

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

**ACCEPTED**

**Underground Storage Tank Closure Permit Application**  
 Alameda County Division of 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 Departments 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



Barbara Jakob  
 barbara.jakub@acgov.org

510-567-6737

Approved 11/20/2015

**UNDERGROUND STORAGE TANK CLOSURE PLAN**

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

1. Name of Business Madison Park  
 Business Owner or Contact Person (PRINT) Bob Huff
2. Site Address 3900 Adeline Street  
 City, State Emeryville Zip 94608 Phone (510)452-2944
3. Mailing Address 155 Grand Ave., Suite 1025  
 City, State Oakland, CA Zip 94612 Phone (510)452-2944
4. Property Owner Madison Park  
 Business Name (if applicable) Madison Park  
 Address 155 Grand Ave., Suite 1025  
 City, State Oakland, CA Zip 94612 Phone (510)452-2944
5. Generator name under which tank will be manifested  
Madison Park  
 EPA I.D. No. under which tank(s) will be manifested CAC002837870

6. Contractor Patriot Environmental Services  
 Address 255 Parr Blvd  
 City, State Richmond, CA Zip 94801 Phone (702) 566-6636  
 License Type \_\_\_\_\_ Class A, HAZ ID# 809990
7. Consultant (if applicable) P&D Environmental, Inc.  
 Address 55 Santa Clara Ave., Suite 240  
 City, State Oakland, CA Zip 94610 Phone (510)658-6916
8. Main Contact Person for Investigation (if applicable)  
 Name Paul H King Title Professional Geologist  
 Company P&D Environmental, Inc.  
 Phone (510)658-6916
9. Number of underground tanks being closed with this plan 1  
 Length of piping being removed under this plan none  
 Total number underground tanks at this facility (\*\*confirmed with owner or operator) 1
10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).
- a) Product/Residual Sludge/Rinsate Transporter  
 Name Patriot Environmental Services EPA I.D. No. CAD053866794  
 Hauler License No. 0335 License Exp. Date 06/30/2016  
 Address 255 Parr Blvd  
 City, State Richmond, CA Zip 94801
- b) Product/Residual Sludge/Rinsate Disposal Site  
 Name Seaport Refining & Environmental EPA I.D. No. CAR000239673  
 Address 679 Seaport Blvd.  
 City, State Redwood City, CA Zip 94063

c) Tank and Piping Transporter

Name Patriot Environmental Services EPA I.D. No. CAD 053866794  
Hauler License No. 809990 License Exp. Date 06/20/2016

d) Tank and Piping Disposal Site

Name ECl EPA I.D. No. CAD 009466392  
Address 255 Parr Blvd  
City, State Richmond, CA Zip 94801

11. Sample Collector

Name Michael Bass-Deschenes  
Company P & D Environmental, Inc.  
Address 55 Santa Clara Avenue, Suite 240  
City, State Oakland, CA Zip 94610 Phone (510) 658-6916

12. Laboratory

Name McC Campbell Analytical  
Company McC Campbell Analytical  
Address 1534 Willow Pass Road  
City, State Pittsburg, CA Zip 94565  
State Certification No. #1644

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

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Excavate, inert UST atmosphere using dry ice. Verify UST atmosphere is less than 10% LEL and less than 10% oxygen. Remove UST. Collect soil samples and groundwater sample if groundwater is present.

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

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

15. Tank History and Sampling Information **\*\*\* (See Instructions) \*\*\***

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Sample(s)
Capacity (gallons)	Use History include date last used (estimated)		
700	unknown	2 soil samples to be collected from beneath the UST (one at each end). There is no piping, so no sample collection beneath piping. One soil sample to be collected from the bin where excavated soil is stored. One groundwater sample to be collected if groundwater is encountered in the UST pit. Liquid samples were collected from the liquid that was pumped from the UST into drums that are currently stored on site.	Soil samples collected from beneath UST to be collected at a depth of 108 inches (bottom of UST is at 84 inches below ground surface, soil samples to be collected 24 inches below bottom of UST)

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (estimated)	Sampling Plan
15 cubic yards	Collect one discrete representative sample of relatively undisturbed soil into a 2-inch diameter, 6-inch long stainless steel tube. Cover the ends of the tube sequentially with aluminum foil and plastic endcaps. Label the tube and place it into a cooler with ice. Chain of custody documentation to be observed for all sample handling.

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

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

If yes, explain reasoning \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Unknown Oil			Soil (mg/kg)/ Water ug/L
TPH as gasoline	SOIL EPA 8260B/C	WATER EPA 8260B/C	SOIL/WATER 0.25/ 50
TPH as diesel	EPA 8015	EPA 8015	1.0/ 50
TPH as motor oil	EPA 8015	EPA 8015	5.0/ 250
VOCs (full scan including BTEX, MTBE, TBA, naphthalene, and chlorinated hydrocarbons)	EPA 8260B/C full scan	EPA 8260B/C full scan	0.005/ 0.5
Metals Cd, Cr, Pb, Ni, Zn	EPA 6010	EPA 6010	1.5 (Pb & Zn 5)/ NA
PCBs	EPA 8082A	EPA 8082A	0.05/ 0.5
SVOCs (including PAHs, Pentachlorophenol, and creosote)	EPA 8270	EPA 8270	0.25/ 2

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer Federal Insurance Company

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

20. Enclose Deposit (See Instructions)

21. **Report all leaks or contamination to this office within 5 days of discovery.**  
The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (URL) form.
22. **Submit a closure report to this office within 60 days of the tank removal. The closure report must contain all information listed in item 22 of the instructions.**
23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one-B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner).

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business Patriot Environmental Services

Name of Individual Scott Williams

Signature *Scott Williams* Date 11/17/15

PROPERTY OWNER OR  MOST RECENT TANK OPERATOR (Check one)

Name of Business Madison Park

Name of Individual Bob Huff

Signature *Bob Huff* Date 11/17/15



## **Subject: Conditions for Approval of Closure Plan**

**The following items are included in the Conditions of Approval by Item #:**

14. No liquid is to be introduced into the tank while it is in the tank pit. The tank cannot be rinsed or washed while it is in the tank pit. Please remove the tank, place it on bermed plastic sheeting before introducing liquids. Ensure that all liquids are captured within the bermed area and appropriately disposed.
15. One soil sample to be collected from native soil beneath the bottom of each tank. As Stated, if water is encountered in the tank pit, a water sample will be collected. If product piping is encountered, collect one soil sample for every 20 feet of piping.

Hazardous Waste Tank Closure Certification – This form is attached. Please complete in order to transport the tank to a scrap metal facility. A copy will be submitted with the hauler and one will be submitted to ACDEH.

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

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7. PERMANENT FACILITY CLOSURE	400.
	<input type="checkbox"/> 3. RENEWAL PERMIT	<input type="checkbox"/> 6. TEMPORARY FACILITY CLOSURE	<input type="checkbox"/> 9. TRANSFER PERMIT	

**I. FACILITY INFORMATION**

TOTAL NUMBER OF USTs AT FACILITY 2	404.	FACILITY ID # (Agency Use Only)	01-000-0028988	1.
BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3900 Adeline Street				
BUSINESS SITE ADDRESS 3900 Adeline Street			103.	CITY Emeryville
FACILITY TYPE		<input type="checkbox"/> 1. MOTOR VEHICLE FUELING <input type="checkbox"/> 2. FUEL DISTRIBUTION <input type="checkbox"/> 3. FARM <input type="checkbox"/> 4. PROCESSOR <input checked="" type="checkbox"/> 6. OTHER		403.
				Is the facility located on Indian Reservation or Trust lands? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No

**II. PROPERTY OWNER INFORMATION**

PROPERTY OWNER NAME Madison Park	407.	PHONE (510) 452-2944	408.
MAILING ADDRESS 155 Grand Ave., Suite 1025			
CITY Oakland	410.	STATE CA	411.
		ZIP CODE 94612	412.

**III. TANK OPERATOR INFORMATION**

TANK OPERATOR NAME Madison Park	428-1.	PHONE (510) 452-2944	428-2.
MAILING ADDRESS 155 Grand Ave., Suite 1025			
CITY Oakland	428-4.	STATE CA	428-5.
		ZIP CODE 94612	428-6.

**IV. TANK OWNER INFORMATION**

TANK OWNER NAME Madison Park	414.	PHONE (510) 452-2944	415.
MAILING ADDRESS 155 Grand Ave., Suite 1025			
CITY Oakland	417.	STATE CA	418.
		ZIP CODE 94612	419.
OWNER TYPE:	<input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY <input checked="" type="checkbox"/> 8. NON-GOVERNMENT		

**V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER**

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

Issue permit and send legal notifications and mailings to:	<input checked="" type="checkbox"/> 1. FACILITY OWNER <input type="checkbox"/> 4. TANK OPERATOR <input type="checkbox"/> 3. TANK OWNER <input type="checkbox"/> 5. FACILITY OPERATOR		423.
SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Agencies Only)			

**VII. APPLICANT SIGNATURE**

<b>CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.</b>			
APPLICANT SIGNATURE 	DATE 4/17/2015	424.	PHONE (510) 658-6916
APPLICANT NAME (print) JAY N MILLER	426.	APPLICANT TITLE PROJ MGR	427.

**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: 430b.

**I. FACILITY INFORMATION**

FACILITY ID # (Agency Use Only) 01-000-0028938 1.

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

3900 Adeline Street

BUSINESS SITE ADDRESS 103. CITY 104.

3900 Adeline Street Emeryville

**II. TANK DESCRIPTION**

TANK ID # 432. UNK TANK MANUFACTURER 433. UNK TANK CONFIGURATION: THIS TANK IS 434.

1. A STAND-ALONE TANK  2. ONE IN A COMPARTMENTED UNIT Complete one page for each compartment in the unit.

DATE UST SYSTEM INSTALLED 435. UNK TANK CAPACITY IN GALLONS 436. 700 NUMBER OF COMPARTMENTS IN THE UNIT 437. 1

**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)] 439a.

6. OTHER GENERATOR FUEL  95. UNKNOWN  99. OTHER (Specify): 439a.

CONTENTS PETROLEUM:  1a. REGULAR UNLEADED  1c. MIDGRADE UNLEADED  1b. PREMIUM UNLEADED 440.

3. DIESEL  5. JET FUEL  6. AVIATION GAS

8. PETROLEUM BLEND FUEL  9. OTHER PETROLEUM (Specify): 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): 464e.l.

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

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

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

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

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

FILL COMPONENTS INSTALLED  1. SPILL BUCKET  3. STRIKER PLATE/BOTTOM PROTECTOR  4. CONTAINMENT SUMP 464k.

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.


469c.

**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  DATE 11/17/2015 470.

APPLICANT NAME (print) JAY MILLER 471. APPLICANT TITLE PROJ MGR 472.

[Home](#) | [Online Services](#) | Insurance Company Details

## Workers Compensation Insurance Company Information

**Insurance Company** 113  
**Code**

**Company Information** **FEDERAL INSURANCE COMPANY**  
2 EMBARCADERO CENTER  
SUITE 900  
SAN FRANCISCO, CA 94111  
(916) 989-3000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2016

10/30/2015

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

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

<b>PRODUCER</b> Lockton Insurance Brokers, LLC 725 S. Figueroa Street, 35th Fl. CA License #0F15767 Los Angeles CA 90017 (213) 689-0065	<b>CONTACT NAME:</b> _____
	<b>PHONE (A/C, No. Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Starr Surplus Lines Insurance Company	<b>NAIC #</b> 13604
<b>INSURER B:</b> Starr Indemnity & Liability Company	38318
<b>INSURER C:</b> Federal Insurance Company	20281
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**COVERAGES** PATEN01 **CERTIFICATE NUMBER:** 13743517 **REVISION NUMBER:** XXXXXXXX

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	N	N	1000065977151	11/1/2015	11/1/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	N	N	SISIPCA08350915	11/1/2015	11/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ \$0	N	N	1000336759151	11/1/2015	11/1/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A		N	004 4728033 00	11/1/2015	11/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractor's Pollution Professional Liability	N	N	1000065977151	11/1/2015	11/1/2016	Each Occ/Claim: \$1,000,000 General Agg: Included in GL Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 General Aggregate is Policy Aggregate. RE: Evidence of Coverage

**CERTIFICATE HOLDER**

13743517  
 Evidence of Coverage

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



**Matthew Rodriguez**  
Secretary for  
Environmental Protection

## Department of Toxic Substances Control

**Barbara A. Lee, Director**  
1001 I Street  
P.O. Box 806  
Sacramento, California 95812-0806



**Edmund G. Brown Jr.**  
Governor

### Transporter Profile

Registration Number: **335**  
 Registration Date: June 15, 2015  
 Expiration Date: June 30, 2016  
 Standing Flag: Active  
 Name: PATRIOT ENVIRONMENTAL SERVICES INC  
 Address: 508 EAST E STREET STE A  
 LONG BEACH, CA 90744  
 County: LOS ANGELES  
 Mailing Address: P.O. BOX 1091  
 LONG BEACH, CA 90801  
 Contact: PAUL KROMYYK  
 Position: CFO  
 Telephone: (562) 436-2614  
 Last Updated: June 25, 2015  
 Record Entered: March 05, 1982

**Owner(s):**

CARY MEADOW  
 ED URA  
 MICHAEL SULLIVAN  
 PAUL KROMWYK  
 RICHARD YUKIHIRO  
 THOMAS SCRANTON

**AKA(s):**

MARTIN INDUSTRIAL PUMPING SERVICE, INC.    MARTIN INDUSTRIAL PUMPING, INC.

**EPA ID(s):**

CAD000628636

CAD053866794

The Department of Toxics Substances Control (DTSC) takes every precaution to ensure the accuracy of data in the Hazardous Waste Tracking System (HWTS). However, because of the large number of manifests handled, inaccuracies in the submitted data, limitations of the manifest system and the technical limitations of the database, DTSC cannot guarantee that the data accurately reflect what was actually transported or produced.

Report Generation Date: 11/18/2015

# Contractor's License Detail for License # 809990

**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.

### Business Information

PATRIOT ENVIRONMENTAL SERVICES INC  
P O BOX 1091  
LONG BEACH, CA 90801  
Business Phone Number:(562) 436-2614

Entity Corporation  
Issue Date 06/28/2002  
Expire Date **06/30/2016**

### License Status

**This license is current and active.**

All information below should be reviewed.

### Classifications

A - GENERAL ENGINEERING CONTRACTOR

### Certifications

HAZ - HAZARDOUS SUBSTANCES REMOVAL  
ASB - ASBESTOS (For Bidding Purposes Only)

### Bonding Information

#### Contractor's Bond

This license filed a Contractor's Bond with AMERICAN CONTRACTORS INDEMNITY COMPANY.

**Bond Number:** 161536

**Bond Amount:** \$12,500

**Effective Date:** 01/01/2007

Contractor's Bond History

#### Bond of Qualifying Individual

This license filed Bond of Qualifying Individual number **168374** for STRIETER DALE NORMAN in the amount of **\$12,500** with AMERICAN CONTRACTORS INDEMNITY COMPANY.

**Effective Date:** 01/01/2007

BQI's Bond History

### Workers' Compensation

Policy Number:0044728033  
Effective Date: 11/01/2015  
Expire Date: 11/01/2016  
Workers' Compensation History

**Other**

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