

00 JUL 17 PM 12:56

MEMORANDUM

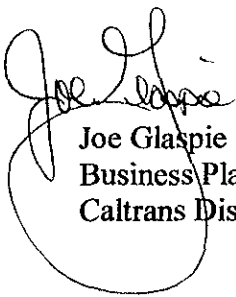
July 7, 2000

Mr. Larry Seto
Environmental Health Services
Environmental Protection
1131 Harbor Bay Parkway, Suite 250
Alameda, CA. 94502-6577

RE: San Francisco/ Oakland Bay Bridge, Bay Bridge Toll Plaza, Oakland, CA

Per your request, by letter dated May 22, 2000, in accordance with section 25297.15 (a) of Chapter 6.7 of the Health and Safety Code be advised that Fee Title to the property located at the above referenced site is held by the Department of Transportation (Caltrans), State of California. The above named owner is the sole landowner of this site.

If you have further questions or concerns, please contact Joe Glaspie at 111 Grand Ave, P.O. Box 23660, Oakland, CA. 94623-0660 or by phone at (510) 286-4495.



Joe Glaspie
Business Plans Unit
Caltrans District 4

Cc: JN, File

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



May 22, 2000

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

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
Oakland, CA 94623
STID 3963

RE: San Francisco/Oakland Bay Bridge, Bay Bridge Toll Plaza, Oakland, CA

LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

Dear Ms. Rosseli:

This letter is to inform you of new legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

For purposes of implementing these sections, you have been identified as the primary or active responsible party. Please provide to this agency, within twenty (20) calendar days of receipt of this notice, a complete mailing list of all current record owners of fee title to the site. You may use the enclosed "list of landowners" form (sample letter 2) as a template to comply with this requirement. If the list of current record owners of fee title to the site changes, you must notify the local agency of the change within 20 calendar days from when you are notified of the change.

If you are the sole landowner, please indicate that on the landowner list form. The following notice requirements do not apply to responsible parties who are the sole landowner for the site.

LANDOWNER NOTIFICATION

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
Oakland, CA 94623
May 22, 2000
Page 2 of 4

In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

- 1) consider a cleanup proposal (corrective action plan)
- 2) consider a site closure proposal
- 3) make a determination that no further action is required
- 4) issue a closure letter

You may use the enclosed "notice of proposed action" form (sample letter 3) as a template to comply with this requirement. Before approving a cleanup proposal or site closure proposal, determining that no further action is required, or issuing a closure letter, the local agency will take all reasonable steps necessary to accommodate responsible landowner participation in the cleanup and site closure process and will consider all input and recommendations from any responsible landowner.

Please call me at (510) 567-6774 should you have any questions about the content of this letter.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Attachments

cc: Chuck Headlee, RWQCB

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
May 22, 2000
Page 3 of 4

SAMPLE LETTER (2): LIST OF LANDOWNERS FORM

Name of local agency
Street address
City

SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR (*Site Name and Address*)

(Note: Fill out item 1 if there are multiple site landowners. If you are the sole site landowner, skip item 1 and fill out item 2.)

1. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:

2. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I am the sole landowner for the above site.

Sincerely,

Signature of primary responsible party

Name of primary responsible party

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
Oakland, CA 94623
May 22, 2000
Page 4 of 4

SAMPLE LETTER 3: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY

Name of local agency
Street address
City

SUBJECT: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY
FOR (*Site Name and Address*)

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I have notified all responsible landowners of the enclosed proposed action. Check space for applicable proposed action(s):

- ☐ cleanup proposal (corrective action plan)
- ☐ site closure proposal
- ☐ local agency intention to make a determination that no further action is required
- ☐ local agency intention to issue a closure letter

Sincerely,

Signature of primary responsible party

Name of primary responsible party

cc: Names and addresses of all record fee title owners

Transferred to DK 11/8/96

R032

LOP RECORD CHANGE REQUEST FORM

printed:
09/12/96

Mark Out What Needs Changing and Hand to LOP Data Entry
(Name/Address changes go to Annual Programs Data Entry)

Insp: SH

AGENCY # : 10000 SOURCE OF FUNDS: SUBSTANCE: 8006619
StID : 3963 LOC:
SITE NAME: SF-Oak Bay Bridge DATE REPORTED : 09/11/96
ADDRESS : BayBridge Toll Pl DATE CONFIRMED: 09/11/96
CITY/ZIP : Oakland 94623 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S CONTRACT STATUS: 2 PRIOR CODE:2B4 EMERGENCY RESP:
RP SEARCH: S DATE COMPLETED: 09/11/96
PRELIMINARY ASMNT: U DATE UNDERWAY: DATE COMPLETED:
REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: DATE ENFORCEMENT ACTION TAKEN:
LUFT FIELD MANUAL CONSID: 2HSC
CASE CLOSED: DATE CASE CLOSED:
DATE EXCAVATION STARTED : 09/03/96 REMEDIAL ACTIONS TAKEN: OT-CLOSED USTS

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Mr. Jim Newman, Mgr.
COMPANY NAME: Cal Trans
ADDRESS: P.O. Box 23660
CITY/STATE: Oakland, California 94623-0660

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only			Case Progress Changes	
ANNPGRMS _____	LOP _____	DATE _____	LOP _____	DATE _____

Transfer of Eligible Local Oversight Case

 STID 3963 Date of input/By: 7/10/96 9/11/96

 Date: 9/11/96 From: SUSAN HUGO

 Site Name: CAL-TRANS - San Francisco / Oakland Bay Bridge

 Address: Toll Plaza City: Oakland Zip: 94623

To be eligible for LOP, case must meet 3 qualifications:

1. Y N Tanks Removed? # of removed? 3 - closed in place Date removed: 9/3/96
2. Y N Samples received? Contamination level: STRONG HC odor; & strong staining ppm
Type of test _____
Contamination should be over 100 ppm TPH to qualify for LOP
3. Y N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
• diesel • waste oil • kerosene • solvents

Procedure to follow should your site meet all the above qualifications:

1.
 - a. ☒ Close the deposit refund case.
 - b. ☒ Account for **ALL** time you have spent on the case.
 - c. ☐ Turn in account sheet to Leslie.
If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: _____

DepRef Case Closed with Candyce/Leslie? Y N (If no, explain why below.)

2. Submit the completed A and B permit application forms to **NORMA**.
3. Give the entire case to the proper LOP staff.

BILLING ADJUSTMENT FORM

Date: 9-11-96

STID#: 3963

Caller: _____ Phone: _____

Business Name: SF-Oakland Bay Bridge

Site Address: Bay Bridge Toll Plaza City Oakland Zip 94623

REQUESTED CHANGES: 3 usts CLOSED IN PLACE 9/3/96
Overseen by S. Hugo.

Billing Acct#	
<input type="checkbox"/> Generator....	<u>H</u>
<input type="checkbox"/> HMMP.....	<u>L</u>
<input checked="" type="checkbox"/> JUST.....	<u>T 51041</u>

Received by: na

[X] Discontinue billing with explanation and date:

- ☐ Generator _____
- ☐ HMMP (AB2185) _____
- ☒ UST 3 usts CLOSED IN PLACE

[] Continue billing with following changes:

- ☐ Change number of EMPLOYEES From: _____ To: _____
- ☒ Change number of TANKS From: 3 To: 0
- ☐ HMMP (AB2185) - See Attachment
- ☐ Updated information below:

Business Name _____ Phone _____

Site address _____ City _____ Zip _____

Business Owner _____ Phone _____

BILLING address _____ City _____ Zip _____

Specialist: Arman L. Hugo

Date: 9/12/96

[X] Sent to billing
on 9/16/96

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 3963 Site Name CAL-TRANS SF. OAKLAND Today's Date 9/11/96

II.A BUSINESS PLANS (Title 19)

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

Site Address Toll Plaza
City Oakland Zip 94623 Phone _____

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

Inspection Categories:

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

II.B ACUTELY HAZ. MATLS

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

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

III. UNDERGROUND TANKS (Title 23)

- | | | |
|---------|----------------------------|-------------|
| General | 1. Permit Application | 25284 (H&S) |
| | 2. Pipeline Leak Detection | 25292 (H&S) |
| | 3. Records Maintenance | 2712 |
| | 4. Release Report | 2651 |
| | 5. Closure Plans | 2670 |

Monitoring for Existing Tanks

- | | |
|-------------------------|--|
| 6. Method | |
| 1) Monthly Test | |
| 2) Daily Vadose | |
| Semi-annual groundwater | |
| One time soils | |
| 3) Daily Vadose | |
| One time soils | |
| Annual tank test | |
| 4) Monthly Gndwater | |
| One time soils | |
| 5) Daily Inventory | |
| Annual tank testing | |
| Cont pipe leak det | |
| Vadose/gndwater mon. | |
| 6) Daily Inventory | |
| Annual tank testing | |
| Cont pipe leak det | |
| 7) Weekly Tank Gauge | |
| Annual tank testing | |
| 8) Annual Tank Testing | |
| Daily Inventory | |
| 9) Other | |

- | | |
|---------------------|------|
| 7. Precip Tank Test | 2643 |
| Date: | |
| 8. Inventory Rec. | 2644 |
| 9. Soil Testing | 2646 |
| 10. Ground Water | 2647 |

New Tanks

- | | |
|--------------------|------|
| 11. Monitor Plan | 2632 |
| 12. Access. Secure | 2634 |
| 13. Plans Submit | 2711 |
| Date: | |
| 14. As Built | 2635 |
| Date: | |

Rev 6/88

Comments:

ON SITE for soil borings, soil/grab water samples to be collected for the closure in place of 3 USTs. Two soil borings were collected from each UST.

Gasoline tank: East soil boring - soil sample collected @ approx. 12 ft. bgs; grab water sample was collected from this boring. Soil is very sandy w/ slight HC odor. South end boring - soil sample was collected @ approx. 9 ft bgs. Very sandy, HC odor present.

2 Dispenser associated w/ the gas tank. One soil sample collected underneath the dispenser.

Soil & water samples collected related to the gas tank must be analyzed for TPHgas, BTEX & MTBE.

Diesel tank (for the boiler) - East end boring near the vent & west end boring; both samples collected at approx 8 ft bgs (bottom of the UST @ 7 ft bgs).

II, III

Contact: Jim Newman

Title: Caltrans Mgr

Signature: M. K. [illegible] for Jim Newman

Inspector: SUSAN L. HUGO

Signature: _____

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 3963 Site Name Cal Irons SF-Oakland Today's Date 9/11/96

Site Address Tall Plaza
City Oakland Zip 94623 Phone _____

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

Inspection Categories:

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

page 2 - cont'd.

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

Comments:

Diesel Tank (for the generator) - East end
boring & well end boring - both soil
samples to be collected @ approx 8 ft bgs.
Grab water sample collected from the
boring.

Soil & water samples collected related to
the three diesel USTs must be analyzed for
TPH diesel & BTEX. If TPH diesel is present,
analyze for PNA's (Semi-volatiles).

All piping associated w/ the three USTs
closed in place must be permanently
capped.

II.A BUSINESS PLANS (Title 19)

- | | |
|---|----------|
| <input type="checkbox"/> 1. Immediate Reporting | 2703 |
| <input type="checkbox"/> 2. Bus. Plan Sds. | 25503(b) |
| <input type="checkbox"/> 3. RR Cars > 30 days | 25503.7 |
| <input type="checkbox"/> 4. Inventory Information | 25504(a) |
| <input type="checkbox"/> 5. Inventory Complete | 2730 |
| <input type="checkbox"/> 6. Emergency Response | 25504(b) |
| <input type="checkbox"/> 7. Training | 25504(c) |
| <input type="checkbox"/> 8. Deficiency | 25505(a) |
| <input type="checkbox"/> 9. Modification | 25505(b) |

II.B ACUTELY HAZ. MAT'L'S

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

III. UNDERGROUND TANKS (Title 23)

- | | | |
|---------|---|-------------|
| General | <input type="checkbox"/> 1. Permit Application | 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection | 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance | 2712 |
| | <input type="checkbox"/> 4. Release Report | 2651 |
| | <input type="checkbox"/> 5. Closure Plans | 2670 |

Monitoring for Existing Tanks

- | | | |
|-------------------------|------------------------------------|--|
| | <input type="checkbox"/> 6. Method | |
| | 1) Monthly Test | |
| | 2) Daily Vadose | |
| | Semi-annual groundwater | |
| | One time soils | |
| | 3) Daily Vadose | |
| | One time soils | |
| | Annual tank test | |
| | 4) Monthly Groundwater | |
| One time soils | | |
| 5) Daily Inventory | | |
| Annual tank testing | | |
| Cont pipe leak det | | |
| Vadose/groundwater mon. | | |
| 6) Daily Inventory | | |
| Annual tank testing | | |
| Cont pipe leak det | | |
| 7) Weekly Tank Gauge | | |
| Annual tank testing | | |
| 8) Annual Tank Testing | | |
| Daily inventory | | |
| 9) Other | | |

- | | |
|---|------|
| <input type="checkbox"/> 7. Precs Tank Test | 2643 |
| Date: _____ | |
| <input type="checkbox"/> 8. Inventory Rec. | 2644 |
| <input type="checkbox"/> 9. Soil Testing | 2646 |
| <input type="checkbox"/> 10. Ground Water | 2647 |

- | | | |
|---------------------------------------|---|------|
| New Tanks | <input type="checkbox"/> 11. Monitor Plan | 2632 |
| | <input type="checkbox"/> 12. Access, Secure | 2634 |
| | <input type="checkbox"/> 13. Plans Submit | 2711 |
| | Date: _____ | |
| <input type="checkbox"/> 14. As Built | 2635 | |
| Date: _____ | | |

Rev 6/88

II, III

Contact: Jim Newman

Title: Reg Mgr. II

Signature: M. J. Green

Inspector: SUSAN L. HUGO

Signature: Susan L. Hugo

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name SF Bay Bridge Tidal ^{Alameda} _{today's} Date 7/4/96

Site Address Bay Bridge

City Emeryville Zip 94608 Phone _____

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

Inspection Categories:

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

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

Comments:

one site for verification
of closure of tank in place

~ returned to site for closure
shoring seal completed.

on UST by dispenser
island

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

- | | | |
|---------|--------------------------------|-------------|
| General | ___ 1. Permit Application | 25284 (H&S) |
| | ___ 2. Pipeline Leak Detection | 25292 (H&S) |
| | ___ 3. Records Maintenance | 2712 |
| | ___ 4. Release Report | 2651 |
| | ___ 5. Closure Plans | 2670 |

Monitoring for Existing Tanks

- | | | |
|-------------------------------|-------------------------|--|
| Monitoring for Existing Tanks | ___ 6. Method | |
| | 1) Monthly Test | |
| | 2) Daily Vadose | |
| | Semi-annual groundwater | |
| | One time soils | |
| | 3) Daily Vadose | |
| | One time soils | |
| | Annual tank test | |
| | 4) Monthly Gndwater | |
| One time soils | | |
| 5) Daily Inventory | | |
| Annual tank testing | | |
| Cont pipe leak det | | |
| Vadose/gndwater mon. | | |
| 6) Daily Inventory | | |
| Annual tank testing | | |
| Cont pipe leak det | | |
| 7) Weekly Tank Gauge | | |
| Annual tank testing | | |
| 8) Annual Tank Testing | | |
| Daily Inventory | | |
| 9) Other | | |

- | | |
|--------------------------|------|
| ___ 7. Precip. Tank Test | 2643 |
| Date: _____ | |
| ___ 8. Inventory Rec. | 2644 |
| ___ 9. Soil Testing | 2646 |
| ___ 10. Ground Water | 2647 |

- | | | |
|------------------|------------------------|------|
| New Tanks | ___ 11. Monitor Plan | 2632 |
| | ___ 12. Access, Secure | 2634 |
| | ___ 13. Plans Submit | 2711 |
| | Date: _____ | |
| ___ 14. As Built | 2635 | |
| Date: _____ | | |

II, III

Contact: _____

Title: _____

Signature: _____

Inspector: Ban

Signature: _____

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 3913 Site Name CAL-TRANS SF-Oakland Today's Date 9/3/96

II.A BUSINESS PLANS (Title 19)

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

Site Address Toll PLAZA

City Oakland Zip 94623 Phone _____

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

Inspection Categories:

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

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

II.B ACUTELY HAZ. MAT'L

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

III. UNDERGROUND TANKS (Title 23)

- | | | |
|---------|---|-------------|
| General | <input type="checkbox"/> 1. Permit Application | 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection | 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance | 2712 |
| | <input type="checkbox"/> 4. Release Report | 2651 |
| | <input type="checkbox"/> 5. Closure Plans | 2670 |

- | | | |
|-------------------------------|------------------------------------|--|
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method | |
| | 1) Monthly Test | |
| | 2) Daily Vadose | |
| | Semi-annual groundwater | |
| | One time soils | |
| | 3) Daily Vadose | |
| | One time soils | |
| | Annual tank test | |
| | 4) Monthly Gndwater | |
| | One time soils | |
| 5) Daily Inventory | | |
| Annual tank testing | | |
| Cont pipe leak det | | |
| Vadose/gndwater mon. | | |
| 6) Daily Inventory | | |
| Annual tank testing | | |
| Cont pipe leak det | | |
| 7) Weekly Tank Gauge | | |
| Annual tank testing | | |
| 8) Annual Tank Testing | | |
| Daily Inventory | | |
| 9) Other | | |

- | | |
|---|------|
| <input type="checkbox"/> 7. Precs Tank Test | 2643 |
| Date: | |
| <input type="checkbox"/> 8. Inventory Rec. | 2644 |
| <input type="checkbox"/> 9. Soil Testing | 2646 |
| <input type="checkbox"/> 10. Ground Water | 2647 |

- | | | |
|---------------------------------------|---|------|
| New Tanks | <input type="checkbox"/> 11. Monitor Plan | 2632 |
| | <input type="checkbox"/> 12. Access, Secure | 2634 |
| | <input type="checkbox"/> 13. Plans Submit | 2711 |
| | Date: | |
| <input type="checkbox"/> 14. As Built | 2635 | |
| Date: | | |

Rev 8/88

Comments:

On Site: 3 USTs being closed in place.
1-3000 gal gasoline; 2-2000 gal diesel
(for the boiler & the generator).
Oakland Fire Prevention (Steve Crawford) on
site: The 3 USTs have been triple rinsed
& inerted. USTs slurred with concrete.
3000 gal gasoline = 14 3/4 yds.
2,000 gal diesel (boiler) = 9 1/2 yds
2,000 gal diesel (generator) has leaked in the past = 9 1/2

All piping associated with the 3 USTs must
be sealed/permanently capped.
Soil borings (one from back end of the UST &
~~must be drilled~~ one from the dispenser)
must be drilled. Soil &/or groundwater
samples must be collected.

Please notify our office 48 hrs in advance of
the closing schedule.

II, III

Contact: M. Zelnick of Susan Newman

Title: CM. Supt.

Signature: M. Zelnick

Inspector: _____

Signature: Susan F. Hays

1/Don Ch

Post-it Fax Note 7672

To Susan Hugo
Company Alamada Co Health
Location

No. of Pages 7
Today's Date 08-28-96
From Carole Green
Company CE Green Corp
Location Dept. Charge

Fax # (510) 337-9335 Telephone # 567-6780

Fax # (916) 939-9197 Telephone # 939-9199

Comments SF/Oakland BB Toll Plaza -

Original Disposition: ☐ Destroy ☐ Return ☐ Call for pickup

Susan: As we discussed, the following amended information reflects the agency decision to close all the tanks in place. Please call if you have any questions. Thanks! Carole

SUSAN L. HUGO

Project Specialist
ACCEPTED

Underground Storage Tank Closure Permit Application
Alameda County Division of Hazardous Materials
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-8577

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.
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/or construction must be submitted to this Department and to the Building Inspections Department to delete any changes that meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the closing required inspection.

ALAMEDA COUNTY HEALTH CARE SERVICE AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
DIVISION OF ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PARKWAY, SUITE 250
ALAMEDA, CA 94502-8577
FAX 510 337-9335
510 337-9335
510 337-9335

Removal of Tanks and Tanks
Sampling
Final Inspection

Issuance of a permit to operate, closure, is dependent on compliance with applicable laws and all applicable laws and regulations.

*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Contact Specialist:

Make a

PLEASE NOTE ~~CHANGES~~ ~~MADE~~ ~~ON~~
THE FOLLOWING:

- 1) CHANGES MADE ON PAGES 1, 2, 3, 4 & 5 of the Amended closure plan.
- 2) ATTACHED COPY OF PAGE 6 SIGNED BY CAL TRANS.
- 3) ATTACHED modified letter of approval By the FIRE DEPT. (per Leroy Griffin).
- 4) ATTACHED TANK REMOVAL SPECIFICATION FROM CAL TRANS.

5) Soil/g ground water sample must be collected from the borings to be drilled at each end of the tanks.

* ALL THREE TANKS TO BE CLOSED IN PLACE.
UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

Susan L. Hugo
8/29/96

14. Describe methods to be used for rendering tank inert

See attached sheet

Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be plugged.

The Bay Area Air Quality Management District (771-6000), along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of explosion proof combustible gas meters to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas meter on site to verify tank inertness.

15. Tank History and Sampling Information

Tanks to be closed in place.

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
2,000 2,000 3,000		Diesel Diesel UL Gas	Soil borings minimum of "2" per tank One from each end.
Soil and groundwater samples must be collected from each boring. Soil samples should be collected underneath the dispenser.			

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

c) Tank and Piping Transporter n/a

Name _____ EPA I.D. No. _____
Hauler License No. _____ License Exp. Date _____
Address _____
city _____ State _____ Zip _____

d) Tank and Piping Disposal Site n/a

Name _____ EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

11. Experienced Sample Collector

Name Timothy S. Green ✓
Company C.E. Green Corp
Address 5088 Hillsdale Circle
city EI Dorado Hills state CA zip 95762 Phone (916) 939-9199

12. Laboratory

Name California Laboratory Services ✓
Address 3249 Fitzgerald Rd
city Rancho Cordova state CA zip 95742
State certification No. _____

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

If yes, describe. _____

Excavated/Stockpiled Soil <i>na</i>	
Stockpiled Soil Volume (estimated)	Sampling Plan

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 Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling operations.

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

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPH gasoline		8015	
TPH diesel		8015	
BTEX		8020	
MTBE		8020	
Semi-volatiles (PNAs)		8270	

C E GREEN CORP
5088 Hillside Circle
El Dorado Hills, Ca 95762-5713
(916)939-9199 Fax(916)939-9197

SITE SAFETY & UNDERGROUND FUEL TANK CLOSURE PLAN

1. Site Description

A. Name & Address: Department of Transportation
San Francisco Oakland Bay Bridge
Toll Plaza
I-80 at SFOBB (Oakland side)
Oakland, California 94649 ✓

B. Phone: (510) 286-4495 ✓

C. Projected Start Date: August 26, 1996

D. Site Information

Tank Size	Tank Contents	Tank Type
(1) 3,000 gal	unleaded gasoline	unknown
(2) 2,000 gal	diesel	unknown

 } 2

2. Work Objectives

A. Residual product will be pumped from tank. ✓

B. Tanks will be triple rinsed per specifications of NFPA 327 - the equivalent of a triple rinse of water and degreasing solution generating a minimum of two percent of tank volume.

C. C E Green Corp will fill tanks with 2-sack slurry per specifications supplied by the Division of the State Architect. } 2

D. Local agencies will be notified of scheduled removal date/time and will be present for the tank closures as necessary.

3. Project Organization

A. The following personnel are designated to perform job functions, as needed, on site. Each has been certified according to the requirements of the OSHA Hazardous Waste Operations Standard 29 CFR 1910.120:

Miguel Rangel, Site Manager & Safety Officer
Ty B. Maeburn
T. S. Green
Carole Green
Robert Page
Scott Rodarte

Emergency Contacts: Carole/Steve Green
(916)939-9199
(916)599-7525

4. Site Control

A. Work area will be barricaded and delineated with yellow caution tape. Appropriate signage will also be posted.

5. Hazardous Waste Description

A. The contaminants suspected on this site are various petroleum products, however, if unexpected conditions or substances are encountered, which are considered hazardous, as defined in Section 25117 of the Health & Safety Code, work will be suspended until the engineer is notified both verbally and in writing and until such time as he authorizes it to continue.

6. Personal Protective Equipment

- A. Appropriate skin protection/Tyvek suits (if necessary)
- B. Air purifying respirator
- C. Hard hats and safety glasses
- D. Gloves and steel-toed boots
- E. Hearing protection, as necessary
- F. Eye wash and first-aid kits on site
- G. Fire extinguishers

7. On-Site Monitoring

A. The underground tanks will be monitored with a LEL meter to determine explosive levels (if applicable).

B. All excavated material will be placed on visqueen and visually monitored for fugitive dust (if applicable).

8. Emergency Response Plan

A. In case of accident, employees first response shall be to call 911, if emergency situation dictates.

B. If it is not an emergency situation, employee will be transported to nearest hospital:

Kaiser Hospital
280 West Macarthur
Oakland, California 94611
(510) 596-1000

Local Fire Department: Emeryville Fire Department
2333 Powell Street
Emeryville, California 94515
(510) 596-3750

9. Spill Containment

A. Proper and adequate materials needed for spill containment will be retained on the job site.

10. Communication Procedure

A. Prior to the commencement of work, a safety meeting will be held with all employees to discuss hazardous materials present, PPE, monitoring equipment and safety procedures.

B. Additional safety meetings will be held weekly, to discuss any new conditions and/or worker concerns

C. Written record will be kept of safety meetings.

D. Each employee will read this plan and sign below as verification that he/she is aware of its contents.

See APPENDED closure plan. SH

SUSAN L. HUGO
Project Specialist

STID 3963

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PARKWAY, RM 250
ALAMEDA, CA 94502-6577

ACCEPTED

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

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destruction.
One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.
Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

PHONE # 510/567-6700
FAX # 510/333-9335

- 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

- PLEASE MAKE A NOTE OF THE FOLLOWING:
- 1) Changes made on pages 2, 4 & 5 of the permit application.
 - 2) Attached copy of pg 6 Signed by Cal Trans.
 - 3) Attached letter of approval by the Fire Dept.
 - 4) Attached Tank Removal Specifications from Cal Trans.
 - 5) Soil/Groundwater Samples must be collected from the borings to be drilled ~~from~~ at each end of the 2 USTs to be closed in place.

Susan L. Hugo 8/28/96

* 1 UST to be removed
2 USTs to be closed in place.

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

- Name of Business ~~C E GREEN CORP~~ CAL TRANS
Business Owner or Contact Person (PRINT) ~~CAROL GREEN~~
- Site Address DOT SAN FRANCISCO - OAKLAND BAY BRIDGE TOLL PLAZA MAINT. ST.
city OAKLAND, CA zip 94623 Phone (510) 286-4495
- Mailing Address SAN FRANCISCO OAKLAND BAY BRIDGE TOLL PLAZA
city OAKLAND, CA zip 94801 Phone (510) 286-4495
- Property Owner STATE OF CALIFORNIA
Business Name (if applicable) _____
Address 1300 I STREET, SUITE 800
city, state SACRAMENTO, CA zip 95814
- Generator name under which tank will be manifested
ERICKSON, INC.

EPA ID# under which tank will be manifested C A D 0 0 9 4 2 6

ENVIRONMENTAL PROTECTION DIVISION
55 AUG 23 AM 9:23

6. Contractor E GREEN CORP
Address 5088 HILLSDALE CIRCLE
City EL DORADO HILLS, CA 95762 Phone (916) 939-9199
License Type* A, B HAZ, CERT ✓ ID# 68-6098503 6/30/98
License Bond

*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board.

7. Consultant (if applicable) _____

Address _____

City, State _____ Phone _____

8. Main Contact Person for Investigation (if applicable)

Name _____ Title _____

Company _____

Phone _____

9. Number of underground tanks being closed with this plan (3)

Length of piping being removed under this plan 24'

Total number of underground tanks at this facility (**confirmed with owner or operator) 3

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 Bay Area Tank & Marine EPA I.D. No. _____

Hauler License No. 572244 License Exp. Date _____

Address 4851 Sunrise Drive

City Martinez State CA Zip 94553

b) Product/Residual Sludge/Rinsate Disposal Site

Name Americlean EPA ID# NVD982358483

Address 2430 Almond Drive - Marling P.O. Box 349

City Silver Springs State NV Zip 89429

c) Tank and Piping Transporter

Name ERICKSON, INC. EPA I.D. No. CAD 009466392
Hauler License No. 0019 License Exp. Date 7/31/97
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name ERICKSON, INC. EPA I.D. No. CAD 009466392
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

11. Sample Collector

Name TIMOTHY S. GREEN
Company C E GREEN CORP
Address 5088 HILLSDALE CIRCLE
City EL DORADO HILLS State CA Zip 95762 Phone (916) 939-9199

12. Laboratory

Name CALIFORNIA LABORATORY SERVICES
Address 3249 FITZGERALD RD.
City RANCHO CORDOVA State CA Zip 95742
State Certification No. 1233

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:

SEE ATTACHED SHEET.

Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be permanently plugged.

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
2,000	Diesel 8/96	Diesel - soil	Soil samples - minimum of (2) per tank on removals - soil borings - minimum of (2) per tank on closure in place
2,000	Diesel 8/96	Diesel - Soil	
3,000	UL Gas 8/96	UL Gas - Soil (groundwater, if present)	

soil samples should be collected
underneath the dispenser.

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)

Sampling Plan

Stockpiled soil must be properly characterized for disposal.

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 Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling operations.

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

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPH gasoline		8015	
TPH diesel		8015	
BTEX		8020	
MTBE		8020	
semi-volatiles (PNAs)		8270	

18. Submit Worker Compensation Certificate Copy

Name of Insurer State Fund (original has been mailed directly to you by St Fund)

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

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

CONTRACTOR INFORMATION

Name of Business C E GREEN CORP

Name of Individual CAROLE GREEN

Signature Carole Green Date 08-20-96

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business State of CA (DEPT OF TRANSPORTATION)

Name of Individual _____

Signature See Attached copy of pg 6 w/ signature Date _____

C E GREEN CORP
5088 Hillisdale Circle
El Dorado Hills, Ca 95762
(916)939-9199 Fax(916)939-9197
License #493327 ✓

PROCEDURES FOR UNDERGROUND TANK REMOVAL

- A. Remove all residual combustible/flammable liquids from lines and tanks
 - 1. C E Green will remove residual liquid from tank. All residual liquids removed will be properly manifested to a licensed TSD facility.
- B. Initial Excavation
 - 1. C E Green Corp shall remove asphalt and/or concrete as necessary to expose storage tank and piping. Asphalt and/or concrete will be cut at right angles (90 degrees) to allow appropriate site restoration. Disposal of all removed asphalt and/or concrete will be the responsibility of C E Green Corp.
 - 2. C E Green Corp shall remove sufficient backfill to expose tank top, sides and piping. Site inspector will investigate excavated area for evidence of contamination.
- C. Disconnect and rinse piping
 - 1. All piping shall be rinsed and removed or capped.
- D. Inert Tanks
 - 1. Flammable vapors will be expelled by inserting a minimum of twenty pounds of CO2 (dry ice) per 1,000 gallons of tank volume.
 - 2. All piping shall be disconnected from the tanks and all tank openings securely sealed. One 1/8 inch vent hole will be left open at the high point of the tank to allow flammable vapors to escape.

PROCEDURES FOR UNDERGROUND TANK REMOVAL

Page 2

3. A minimum of two hours must be allowed for the vapors to expel after the dry ice has been introduced into the tank and the tank properly sealed.

4. A LEL meter will be on site to measure oxygen/explosion levels. Two fire extinguishers will also be on site.

E. Tank and piping removal

1. Soil suspected to contain hydrocarbons or any contamination will be segregated and placed on visqueen. C E Green Corp will keep separate any suspected contaminated soil from clean soil.

2. The tank shall be lifted from the excavation with a backhoe or excavator of sufficient weight capacity and placed on smooth ground, free of rocks and/or other foreign objects for inspection.

3. All piping shall be removed as practical. Piping that, in the judgment of C E Green Corp, cannot be removed, must be brought to the attention of the site inspector, who will have the final authority to allow piping to be left in place. All piping left in place must be capped off at all openings. ✓

F. Tanks abandoned in place

1. The underground storage tank will be pumped of all sludge or liquid. The tank will then be triple rinsed and filled with a two sack slurry concrete mix. ✓

2. A notice shall be placed in the deed of the property, by the owner, which describes the exact location of the closed underground storage tank, the substance it contained and the closure method. ✓

G. Decontaminate tanks

1. The interior of the tanks will be pressure washed per the specifications of NFPA 327 - the equivalent of a triple rinse of water and degreasing solution generating a minimum of two percent of the tank volume.

PROCEDURES OF UNDERGROUND TANK REMOVAL
Page 3

H. Disposal of tanks

1. C E Green Corp is responsible for removal and disposal of the tanks and all associated piping from the site. The tank(s) will be disposed of as scrap at an appropriate site or manifested to a licensed TSD facility as hazardous material, per contract requirements. Upon request, customer will be provided a certificate verifying proper handling.

I. Soil sampling

Proposed sampling methodology:
All sampling will be performed according to the TRI-REGIONAL BOARD STAFF RECOMMENDATIONS under your supervision or a member of your staff. Immediately following the removals of the tanks, a backhoe bucket of native soil from each sample location will be brought to the surface. Samples will be collected in clean brass tubes. The ends of the tubes will be covered with aluminum foil, then plastic end caps and finally wrapped with suitable tape. Once capped the samples will be placed on dry ice for transport to California Laboratory Services. Formal chain-of-custody records will be maintained and submitted for each sample. Soil samples will be analyzed for the appropriate Minimum Verification Analysis as specified in the TRI-REGIONAL RECOMMENDATIONS.

J. Backfilling tank excavation

1. C E Green will be responsible for providing clean backfill, free of foreign material or rocks greater than 3 inches in diameter.

2. The backfill will be compacted in loose lifts, not exceeding 8 inches in thickness. Backfill should be moisture conditioned to 1-3 percent over optimum moisture content and compacted to 90 percent relative compaction to within 12 inches of sub-grade in accordance with ASIM 1557-D. The remaining 12 inches must be compacted to a minimum of 90 percent relative compaction.

PROCEDURES OF UNDERGROUND TANK REMOVAL

Page 4

K. Asphalt/concrete paving

The disturbed area shall be resurfaced with asphalt or concrete to a condition, thickness and grade equivalent to the surrounding area unless contract specifies otherwise. Resurfacing finish grade shall match existing grade of the undisturbed area. C E Green Corp shall:

1. Cover excavated areas with a minimum compacted thickness of 10 inches of aggregate base material. Base material will consist of Class 2 aggregate; a maximum of 1 1/2 inches in diameter. Base material will be compacted to 95 percent relative compaction. Surfaces to receive asphalt/concrete shall be dry and clean of loose material.

2. C E Green shall apply three(3) inches of Type B asphalt. Asphalt binder shall be grade AR 2000 paving asphalt. Aggregate shall be 1 1/2 inch maximum, medium grade.

L. Soil Disposal Remediation

Hydrocarbon impacted soils will either be shipped for disposal at a permitted disposal facility or remediated on-site. The remediation decision will be determined following removal of tank(s) and will be based on actual quantity of excavated impacted soils, soil sample results, type of constituents and requirements of the local County Department of Environmental Health.

1. Disposal: C E Green Corp will load, transport and dispose of hydrocarbon impacted soils at a permitted landfill facility. Proper handling and manifesting of wastes will be required prior to shipment.

PROCEDURES FOR UNDERGROUND TANK REMOVAL

Page 5

M. Site Inspection

1. The site inspection of the tank and excavation for evidence of leakage following removal.
2. Examination of import fill, backfill compaction and asphaltting/or concreting to specifications.
3. Approval of manifest for waste disposal and/or rinse disposal.
4. Final site inspection for cleanup and completion of work tasks.

N. Removal of underground tanks

The safe removal of underground tanks can be accomplished by taking the steps described below:

1. Drain and flush the piping into the tank.
2. Pump all liquids from the tank.
3. Expose top and sides of tank.
4. Remove fill tube. Disconnect the fill, gauge, product and vent lines. Cap or plug open ends of lines not in use.
5. Triple rinse tank (see section G.)
6. Remove flammable vapors. Tank will be conditioned by method described in Section G. Vapors will be purged from tank by adding solid carbon dioxide (dry ice) in the amount of twenty pounds per 1,000 gallons of tank capacity. The dry ice should be crushed or sliced and distributed evenly over the greatest area to secure rapid evaporation. Avoid skin contact with dry ice because it will produce burns. As dry ice vaporizes, flammable vapors will flow out of the tank and may surround the area. Observe all normal safety precautions regarding flammable vapors. Make sure that all of the dry ice has vaporized.

PROCEDURES FOR UNDERGROUND TANK REMOVAL

Page 6

7. Temporarily plug all tank openings, complete the excavation, and remove the tank, placing it in a secure location. Block the tank to prevent movement if needed.

8. After tank has been purged of vapors and before tank is removed from site, plug or cap all holes. Use boiler plugs to plug any corrosion leak holes. Plug should have a 1/8 inch vent hold to prevent the tank from being subjected to an excessive pressure differential caused by extreme temperature changes.

9. Finally the tank should be secured on a trailer for transportation to disposal site. Tank should be secured so that the 1/8 inch vent hole is located at the uppermost point on the tank.

C E GREEN CORP
5088 Hillside Circle
El Dorado Hills, Ca 95762-5713
(916)939-9199 Fax(916)939-9197

SITE SAFETY & UNDERGROUND FUEL TANK CLOSURE PLAN

1. Site Description

A. Name & Address: Department of Transportation
San Francisco Oakland Bay Bridge
Toll Plaza
I-80 at SFOBB (Oakland side)
Oakland, California 94649

B. Phone: (510) 286-4495 ✓

C. Projected Start Date: August 26, 1996

D. Site Information

Tank Size	Tank Contents	Tank Type
(1) 3,000 gal	unleaded gasoline	unknown
(2) 2,000 gal	diesel	unknown

2. Work Objectives

A. Residual product will be pumped from tank.

B. Vapors will be purged from tank two hours prior to removal by introducing a minimum of 30 pounds of CO2 (dry ice) per each 1,000 gallons of tanks' capacity. A LEL meter will be on site and used to measure oxygen (explosion) levels. In addition, two (2) fire extinguishers will be on site.

C. C E Green Corp will remove tanks and associated piping. The tank will be manifested to a TSD facility either by H and H Environmental or Ericksons, Inc. Copy of manifest will be provided to the Alameda County Haz Materials Division.

D. Clean excavated material will be stockpiled on-site for back-fill.

E. Local agencies will be notified of scheduled removal date/time and will be present for the tank removals.

3. Project Organization

A. The following personnel are designated to perform job functions, as needed, on site. Each has been certified according to the requirements of the OSHA Hazardous Waste Operations Standard 29 CFR 1910.120:

✓ Miguel Rangel, Site Manager & Safety Officer

Ty B. Mashburn

T. S. Green

Carole Green

Robert Page

Scott Rodarte

Emergency Contacts: Carole/Steve Green }
(916)939-9199
(916)599-7525

4. Site Control

A. Work area will be barricaded and delineated with yellow caution tape. Appropriate signage will also be posted.

5. Hazardous Waste Description

A. The contaminants suspected on this site are various petroleum products, however, if unexpected conditions or substances are encountered, which are considered hazardous, as defined in Section 25117 of the Health & Safety Code, work will be suspended until the engineer is notified both verbally and in writing and until such time as he authorizes it to continue.

6. Personal Protective Equipment

A. Appropriate skin protection/Tyvek suits (if necessary)

B. Air purifying respirator

C. Hard hats and safety glasses

D. Gloves and steel-toed boots

E. Hearing protection, as necessary

F. Eye wash and first-aid kits on site

G. Fire extinguishers

7. On-Site Monitoring

A. The underground tanks will be monitored with a LEL meter to determine explosive levels.

B. All excavated material will be placed on visqueen and visually monitored for fugitive dust.

8. Emergency Response Plan

A. In case of accident, employees first response shall be to call 911, if emergency situation dictates. ✓

B. If it is not an emergency situation, employee will be transported to nearest hospital: ✓

Kaiser Hospital
280 West Mearthur
Oakland, California 94611
(510) 596-1000

Local Fire Department: Emeryville Fire Department
2333 Powell Street
Emeryville, California 94515
(510) 596-3750

9. Spill Containment

A. Proper and adequate materials needed for spill containment will be retained on the job site.

10. Communication Procedure

A. Prior to the commencement of work, a safety meeting will be held with all employees to discuss hazardous materials present, PPE, monitoring equipment and safety procedures.

B. Additional safety meetings will be held weekly, to discuss any new conditions and/or worker concerns

C. Written record will be kept of safety meetings.

D. Each employee will read this plan and sign below as verification that he/she is aware of its contents.

State of California

Contractors State License Board

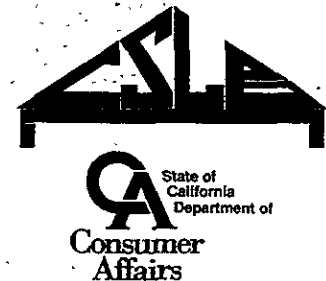
Pursuant to Chapter 9 of Division 3 of the Business and Professions Code
and the Rules and Regulations of the Contractors State License Board,
the Registrar of Contractors does hereby issue this license to:

C E GREEN CORP



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

A - GENERAL ENGINEERING CONTRACTOR
B - GENERAL BUILDING CONTRACTOR
HAZ - HAZARDOUS SUBSTANCES REMOVAL



Witness my hand and seal this day,
October 7, 1993

Carol C. Green

Signature of Licensee

Carol C. Green

Signature of License Qualifier

Issued June 12, 1986

CERTIFIED COPY

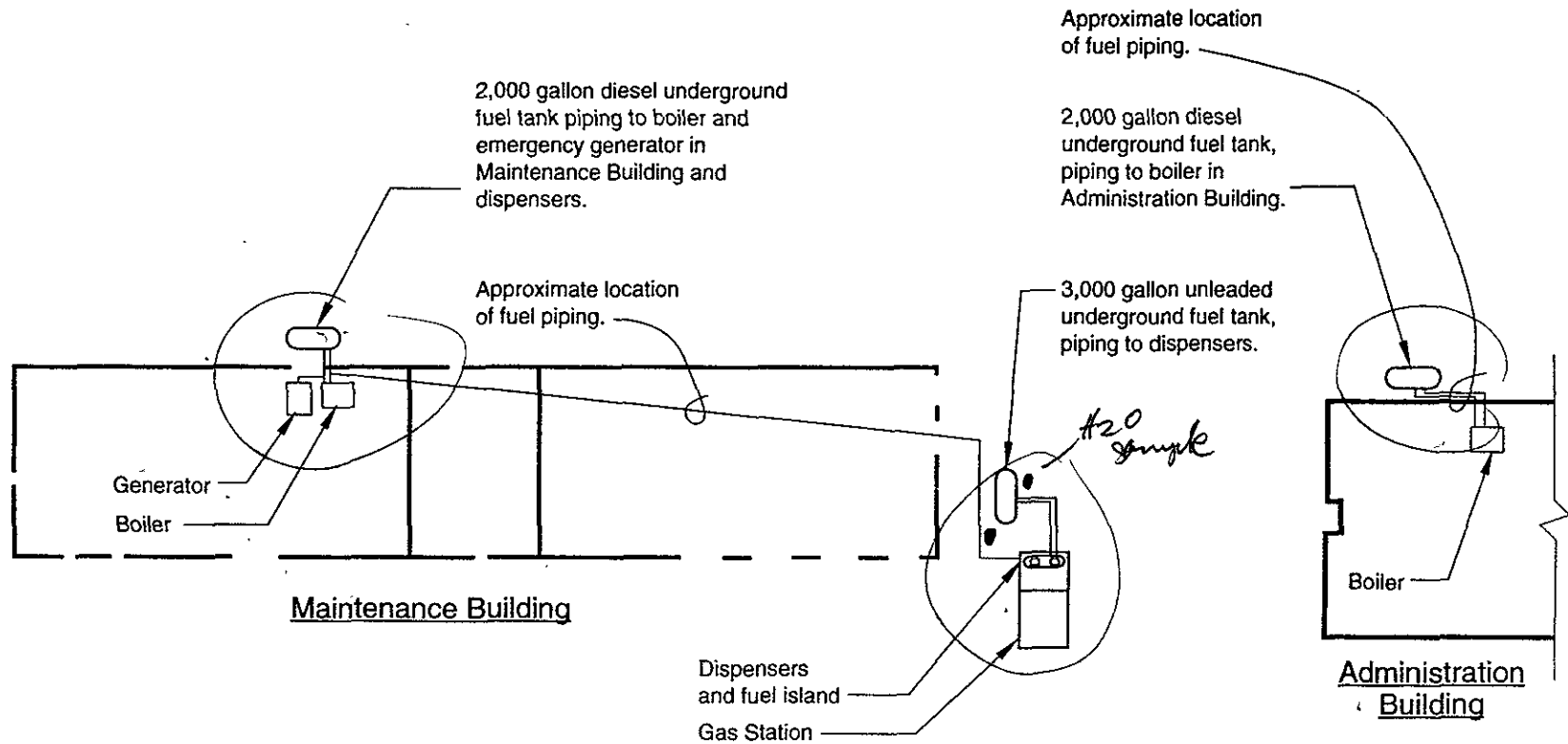
David R. Phillips

Registrar of Contractors

493327

License Number

This license is the property of the Registrar of Contractors, is not
transferable, and shall be returned to the Registrar upon demand
when suspended, revoked, or invalidated for any reason. It becomes
void if not renewed.



• soil samples

Notes

1. Maintenance building has underfloor crawl space beneath a 8" reinforced concrete floor. Conduits and fuel lines in underfloor space are run on hangers.



0 20 40 60 80 100



Approximate Scale

FAX

Date 08/27/96

Number of pages including cover sheet 7

TO: MS. SUSAN HUGO
ALAMEDA CO HEALTH
1131 Harbor Bay Parkway, Room
250
Alameda, CA 94502

Phone (510) 567-6780
Fax Phone (510) 337-9335

FROM: CAROLE GREEN
C E GREEN CORP
5088 Hillsdale Circle
El Dorado Hills, CA 95762

Phone (916) 939-9199
Fax Phone (916) 939-9197

CC: file

REMARKS: ☐ Urgent ☒ For your review ☐ Reply ASAP ☐ Please Comment

Re: San Francisco/Oakland Bay Bridge Toll Plaza

Susan:

Per your request, included in this fax transmission is the information which you requested in order to complete the permit approval for the referenced project. Please call immediately if you do need further information.

Thanks,

Carole Green

Carole

Aug-27-96 10:16A

P.03

Revised 8/96

DO NOT DETACH
TECHNICAL SPECIFICATIONS - TANK REMOVAL
FOR CHANGE ORDER WORK

Page 1 of 4

(AGENCY) CALTRANS
(ADDRESS) 5F/OAKLAND BB TOLL PLAZA
COUNTY: ALAMEDA

Work Order No. 42409

**1. TANK REMOVAL (CLOSURE IN-PLACE WHEN SPECIFIED UNDER
"SCOPE OF WORK" ON THE CONTRACTOR'S BID PROPOSAL FORM)**

Contractor shall:

- A. Obtain all required permits from the Local Implementing Agency.
- B. Provide the State with an approved copy of the Tank Removal/Closure In-Place application as submitted to the local jurisdiction and a copy of the approved permit for each tank.
- C. Triple rinse the tank or use a method required by the Local Implementing Agency; dispose of the rinsate in accordance with the State Department of Toxic Substances Control and the County Environmental Health Department regulations. Tanks located in certain Air Quality Maintenance Districts require that vapors be controlled with a degasification procedure prior to removal. Empty tanks that contained flammable or combustible liquid must be considered dangerous. Vapors should be purged with inert gases, forced ventilation or other appropriate methods to ensure vapor levels are below the lower explosive limit. After cleaning, all tanks shall be rendered safe from fire and explosion hazard by placement of openings in each tank of sufficient area to prevent buildup of vapor levels above the lower explosive limit.
- D. Provide the State with the following:
 1. A plot plan showing location of tank(s) and sample(s);
 2. Certificate of Tank Disposal;
 3. A chain of custody for sample(s);
 4. Sample analysis results;
 5. Hazardous Waste Manifest; (NOTE: The Division of the State Architect is not the generator. The Agency listed above is the generator of record.
 6. Contractor's Certification of Completion Statement; and
 7. The Informal Contract Completion Report which is prepared by the Division of the State Architect Inspector.
- E.
 1. Remove, transport and dispose of the underground tank(s) in accordance with all Federal, State and local regulations applicable to this project.
 2. Notify the facility ten (10) days prior to start of work and coordinate and schedule all work with the Field Representative, _____, at _____ (telephone), Project Manager, _____, at _____ (telephone), and Division of the State Architect Inspector, _____ at _____ (telephone).
 3. Notify the appropriate local agency at least 48 hours prior to initiating any work at this facility.
 4. Comply with all security and other pertinent regulations enforced at the facility.

Aug-27-96 10:19A

P.06

Technical Specifications -- Tank Removal
For Change Order Work

Page 4 of 4

2. Remove and dispose of all piping associated with the underground storage tank or with the approval of the Project Manager, be emptied of product and capped.
 3. Triple rinse the tank and fill it with an inert solid, such as a weak concrete slurry using a two-sack concrete mix with sand or equivalent.
 4. Performing Item J above shall not exceed \$_____.
- K. Use the sum of Items F, G, H.1 and J.4 for the tank closure bid proposal.
- L. **CONTAMINATED SOIL:**
1. Contaminated soil from the excavation may be transported to a permitted disposal site if it is the opinion of the Local Implementing Agency that the area of contamination is minor and will not require removal of more than fifty (50) tons of contaminated soil. The Project Manager **must** first authorize the soil removal and disposal site. The cost shall be handled with a Change Order.
 2. If the site contains an area where the soil could be spread for aeration and if it is the opinion of the Local Implementing Agency that the volume of contamination is no more than 100 tons, then the contractor may be requested to excavate contaminated soil and spread for aeration as directed. The Facility Site Representative must approve of the location and the Project Manager must authorize the work prior to implementation. The cost shall be handled with a Change Order.
- M. Laboratory test results for soil or groundwater/compaction tests, and copies of laboratory invoices must be furnished to the Project Manager.
- N. **Asbestos containing materials disturbed in the course of performing contract work.**

In the event that existing construction materials are identified as containing asbestos materials, and are disturbed in the course of performing work under this contract, the contractor shall cease all work immediately and notify the State Construction Supervisor and/or Project Manager. After site conditions and extent of asbestos-related work is assessed by the State, a separate contract will be issued to a contractor registered and certified for asbestos abatement work. Work activities under this contract shall not resume until such time that abatement work is complete under separate contract.

Under existing State statute and the California Administrative Code, a prime contractor who is not certified to perform asbestos abatement work may not subcontract asbestos-related work.

NOTE: Contaminated soil removed by the contractor and left for aeration on the site shall not be the responsibility of contractor thereafter.

Aug-27-96 10:18A

P.05

Technical Specifications - Tank Removal
For Change Order Work

Page 3 of 4

13. Performing all items under A, B, C, D, and E above shall not exceed \$_____.

- F. Remove, transport and dispose of all product/sludge/water in the tanks. A quantity of five percent (5%) of the tank size shall be included in the lump sum contract cost. The cost shall not exceed \$_____.

If the quantity of product/sludge/water exceeds the allowed five percent (5%), payment for the excess will be paid on a time and material basis as follows:

1. Product pumping, invoiced charge.
2. Signed disposal manifest and invoiced charge.
3. Invoiced transportation charges.
4. All quantities shall be signed off by the on-site Field Representative.

Fifteen percent (15%) will be added to the cost invoices by the contractor (except for laboratory work).

In the event of a payment dispute, the above charges will be paid based on quotations for a like service.

- G. Replace the removed concrete and/or pavement back to its original condition at a cost not to exceed \$_____.
- H. 1. Obtain two soil and/or groundwater samples, one from each end of the tank, at elevation of three (3) feet directly below the bottom of the tank. The cost shall not exceed \$_____.
2. Obtain additional samples if required by the Local Implementing Agency Representative. Payment will be made on laboratory invoice price plus five percent (5%).
3. Notify the Division of the State Architect in writing, addressing the selection of a certified laboratory. Invoices from the laboratory must reference the Contract Number, Work Order Number and Project Manager's name. Invoices for laboratory analysis shall be billed directly to contractor. However, copies of the laboratory invoices and contractor's invoices must be furnished to the Project Manager.
4. Have all the sampling, preservation, and analyses done in accordance with the requirements of the appropriate Local Implementing Agency and the Regional Water Quality Control Board for total petroleum hydrocarbons (diesel or gasoline as appropriate) and BTX&E.
- I. Use the sum of Items B-13, F, G, and H.1 for the tank removal bid proposal.
- J. For permanent Closure In-Place of the underground storage tank, the following procedures shall be utilized:
1. Take two soil samples for analysis as required by Item H.1 of the specifications and have them analyzed as required by Item H.4 of the specifications.

Aug-27-96 10:17A

P.04

Technical Specifications - Tank Removal
For Change Order Work

Page 2 of 4

5. Obtain plans of the existing underground storage tank(s) if available from the Field Representative. Open excavations will be made, as required, to remove the underground storage tank.
6. Verify all existing utility services in the immediate area prior to the work, and be responsible for any damages to these services.
7. Sawcut, excavate, remove and dispose of pavement and/or concrete as necessary to allow removal of the underground tank(s). This requirement may be waived by the Project Manager depending on the conditions of the existing surface.
8. Provide a Health and Safety Plan that adequately addresses all safety and health hazards that employees may be exposed to on this project. No field work will be permitted until a site specific Health and Safety Plan is approved by the field representative. Coordinate in advance with field representative all required arrangements in case of emergency.
9. Include all work, equipment, materials and installation and conform to California Administrative Code, Title 24, Building Standards (CAC Title 24) and to California Administrative Code, Title 8, Chapter 4, Division of Industrial Safety (DIS).
10. Furnish backfill materials and provide adequate compaction of backfill excavations in accordance with one of the following methods:
 - a. Selected materials for backfill free of deleterious materials shall be compacted to obtain relative compaction of 90 percent minimum as determined by the Test Method California No. 216, California Department of Transportation.

Compaction tests shall be made at each tank removal excavation by a recognized laboratory. The laboratory must first be approved by the Project Manager. Two copies of test results must be furnished to the Project Manager. Test costs shall be paid by the contractor.
 - b. Select material of pea gravel or crushed rock shall be placed in the excavation in 12-inch lifts and vibrated as necessary to fill all voids.

Pea gravel shall be smooth rounded material not more than one-half (1/2) inch in diameter.

Crushed rock shall be self-compacting material not more than one-half (1/2) inch in cross sectional measurement. Use of crushed rock will not be permitted for backfill if contact will be made between the backfill material and tanks/pipes made of poly resin glass or similar materials.
11. Bring back to grade any backfill that subsides within the guarantee period.
12. Be responsible for any damage to existing facilities and shall take corrective measures to bring the facility back to its original condition.

Replace or repair disturbed surfaces to match the original condition where tank removal activities result in surface damages.

Aug-27-96 10:16A

P.01

DIVISION OF THE STATE ARCHITECT
UNDERGROUND STORAGE TANK PROGRAM
DISPOSAL IN PLACE

- 3.1 This section describes a safe method for the in place disposal of underground tanks. Removal of the tank is preferred, except in those locations where adjacent equipment or structures may be damaged or weakened; where its removal may be physically impossible; or where removal may incur excessive costs.

A determination of whether to dispose of a tank in place or to remove it will depend upon: local regulations which may prohibit abandonment in place; the location of the facility and tank; the availability of equipment; and cost. Additional considerations include the length of service the equipment has provided and its reuse or salvage value.

- 3.2 The federal Resource Conservation and Recovery Act (RCRA, 40 CFR Parts 260-265) places restrictions on disposal of certain residues that may be present in some underground storage tanks. Residues from tanks that have held leaded gasoline should be treated with extreme caution. These and other residues in the tank may be classified as hazardous wastes. All liquids and residues removed from the tank should be handled in accordance with appropriate federal, state, and local regulations. Product removed from the tank can usually be reused or recycled.
- 3.3 Tanks may be effectively and safely disposed in place by following the steps in 3.3.1. through 3.3.8.
- 3.3.1 Prepare the work area by following the precautions described in Section 4.1.1.
- 3.3.2 Drain product piping, being careful to avoid any spillage to the excavation area. Disconnect product piping from tank, and cap or remove such piping.
- 3.3.3 Remove liquids and residues from the tank by using explosion-proof or air-driven pumps. Pump motors and suction hoses must be bonded to the tank (or otherwise grounded) to prevent electrostatic ignition hazards. It may be necessary to use a hand pump to remove the bottom few inches of liquid.
- 3.3.3.1 If a vacuum truck is used for removal of liquids or residues, the area of operation for the vacuum truck must be vapor-free, and the truck should be located upwind from the tank and outside the path of probable vapor travel. The vacuum pump exhaust gases should be discharged through a hose of adequate size and length, downwind of the truck and tank area (See API Publication 2219, "Safe Operation of Vacuum Trucks in Petroleum Service").
- 3.3.4 Excavate to the top of the tank.
- 3.3.5 Remove the drop tube, fill pipe, gauge pipe, and vapor recovery truck connection, submersible pumps, and any other tank

Aug-27-96 10:16A

P.02

appurtenances. Cap or remove all non-product lines (e.g. vapor recovery lines), except for the vent line. The vent line should remain connected until the tank is purged as per Sections 4.2.1 - 4.2.7. Temporarily plug all other tank openings.

3.3.6 Purge the tank of flammable vapors. This may be accomplished using methods outlined in Sections 4.2.1 - 4.2.7. Vent all vapors a minimum of 12 feet above grade, and three feet above any adjacent roof lines. Monitor tank for flammable vapor with a combustible gas indicator until the tank atmosphere has been brought to less than 20% of the lower flammable or explosive limit (See Section 4.3).

3.3.7 One or more holes may be cut in the tank top if existing tank openings are not adequate for introduction of the inert material to be used to fill the tank.

3.3.8 Proceed to introduce a suitable, solid, inert material through openings in the top of the tank, as described in 3.3.8.1 and 3.3.8.3. These procedures are intended to minimize any surface settling subsequent to disposal of the tank in place. They emphasize the importance of filling the tank as full as possible with the sand or other inert material used.

3.3.8.1 Sand Fill. Sand will flow readily and is generally available. Any kind of sand is suitable if it is free of rocks, which might limit leveling-out in the tank. The sand may be introduced dry as long as it flows in freely. When the sand cone nears the tank top, the sand can be washed into the tank with a nominal amount of water and puddled to cause it to flow to the ends. The use of larger amounts of water should be avoided since the tank might be filled with water before it is filled with sand.

3.3.8.2 Sand and Earth Fill. Almost complete filling of the tank can be achieved by using a combination of sand and earth as follows: (1) Fill the tank with sand to approximately 80 percent of calculated capacity; (2) Mix soil and water to make a free-flowing mud; and (3) Pour the mixture into the tank opening and puddle the mixture until the tank is full and overflows the fill opening.

3.3.8.3 Other types of inert materials, slurries or expandable materials such as polyurethane-type foams, may be used when approved by regulatory officials.

3.3.8.4 After the tank is filled with an inert material, all tank openings should be plugged or capped unless it was necessary to cut open the tank top as per section 3.3.7.

3.3.9 Disconnect and cap or remove the vent line.

3.4 When underground tanks are disposed in place, the owner of the tank should keep a permanent record of the tank location, the

Aug-27-96 10:21A

P.07

date of in place disposal, and the method of conditioning the tank for disposal. All local, state, and federal regulatory requirements for tank disposal/closure and notification must be observed.

- 3.5 It is recommended that the tank owner inform a potential buyer of the presence of abandoned underground tanks when properties are sold. Similar information should be provided to a property owner at the termination of property leases. In some areas this may be a regulatory requirement. It may be desirable to obtain an acknowledgement or a release from the property owner.

Post-it Fax Note 7672

To *Susan Hugo*
 Company *Alameda Co Health*
 Location

Fax # *(510) 337-9335*

Comments

Telephone # *567-6780*

No of Pages *2*

Today's Date *8-26-96*

Time

From *Carole Green*

Company *C.E. Green Corp*

Location *El Dorado Hills*

Fax # *(916) 939-9197*

Original
Disposition

☐ Destroy

☐ Return

☐ Call for pickup

Telephone # *939-9199*

Per our discussion this morning, included this FAX are the site map showing the nearest hospital & the owner's signature. Please advise immediately if you need anything else. Thanks! C.

Post-it Fax Note 7672

To *MICHAEL HILLIARD*
 Company *CALTRANS*
 Location

Fax # *(510) 286-4482*

Comments

Telephone # *286-4485*

No of Pages *1*

Today's Date *8/26/96*

Time

From *CAROLE GREEN*

Company *C.E. GREEN CORP*

Location

Fax # *(916) 559-9197*

Original
Disposition

☐ Destroy

☐ Return

☐ Call for pickup

Telephone # *939-9199*

RE: TOLL PLAZA PROJECT PERMITS

MIKE - I NEED A SIGNATURE OF THE OWNER FOR THE REGIONAL PERMIT FOR ALAMEDA CO. ENVIRONMENTAL HEALTH. SUSAN HUGO FROM THAT OFFICE WILL ACCEPT A FAXED COPY WITH A SIGNATURE. PLEASE SIGN AND RETURN TO ME ASAP AND I WILL PROCEED WITH THE PERMITTING. THANK YOU! *Carole*

18. Submit Worker's Compensation Certificate copy

Name of Insurer *State Fund*

(Original was on mail sent to you by State Fund)

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

20. Enclose Deposit (See Instructions)

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

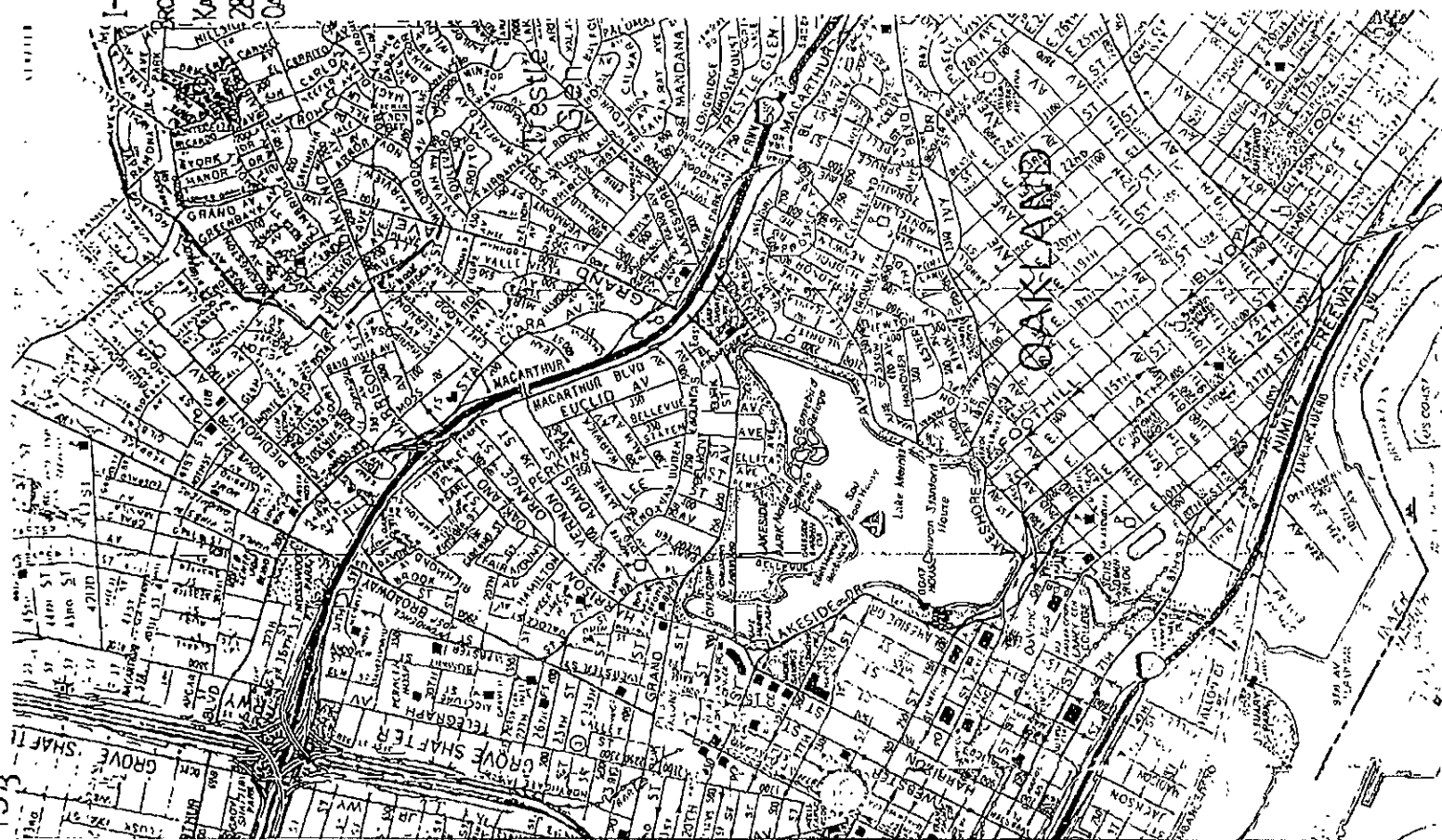
The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULCR) form.

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 9 for "tank removed" in the upper right hand corner)

and all of the statements and

1-80 EAST TO 580 EAST TO
BROADWAY NORTH TO MACARTHUR EAST TO
KAISER HOSPITAL
280 E. MACARTHUR
OAKLAND, CA 94611



CE Green Corp

5088 Hillsdale Circle . El Dorado Hills, CA 95762

August 26, 1996

Ms. Susan Hugo
Alameda County Health
1131 Harbor Bay Parkway, Room 250
Alameda, CA 94502

RE: Toll Plaza Tank Closures - Oakland California

CE Green Corp is in the process of installing and removing above and underground tanks at the SF/Oakland Bay Bridge Toll Plaza. However, closures in place are necessary due to two of the tanks being located under a traffic lane at the Toll Plaza. Their removal would create a significant impact upon traffic flow. The slurry used to close the tanks will be based on recommendation by Cal Trans engineer, Mike Golden.

We hereby request your approval of plans indicating the area for closure/removal.

Sincerely,

Carole Green
Carole Green

APPROVED

[Signature]
Fire Marshal
City of Oakland

* all three tanks will be
closed in place. approved
per Jerry Gierffin (Fire Dept.)
8/29/96



CITY OF OAKLAND



421 FOURTEENTH STREET • OAKLAND, CALIFORNIA 94612

Fire Prevention Bureau

(510) 238-3851
TDD 839-6451

FAX TRANSMITTAL SHEET

*Fire Prevention Bureau*421 - 14TH Street
Oakland, CA 94612Telephone: (510) 238-3851
Fax: (510) 238-6739

TO: SUSAN #480 DATE: 8/27/96

COMPANY: ALAMEDA County Health FAX: 337-9335

PHONE: 567-6780

FROM: FM Blueford/Audrey PAGES: 2

<input type="checkbox"/> No enclosures - message only	<input type="checkbox"/> Please handle
<input type="checkbox"/> For your information & file	<input type="checkbox"/> Advise of status
<input type="checkbox"/> Please review and comment	<input type="checkbox"/> URGENT !!!
<input type="checkbox"/> In accordance with your request	<input type="checkbox"/> For your signature

Comments

SUSAN. - Please fax the "Top page only" showing
the stamped approval of ALAMEDA COUNTY AS was submitted
by CE GREEN CORP. The Inspector will receive
the original + packet at the time of inspection

GREEN CORP.5088 Hillsdale Circle
EL DORADO HILLS, CALIFORNIA 95762(916) 939-9199
FAX (916) 939-9197

TO ALAMEDA COUNTY HEALTH CARE SERVICES

1131 HARBOR BAY PARKWAY, RM 250

ALAMEDA, CA 94502-6577

LETTER OF TRANSMITTALDATE
8-21-96JOB NO.
81-0596ATTENTION
SUSAN HUGORE:
TANK REMOVAL PERMITSWE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

- ☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☒ Change order ☒ SEE BELOW

COPIES	DATE	NO.	DESCRIPTION
1		3621	CHECK FOR \$ 1,245.00
3			UNDERGROUND TANK CLOSURE PLAN
3			PROCEDURES FOR UNDERGROUND TANK REMOVAL
3			SITE SAFETY & UNDERGROUND TANK CLOSURE PLAN
9			FORM B
3			FORM A

CONT.

THESE ARE TRANSMITTED as checked below:

- ☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19 _____ ☐ PRINTS RETURNED AFTER LONG

REMARKS

3 CONTRACTORS STATE LICENSE

3 SITE PLAN

WORKERS COMP CERTIFICATE SENT OUT AUGUST 20, 1996 TO YOUR OFFICE.

IF YOU HAVE ANY QUESTIONS PLEASE CALL.

THANK YOU,

*Carol Deen*ENVIRONMENTAL
PROTECTION
96 AUG 23 AM 9:22

TO FILE

SIGNED: _____

If enclosures are not as noted, kindly notify us at once.

Aug-27-96 10:16A

P.03

Revised 8/96

DO NOT DETACH
TECHNICAL SPECIFICATIONS - TANK REMOVAL
FOR CHANGE ORDER WORK

Page 1 of 4

(AGENCY) CALTRANS
(ADDRESS) 5F/OAKLAND BB TOLL PLAZA
COUNTY: ALAMEDA

Work Order No. 42409

**1. TANK REMOVAL (CLOSURE IN-PLACE WHEN SPECIFIED UNDER
"SCOPE OF WORK" ON THE CONTRACTOR'S BID PROPOSAL FORM)**

Contractor shall:

- A. Obtain all required permits from the Local Implementing Agency.
- B. Provide the State with an approved copy of the Tank Removal/Closure In-Place application as submitted to the local jurisdiction and a copy of the approved permit for each tank.
- C. Triple rinse the tank or use a method required by the Local Implementing Agency; dispose of the rinsate in accordance with the State Department of Toxic Substances Control and the County Environmental Health Department regulations. Tanks located in certain Air Quality Maintenance Districts require that vapors be controlled with a degasification procedure prior to removal. Empty tanks that contained flammable or combustible liquid must be considered **dangerous**. Vapors should be purged with inert gases, forced ventilation or other appropriate methods to ensure vapor levels are below the lower explosive limit. After cleaning, all tanks shall be rendered safe from fire and explosion hazard by placement of openings in each tank of sufficient area to prevent buildup of vapor levels above the lower explosive limit.
- D. Provide the State with the following:
 1. A plot plan showing location of tank(s) and sample(s);
 2. Certificate of Tank Disposal;
 3. A chain of custody for sample(s);
 4. Sample analysis results;
 5. Hazardous Waste Manifest; (NOTE: The Division of the State Architect is **not** the generator. The Agency listed above is the generator of record.
 6. Contractor's Certification of Completion Statement; and
 7. The Informal Contract Completion Report which is prepared by the Division of the State Architect Inspector.
- E.
 1. Remove, transport and dispose of the underground tank(s) in accordance with all Federal, State and local regulations applicable to this project.
 2. Notify the facility ten (10) days prior to start of work and coordinate and schedule all work with the Field Representative, _____, at _____ (telephone), Project Manager, _____, at _____ (telephone), and Division of the State Architect Inspector, _____ at _____ (telephone).
 3. Notify the appropriate local agency at least 48 hours prior to initiating any work at this facility.
 4. Comply with all security and other pertinent regulations enforced at the facility.

EE GREEN CORP.5088 Hillsdale Circle
EL DORADO HILLS, CALIFORNIA 95762**(916) 939-9199****FAX (916) 939-9197**TO ALAMEDA COUNTY HEALTH CARE SERVICES1131 HARBOR BAY PARKWAY, RM 250ALAMEDA, CA 94502-6577**LETTER TRANSMITTAL**DATE 8-21-96 JOB NO. 81-0596ATTENTION SUSAN HUGORE: TANK REMOVAL PERMITSWE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

> ☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☒ SEE BELOW

COPIES	DATE	NO.	DESCRIPTION
1		3621	CHECK FOR \$ 1,245.00
3			UNDERGROUND TANK CLOSURE PLAN
3			PROCEDURES FOR UNDERGROUND TANK REMOVAL
3			SITE SAFETY & UNDERGROUND TANK CLOSURE PLAN
9			FORM B
3			FORM A

CONT.

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
> ☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19 _____ ☐ PRINTS RETURNED AFTER LOAN TO _____

REMARKS

3 CONTRACTORS STATE LICENSE

3 SITE PLAN

WORKERS COMP CERTIFICATE SENT OUT AUGUST 20, 1996 TO YOUR OFFICE.

IF YOU HAVE ANY QUESTIONS PLEASE CALL.

THANK YOU,

*Carol Green*96 AUG 23 AM 9:22
ENVIRONMENTAL
PROTECTION
DIVISION

COPY TO _____

FILE

SIGNED: _____

If enclosures are not as noted, kindly notify us at once.

C E GREEN CORP

3621

Removal
3 usts

CHECK #..... 3621
DATE..... 08/20/96
DESCRIPTION..... PERMIT FEES
PAYEE..... ALAMEDA COUNTY HEALTH
AMOUNT..... 1245.00

C E GREEN CORP
5088 HILLSDALE CIRCLE
EL DORADO HILLS, CA 95763-5713

BANK OF COMMERCE, N.A.
FOLSOM, CA 95630-1100
90-3972/1211

3621

EXACTLY ONE THOUSAND TWO HUNDRED FORTY-FIVE DOLLARS
DATE

AMOUNT

08/20/96

\$*****1,245.00****

PAY
TO THE
ORDER
OF

ALAMEDA COUNTY HEALTH
CARE SERVICES AGENCY OF
ENVIRONMENTAL HEALTH DIV

PERMIT FEES



⑈003621⑈ ⑆121139724⑆0401502778⑈

MEMORANDUM

DATE: August 29, 1996

TO: BRIAN OLIVA

FROM: SUSAN HUGO

SUBJ: UST REMOVALS AT THE BAY BRIDGE TOLL PLAZA

I have reviewed and approved the UST Removal Application for the above referenced site based on what was proposed in the permit application i.e. 1 UST to be removed and 2 USTs to be closed in place. I called the contractor (Carole Green of CE Green) yesterday at 1:30 P.M. to tell her that the permit is approved and ready for pick up. To my surprise, she said that **Cal Trans is changing their plan, that the three USTs have to be closed in place because there are utility lines near the UST to be removed and that they plan to do the closure today.**

This is the first time I have heard about this utility line. This issue never came up during the walk through survey conducted at the site on June 13, 1996.

You may need to verify if there are utility lines near the UST and ask them to resubmit their application because of these changes. They also need a revised letter from the Fire Department that all the three USTs will be closed in place.

The closure plan that has been submitted was stamped and approved prior to these proposed changes.

3 USTs CLOSED IN PLACE

9/3/96



STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A

COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME DEPARTMENT OF TRANSPORTATION SFOBBTP		NAME OF OPERATOR	
ADDRESS I-80 AT SFOBB (OAKLAND SIDE)		NEAREST CROSS STREET	PARCEL # (OPTIONAL)
CITY NAME OAKLAND	STATE CA	ZIP CODE 94801	SITE PHONE # WITH AREA CODE (510) 286-4495
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY <input checked="" type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY			
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 3
E. P. A. I. D. # (optional)			

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Hilliard, Mike	PHONE # WITH AREA CODE (510) 286-4495	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME STATE OF CALIFORNIA Dep. of Trans.		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS I-80 AT SFOBB (Oakland side)		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY	
CITY NAME Oakland	STATE CA	ZIP CODE 94801	PHONE # WITH AREA CODE (510) 286-4495

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER STATE OF CALIFORNIA Dep. of Trans.		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS I-80 AT SFOBB (Oakland Side)		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY	
CITY NAME Oakland	STATE CA	ZIP CODE 94801	PHONE # WITH AREA CODE (510) 286-4495

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 if questions arise.

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

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED

<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

VI. LEGAL NOTIFICATION AND BILLING ADDRESS Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:	I. <input checked="" type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) Carol Green Carol Green	APPLICANT'S TITLE President	DATE MONTH/DAY/YEAR 8/20/96
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LOCAL AGENCY USE ONLY

COUNTY # 001	JURISDICTION # 0000	FACILITY # 000000
LOCATION CODE OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

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

A. OWNER'S TANK I.D. #	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>2,000</u>

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

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN	
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ? YES ___ NO ___				
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>UNKNOWN</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>UNKNOWN</u>	

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	<input checked="" type="radio"/> 1 SUCTION	<input type="radio"/> 2 PRESSURE	<input type="radio"/> 3 GRAVITY	<input type="radio"/> 99 OTHER	
B. CONSTRUCTION	<input checked="" type="radio"/> 1 SINGLE WALL	<input type="radio"/> 2 DOUBLE WALL	<input type="radio"/> 3 LINED TRENCH	<input type="radio"/> 95 UNKNOWN	<input type="radio"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input type="radio"/> 1 BARE STEEL	<input type="radio"/> 2 STAINLESS STEEL	<input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	<input type="radio"/> 4 FIBERGLASS PIPE	
	<input type="radio"/> 5 ALUMINUM	<input type="radio"/> 6 CONCRETE	<input type="radio"/> 7 STEEL W/ COATING	<input type="radio"/> 8 100% METHANOL COMPATIBLE W/FRP	
	<input type="radio"/> 9 GALVANIZED STEEL	<input type="radio"/> 10 CATHODIC PROTECTION	<input checked="" type="radio"/> 95 UNKNOWN	<input type="radio"/> 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>UNKNOWN</u>	

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>8/96</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>50</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL ? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Carole Green</u>	DATE <u>8/20/96</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED
DBA OR FACILITY NAME WHERE TANK IS INSTALLED:				

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D. #	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>2,000</u>

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

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___			
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>UNKNOWN</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>UNKNOWN</u>

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U <input type="radio"/> 2 PRESSURE	A U <input type="radio"/> 3 GRAVITY	A U <input type="radio"/> 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALL	A U <input type="radio"/> 2 DOUBLE WALL	A U <input type="radio"/> 3 LINED TRENCH	A U <input type="radio"/> 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A U <input type="radio"/> 1 BARE STEEL	A U <input type="radio"/> 2 STAINLESS STEEL	A U <input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="radio"/> 4 FIBERGLASS PIPE
	A U <input type="radio"/> 5 ALUMINUM	A U <input type="radio"/> 6 CONCRETE	A U <input type="radio"/> 7 STEEL W/ COATING	A U <input type="radio"/> 8 100% METHANOL COMPATIBLE W/FRP
	A U <input type="radio"/> 9 GALVANIZED STEEL	A U <input type="radio"/> 10 CATHODIC PROTECTION	A <input checked="" type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>UNKNOWN</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>8/96</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>50</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Carole Green Carole Green</u>	DATE <u>8/20/96</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

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

A. OWNER'S TANK I.D. #	UNKNOWN	B. MANUFACTURED BY:	UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR)	UNKNOWN	D. TANK CAPACITY IN GALLONS:	3,000

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

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN	
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYO LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ? YES NO				
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) UNKNOWN		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) UNKNOWN	

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U <input type="radio"/> 2 PRESSURE	A U <input type="radio"/> 3 GRAVITY	A U <input type="radio"/> 99 OTHER	
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALL	A U <input type="radio"/> 2 DOUBLE WALL	A U <input type="radio"/> 3 LINED TRENCH	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U <input type="radio"/> 1 BARE STEEL	A U <input type="radio"/> 2 STAINLESS STEEL	A U <input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="radio"/> 4 FIBERGLASS PIPE	
	A U <input type="radio"/> 5 ALUMINUM	A U <input type="radio"/> 6 CONCRETE	A U <input type="radio"/> 7 STEEL W/ COATING	A U <input type="radio"/> 8 100% METHANOL COMPATIBLE W/FRP	
	A U <input type="radio"/> 9 GALVANIZED STEEL	A U <input type="radio"/> 10 CATHODIC PROTECTION	A <input checked="" type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER UNKNOWN	

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL ?
8/96	50 GALLONS	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) Carole Green DATE 8/20/96

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

FOR CONTINUATION SEE SHEET 3

12" WELDED STEEL PIPE

CONDUIT TO RADIO STATION

TOLL PLAZA

ABANDONED
SEWER LINE

1 1/2" GAS (ABANDONED)
1" AIR WATER
6" CIP (ABANDONED)
EXISTING VALVE BOX
CONDUITS
SFOBB CONTROL DUCTS

ADMINISTRATION BUILDING

GAS PUMP

Storm Drainage Pump

SFOBB CONTROL DUCT

4" CIP SEWER SUSPENDING LANE

Bus shelter

TYPE 50 CONCRETE BARRIER W/ EXPANDED METAL MESH

"SN" Line

2" CONDUIT HIGHWAY 320 LIGHTING CABLE

"M" Line

8" EBMUD WATER LINE (ABANDONED)

TELEPHONE CABLE

Bus shelter

"S" Line

4" WATER

8" CIP

6" WATER MAIN

10" CIP

2-WAY ELECTRICAL DUCT

S.F.O.B. MAINTENANCE WAREHOUSE

STORAGE BUILDING

Sewer Pump Station No. 1

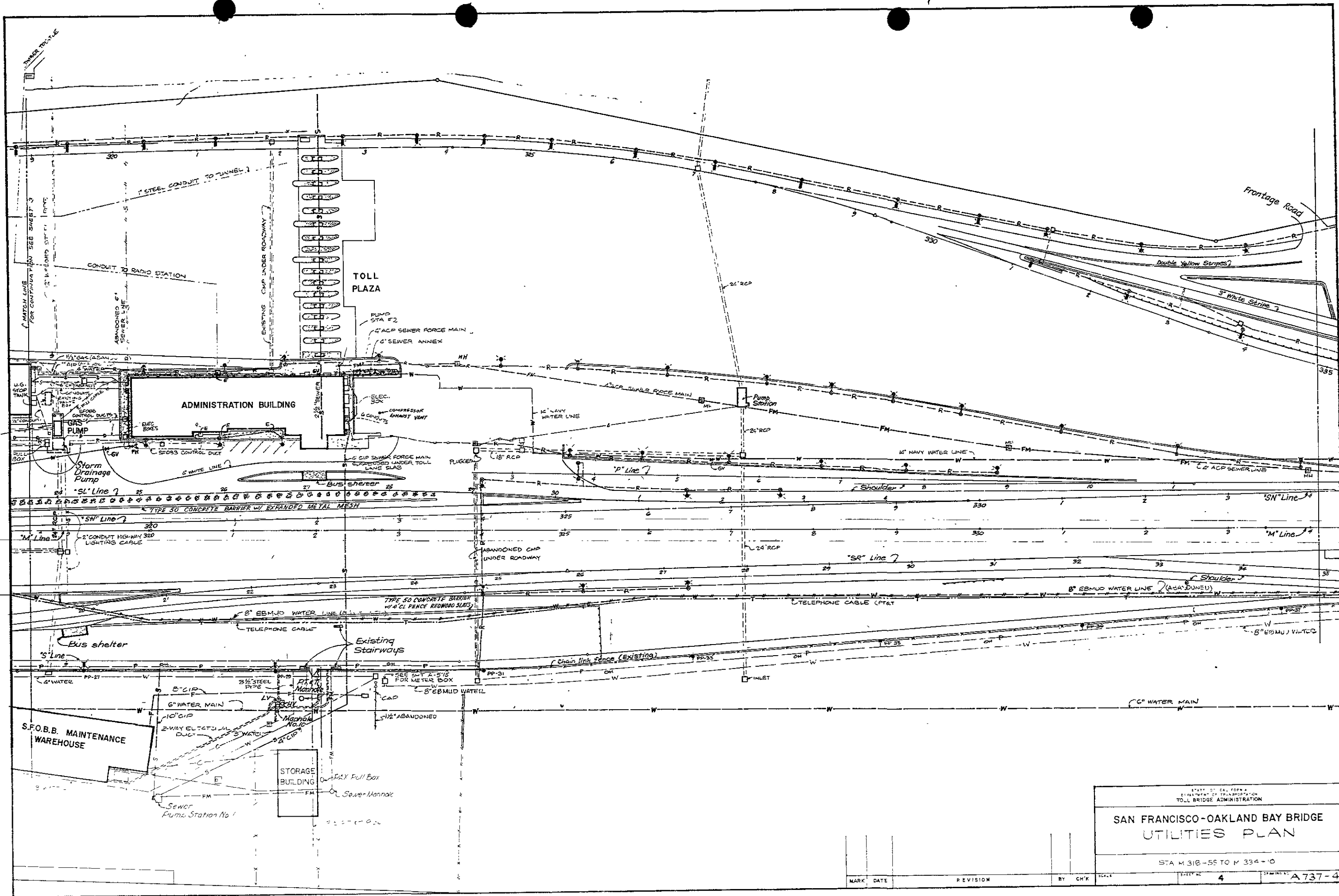
DAX Pull E

3" WATER

Sewer Pump Station No. 1

Sewer

3 1/2" P.T.T.F.



STAFF: D. CAL. FORM 2 DIVISION OF TRANSPORTATION TOLL BRIDGE ADMINISTRATION			
SAN FRANCISCO-OAKLAND BAY BRIDGE UTILITIES PLAN			
STA M 318+55 TO M 334+10			
MARK	DATE	REVISION	BY
			CH'K
SCALE		SHEET NO.	DRAWING NO.
		4	A737-4

3UST CLOSED IN PLACE

7/3/96



3963

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A

COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY
ONE ITEM

- ☒ 1 NEW PERMIT ☐ 3 RENEWAL PERMIT ☐ 5 CHANGE OF INFORMATION ☐ 7 PERMANENTLY CLOSED SITE
☐ 2 INTERIM PERMIT ☐ 4 AMENDED PERMIT ☐ 6 TEMPORARY SITE CLOSURE

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME DEPARTMENT OF TRANSPORTATION SFOBTP		NAME OF OPERATOR	
ADDRESS I-80 AT SFOBB (OAKLAND SIDE)		NEAREST CROSS STREET	PARCEL # (OPTIONAL)
CITY NAME OAKLAND	STATE CA	ZIP CODE 94801	SITE PHONE # WITH AREA CODE (510) 286-4495
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input checked="" type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY			
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input checked="" type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 30 E. P. A. I.D. # (optional) CA

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Hilliard, Mike	PHONE # WITH AREA CODE (510) 286-4495	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME STATE OF CALIFORNIA Dep. of Trans.		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS I-80 AT SFOBB (Oakland side)		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input checked="" type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME Oakland	STATE CA	ZIP CODE 94801	PHONE # WITH AREA CODE (510) 286-4495

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER STATE OF CALIFORNIA Dep. of Trans.		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS I-80 AT SFOBB (Oakland side)		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input checked="" type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME Oakland	STATE CA	ZIP CODE 94801	PHONE # WITH AREA CODE (510) 286-4495

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 if questions arise.

TY(TK) HQ 44- EXEMPT

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED

<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

VI. LEGAL NOTIFICATION AND BILLING ADDRESS Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:	I. <input checked="" type="checkbox"/> II. <input type="checkbox"/> III. <input type="checkbox"/>
--	---

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) Carol Ann Green	APPLICANT'S TITLE President	DATE 7/20/96
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LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 068023
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#	UNKNOWN	B. MANUFACTURED BY:	UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR)	UNKNOWN	D. TANK CAPACITY IN GALLONS:	3,000

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

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM <input checked="" type="checkbox"/> 1 DOUBLE WALL <input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES NO		
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) UNKNOWN OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) UNKNOWN		

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL A U 5 ALUMINUM A U 9 GALVANIZED STEEL	A U 2 STAINLESS STEEL A U 6 CONCRETE A U 10 CATHODIC PROTECTION	A U 3 POLYVINYL CHLORIDE (PVC) A U 7 STEEL W/ COATING A <input checked="" type="radio"/> 95 UNKNOWN	A U 4 FIBERGLASS PIPE A U 8 100% METHANOL COMPATIBLE W/FRP A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER UNKNOWN

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) 8/96	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 50 GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME
(PRINTED & SIGNATURE)

Carole Green

DATE

8/20/96

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
01	000	068	023	000002
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

CLOSED IN PLACE 9-3-96

STATE OF CALIFORNIA

STATE WATER RESOURCES CONTROL BOARD

UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D. #	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>2,000</u>

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

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM <input checked="" type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK) <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) <u>UNKNOWN</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>UNKNOWN</u>	

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A <u>U</u> 1 SUCTION	A <u>U</u> 2 PRESSURE	A <u>U</u> 3 GRAVITY	A <u>U</u> 99 OTHER
B. CONSTRUCTION	A <u>U</u> 1 SINGLE WALL	A <u>U</u> 2 DOUBLE WALL	A <u>U</u> 3 LINED TRENCH	A <u>U</u> 95 UNKNOWN A <u>U</u> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A <u>U</u> 1 BARE STEEL A <u>U</u> 5 ALUMINUM A <u>U</u> 9 GALVANIZED STEEL	A <u>U</u> 2 STAINLESS STEEL A <u>U</u> 6 CONCRETE A <u>U</u> 10 CATHODIC PROTECTION	A <u>U</u> 3 POLYVINYL CHLORIDE (PVC) A <u>U</u> 7 STEEL W/ COATING A <u>U</u> 95 UNKNOWN	A <u>U</u> 4 FIBERGLASS PIPE A <u>U</u> 8 100% METHANOL COMPATIBLE W/FRP A <u>U</u> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>UNKNOWN</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>8/96</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>50</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL ? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	--

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME
(PRINTED & SIGNATURE)

Carole Green

DATE

8/20/96

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>068023</u>	<u>000003</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D. #	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>2,000</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASOLINE	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED					C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input type="checkbox"/> NO <input type="checkbox"/>			
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>UNKNOWN</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>UNKNOWN</u>

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	<input checked="" type="radio"/> 1 SUCTION	<input type="radio"/> 2 PRESSURE	<input type="radio"/> 3 GRAVITY	<input type="radio"/> 99 OTHER
B. CONSTRUCTION	<input checked="" type="radio"/> 1 SINGLE WALL	<input type="radio"/> 2 DOUBLE WALL	<input type="radio"/> 3 LINED TRENCH	<input type="radio"/> 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	<input type="radio"/> 1 BARE STEEL	<input type="radio"/> 2 STAINLESS STEEL	<input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	<input type="radio"/> 4 FIBERGLASS PIPE
	<input type="radio"/> 5 ALUMINUM	<input type="radio"/> 6 CONCRETE	<input type="radio"/> 7 STEEL W/ COATING	<input type="radio"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="radio"/> 9 GALVANIZED STEEL	<input type="radio"/> 10 CATHODIC PROTECTION	<input checked="" type="radio"/> 95 UNKNOWN	<input type="radio"/> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>UNKNOWN</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>8/96</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>50</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	---

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME
(PRINTED & SIGNATURE)

Carde Green

DATE
8/20/96

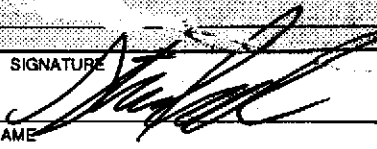
LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>011</u>	<u>000</u>	<u>068023</u>	<u>000005</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

200

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
REPORT DATE M 8 D 1d 8d 9y 4y		CASE # 7		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT		PHONE		SIGNATURE
	Steve Russell		(510) 231-7116		
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER _____		COMPANY OR AGENCY NAME Caltrans District 4		
ADDRESS 3401 _____ STREET Regatta Blvd. _____ CITY Richmond _____ STATE CA _____ ZIP _____					
RESPONSIBLE PARTY	NAME		CONTACT PERSON		PHONE
	Caltrans District 4 <input type="checkbox"/> UNKNOWN		Steve Russel		(510) 231-7116
ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____					
SITE LOCATION	FACILITY NAME (IF APPLICABLE)		OPERATOR		PHONE
	East Bay Service Road				()
	ADDRESS		CITY		STATE
	SFO Bridge (Toll Plaza) _____ STREET _____		Oakland		Alameda
CROSS STREET Interstate 80					
IMPLEMENTING AGENCIES	LOCAL AGENCY		CONTACT PERSON		PHONE
	Alameda County Health		Susan Hugo		(510) 567-6700
	REGIONAL BOARD				
San Fran Bay Reg. Water Control Board		Kevin Graves		()	
SUBSTANCES INVOLVED	(1) NAME		QUANTITY LOST (GALLONS)		
	Kerosene		_____ <input checked="" type="checkbox"/> UNKNOWN		
	(2)		_____ <input type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED		HOW DISCOVERED		
	M 7 D 2d 2d 9y 4y		<input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER _____		
	DATE DISCHARGE BEGAN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)		
	M _____ D _____ Y _____ <input checked="" type="checkbox"/> UNKNOWN		<input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER _____		
HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE M 7 D 2d 2d 9y 4y					
SOURCE/ CAUSE	SOURCE OF DISCHARGE		CAUSE(S)		
	<input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER _____		<input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____		
CASE TYPE	CHECK ONE ONLY				
	<input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY				
	<input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input checked="" type="checkbox"/> CLEANUP UNDERWAY				
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)				
	<input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT) _____				
COMMENTS					

MEMORANDUM

DATE: June 13, 1996

TO: BRIAN

FROM: SUSAN

SUBJ: Meeting with CALTRANS (Mike Hilliard & others) at SFO Bay
Bridge Toll Plaza

The following items were discussed during the meeting

- 1) Three USTs: 2 - 2000 gallon diesel to be closed in place
1 - 3000 gallon diesel to be removed
- 2) Submit an application for the removal / closure in place and
include Forms A & B
- 3) Closure in place requires :
 - Borings preferably slant borings from each end of the USTs
 - Soil and groundwater samples to be analyzed for TPH diesel,
BTEX and PAHs (polynuclear aromatic hydrocarbons)
 - Fire Department's approval of the USTs being closed in
place and recommendation of the type of materials to be
used to fill the tanks.
 - Tanks and pipings must be inerted and rinsed; all pipings
associated with the USTs must be removed; pipings that can
not be removed must be permanently capped.
 - Check the integrity of the USTs

BILLING ADJUSTMENT FORM

2/16/94

Brian,

Please sign
& return to
me. (na)!!

Billing Acct.#	
<input type="checkbox"/>	Generator ... H
<input type="checkbox"/>	HMMP ... L
<input checked="" type="checkbox"/>	UST ... T 51041

Date: 2/16/94

HazMat-StID#: 3963

Caller:

Phone:

Company Name: SF-Oak Bay Bridge Caltrans

Site Address: Bay Bridge Toll Plaza Oakland 94623

Requested Changes: This site has been split between 2 sites. This site Acct # T51041 should have 3 ust's. Under this T51041 site pd for 5 ust's 5/14/93; so please issue new acct number for site information below initials: (na)

[] Rescind Bill with explanation and date (if available):

- ☐ Generator _____
- ☐ HMMP (AB2185) _____
- ☐ UST _____

[] Continue Billing With Following Changes:

From: To:

- ☐ Change number of EMPLOYEES _____
- ☐ Change number of TANKS _____
- ☐ HMMP (AB2185) _____
- ☐ Updated information _____

Business Name Caltrans Toll Plaza Paint Yard Phone: STD 4464

SITE Address SE Bay Bridge Toll Plaza Emeryville 94608

BILLING Address P.O. Box 7310 San Francisco 94120

Inspector: _____ Date: _____

[] Sent to Billing
on / /

Rev 12/91 Mac-BillAdj-2