

COUNTY OF ALAMEDA UNDERGROUND TANK SYSTEM INSPECTION REPORT

For Use By the County of Alameda, Environment

SR# 0016630

Facility Name: Private Residence; Address: 40 Crocker Avenue City: Piedmont Zip 94611

Contractor's name : Golden Gate Tank Removal

Project Contact:

JOSH

Phone No.:

415 512-1555

Tank ID No.				
Size	GALLONS			
Construction Material	<u>STEEL</u>			
Single/Double Wall	<u>SW</u>			
Backfill Type				
Oxygen <10%	<u>/</u>			
LEL <20%	<u>/</u>			
Tank Condition	<u>RUINED</u>	<u>BOTTOM TANK 7'</u>	<u>LIQUID FROM BOTTOM OF EXCAVATION SAMPLED IN VIEW OF SOIL, TOO ROCKY FOR SOIL.</u>	
Soil/Groundwater Condition	<u>ROCKY</u>			
Soil Sample Depth	<u>NA</u>			
Number and Description of Soil/Groundwater Samples (Indicate Sample Locations on Site Plan.)	<u>7'</u>			

Disposition of Tank Contents:

PUMPED / MANIFESTED

Piping:

☒ Rinsed/ Tested/ Capped.

Rinsate:

☐ Shipped on Manifest.

Tank & Piping Transport:

☐ Shipped on Manifest;

☐ Transporter Name Same as on Application.

Sampling:

☐ Evidence Tape;

☐ Chain of Custody;

☒ Samples Refrigerated; Pipeline Samples Taken

☐ Yes, ☒ No

(If no, explain why in Comments.)

Soil:

☒ Soil Stored on Bermed Plastic & Covered;

☐ Soil Returned to Excavation.

Site Plan:

☐ Attached.

Comments/Special Conditions:

5' 10' 1500 GALLONS

Inspector: Robert Weston

Agency: ACDEH

Date: April 13, 2010

Start Time: 10:00am

Stop Time: 12:30

Signature of Contractor/Authorized Agent:

Date:

Page

of

JUL 01 2010

CAROL ANNETTE
NO REPORT
WRITTEN,

NO PAYMENT

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

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:

✓ 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:

Robert Weston

510 567-6781

APR 02 2010

See Table 2 for sample analysis

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business Golden Gate Tank Removal, Inc.

Business Owner or Contact Person (PRINT) Joshua Alexander

2. Site Address 40 Crocker Ave., Piedmont, CA

city Piedmont Zip 94611 Phone (510)681-6976

3. Mailing Address 3730 Mission Street

city San Francisco Zip 94110 Phone (415) 512-1555

4. Property Owner Spencer & Roberta Kaitz

Business Name (if applicable) 40 Crocker Avenue

Address 40 Crocker Avenue

city, state Piedmont CA Zip 94611

5. Generator name under which tank will be manifested

Spencer & Roberta Kaitz

EPA ID# under which tank will be manifested CAC 002651405

MARCH 11, 2010

SR0016630

1

6. Contractor Golden Gate Tank Removal, Inc.
Address 3730 Mission Street
City San Francisco Phone (415) 512-1555
License Type A C-8 HAZ ID# 616521
7. Consultant (if applicable) _____
Address _____
City, State _____ Phone _____
8. Main Contact Person for Investigation (if applicable)
Name Joshua Alexander Title Project Manager
Company Golden Gate Tank Removal, Inc.
Phone (415) 512-1555
9. Number of underground tanks being closed with this plan 1 (one)
Length of piping being removed under this plan up to 15 feet
Total number of underground tanks at this facility (**confirmed with owner or operator) 1 (to be removed)
10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

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

a) Product/Residual Sludge/Rinsate Transporter

Name Uniwaste, Inc. EPA I.D. No. CAL000317320
Hauler License No. 4919 License Exp. Date _____
Address P.O. Box 2404
City Union City State CA Zip _____

b) Product/Residual Sludge/Rinsate Disposal Site

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

c) Tank and Piping Transporter

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

Name Ecology Control Industries EPA I.D. No. CAD 009 466 392

Hauler License No. 1533 License Exp. Date 04/06/2017

Address 255 Parr Road

City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

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

Name Ecology Control Industries EPA I.D. No. CAD 009 466 392

Address 255 Parr Road

City Richmond State CA Zip 94801

11. Sample Collector

Name Joshua Alexander

Company Golden Gate Tank Removal, Inc.

Address 3730 Mission Street

City San Francisco State CA Zip 94110 Phone (415) 512-1555

12. Laboratory

Name Accutest Laboratories

Address 3334 Victor court

City Santa Clara State CA Zip 95054

State Certification No. 2346

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

If yes, describe. _____

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

removal of product, purge, introduce dry ice to reduce vapors

flush lines and triple rinse with water, if necessary

pump to vacuum truck, steam clean tank

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

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

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

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

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

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

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

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

If yes, explain reasoning _____

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

TABLE #2
REVISED 21 NOVEMBER 2003

**RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS**

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u> (SW-846 METHOD)		<u>WATER ANALYSIS</u> (Water/Waste Water Method)	
Gasoline (Leaded and Unleaded)	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water			
	TOTAL LEAD	AA	TOTAL LEAD	AA
		--Optional--		
	Organic Lead	DHS-LUFT	Organic Lead	DHS-LUFT
Unknown Fuel	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water			
	TOTAL LEAD	AA	TOTAL LEAD	AA
		--Optional--		
	Organic Lead	DHS-LUFT	Organic Lead	DHS-LUFT
Diesel, Jet Fuel, Kerosene, and Fuel/Heating Oil	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water			
Chlorinated Solvents	CL HC	8260	CL HC	524.2/624 (8260)
	BTEX	8260 or 8021	BTEX	524.2/624 (8260) or 502.2/602 (8021)
	1,4-Dioxane	8270M	1,4-Dioxane	8270M
Non-chlorinated Solvents	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260 or 8021	BTEX	524.2/624 (8260) or 502.2/602 (8021)
Waste, Used, or Unknown Oil	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	O&G	9070	O&G	418.1
	BTEX	8260	BTEX	524.2/624 (8260)
	CL HC	8260	CL HC	524.2/624 (8260)
	1,4-Dioxane	8270M	1,4-Dioxane	8270M
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water			
	METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil water			
	PCB*, PCP*, PNA, CREOSOTE by 8270 for soil and 524/625 (8270) for water			
* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)				

NOTES:

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

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

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

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

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

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

18. Submit copy of Worker's Compensation Certificate

Name of Insurer State Fund Compensation Insurance

19. Submit Plot Plan (See Instructions)

20. Enclose Fee (See Instructions)

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

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business Golden Gate Tank Removal, Inc.

Name of Individual Annette Chen - Project Coordinator

Signature Annette Chen

Printed name of Annette Chen
Signature of Annette Chen, dated 3/9/10
0100

Date 3/9/10

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business _____

Name of Individual Spencer & Roberta Kaitz

Signature [Signature]

Date 3/9/10

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

[illegible]

BUSINESS SITE ADDRESS	103.	CITY	104.
40 Crocker Avenue		Piedmont	

FACILITY TYPE	<input type="checkbox"/> 1. MOTOR VEHICLE FUELING	<input type="checkbox"/> 2. FUEL DISTRIBUTION	403.	Is the facility located on Indian Reservation or Trust lands?	405.
	<input type="checkbox"/> 3. FARM	<input checked="" type="checkbox"/> 4. PROCESSOR		<input type="checkbox"/> 1. Yes	<input checked="" type="checkbox"/> 2. No
		<input checked="" type="checkbox"/> 6. OTHER			

PROPERTY OWNER NAME	407.	PHONE	408.
Spencer & Roberta Kaitz		(510) 681-6976	

MAILING ADDRESS 40 Crocker Avenue 409.

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

TANK OPERATOR NAME	428-1.	PHONE	428-2.
Same as #2		()	

MAILING ADDRESS 428-3.

CITY	428-4.	STATE	428-5.	ZIP CODE	428-6.
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TANK OWNER NAME	Same as #2	414.	PHONE	415.
			()	

MAILING ADDRESS 416

CITY	417.	STATE	418.	ZIP CODE	419.

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

TY (TK) HQ 44-						Call the State Board of Equalization, Fuel Tax Division, if there are questions.	421.
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Issue permit and send legal notifications and mailings to:

<input type="checkbox"/> 1. FACILITY OWNER	<input type="checkbox"/> 4. TANK OPERATOR
<input checked="" type="checkbox"/> 3. TANK OWNER	<input type="checkbox"/> 5. FACILITY OPERATOR

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

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

APPLICANT SIGNATURE Annette Chen Digitally signed by Annette Chen
DN: cn=Annette Chen, o=US
Date: 2010.03.12 10:33:03
GMT DATE 3/12/10 424. PHONE (415) 512-1555 425.

APPLICANT NAME (print)	426.	APPLICANT TITLE	427
Annette Chen - On Behalf of Owner		Project Coordinator	

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

TYPE OF ACTION (Check one item only. For a UST closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430.
☐ 1. NEW PERMIT ☐ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION
☐ 6. TEMPORARY UST CLOSURE ☐ 7. UST PERMANENT CLOSURE ON SITE ☒ 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: 430a. DATE EXISTING UST DISCOVERED: 2/18/10 430b.

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) 1.

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) Residential 3.

BUSINESS SITE ADDRESS 103. CITY Piedmont 104.
40 Crocker Avenue

II. TANK DESCRIPTION

TANK ID # 432. TANK MANUFACTURER 433. TANK CONFIGURATION: THIS TANK IS 434.
Unknown Unknown ☐ 1. A STAND-ALONE TANK Complete one page for each
☐ 2. ONE IN A COMPARTMENTED UNIT compartment in the unit.

DATE UST SYSTEM INSTALLED 435. TANK CAPACITY IN GALLONS 436. NUMBER OF COMPARTMENTS IN THE UNIT 437.
Unknown 1500 gallons One

III. TANK USE AND CONTENTS

TANK USE ☒ 1a. MOTOR VEHICLE FUELING ☐ 1b. MARINA FUELING ☐ 1c. AVIATION FUELING 439.
☐ 3. CHEMICAL PRODUCT STORAGE ☐ 4. HAZARDOUS WASTE (Includes Used Oil) ☐ 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
☐ 6. OTHER GENERATOR FUEL ☐ 95. UNKNOWN ☒ 99. OTHER (Specify): Heating Oil 439a.

CONTENTS PETROLEUM: ☐ 1a. REGULAR UNLEADED ☐ 1c. MIDGRADE UNLEADED 440.
☐ 3. DIESEL ☐ 5. JET FUEL ☐ 1b. PREMIUM UNLEADED
☐ 8. PETROLEUM BLEND FUEL ☒ 9. OTHER PETROLEUM (Specify): Heating Oil 440a.
NON-PETROLEUM: ☐ 7. USED OIL ☐ 10. ETHANOL
☐ 11. OTHER NON-PETROLEUM (Specify): 440b.

IV. TANK CONSTRUCTION

TYPE OF TANK ☒ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 95. UNKNOWN 443.
PRIMARY CONTAINMENT ☒ 1. STEEL ☐ 3. FIBERGLASS ☐ 6. INTERNAL BLADDER 444.
☐ 7. STEEL + INTERNAL LINING ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 444a.

SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 3. FIBERGLASS ☐ 6. EXTERIOR MEMBRANE LINER ☐ 7. JACKETED 445.
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 445a.

OVERFILL PREVENTION ☐ 1. AUDIBLE & VISUAL ALARMS ☐ 2. BALL FLOAT ☐ 3. FILL TUBE SHUT-OFF VALVE 452.
☐ 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION ☒ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 99. OTHER 460.
SYSTEM TYPE ☐ 1. PRESSURE ☐ 2. GRAVITY ☐ 3. CONVENTIONAL SUCTION ☒ 4. SAFE SUCTION [23 CCR §2636(a)(3)] 458.

PRIMARY CONTAINMENT ☒ 1. STEEL ☐ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC 464.
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464a.

SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 8. FLEXIBLE ☐ 10. RIGID PLASTIC 464b.
☐ 90. NONE ☐ 95. UNKNOWN ☐ 99. OTHER (Specify): 464c.

PIPING/TURBINE CONTAINMENT SUMP TYPE ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 90. NONE 464d.

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify): 464e.

VENT SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify): 464f.

VR PRIMARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify): 464g.

VR SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify): 464h.

VENT PIPING TRANSITION SUMP TYPE ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 90. NONE 464i.

RISER PRIMARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify): 464j.

RISER SECONDARY CONTAINMENT ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 90. NONE ☐ 99. OTHER (Specify): 464k.

FILL COMPONENTS INSTALLED ☐ 1. SPILL BUCKET ☐ 3. STRIKER PLATE/BOTTOM PROTECTOR ☐ 4. CONTAINMENT SUMP 451a-c.

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE ☐ 1. SINGLE WALL ☐ 2. DOUBLE WALL ☐ 3. NO DISPENSERS ☐ 90. NONE 469a.


CONSTRUCTION MATERIAL ☐ 1. STEEL ☐ 4. FIBERGLASS ☐ 10. RIGID PLASTIC ☐ 99. OTHER (Specify) 469b.

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION ☐ 2. SACRIFICIAL ANODE(S) ☐ 4. IMPRESSED CURRENT ☐ 6. ISOLATION 448.

IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE  Annette Chen 470. DATE 3/12/10

APPLICANT NAME (print) 471. Annette Chen - On Behalf of Owner APPLICANT TITLE 472. Project Coordinator

HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

Page ____ of ____

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) ³

FACILITY ID#

1

TANK OWNER NAME

740

TANK OWNER ADDRESS

741

TANK OWNER CITY

742

STATE

743

ZIP CODE

744

II. TANK CLOSURE INFORMATION

TANK INTERIOR ATMOSPHERE READINGS	Tank ID # (Attach additional copies of this page for more than three tanks)		Concentration of Flammable Vapor			Concentration of Oxygen		
			Top	Center	Bottom	Top	Center	Bottom
	1	745	746a	746b	746c	747a	747b	747c
	2	748	749a	749b	749c	750a	750b	750c
	3	751	752a	752b	752c	753a	753b	753c

III. CERTIFICATION

On examination of the tank, I certify the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), rinseate and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF CERTIFIER

STATUS OR AFFILIATION OF CERTIFYING PERSON

Certifier is a representative of the CUPA, authorized agency, or LIA:

760

NAME OF CERTIFIER (Print)

754

☐ Yes ☐ No

Name of CUPA, authorized agency, or LIA:

761

TITLE OF CERTIFIER

755

If certifier is other than CUPA / LIA check appropriate box below:

762

ADDRESS

756

☐ a. Certified Industrial Hygienist (CIH)☐ b. Certified Safety Professional (CSP)

CITY

757

☐ c. Certified Marine Chemist (CMC)☐ d. Registered Environmental Health Specialist (REHS)

PHONE

758

☐ e. Professional Engineer (PE)☐ f. Class II Registered Environmental Assessor

DATE

759

CERTIFICATION TIME

☐ g. Contractors' State License Board licensed contractor (with hazardous substance removal certification)

TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS

763

(If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.)

☐ Yes ☐ No

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC:

764

A copy of this certificate shall accompany the tank to the recycling / disposal facility and be provided to the CUPA. If there is no CUPA, copies shall be submitted to the LIA and authorized agency; owner / operator of the tank system; removal contractor; and the recycling / disposal facility.

Hazardous Waste Tank Closure Certification

Complete and submit this page prior to initiating any cleaning, cutting, dismantling, or excavation of a tank system that meets the conditions below:

- Any tank system that previously held a hazardous material or a hazardous waste, that is identified as a hazardous waste, and that is destined to be disposed, reclaimed or closed in place.
- This does not apply to tank systems regulated under a hazardous waste facility permit, other than permit by rule (PBR), or to tank systems regulated under a grant of interim status, nor to a tank system or any portion thereof, that meets the definition of scrap metal in 22 CCR §66260.10 and is excluded from regulation pursuant to 22 CCR §66261.6(a)(3)(B).

Refer to 22 CCR §67383.3 and 23 CCR §2672 for disposal requirements for tank systems.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

3. BUSINESS NAME - Enter the full legal name of the business.

740. TANK OWNER NAME - Complete items 740-744, unless all items are the same as the Business Owner
741. TANK OWNER ADDRESS information (items 111-116) on the Business Owner/Operator Identification page
742. TANK OWNER CITY (OES Form 2730). If the same, write "SAME AS SITE" across this section
743. TANK OWNER STATE
744. TANK OWNER ZIP CODE

745. TANK ID NUMBER 1-3 - Enter up to three owner's tank ID numbers. This is a unique number used by the owner to identify the tank. If more than three tanks are being closed, complete additional copies of this page. (Enter additional tank numbers in 748 and 751.)

746. CONCENTRATION OF FLAMMABLE VAPOR 1-3 - Enter three interior flammable vapor levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 749 and 752.)

747. CONCENTRATION OF OXYGEN 1-3 - Enter three interior oxygen levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 750 and 753).

SIGNATURE - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided.

754. CERTIFIER NAME - Enter the full printed name of the person signing the page.

755. CERTIFIER TITLE - Enter the title of the person signing the page.

756. CERTIFIER ADDRESS - Enter the address of the person signing the page.

757. CERTIFIER CITY - Enter the city for the signer's address.

758. CERTIFIER PHONE - Enter the phone number for the person signing the page.

759. DATE CERTIFIED - Enter the date that the document was signed. Enter the time that the readings were taken.

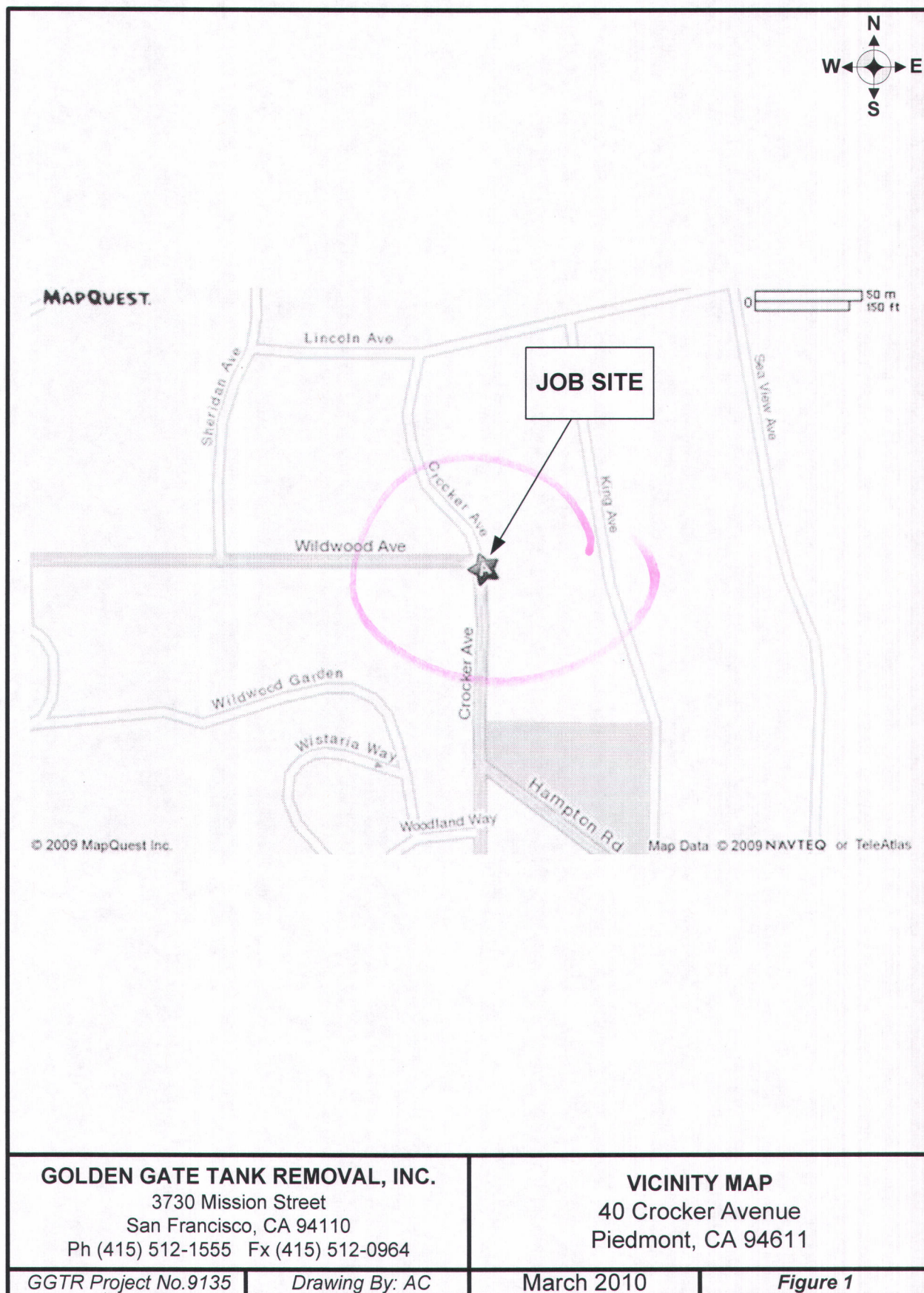
760. CERTIFIER REPRESENTS LOCAL AGENCY - Check "Yes" if the person certifying the tank is a representative of the CUPA, authorized agency, or LIA, check "No" if not.

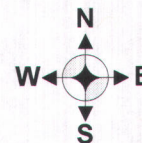
761. NAME OF LOCAL AGENCY - Enter the name of the local agency represented by the person certifying the tank.

762. AFFILIATION OF CERTIFYING PERSON - Check the certification, license, or organization which the certifier holds or to which the certifying person belongs, if not a CUPA/ LIA.

763. TANK HELD FLAMMABLE OR COMBUSTIBLE MATERIALS - Check "Yes" if the tank held flammable or combustible materials, check "No" if not.

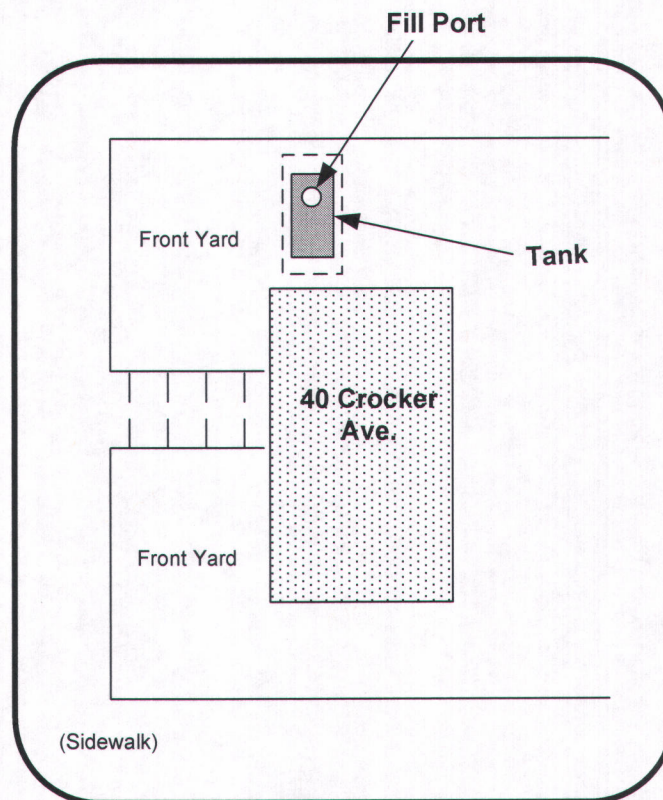
764. MANAGEMENT INSTRUCTIONS - Provide tank management instructions to the scrap dealer, disposal facility, etc., in this space.





Wildwood Ave

Crocker Ave



Hampton Rd

Not To Scale

GOLDEN GATE TANK REMOVAL, INC.

3730 Mission Street
San Francisco, CA 94110
Ph (415) 512-1555 Fx (415) 512-0964

Site Drawing

40 Crocker Avenue
Piedmont, CA 94611

GGTR Project No. 9135

Drawing By: AC

March 2010

Figure 2

California Home

Friday, April 2, 2010

Welcome to *California*

[Home](#)
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[Calendar](#)
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[Assessing Risk](#)
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[Press Room](#)
[Publications & Forms](#)
[Employment](#)
[Contact Us](#)
[Site Map](#)

Department of Toxic Substances Control

DTSC: HWTS Reports

HWTS EPA ID Profile

EPA ID: CAC002651405 **Name:** SPENCER ROBERTA KAITZ

Status: ACTIVE **Inactive Date:** **Contact:** PETER GRUENEWALD

County: ALAMEDA **SIC:** **Record Entered:** 2010-03-09 **Last updated:** 2010-03-09

	Name	Address	City	State	ZIP	Phone
Location	SPENCER ROBERTA KAITZ	40 CROCKER AVE	PIEDMONT	CA	946113823	
Mailing		40 CROCKER AVE	PIEDMONT	CA	946113823	
Owner	SPENCER ROBERTA KAITZ	40 CROCKER AVE	PIEDMONT	CA	946113823	5106816976
Oper/Contact	PETER GRUENEWALD	40 CROCKER AVE	PIEDMONT	CA	946113823	5106816976

Based ONLY upon EPA ID: CAC002651405:

Calif. Manifests?	Out-of-State Manifests?	Transporter Registration?	Toxic Release Inventory Data?	Calsites Data?
NO	NO	NO	NO	NO

End of Report

**TOP**

[Cal/EPA](#) | [Air Resources Board](#) | [California Integrated Waste Management Board](#) | [Department of Pesticide Regulation](#)
[Office of Environmental Health Hazard Assessment](#) | [State Water Resources Control Board](#)

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3/10/10

PE: 4244

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

Health Permit Application
Underground Tank Removal

40 Crocker Avenue
Piedmont, California 94611

March 8, 2010

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

Project # 9135

Department of Consumer Affairs Contractors State License Board

Contractor's License Detail - License # 616521



DISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying on this information, you should be aware of the following limitations.

- CSLB complaint disclosure is restricted by law ([B&P 7124.6](#)). If this entity is subject to public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or button to obtain complaint and/or legal action information.
- Per [B&P 7071.17](#), only construction related civil judgments reported to the CSLB are disclosed.
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered onto the Board's license database.

License Number:	616521	Extract Date:	04/02/2010
Business Information:	GOLDEN GATE TANK REMOVAL INC 3730 MISSION STREET SAN FRANCISCO, CA 94110 Business Phone Number: (415) 512-1555		
Entity:	Corporation		
Issue Date:	03/26/1991		
Reissue Date:	02/27/2001		
Expire Date:	02/28/2011		
License Status:	This license is current and active. All information below should be reviewed.		
Classifications:	CLASS	DESCRIPTION	
	A	GENERAL ENGINEERING CONTRACTOR	
Certifications:	C-8	CONCRETE	
	CERT	DESCRIPTION	
Bonding:	HAZ	HAZARDOUS SUBSTANCES REMOVAL	
	CONTRACTOR'S BOND This license filed Contractor's Bond number 100110885 in the amount of \$12,500 with the bonding company AMERICAN CONTRACTORS INDEMNITY COMPANY . Effective Date: 01/27/2010 Contractor's Bonding History		
Workers' Compensation:	BOND OF QUALIFYING INDIVIDUAL		
	1. The Responsible Managing Officer (RMO) JAMES FRANCIS TRACY certified that he/she owns 10 percent or more of the voting stock/equity of the corporation. A bond of qualifying individual is not required. Effective Date: 02/27/2001		
Workers' Compensation:	This license has workers compensation insurance with the STATE COMPENSATION INSURANCE FUND		
	Policy Number: 571-0007200 Effective Date: 10/01/1999		

Expire Date: 10/01/2010

[Workers' Compensation History](#)

**Miscellaneous
Information:**

DATE	DESCRIPTION
02/27/2001	LICENSE REISSUED TO ANOTHER ENTITY

Personnel listed on this license (current or disassociated) are listed on other licenses.

[Personnel List](#)

[Salesperson List](#)

[Other Licenses](#)

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

Student Name: Honorio Mora Vargas

Company: Golden Gate Tank Removal Inc

I Certify the above named student has been tested and trained under
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/2/2009

By:

Christopher Johnson

Instructor

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

Student Name: Salvador Martinez

Company: Golden Gate Tank Removal Inc

I Certify the above named student has been tested and trained under
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/2/2009

By:

Christopher Johnson

Instructor

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

Student Name: Gabriel Vargas

Company: Golden Gate Tank Removal Inc

I Certify the above named student has been tested and trained under
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/2/2009

By:

Christopher Johnson

Instructor

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

Student Name: Gabriel Limon

Company: Golden Gate Tank Removal Inc

I Certify the above named student has been tested and trained under
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/2/2009

By:

Christopher Johnson

Instructor

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

Student Name: Ruben Limon

Company: Golden Gate Tank Removal Inc

I Certify the above named student has been tested and trained under
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/2/2009

By:

Christopher Johnson

Instructor

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

Student Name: Brent Wheeler

Company: Golden Gate Tank Removal Inc

I Certify the above named student has been tested and trained under
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/2/2009

By:

Christopher Johnson

Instructor

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

Student Name: Tim Hallen

Company: Golden Gate Tank Removal Inc

I Certify the above named student has been tested and trained under
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/2/2009

By:

Christopher Johnson

Instructor

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

Student Name: Julian Rodriguez

Company: Golden Gate Tank Removal Inc

I Certify the above named student has been tested and trained under
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/2/2009

By:

Christopher Johnson

Instructor

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

Student Name: Julian Maldonado

Company: Golden Gate Tank Removal Inc

I Certify the above named student has been tested and trained under
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/2/2009

By:

Christopher Johnson

Instructor

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

St

C

Student Name: Joshua Alexander

Company: Golden Gate Tank Removal Inc

I Certify the above named student has been tested and trained under
8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Di

By:

Date of Issue: 11/2/2009

Christopher Johnson

Instructor



COUNTY OF ALAMEDA

Assessor's Office**Property Value System**[Help](#)[New Query](#)[History](#)[Value](#)[Transfer](#)[Map](#)[Glossary](#)

Parcel Number: **51-4726-15-5** Inactive: **N** Lien Date: **01/01/2009** Owner: **KAITZ SPENCER R & ROBERTA M**

Property Address: **40 CROCKER AVE, PIEDMONT, CA 94611-3823**

Current Mailing Address as of 04/22/2008: **KAITZ SPENCER R & ROBERTA M, c/o KAITZ PROPERTY SEVICES, 3636 CASTRO VALLEY BLVD # 3, CASTRO VALLEY, CA 94546-4460**

Mailing Name		Historical Mailing Address	Document Date	Document Number	Value From Trans Tax	Parcel Count	Use
KAITZ SPENCER R & ROBERTA M	List Owners	2811 CASTRO VALLEY BLVD STE 111, CASTRO VALLEY, CA 94546-5562	07/13/1981	1981- 116096	\$470,000	1	1100
GEARY BERT	List Owners	40 CROCKER AVE , PIEDMONT, CA 94611-3823	05/29/1981	1981- 87566		1	1100
GEARY BERT & RUTH A	List Owners	40 CROCKER AVE , PIEDMONT, CA 94611-3823	07/22/1970	1970- 77634		2	1100

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

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

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COUNTY OF ALAMEDA

Assessor's Office

Property Value System

[Help](#)[New Query](#)[History](#)[Value](#)[Transfer](#)[Map](#)[Glossary](#)

Parcel Number: **51-4726-15-5** Inactive: **N** Lien Date: **01/01/2009** Owner: **KAITZ SPENCER R & ROBERTA M**

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	Owners	BLVD STE 111, CASTRO VALLEY, CA 94546-5562		116096			
GEARY BERT	List	40 CROCKER AVE ,	05/29/1981	1981-		1	1100
	Owners	PIEDMONT, CA 94611-3823		87566			
GEARY BERT & RUTH A	List	40 CROCKER AVE ,	07/22/1970	1970-		2	1100
	Owners	PIEDMONT, CA 94611-3823		77634			

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

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**SITE SAFETY PLAN
UNDERGROUND TANK REMOVAL**

**40 CROCKER AVENUE
PIEDMONT, CALIFORNIA 94611**

March 9, 2010

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

PROJECT # 9135

40 Crocker Avenue, Piedmont California 94611 – Job# 9135

SITE HAZARD INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE

Owners Name: Spencer & Roberta Kaitz
Site Address: 40 Crocker Ave.
Piedmont, CA 94611
Directions to Site: Cross Street: Wildwood Ave. & Hampton Rd.

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

Hazardous Substances

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

Physical Hazards

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

Level of Protection Equipment

☐ A ☐ B ☐ C ☒ D ☐ See Personal Protective Equipment

Personal Protective Equipment

R = Required A = As Needed

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

40 Crocker Avenue, Piedmont California 94611 – Job# 9135

SITE HAZARD INFORMATION

Monitoring Equipment On Site

- | | |
|---|---|
| <input type="checkbox"/> Organic Vapor Analyzer | <input type="checkbox"/> Air Sampling Pump |
| <input type="checkbox"/> Oxygen Meter | <input checked="" type="checkbox"/> Combustible Gas Meter |
| <input type="checkbox"/> H2S Meter | <input type="checkbox"/> Other _____ |

Site Control Measures Normal Pedestrian, Orange Cones, Traffic Signs

Decontamination Procedures Warm Water Soap

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

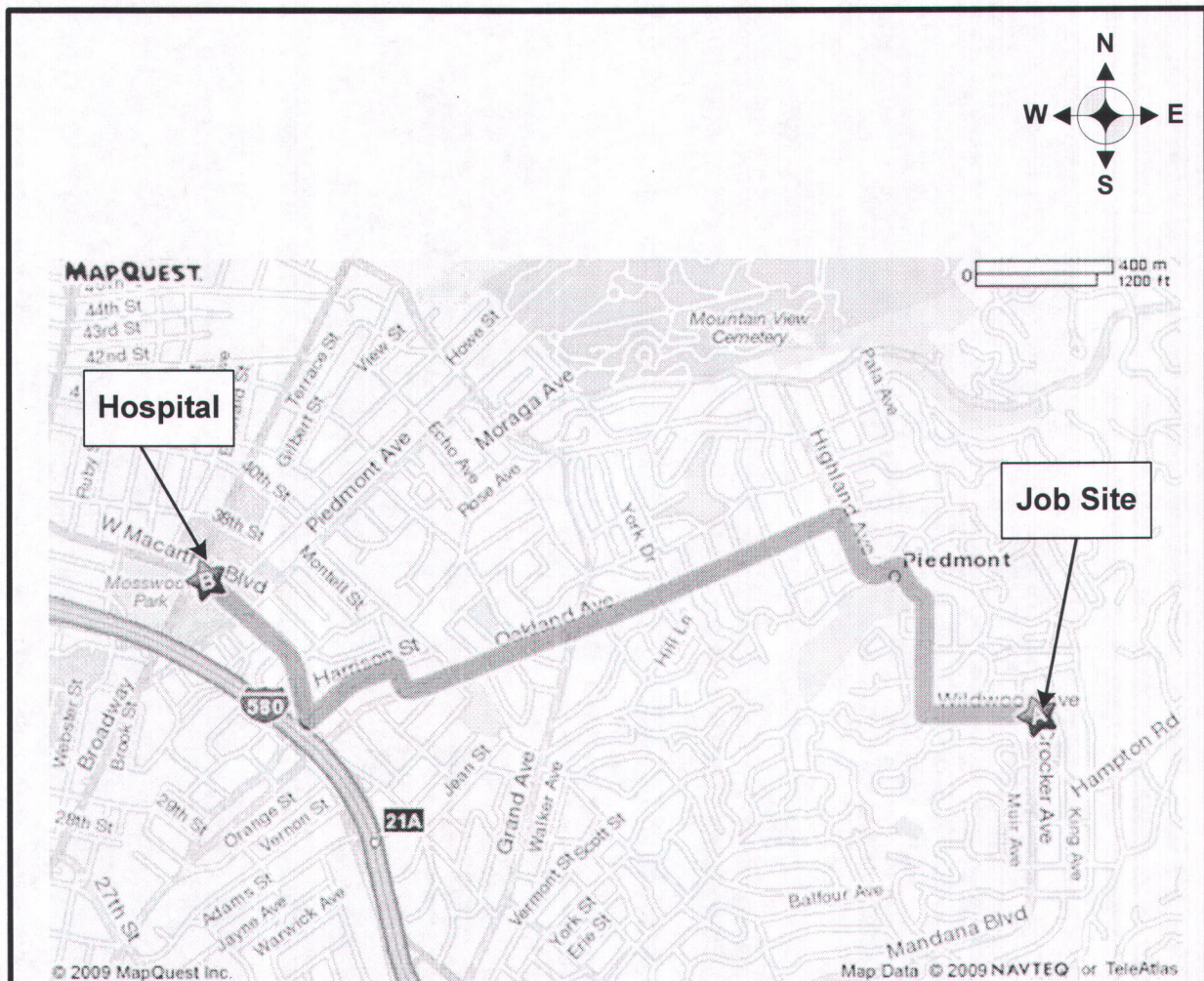
Hospital Address 280 W Macarthur Blvd., Oakland, CA 94611

Paramedic 911 Fire Dept. 911 Police Dept. 911

Emergency/Contingency Plans & Procedures See Safety Procedures

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

Signature:  Date: 3/9/10



Total Travel Estimate : 2.50 miles - about 7 minutes

A. 40 Crocker Ave, Piedmont, CA, 94611-3823

1. Start out going NORTH on CROCKER AVE toward WILDWOOD AVE. 0.0 mi
2. Turn LEFT onto WILDWOOD AVE. 0.2 mi
3. Turn RIGHT onto HIGHLAND AVE. 0.3 mi
4. Turn LEFT to stay on HIGHLAND AVE. 0.2 mi
5. Turn LEFT onto OAKLAND AVE. 1.0 mi
6. Turn SLIGHT RIGHT onto BAYO VISTA AVE. 0.1 mi
7. Turn LEFT onto HARRISON ST. 0.2 mi
8. Turn RIGHT onto W MACARTHUR BLVD. 0.4 mi
9. 280 W MACARTHUR BLVD is on the RIGHT. 0.0 mi

B. Oakland Medical Center - 280 W Macarthur Blvd, Oakland, CA, 94611

GOLDEN GATE TANK REMOVAL, INC.

3730 Mission Street
San Francisco, CA 94110
Ph (415) 512-1555 Fx (415) 512-0964

HOSPITAL MAP

Oakland Medical Center
280 W Macarthur Blvd.
Oakland, California 94611
(510) 251-3960

GGTR Project No. 9135

Drawing By: AC

March 2010

Figure H

1.0 PURPOSE

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

2.0 APPLICABILITY

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

Activities:

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

Substances:

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

3.0 RESPONSIBILITY AND AUTHORITY

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

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

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

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

4.0 HAZARD EVALUATION/CRITERIA

Chemical

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

Physical

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

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

Flammability

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

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

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

5.0 HEALTH AND SAFETY DIRECTIVES

40 Crocker Avenue, Piedmont California 94611 – Job# 9135

Site-Specific Safety Briefing

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

Personal Protective Equipment

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

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

Equipment Usage

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

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

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

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

Monitoring

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

Area Control

40 Crocker Avenue, Piedmont California 94611 – Job# 9135

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

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

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

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

Decontamination

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

Personnel

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

Equipment

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

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

6.0 SAFETY AND HEALTH TRAINING

40 Crocker Avenue, Piedmont California 94611 – Job# 9135

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

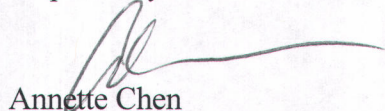
Each morning before fieldwork begins, all field personnel, including subcontractor employees, must attend the site-specific safety briefing at their work site to receive assignments and safety procedures.

7.0 RECORD KEEPING REQUIREMENT

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

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

Prepared By:



Annette Chen

Golden Gate Tank Removal, Inc.

ATTACHMENTS

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



State Of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number

616521

Entity

CORP

Business Name

GOLDEN GATE TANK REMOVAL INC

Classification(s)

A C-8 HAZ

Expiration Date

02/28/2011



Compliance SolutionsOccupational Trainers, Inc.
Certificate of Completion

Student Name: Tom Ferrick

Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the

8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

12870

Compliance SolutionsOccupational Trainers, Inc.
Certificate of Completion

Student Name: Gabriel Limon

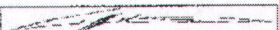
Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the

8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

12870

Compliance SolutionsOccupational Trainers, Inc.
Certificate of Completion

Student Name: Joshua Alexander


Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the

8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

12870

Compliance SolutionsOccupational Trainers, Inc.
Certificate of Completion

Student Name: Julian Rodriguez


Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the

8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

12870

Compliance SolutionsOccupational Trainers, Inc.
Certificate of Completion

Student Name: Everardo Ochoa

Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the

8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

12870

Compliance SolutionsOccupational Trainers, Inc.
Certificate of Completion

Student Name: Salvador Martinez

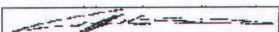
Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the

8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

12870

Compliance SolutionsOccupational Trainers, Inc.
Certificate of Completion

Student Name: Julian Muldonado

Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the

8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

12870

Compliance SolutionsOccupational Trainers, Inc.
Certificate of Completion

Student Name: Gabriel Vargas

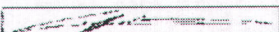
Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the

8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

12870

Compliance SolutionsOccupational Trainers, Inc.
Certificate of Completion

Student Name: Ascension Mora

Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the

8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

Compliance SolutionsOccupational Trainers, Inc.
Certificate of Completion

Student Name: Tim Hallen

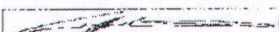
Company: Golden Gate Tank Removal Inc

I Certify that the above named student has completed the

8 Hour Annual HAZWOPER Refresher

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

1093

Compliance Solutions Occupational Trainers, Inc.
Certificate of Completion

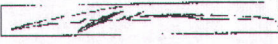
Student Name: Brent Wheeler

Company: Golden Gate Tank Removal Inc

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

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

Compliance Solutions Occupational Trainers, Inc.
Certificate of Completion

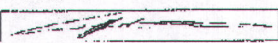
Student Name: Honorio Mora

Company: Golden Gate Tank Removal Inc

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

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President

Compliance Solutions Occupational Trainers, Inc.
Certificate of Completion

Student Name: Ruben Limon

Company: Golden Gate Tank Removal Inc

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

29 CFR 1910.120(e)

Date of Issue: 11/10/2008

By:  President



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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 10-01-2009

GROUP: 000571
POLICY NUMBER: 0007200-2009
CERTIFICATE ID: 159
CERTIFICATE EXPIRES: 10-01-2010
10-01-2009/10-01-2010

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

NA

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

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

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

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

James Neary
AUTHORIZED REPRESENTATIVE

Janet Frank
PRESIDENT

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

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

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

EMPLOYER

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

NA

PRINTED : 09-17-2009

MO408



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/12/2010

PRODUCER (415)978-3800 FAX: (415)978-3825
Calender-Robinson Company, Inc.
FB0267063

300 Montgomery St., Suite 888
San Francisco CA 94104

INSURED

Golden Gate Tank Removal Inc.
3730 Mission Street

San Francisco CA 94110

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American Safety Indemnity

INSURER B: General Ins Co of America

24732

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	ENV024602-10-01	1/23/2010	1/23/2011	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	24-CC-276524-1	1/23/2010	1/23/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS / UMBRELLA LIABILITY	ENU024604-10-01	1/23/2010	1/23/2011	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Y/N <input type="checkbox"/>			E.L. EACH ACCIDENT \$
	OTHER CONTRACTORS				E.L. DISEASE - EA EMPLOYEE \$
A	POLLUTION LIABILITY	ENV024602-10-01	1/23/2010	1/23/2011	E.L. DISEASE - POLICY LIMIT \$
					AGGREGATE LIMIT \$1,000,000
					EACH CLAIM \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

*10-DAY NOTICE OF CANCELLATION APPLIES FOR NON-PAYMENT OF PREMIUM.

CERTIFICATE HOLDER

TO BE DETERMINED AT INSURED'S REQUEST

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)
INS025 (200901)

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STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

No: **2009-900016**

ANNUAL PERMIT

Permit Issued To

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

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

(415) 512-1555

No. _____

Date 7/10/2009

Region 1

District 1

Tel. (415) 972-8670

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

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

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

This Permit is issued upon the following conditions:

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

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

Investigated by _____

Approved by _____

Safety Engineer _____ Date
Robert E. Law 7/10/2009
District Manager/Permit Unit Date