

TANK REMOVAL REPORT

C.A.R. Service
5865 Broadway Terrace
Oakland, California

Prepared by:

HK2, Inc./SEMCO
70 Chemical Way
Redwood City, California 94063
(650) 261-1968 Phone
(650) 261-0735 Fax

Project No. 98-0225

December 1998

INTRODUCTION

HK2, Inc./SEMCO was contracted by the W.P. Gilmore Company to remove one underground waste oil tank and two underground gasoline storage tanks (USTs) from the C.A.R. Service facility at 5865 Broadway Terrace in Oakland, California. The site location is shown in Figure 1. Figure 2 is a site plan. Regulatory permits are in Appendix A.

FIELD ACTIVITIES

On October 6, 1998, HK2 removed the dispenser islands, product piping, and pavement and soil above the USTs. On October 7, 1998, Clearwater Environmental Management (CEM) pumped the residual product from the three tanks into a transport truck. HK2 then rinsed the interior of each tank with a high-pressure detergent wash, directed CEM to pump the rinse water into the transport truck, added dry ice to each tank, and removed the USTs under the supervision of Mr. Herman Gomez of the City of Oakland Fire Prevention Bureau (OFPB). A copy of Mr. Gomez's tank closure inspection report and the UST Unauthorized Release Report is included in Appendix A.

HK2 collected one soil sample beneath each end of the 7,500-gallon gasoline tank at approximately 14 feet below grade (fbg), one sample beneath each end of the 3,000-gallon gasoline tank at approximately 13 fbg, one soil sample beneath the waste oil tank at approximately 7 fbg, and four samples from the excavated soil stockpiled onsite. The location of the samples collected beneath the USTs is shown in Figure 2. The samples were labeled, placed in an iced cooler, and submitted under chain of custody to North State Environmental (NSE; state certified laboratory). NSE composited the soil stockpile samples and analyzed the composite sample and the excavation samples for total petroleum hydrocarbons as gasoline (TPH-G; EPA Methods 5030/8015M), benzene, toluene, ethylbenzene, and total xylenes (BTEX; EPA Method 8020), methyl tert-butyl ether (MTBE; EPA Method 8020), and total lead (EPA Method 7420). The sample collected beneath the waste oil tank was additionally analyzed for cadmium, chromium, nickel, and zinc (EPA 7000 Series Methods) and total extractable petroleum hydrocarbons (TEPH; Standard Method 5520E&F). Appendix B contains a copy of the laboratory report and chain of custody record.

The excavated soil was used to backfill the excavation up to approximately 3.5 fbg. The balance of the excavation was backfilled with slightly clayey, silty sand (3.5 to 0.5 fbg) and Class II base material (0.5 fbg to grade).

4 into 1
stlept soil w/ 1,100 ppm TPHg, 2 ppm MTBE
4 into 1 composite.

No SS beneath dispensers

Probably OK,
no TPH detected
No HVOCs
or SVOCs
analysis
taken
done.

WASTE DISPOSAL

CEM transported the waste liquid to the Alviso Independent Oil facility in Alviso, California. Trident Truck Lines transported the tanks and associated piping to the Erickson, Inc. disposal facility in Richmond, California. A copy of the waste manifests and tank destruction certificates are in Appendix C.

FINDINGS


- The USTs were single-walled steel tanks. The capacity of the gasoline tanks was 3,000 and 7,500 gallons. The capacity of the waste oil tank was 250 gallons. Two small holes were observed in the top of the waste oil tank.
- Native soil beneath the USTs was an olive gray (5Y 3/2), sandy, clayey silt.
- No groundwater was observed in the excavation.
- The soil samples collected beneath the gasoline tanks contained up to 3,800 mg/kg TPH-G (Sample #4-3K-W-13'), 2 mg/kg benzene, 11 mg/kg MTBE, and 12 mg/kg total lead.
- The soil sample collected beneath the waste oil tank contained 2 mg/kg TPH-G. The TEPH, benzene, and MTBE concentrations in this sample were below laboratory reporting limits (50 mg/kg for TEPH and 0.005 mg/kg for benzene and MTBE). Metal concentrations were non-hazardous.
- The soil stockpile composite sample contained 1,100 mg/kg TPH-G, < 0.125 mg/kg benzene, 2 mg/kg MTBE, and 20 mg/kg total lead.

CONCLUSIONS

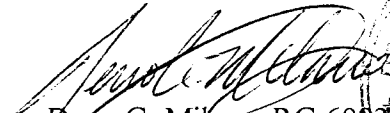
- Soil surrounding the former gasoline USTs has been affected by gasoline range hydrocarbons based on the laboratory results of soil sample analysis. The lateral and vertical extent of these hydrocarbons has not been assessed.
- It cannot be established at this time if the TPH-G, ethylbenzene, and toluene measured in the soil beneath the waste oil tank originated from the former waste oil tank or gasoline tank system.

- The soil used to backfill the excavation is not suitable backfill material based on the laboratory results of soil sample analysis. The soil will require remediation, risk assessment, or excavation and disposal.

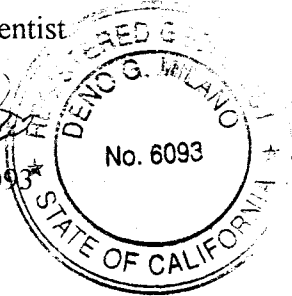
HK2, Inc./SEMCO

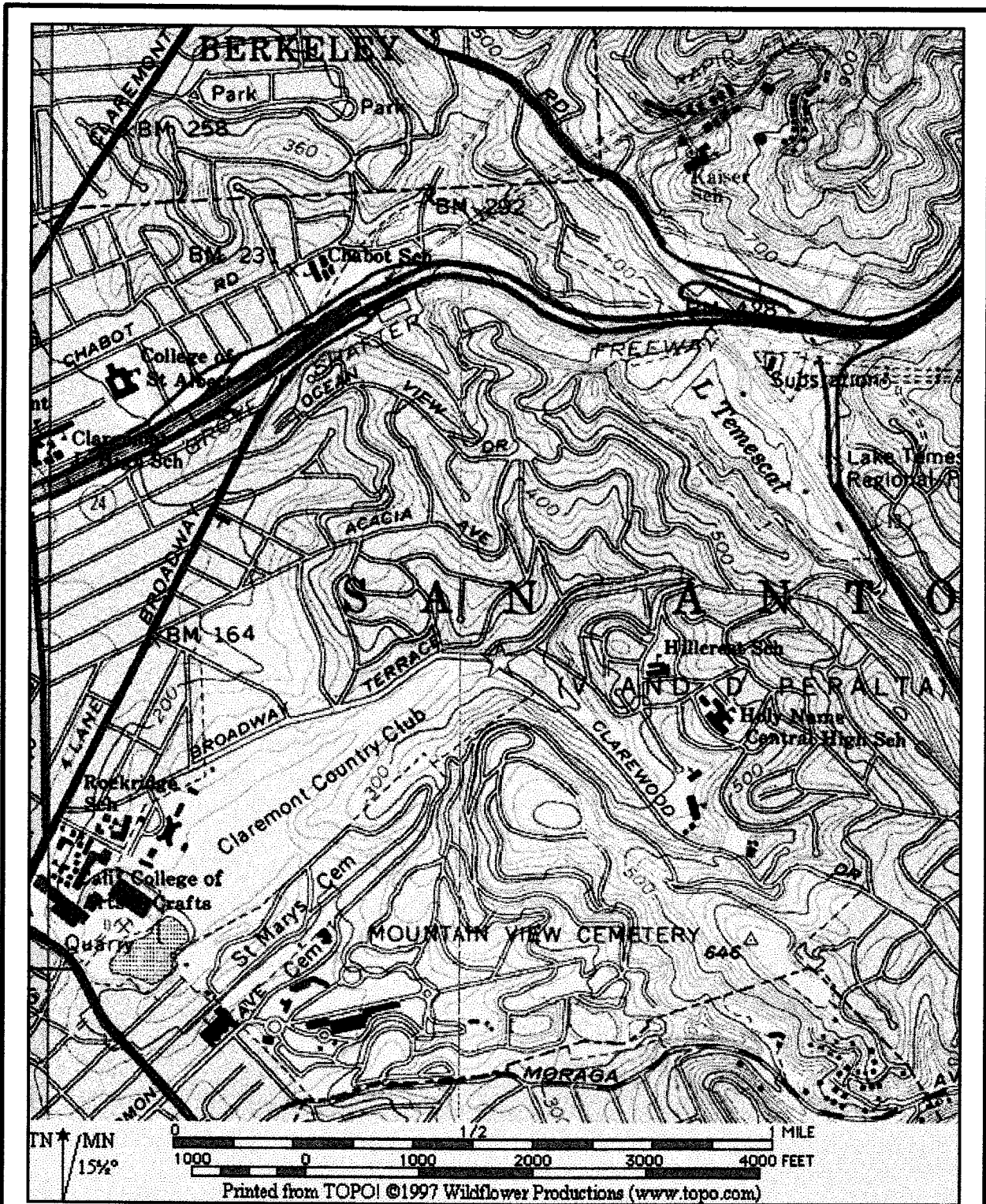


Brent A. Wheeler
Staff Environmental Scientist



Deno G. Milano, RG 6093
Senior Geologist



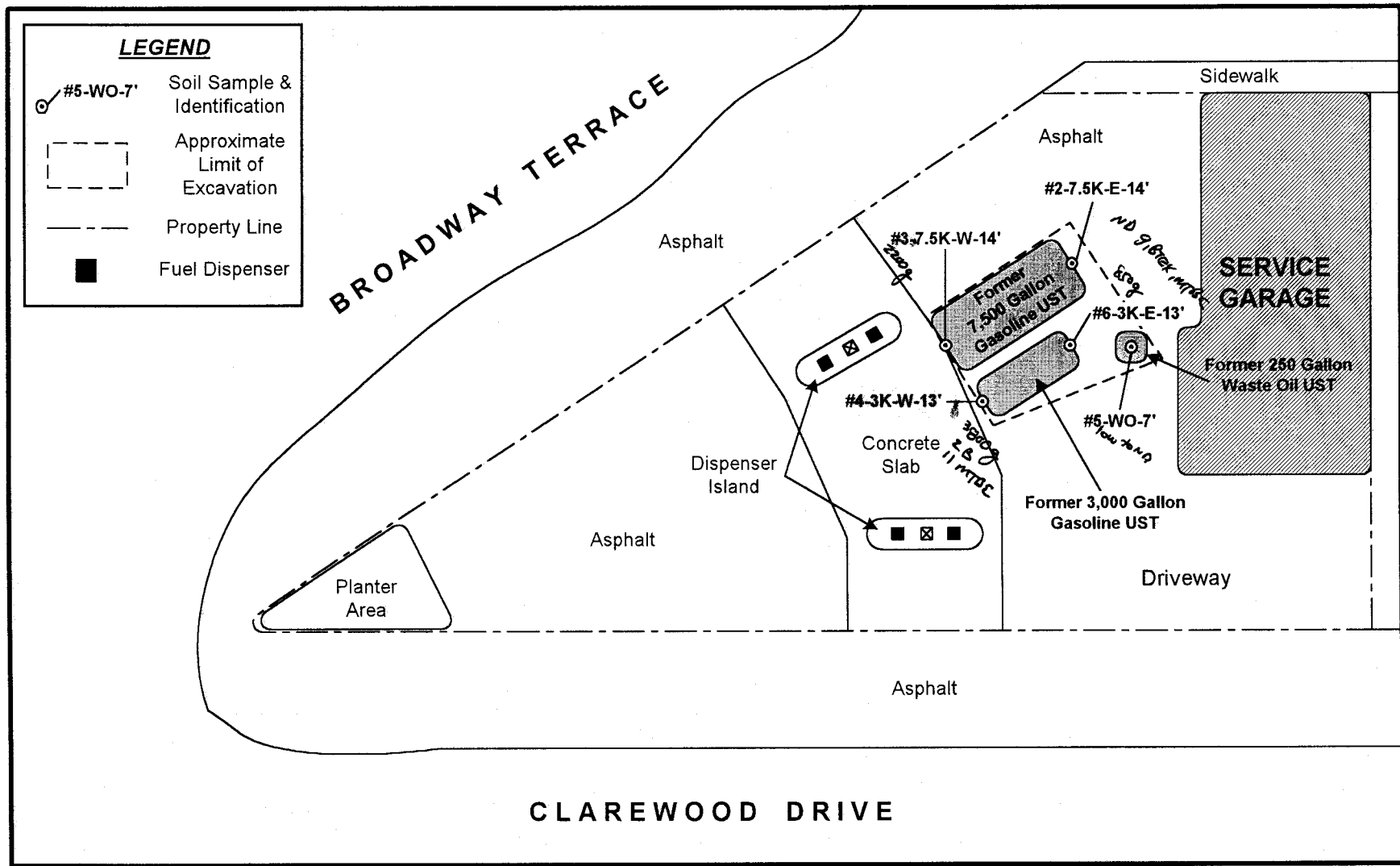


HK2, Inc./SEMCO
 70 Chemical Way
 Redwood City, CA 94063

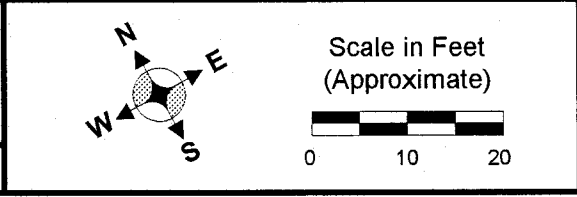
FN:98-0225ustrpt.F1 DRWG:BAW/12.98

★ **SITE LOCATION**

SITE LOCATION
 C.A.R. Service
 5865 Broadway Terrace
 Oakland, California
FIGURE 1



HK2, Inc./SEMCO
 70 Chemical Way
 Redwood City, CA 94063



SITE PLAN
 C.A.R. Service
 5865 Broadway Terrace
 Oakland, California
FIGURE 2

FN:98-0225ustrpt.F2 DRWG:BAW/12.98

APPENDIX A

Regulatory Permits,
OFPB Tank Closure Inspection Report, and
UST Unauthorized Release report

**City Of Oakland
FIRE PREVENTION
BUREAU**

250 Frank Ogawa Plaza, Ste. 3341
Oakland California 94612-2032

510-238-3851



*Permit To Excavate And Install,
Repair,*

Or Remove Inflammable Liquid Tanks

Oakland, California August 19, 1998

Tank Permit Number: 136-98

Permission Is Hereby Granted To:

Remove gasoline and waste oil Tank And Excavate Commencing: Feet Inside: property Line.

On The:

Site Address: 5865 Broadway Terrace

Present Storage: Gas/Waste Oil

Owner: Propty. Glen McElhinney Trust & Carolyn
McElhinney Trust

Address: c/o Mike Gilmore 123 Scenic Dr., Orinda

Phone: 893-5501

Applicant: HK2, Inc./SEMCO

Address: 70 Chemical Wy., Redwood City, 94063

Phone: (650) 261-1968

Dimensions Of Street (sidewalk) Surface To Be Disturbed : X No. Of Tanks 3 Capacity See below Gallons, Each

Remarks (1) gas tank @ 7500 gal., (1) gas tank @ 3000 gal. and (1) waste oil tank @ 250 gal.

This Permit Is Granted In Accordance With Existing City Ordinances. Owner Hereby Agrees To Remove Tanks On Discontinuance Of Use Or When Notified By The City Authorities When Installing, Removing Or Repairing Tanks, No Open Flame To Be On Or Near Premises.

CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

Tank Removal: Inspected And Passed On: 10/7/98

Approved: _____

By: Herman Gomez

Tank Installations:

Inspection Fee Paid: \$ _____

Pressure Test: Inspected By: _____ Date: _____

Received By: _____

Primary Piping Test: Inspected By: _____ Date: _____

Secondary Containment & Sump Testing:

Inspected By: _____ Date: _____

Final: Inspected By: _____ Date: _____

Before Covering Tanks, Above Certification Must Be Signed When Ready For Inspection Notify Fire Prevention Bureau 238-3851

THIS PERMIT MUST BE LEFT ON THE WORK SITE AS AUTHORITY THEREFORE

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 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: C.A.R. Service

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D. #	<u>UNK</u>	B. MANUFACTURED BY:	<u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>UNK</u>	D. TANK CAPACITY IN GALLONS:	<u>250</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input 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 checked="" 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"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C. A. S. #:		
<u>Waste Oil</u>					

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"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input checked="" 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 type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<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. EXTERIOR 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, etc.	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	
	DROP TUBE YES ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

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

A. SYSTEM TYPE	A <input checked="" type="radio"/> U <input type="radio"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> U <input 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 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A <input checked="" type="radio"/> U <input type="radio"/> 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
	<input checked="" type="checkbox"/> 99 OTHER <u>UNK</u>				

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL 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 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

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

TANK OWNER'S NAME (PRINTED & SIGNATURE)	DATE
<u>R. Kiper as agent for Owner</u>	<u>7/28/98</u>

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. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. 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 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: C.A.R. SERVICE

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>7500</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 checked="" type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 1c MIDGRADE UNLEADED <input type="checkbox"/> 2 LEADED		
<input 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)		
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 checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL (Primary Tank) <input checked="" 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 type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER _____
C. INTERIOR LINING OR COATING <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. EXTERIOR 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, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____ DROPP TUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___		

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 2 PRESSURE	A U 3 GRAVITY
B. CONSTRUCTION	A <u>(U)</u> 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A <u>(U)</u> 95 UNKNOWN
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING
	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN	<input checked="" type="checkbox"/> 99 OTHER <u>UNK</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL 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 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>R. Huper as agent for Owner</u>	DATE <u>7/29/98</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. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. 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 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: C.A.R. SERVICE

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>3000</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN	
C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED		<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 1b PREMIUM UNLEADED		<input type="checkbox"/> 4 GASAHOL
<input type="checkbox"/> 1c MIDGRADE UNLEADED		<input type="checkbox"/> 5 JET FUEL
<input type="checkbox"/> 2 LEADED		<input type="checkbox"/> 6 AVIATION GAS
		<input type="checkbox"/> 7 METHANOL
		<input type="checkbox"/> 8 M85
		<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	1 DOUBLE WALL	3 SINGLE WALL WITH EXTERIOR LINER	5 INTERNAL BLADDER SYSTEM	95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input checked="" 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 type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<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. EXTERIOR 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, etc.	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	
	DROPTUBE YES ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

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

A. SYSTEM TYPE	A(U) SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A(U) 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 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A(U) 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
					<input checked="" type="checkbox"/> 99 OTHER <u>UNK</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL 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 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIP	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>K. Cooper as agent for Owner</u>	DATE <u>7/28/98</u>
--	------------------------

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	

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 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 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 <i>C.A.R. SERVICE</i>		NAME OF OPERATOR <i>Douglas Cheng</i>		
ADDRESS <i>58165 Broadway Terrace</i>		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME <i>Oakland</i>	STATE <i>CA</i>	ZIP CODE	SITE PHONE # WITH AREA CODE <i>510-547-0170</i>	
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input 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 <i>3</i>	E. P. A. I. D. # (optional) <i>CAL000064719</i>	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Cheng, Douglas</i>	PHONE # WITH AREA CODE <i>510-547-0170</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>Same</i>	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>Glen McElhinney TRUST & CARLYN E. McElhinney TRUST</i>		CARE OF ADDRESS INFORMATION <i>Mike Gilmore</i>		
MAILING OR STREET ADDRESS <i>123 Scenic Drive</i>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <i>Orinda</i>	STATE <i>CA</i>	ZIP CODE <i>945163</i>	PHONE # WITH AREA CODE <i>(510) 893-5501</i>	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Glen McElhinney TRUST & CARLYN E. McElhinney TRUST</i>		CARE OF ADDRESS INFORMATION <i>Mike Gilmore</i>		
MAILING OR STREET ADDRESS <i>123 SCENIC DRIVE</i>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <i>Orinda</i>	STATE <i>CA</i>	ZIP CODE <i>945163</i>	PHONE # WITH AREA CODE <i>(510) 893-5501</i>	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 739-2582 if questions arise.

TY (TK) HQ 44 - 936364

V. 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. II. III.

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) <i>R. Kuper</i>	APPLICANT'S TITLE <i>Agent for Owner</i>	DATE MONTH/DAY/YEAR <i>9/28/98</i>
---	---	---------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="text"/>	JURISDICTION # <input type="text"/>	FACILITY # <input type="text"/>
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.

22) TANK CLOSURE REPORT

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

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

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

SITE HEALTH AND SAFETY PLAN

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

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

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

19) PLOT PLAN

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

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

20) PERMIT FEE

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

- 21) Blank unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Regional Water Quality Control Board (510) 286-1255 Larger quantities may be directly from the State Water Resources Control Board at (916) 739-2421.

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business CAR SERVICE

* Name of Individual DOUGLAS CHENY

* Signature [Signature] Date 7/24/98

General Instructions

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

Line Item Specific Instructions

2. SITE ADDRESS

Address at which closure is taking place.

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

EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1731

6. CONTRACTOR

Prime contractor for the project.

10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES

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

15) TANK HISTORY AND SAMPLING INFORMATION

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

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

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

16) ANALYTICAL METHODS AND ASSOCIATED DETECTION LIMITS

See attached Table 2.

17) OPERATIONAL SAFETY PLAN must be submitted. We approve the site health and safety plan include the following items, at a minimum:

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

18. Submit Workers Compensation Certificate copy

Name of Insurer STATE FUND

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

20. Enclose Permit fee (See Instructions)

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

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business HK2, INC. / SEMCO

Name of Individual RHONDA REANES-KIPER

Signature Rhonda Reanes Kiper Date 7/28/98

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)

Dependent on conditions
1-30 yards

Sampling Plan

Soil samples taken from tank excavation will be collected, placed in brass tubes, sealed with Teflon Tape, caps and placed on ice, transported to a State Certified lab under chain of custody and analyzed for the constituents of the tank. Samples will be collected from stockpile per the receiving facilities guidelines, typically a 4 point composite per 100 yards

Stockpiled soil must be placed on beamed plastic and must be completely covered by plastic sheeting

Will the excavated soil be returned to the excavation immediately after tank removal?

yes No unknown

If yes, explain reasoning _____

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Fire Services Agency, Office of Emergency Services. This means that the contractor, consultant, or responsible party must communicate with the Hazardous Materials Inspector **IN ADVANCE** of backfilling operations.

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

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

See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Unknown Fuel	TPH G GC/FID(5030) TPH G GC/FID(1510) SIZE 602 or 624 TPH AND SIZE 6260	TPH G GC/FID(5030) TPH G GC/FID(1510) SIZE 602, 624 or 6260	
Loaded Gas	TPH G GC/FID(5030) SIZE 6020 OR 6240 TPH AND SIZE 6260 TOTAL LEAD AA	TPH G GC/FID(5030) SIZE 602 or 624 TOTAL LEAD AA	
Unloaded Gas	TEL DHS-CUFT EDS DHS-AB1803	TEL DHS-CUFT EDS DHS-AB1803	
Diesel, Jet Fuel and Kerosene	TPH G GC/FID(5030) SIZE 6020 or 6240 TPH AND SIZE 6260	TPH G GC/FID(5030) SIZE 602, 624 or 6260	
Fuel/Heating Oil	TPH G GC/FID(1550) SIZE 6020 or 6240 TPH AND SIZE 6260	TPH G GC/FID(1510) SIZE 602, 624 or 6260	
Chlorinated Solvents	TPH G GC/FID(1550) SIZE 6020 or 6240 TPH AND SIZE 6260	TPH G GC/FID(1510) SIZE 602, 624 or 6260	
Non-chlorinated Solvents	CL HC 6010 or 6240 SIZE 6020 or 6240 CL HC AND SIZE 6260	CL HC 601 or 624 SIZE 602 or 624 CL HC AND SIZE 6260	
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G GC/FID(1550) SIZE 6020 or 6240 TPH AND SIZE 6260	TPH G GC/FID(1510) SIZE 602 or 624 TPH AND SIZE 6260	
	TPH G GC/FID(5030) TPH G GC/FID(1550) TPH AND SIZE 6260 O & G 3520 O & F SIZE 6020 or 6240	TPH G GC/FID(5030) TPH G GC/FID(1510) O & G 3520 O & F SIZE 602, 624 or 6260	

TEST FOR MTBE

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

If yes, describe _____

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

High pressure hot water detergent wash, 20lb dry ice
(per 10000 gallons capacity; purge w/air)

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
7500	Gasoline	Soil and/or Water ↓ ↓	2 Feet below each END OF TANK INTO NATIVE SOIL OR @ Soil/Water INTERFACE
3000	Gasoline		
250	Waste Oil		

Name Alviso Oil EPA ID No. CAL 000 161 743

Address 5002 Archer St

City Alviso State CA Zip 95002

c) Tank and Piping Transporter

Name RHT EPA I.D. No. CAL 000 112 413

c) Hauler License No. 2753 License Exp. Date 4/99

Address 1336 Pauline Ave.

City Modesto State CA Zip 95358

d) Tank and Piping Disposal Site

Name ECI EPA I.D. No. CAL 000 9466392

Address 255 Parr Blvd

City Richmond State CA Zip 94801

11) Sample Collector

Name _____

Company HK2, INC / SENC

Address 70 Chemical Way

City Redwood City State CA Zip 94063

Phone 650-261-1968

12) Laboratory

Name No. State Environmental

Address 90 So. Spruce St.

City S. San Francisco State CA Zip 94080

State Certification No. 1753

6) Contractor HK2, Inc/SEMCO
Address 70 Chemical Way
City Redwood City Phone 650-261-1968
License Type A.B. Cal 1040, HAZ IDS 719103

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

7) Consultant (if applicable) HK2, Inc.
Address _____
City, State _____ Phone _____

8) Main Contact Person for Investigation (if applicable)

Name Deno Milano Title Senior Geologist
Company HK2, Inc/SEMCO
Phone 650-261-1968

9) Number of underground tanks being closed with this plan 3 (Confirmed with owner operator)

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name Clearwater EPA I.D. NO. CAR000007013
Hauler License No. 3515 License Exp. Date 11/98
Address 2805 Coleman Place
City FREMONT State CA Zip 94537-7420

b) Product/Residual Sludge/Rinsate Disposal Site

CITY OF OAKLAND
Fire Services Agency
Office of Emergency Services
Hazardous Materials Program
505-14th St., Suite 702
Oakland, CA 94612

UNDERGROUND TANK CLOSURE PLAN
(Complete according to instructions)

Name of Business C.A.R. SERVICE

Business Owner or Contact Person (PRINT) DOUGLAS CHENG

Site Address 5865 BROADWAY TERRACE

City Oakland Zip 94618 Phone 510-547-0170

Mailing Address 5865 BROADWAY TERRACE

City Oakland Zip 94618 Phone 510-547-0170

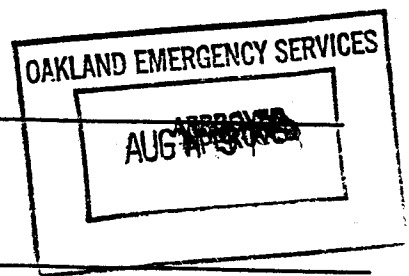
Property Owner GLENN McELHINNEY TRUST
& CARLYN E McELHINNEY TRUST

Business Name (if applicable) PO MIKE GILMORE

Address 123 SCENIC DRIVE

City, State ORINDA CA Zip 94563

Generator name under which tank will be manifested
C.A.R. SERVICE



EPA ID Under which tank will be manifested CAL 000 064 719

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

NAME CAROLYN E. MCELHINNEY TRUST

MAILING ADDRESS 3250 PTARMIGAN DR., WALNUT CREEK, CA 94595
STREET CITY, STATE, ZIP

DAY PHONE NUMBER (925) 939-0654
area code phone #

* SIGNATURE Winifred M. Gilmore (Trustee)

DATE JULY 23, 1998

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

Project Contact & Phone # _____

Facility Name C.A.R. SERVICE Phone # 510-547-0170

Address 58105 BROADWAY TERRACE

Cross Street CLAREWOOD DRIVE

Owner/Operator _____ Phone # _____

Contractor Name HK2, INC. / SEMCO Phone # 650-261-1968

Contractor Address 70 CHEMICAL WAY CA License # 719103 Class A, B, C61/D40

Hazardous Waste Certified: YES Workers Comp# 1518581
 (Qualifying license category: _____) Yes No

City of Oakland Business Tax License # 1478516 Permit # _____

Does this site have a leaking UST (or did it have a leaking tank system?) Yes No unknown

State Tank ID#	Tank Size	Material That Was Stored	Proposed Removal Date
39-	7500	Gasoline	Aug-Sept 98
39-	3000	Gasoline	Aug-Sept 98
39-	250	Waste Oil	Aug-Sept 98
39-			
39-			
39-			

APPROVED APPROVED WITH CONDITIONS DISAPPROVED
 PLAN REVIEWER'S SIGNATURE _____ DATE OF APPROVAL _____

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

APPLICANT'S SIGNATURE [Signature] TITLE: Agency Owner DATE: 7/29/98

CITY OF OAKLAND
FIRE PREVENTION BUREAU
421 14TH ST., 1ST FL.
OAKLAND, CALIFORNIA 94612
(510) 238-3851

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

Request Submittal Date: 7/29/98

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

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

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

(a) four feet inside the curb line* (b) inside the property line

*inside curb line, please attach copy of sidewalk/excavation permit from PLANNING AND BUILDING

on the _____ side of _____ St./Ave. _____ feet _____ of _____ St./Ave.

Site Address: 58105 BROADWAY TERRACE Present storage Gas / Waste Oil
Property GLEN McELHINNEY TRUST 410 MIKE GILMORE
Owner: CARLYN McELHINNEY TRUST Address 123 SCENIC DRIVE DRINDA Phone 510 893-5501

Applicant: HK2, INC / SENCO Address 70 CHEMICAL WAY Phone 650 261-1968
Redwood City 94063

Sidewalk surface to be disturbed 0 X 0 Number of Tanks 3 Capacity 7500 Gallons ea.
3000
250

Remarks _____

Signature [Handwritten Signature]

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

- (3) Copies of Closure Plans for underground tank removal(s)
- (3) Sets of plans and (1) copy of specifications for above ground tank removal
- (3) Sets of plans and (3) sets of application packets for underground tank installation/modifications
- (3) Sets of plans for aboveground tank installation
- copy or prepare to show Planning and Building approval for aboveground tank removal and tank repair

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

FOR OFFICE USE ONLY

Permit No. _____
Copies to: Electrical Inspection

Amt. Recv'd 740
Ck# 2541 Cash
Recv'd by: [Signature]

OAKLAND EMERGENCY SERVICES

Date Issued: 8/1/98

TK

**OAKLAND FIRE SERVICES AGENCY, OFFICE OF EMERGENCY SERVICES
UNIFORM UNDERGROUND TANK SYSTEM CLOSURE INSPECTION REPORT**

Facility Name C.A.R. Service Site ID: No. _____
 Address 5865 Broadway Terrace City Oakland Zip _____
 Project Contact SEMCO/Chuck Kiper Contact Phone No. (510) 261-1968

Tank ID No.	Tank 1	Tank 2	Tank 3
Size	3000 gal	7500 gal	250 gal
Construction Material	Steel	→	→
Single/Double Wall	SW	→	→
Backfill Type	Sandy clay	→	→
Oxygen <10%	1.5%	7%	2%
LEL <20%	18%	40%	2%
Tank Condition	Rusty - No holes observed	Rusty - No holes obs.	Rusty - 2 holes observed on top of tank - Bottom OK
Soil/Groundwater Condition	Decoloration observed underneath tanks	Slight odor at the W. end of tank - decoloration on soil underneath UST	No odor - Some decoloration in soil
Soil Sample Depth	ISP - 4 Samples from 13 feet	Stock pile - Pit will be covered w/ soil 14 feet	7 feet
Number and Description of (Soil) Groundwater Samples (Indicate Sample Locations on Site Plan.)	#1 SP - # composite samples from stock pile #4 - 3K - W (odor) #6 - 3K - E	#2 7.5K - East #3 7.5K - West (odor)	- No odor #5 7.5K -

Piping: Rinsed / Tested / Capped Rinsate: Shipped on Manifest
 Tank and Piping Transport: Shipped on Manifest Transporter Name Same as on Application
 Sampling: Evidence Tape Chain of Custody; Pipeline Samples Taken Vehicle Hazwaste Certificate Current
 Soil Stored on Berned Plastic and Covered. Samples Refrigerated Yes, No (If no, explain why in Comments.)

Disposition of Tank Contents Hauled off cos H.W. w/ manifest
 Comments/Special Conditions _____

Inspector Kermain Gomez Agency CA OFD Date 10/7/98 Site Plan: Attached
 Start Time 11:41 a.m Stop time _____
 Signature of Contractor/Authorized Agent Chuck Kiper Date 10/7/98 Page 1 of 1

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 12 07 98	CASE #	SIGNED _____ DATE _____

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT BRENT A. WHEELER	PHONE 657-22-1968	SIGNATURE <i>Brent A. Wheeler</i>
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD	COMPANY OR AGENCY NAME HKZ, INC. / SEMCO
	ADDRESS 70 CHEMICAL WAY REDWOOD CITY CA 94063		

RESPONSIBLE PARTY	NAME GLENN + CARLYN McELHENNEY TRUST <input type="checkbox"/> UNKNOWN	CONTACT PERSON MIKE GELMORE	PHONE (510) 893-5504
	ADDRESS 123 SCENIC DRIVE ORINDA CA 94563		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) C.A.R. SERVICE	OPERATOR MR. DOUGLAS CHENG	PHONE (510) 547-0170
	ADDRESS 5865 BROADWAY TERRACE OAKLAND ALAMEDA 94618		
	CROSS STREET CLAREWOOD DRIVE		

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME ALAMEDA COUNTY ENVIRONMENTAL HEALTH	CONTACT PERSON MS. EVA CHU	PHONE (510) 567-6762
	REGIONAL BOARD CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD S.F. BAY REGION MR. RANOH LEE		

SUBSTANCES INVOLVED	(1) NAME GASOLINE	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 1 0 0 7 9 8	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL	<input type="checkbox"/> INVENTORY CONTROL	<input type="checkbox"/> SUBSURFACE MONITORING	<input type="checkbox"/> NUISANCE CONDITIONS	
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING				
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1 0 0 7 9 8	<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				

SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> 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 checked="" 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 type="checkbox"/> CLEANUP UNDERWAY
----------------	--

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input 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 checked="" type="checkbox"/> OTHER (OT) NO ACTION TAKEN AT THIS TIME
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COMMENTS	
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APPENDIX B

Laboratory Report and Chain of Custody Record



C E R T I F I C A T E O F A N A L Y S I S

Number: 98-1289
 Client: Semco
 Project: 5865 Broadway Terrace
 Date Reported: 10/23/98

Gasoline, BTEX and MTBE by Methods 8015M and 8020
 Total Cd, Cr, Ni, Pb and Zn by AA Spectroscopy
 Total Extractable Petroleum Hydrocarbons by SM 5520 E & F

Sample	Method	Result	Unit	Date Sampled	Date Analyzed
Sample: 98-1289-01 Client ID: #1-SP 10/07/98 SOIL COMP.					
Gasoline	8015M	1100	mg/Kg		10/14/98
Benzene	8020	ND<0.125	mg/Kg		
Toluene	8020	4	mg/Kg		
Xylenes	8020	*2	mg/Kg		
MTBE	8020	2	mg/Kg		
Cr	8020	47	mg/Kg		
Pb	7420	20	mg/Kg		10/14/98
Sample: 98-1289-02 Client ID: #2-7.5K-E-14' 10/07/98 SOIL					
Gasoline	8015M	ND			10/14/98
Benzene	8020	ND			
Toluene	8020	ND			
Xylenes	8020	*ND			
MTBE	8020	ND			
Cr	8020	ND			
Pb	7420	12	mg/Kg		10/14/98
Sample: 98-1289-03 Client ID: #3-7.5K-W-14' 10/07/98 SOIL					
Gasoline	8015M	2200	mg/Kg		10/14/98
Benzene	8020	ND<0.25	mg/Kg		
Toluene	8020	11	mg/Kg		
Xylenes	8020	*ND<0.25	mg/Kg		
MTBE	8020	ND<0.25	mg/Kg		



North State Environmental
 Chemical Waste Disposal · Trucking · Consulting

C E R T I F I C A T E O F A N A L Y S I S

Lab Number: 98-1289
 Client: Semco
 Project: 5865 Broadway Terrace

Date Reported: 10/23/98

Gasoline, BTEX and MTBE by Methods 8015M and 8020
 Total Cd, Cr, Ni, Pb and Zn by AA Spectroscopy
 Total Extractable Petroleum Hydrocarbons by SM 5520 E & F

Analyte	Method	Result	Unit	Date Sampled	Date Analyzed
Sample: 98-1289-03		Client ID: #3-7.5K-W-14'		10/07/98	SOIL
Xylenes	8020	16	mg/Kg		
Lead	7420	3	mg/Kg		10/14/98
Sample: 98-1289-04		Client ID: #4-3K-W-13'		10/07/98	SOIL
Gasoline	8015M	3800	mg/Kg		10/14/98
Benzene	8020	2	mg/Kg		
Ethylbenzene	8020	ND<0.25	mg/Kg		
MTBE	8020	*11	mg/Kg		
Toluene	8020	ND<0.25	mg/Kg		
Xylenes	8020	ND<0.5	mg/Kg		
Lead	7420	3	mg/Kg		10/14/98
Sample: 98-1289-05		Client ID: #5-WO-7'		10/07/98	SOIL
Cadmium	7130	ND			10/14/98
Chromium	7190	47	mg/Kg		
Lead	7420	15	mg/Kg		
Nickel	7520	63	mg/Kg		
Zinc	7950	71	mg/Kg		
Gasoline	8015M	2	mg/Kg		10/14/98
Benzene	8020	ND			
Ethylbenzene	8020	0.017	mg/Kg		
MTBE	8020	*ND			
Toluene	8020	0.005	mg/Kg		

*Confirmed by GC/MS method 8260.



C E R T I F I C A T E O F A N A L Y S I S

Lab Number: 98-1289
 Client: Semco
 Project: 5865 Broadway Terrace

Date Reported: 10/23/98

Gasoline, BTEX and MTBE by Methods 8015M and 8020
 Total Cd, Cr, Ni, Pb and Zn by AA Spectroscopy
 Total Extractable Petroleum Hydrocarbons by SM 5520 E & F

Analvte	Method	Result	Unit	Date Sampled	Date Analyzed
Sample: 98-1289-05	Client ID: #5-WO-7'			10/07/98	SOIL
Ylenes	8020	ND			
EPH	5520F	ND			10/12/98
Sample: 98-1289-06	Client ID: #6-3K-E-13'			10/07/98	SOIL
Gasoline	8015M	850	mg/Kg		10/14/98
Benzene	8020	ND<0.125	mg/Kg		
Ethylbenzene	8020	1	mg/Kg		
MTBE	8020	*ND<0.12	mg/Kg		
Toluene	8020	ND<0.125	mg/Kg		
Ylenes	8020	ND<0.25	mg/Kg		
Lead	7420	3	mg/Kg		10/14/98



North State Environmental
Chemical Waste Disposal · Trucking · Consulting

CERTIFICATE OF ANALYSIS

Quality Control/Quality Assurance

Lab Number: 98-1289
Client: Semco
Project: 5865 Broadway Terrace

Date Reported: 10/23/98

Gasoline, BTEX and MTBE by Methods 8015M and 8020
Total Cd, Cr, Ni, Pb and Zn by AA Spectroscopy
Total Extractable Petroleum Hydrocarbons by SM 5520 E & F

Analyte	Method	Reporting Limit	Unit	Blank	MS/MSD Recovery	RPD
Gasoline	8015M	0.5	mg/Kg	ND	112	6
Benzene	8020	.005	mg/Kg	ND	106	9
Ethylbenzene	8020	.005	mg/Kg	ND	91	9
Toluene	8020	.005	mg/Kg	ND	92	11
Xylenes	8020	.010	mg/Kg	ND	99	12
MTBE	8020	.005	mg/Kg	ND	120	9
TEPH	5520F	50	mg/Kg	ND	77	5
Cadmium	7130	1.0	mg/Kg	ND	92/92	0
Chromium	7190	1.0	mg/Kg	ND	71/82	15
Nickel	7520	1.0	mg/Kg	ND	78/92	16
Lead	7420	1.0	mg/Kg	ND	94/98	5
Zinc	7950	1.0	mg/Kg	ND	97/102	4

ELAP Certificate NO:1753

Reviewed and Approved

John A. Murphy, Laboratory Director

Page 4 of 4



North State Environmental Analytical Laboratory

Phone: (415) 588-9652 Fax: (415) 588-1950

Chain of Custody / Request for Analysis

Lab Job No.: _____ Page ____ of ____

Client: Gilmore (CAE Service)	Report to: HK²-Semeo	Phone: 650-261-1968	Turnaround Time Standard Date: 10/07/98 Sampler: Chuck K.
Mailing Address:	Billing to: # Semeo-Modesto	Fax: 650-261-0735	
		PO# / Billing Reference:	

Project / Site Address:					Analysis Requested						Comments/Hazards
Sample ID	Sample Type	Container No. / Type	Pres.	Sampling Date / Time	T P H C	B T E X	L E A D	M T B E	T O G	I C P S	
1 #1-SP	SOIL	4-BRASS	Ice	10/07/98 12:00	✓	✓	✓	✓			COMP IN LAB
2 #2-7.5K-E-14'	SOIL	1-BRASS	Ice	" 1:25	✓	✓	✓	✓			
3 #3-7.5K-W-14'	SOIL	1-BRASS	"	" 1:40	✓	✓	✓	✓			
4 #4-3K-W-13'	SOIL	1-BRASS	"	" 1:43	✓	✓	✓	✓			
5 #5-WO-7'	SOIL	1-BRASS	"	" 1:45	✓	✓	✓	✓	✓	✓	
6 #6-3K-E-B'	SOIL	1 BRASS	"	" 1:45	✓	✓	✓	✓			odor

Relinquished by: Chuck Kepin	Date: 10/07/98	Time: 15:15	Received by: [Signature]	Lab Comments
Relinquished by:	Date:	Time:	Received by:	
Relinquished by:	Date:	Time:	Received by:	

APPENDIX C

Waste Manifests and
Tank Destruction Certificates

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. <i>CAL000064719</i>	Manifest Document No. <i>95849</i>	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address <i>CAR SERVICE 5865 BROADWAY TERRACE OAKLAND CA</i>			A. State Manifest Document Number <i>97295849</i>		B. State Generator's ID	
4. Generator's Phone (510) <i>547-0170</i>			C. State Transporter's ID		D. Transporter's Name <i>CLEARWATER ENVIRONMENTAL CAR 000009043</i>	
5. Transporter 1 Company Name			5. US EPA ID Number		E. State Transporter's ID	
7. Transporter 2 Company Name			8. US EPA ID Number		F. Transporter's Phone	
9. Designated Facility Name and Site Address <i>ALVRO MID/OIL 5002 ALVRO ST ALVRO, CA 95002</i>			10. US EPA ID Number <i>CAL000061743</i>		G. State Facility's ID <i>CAL000061743</i>	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	L. Waste Number State EPA/Other
a. <i>WASTE COMBUSTIBLE LIQUID NOS UN1993 00V TT 115 G</i>						<i>241</i> <i>HA</i>
b.						State EPA/Other
c.						State EPA/Other
d.						State EPA/Other
J. Additional Descriptions for Materials Listed Above <i>TIME RESISTANT</i>			K. Handling Codes for Wastes Listed Above a. <i>14</i>			
I. Special Handling Instructions and Additional Information <i>WEAR THE PROTECTIVE GEAR EMERGENCY CONTACT KIRK HAYWARD (510) 797-8511</i>						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name <i>CHUNG YAU YING</i>		Signature <i>[Signature]</i>		Month Day Year <i>10 07 98</i>		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Kirk D. Hayward</i>		Signature <i>[Signature]</i>		Month Day Year <i>10 07 98</i>		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest as noted in item 19 Printed/Typed Name <i>Vicky Stone</i>		Signature <i>[Signature]</i>		Month Day Year <i>10 07 98</i>		

DO NOT WRITE BELOW THIS LINE.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA1K10001064719	Manifest Document No. 74050	2. Page 1 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address MIKE GILMORE 123 SCENIC DR ORINDA CAL 94563		4. Generator's Phone 510 893-5501		5. Transporter 1 Company Name TRIDENT TRUCKLINES	
6. US EPA ID Number CAD982484370		7. Transporter 2 Company Name		8. US EPA ID Number	
9. Designated Facility Name and Site Address ERICKSON INC. 255 PARR BLVD RICHMOND, CA 94801		10. US EPA ID Number CAD009466392		11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	
12. Containers No. Type		13. Total Quantity		14. Unit: Wt/Vol	
WASTE EMPTY STORAGE TANK		003 TP		10750 P	
b.					
c.					
d.					
Additional Descriptions for Materials Listed Above		Handling Codes for Wastes Listed Above			
3 EMPTY STORAGE TANKS (TANKS) HAVE BEEN INERTED WITH 15 LBS DRY ICE PER 100 GALLONS CAPACITY		01			
Special Handling Instructions and Additional Information Wear appropriate protective clothing when handling. SITE LOCATION: 24 Hour Emergency Telephone Number: 510-893-5501 24 Hour Emergency Contact: MIKE GILMORE					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name DOUGLAS CHENG		Signature <i>[Signature]</i>		Month Day Year 10 07 98	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name BOB SERRA		Signature <i>[Signature]</i>		Month Day Year 10 07 98	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name KAREN RUFFIN					
Signature <i>[Signature]</i>		Month Day Year 11 01 7 98			

DO NOT WRITE BELOW THIS LINE.

White: TSDf SENDS THIS COPY TO DTSC WITHIN 30 DAYS.
 To: P.O. Box 3000, Sacramento, CA 95812

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE
CERTIFIED SERVICES COMPANY
255 Parr Boulevard • Richmond, California 94801

NO. 29222

CUSTOMER
JOB NO. 974050
HK2, INC.

FOR: ERICKSON, INC. TANK NO. 24114

LOCATION: RICHMOND, CA DATE: 10/8/98 TIME: 12:17:34

TEST METHOD VISUAL GASTECH/1314 SMPN LAST PRODUCT UG

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 7,500 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1% ERICKSON, INC. HERBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS WASTE FACILITY.
ERICKSON, INC. HAS THE APROPRIATE PERMITS FOR, AND HAS ACCEPTED THE TANK SHIPPED TO US FOR PROCESSING.

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration that permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

Lance Allen
REPRESENTATIVE

TITLE

Dave Jato
INSPECTOR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 29253

CUSTOMER
JOB NO. 974050
HK2, INC.

FOR: ERICKSON, INC. TANK NO. 24115

LOCATION: RICHMOND, CA DATE: 10/13/98 TIME: 12:18:09

TEST METHOD VISUAL GASTECH/1314 SMPN LAST PRODUCT UG

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 3,000 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1% ERICKSON, INC. HERBY CERTIFIES THAT THE
ABOVE NUMBERED TANK HAS BEEN CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR
PERMITTED HAZARDOUS WASTE FACILITY.

ERICKSON, INC. HAS THE APROPRIATE PERMITS FOR, AND HAS ACCEPTED THE TANK SHIPPED TO US
FOR PROCESSING.

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration that permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

Lance Collis
REPRESENTATIVE

TITLE

Dave Sato
INSPECTOR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE
CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 29254

CUSTOMER
JOB NO. 974050 HK2, INC.

FOR: ERICKSON, INC. TANK NO. 24118

LOCATION: RICHMOND, CA DATE: 10/14/98 TIME: 12:18:46

TEST METHOD VISUAL GASTECH/1314 SMPN LAST PRODUCT WASTE OIL

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 250 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1% ERICKSON, INC. HERBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS WASTE FACILITY.
ERICKSON, INC. HAS THE APROPRIATE PERMITS FOR, AND HAS ACCEPTED THE TANK SHIPPED TO US FOR PROCESSING.

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration that permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

Launce Collier
REPRESENTATIVE

TITLE

Dave Job
INSPECTOR