Mater*
 DATE: *02/01/14*
ALL INSPECTIONS REQUIRE
48 HOURS NOTICE

18. Submit Workers Compensation Certificate copy

Name of Insurer State Compensation Insurance Fund

19. Submit Plot Plan *****(Be Instructions)*****

20. Enclose Permit fee (See Instructions)

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

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

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

23. Submit State (Underground storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for tank removed in the upper right hand corner)

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

I understand that information, in addition to that proved above, may be needed in order to obtain approval from the Hazardous Materials 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 age and that this responsibility is not shared nor assumed by the City of Oakland.

Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Inspector 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 11/11/2014

REVIEWED AND APPROVED OAKLAND FIRE DEPARTMENT BY: <u>[Signature]</u> TITLE: <u>SPRINKLER HAZ MAT Insp</u> DATE: <u>12/18/14</u> ALL INSPECTIONS REQUIRE 48 HOURS NOTICE

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business 150 17th Street

Name of Individual Tudor Hall Apartment, LP

Signature _____ -agent for the owner Date 11/11/2014

General Instructions

- Three (3) copies of this plan plus attachments and permit must be submitted to this Department.
- Any cutting into tanks requires Fire Services Agency approval.
- One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- State of California Permit Application Forms A and B are to submit to this office One Form A per site, one Form B for each removed tank.

Line Item Specific Instructions

2. SITE ADDRESS

Address at which closure is taking place.

5. EPA I.D. NO. - under which the tanks will be manifested

EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781

6. CONTRACTOR

Prime contractor for the project.

10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES

- a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
- c) Tanks must be hauled as hazardous waste.
- d) This is the place where tanks will be taken for cleaning.

15) TANK HISTORY AND SAMPLING INFORMATION

Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the trig) water mark, etc.

16) CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS

See attached Table 2.

17) SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer
- b) An outline of briefings to be held before work each day to apprise employees of site health and safety hazards;

7

REVIEWED AND APPROVED
OAKLAND FIRE DEPARTMENT
BY: <u>[Signature]</u>
TITLE: <u>SECTION HAZ MAT INS</u>
DATE: <u>12/8/14</u>
ALL INSPECTIONS REQUIRE
48 HOURS NOTICE

- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;

SITE HEALTH AND SAFETY PLAN

- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions;
e) Description of the work habit changes triggered by the above action levels or physical conditions;
f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
h) Confined space entry procedures-(if applicable);
g) Decontamination procedures;
I) Measures to be taken to secure the site, excavation and stockpiled soils during and after work hour (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guard, etc.);
j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital near the site;
k) Documentation that all site workers have received the appropriate ASIA approved training and participate medical surveillance per 29 CFR 1910.120;
- l) A page for employees to sign acknowledging that they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989; Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19) PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
b) North Arrow;
c) Property Lines;
d) Location of all structures;
e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
f) Streets;
g) Underground conduits, sewers water lines utilities;
h) Existing wells; drinking monitoring, etc;
I) Depth to ground water; and
j) All existing tank(s) and piping in addition to the tank(s) being removed.

20) PERMIT FEE

A check payable to the City of Oakland for the amount indicated must accompany the plans.

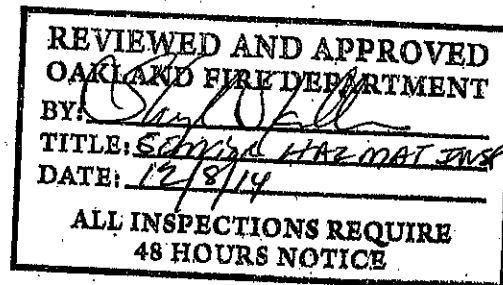
- 21) Blank unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Regional Water Quality Control Board (510) 286-1255. Larger quantities may be directly from the State Water Resources Control Board at (916) 739-7322.

REVIEWED AND APPROVED
OAKLAND FIRE DEPARTMENT
BY: <i>[Signature]</i>
TITLE: <i>SENIOR HAZ WRT Insp</i>
DATE: <i>12/18/14</i>
ALL INSPECTIONS REQUIRE 48 HOURS NOTICE

22) TANK CLOSURE REPORT

The Tank Closure reports: General description of the closure activities, indicate;

- a) Description of tank, fittings and piping conditions. Size and former contents; note any corrosion, pitting, holes;
- b) Description of the excavation itself. Include tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential pathways the depth to any observed ground water, locations of stained or odor-bearing oil, and descriptions of any observed free product or sheen;
- c) Detailed description of sampling methods, i.e. - backhoe bucket, drive sampler, bailer, bottles (s), sleeves;
- d) Description of any remedial measures conducted at the time of tank removal;
- e) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations include a copy of the plot plan prepared for the Tank Closure-plan under item #19;
- f) Chain of custody records;
- g) Copies of signed laboratory reports;
- h) Copies of TSDF to Generator Manifests for all hazardous wastes hauled offsite (sludge, Rinsate, tanks and piping, contaminated soil, etc), and
- i) Documentation of the disposal of/and volume and final destination all non-manifested contaminated soil disposed offsite.





The Tank Underneath Tree & Utility Lines

GOLDEN GATE TANK REMOVAL, INC.
1480 Carroll Avenue
San Francisco, CA 94124
Ph (415) 512-1555 Fx (415) 512-0964

**TANK UNDERNEATH TREE &
UTILITY LINES**
150 17th Street
Oakland, CA 94612

GGTR Project No. 9475

Drawing By: AC

February 2015

Photo