

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 Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- ✓ Removal of Tank(s) and Piping
- ✓ Sampling
- ✓ Final Inspection

Issuance of a permit to operate, by permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist

Barbara Jakub
10/19/15

Barbara Jakub
 barbara.jakub@acgov.org
 510-567-6737
 Approved 10/19/2015

UNDERGROUND STORAGE TANK CLOSURE PLAN

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

1. Name of Business 3820 Penniman Ave.
 Business Owner or Contact Person (PRINT) _____
2. Site Address 3820 Penniman Avenue
 City, State Oakland, CA Zip 94619 Phone 510-543-3300
3. Mailing Address 3701 Lakeshore Avenue
 City, State Oakland, CA Zip 94610 Phone 510-543-3300
4. Property Owner Kuen C. Lau and Sar P Kwan
 Business Name (if applicable) _____
 Address 3701 Lakeshore Avenue
 City, State Oakland, CA Zip 94610 Phone 510-543-3300
5. Generator name under which tank will be manifested
Kuen C. Lau and Sar P Kwan
 EPA I.D. No. under which tank(s) will be manifested C A C 0 0 2 8 3 1 8 1 7

OCTOBER 16, 2015

SR0028794

6. Contractor Golden Gate Tank Removal, Inc.
Address 1480 Carroll Avenue
City, State San Francisco, CA Zip 94124 Phone 415-512-1555
License Type A C-8, Haz ID# 616521
7. Consultant (if applicable) Iris Environmental
Address 1438 Webster, #302
City, State Oakland Zip 94612 Phone 510-834-4747
8. Main Contact Person for Investigation (if applicable)
Name Tim Hallen Title Project Manager
Company Golden Gate Tank Removal, Inc.
Phone 415-512-1555
9. Number of underground tanks being closed with this plan 2(two)
Length of piping being removed under this plan up to 15 feet
Total number underground tanks at this facility (**confirmed with owner or operator) two
10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).
- a) Product/Residual Sludge/Rinsate Transporter
Name NRC Environmental Services EPA I.D. No. CAR000030114
Hauler License No. 114013 License Exp. Date _____
Address 1605 Ferry Point
City, State Alameda, CA Zip 94501
- b) Product/Residual Sludge/Rinsate Disposal Site
Name Riverbank Oil Transfer, LLC EPA I.D. No. CAL000190816
Address 5300 Claus Road, Bldg 11
City, State Riverbank, CA Zip 95367

c) Tank and Piping Transporter

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

Hauler License No. _____ License Exp. Date _____

d) Tank and Piping Disposal Site

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

Address 1801 Evans Ave.

City, State San Francisco, CA Zip 94124

11. Sample Collector

Name Craig Pelletier

Company Iris Environmental

Address 1438 Webster, #302

City, State Oakland, CA Zip 94612 Phone 510-834-4747

12. Laboratory

Name _____

Company Curtis & Thompkins Laboratories

Address 2323 5th Street

City, State Berkeley, CA Zip 94710

State Certification No. _____

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:

Flush lines and triple rinse with water, if necessary

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

Remove the tanks

Certify it as clean or non hazardous

Haul tanks as scrap metal

Haul rinsate as haz mat under manifest

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) | | |
| 750 Gallons & 1000 Gallons | Unknown | Soil samples & water if present | 1.stockpile 2.north/east end of excavation 3.south/west end of excavation Bottom of tank – max 15 feet |

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

| Excavated/Stockpiled Soil | |
|------------------------------------|---|
| Stockpiled Soil Volume (estimated) | Sampling Plan |
| 10-20 yards | 4 point composite for every 50 cubic yards Or 4 point composite for every 20 cubic yards |

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

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

yes no unknown

If yes, explain reasoning _____

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

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

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

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

| Contaminant Sought | EPA or Other Sample Preparation Method Number | EPA or Other Analysis Method Number | Method Detection Limit |
|--|---|-------------------------------------|------------------------|
| See attached minimum verification analyses | | | |

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Fund Compensation Insurance

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

20. Enclose Deposit (See Instructions)

21. **Report all leaks or contamination to this office within 5 days of discovery.**
The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (URL) form.

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

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

MINIMUM VERIFICATION ANALYSES FOR UNDERGROUND STORAGE TANK SITES

Alameda County Department of Environmental Health

Certified Unified Program Agency (CUPA) and Local Oversight Program (LOP)

1131 Harbor Bay Parkway, Suite 250

Alameda, CA 94502-6577

(510) 567-6700

<http://www.acgov.org/aceh/>

This document describes required laboratory analyses for soil and groundwater samples collected for underground storage tank (UST) sites. These requirements replace those previously described in the Unidocs guidance document entitled, "Recommended Minimum Verification Analyses for Underground Storage Tank Leaks" (UN-078). Analytes may be added or deleted during site characterization and remediation with approval from ACDEH.

| Material Stored | Analytes | Analytical Method | |
|--|---|-----------------------|--------------------------|
| | | Soil | Groundwater |
| Gasoline Leaded or Unleaded | TPH as gasoline C5-C12 | EPA 8260B/C | EPA 8260B/C |
| | BTEX, MTBE, TBA, naphthalene, EDB, EDC, and ethanol ² | EPA 8260B/C | EPA 8260B/C |
| | Lead ³ | EPA 6010 | No analysis ⁴ |
| Unknown Fuel | Same analytes as for gasoline | As above | As above |
| | TPH as diesel C12-C22 | EPA 8015 | EPA 8015 |
| Diesel, Jet Fuel, Kerosene, or Fuel Oil | TPH specific to fuel (e.g. TPH as kerosene) | EPA 8015 | EPA 8015 |
| | BTEX, MTBE, and naphthalene | EPA 8260B/C | EPA 8260B/C |
| Chlorinated Solvents | Volatile Organic Compounds (full scan including BTEX, naphthalene, and chlorinated hydrocarbons) | EPA 8260B/C full scan | EPA 8260B/C full scan |
| | TPH as Stoddard Solvent C7-C12 | EPA 8015 | EPA 8015 |
| Waste Oil, Used Oil, Unknown Oil, or Bunker Fuel | TPH as gasoline C5-C12 | EPA 8260B/C | EPA 8260B/C |
| | TPH as diesel C12-C22 | EPA 8015 | EPA 8015 |
| | TPH as motor oil C23-C32 ⁵ | EPA 8015 | No analysis ⁴ |
| | Volatile Organic Compounds (full scan including BTEX, MTBE, TBA, naphthalene, and chlorinated hydrocarbons) | EPA 8260B/C full scan | EPA 8260B/C full scan |
| | Metals: Cd, Cr, Pb, Ni, Zn | EPA 6010 | No analysis ⁴ |
| | PCBs | EPA 8082A | EPA 8082A |
| | Semi Volatile Organic Compounds (including PAHs ⁶ , pentachlorophenol, and creosote) | EPA 8270 | EPA 8270 |

Notes:

1. Silica gel cleanup is not to be performed for any of the above analyses.
2. Benzene, Toluene, Ethylbenzene, Xylenes (BTEX), Methyl tertiary Butyl Ether (MTBE), Tert Butyl Alcohol (TBA), lead scavengers Ethylene Dibromide (EDB) and Ethylene Dichloride (EDC), and ethanol. Additional fuel oxygenates Tert amyl ether (TAME), di-isopropyl ether (DIPE), and Ethyl t-butyl ether (ETBE) may be added as optional analytes.
3. Organic lead may be added as an optional analyte at fuel leak sites where lead is an analyte.
4. No groundwater sample for metals or TPH as motor oil is required unless requested by ACEH.
5. For USTs that potentially contained oils that are not petroleum-based, analysis for hexane extractable materials using EPA Method 9071B for soil and EPA Method 1664 for water is required.
6. Polycyclic aromatic hydrocarbon (PAH) analysis must include naphthalene, acenaphthene, acenaphthylene, anthracene, chrysene, fluorine, fluoranthene, phenanthrene, pyrene, benzo(b)fluoranthene, benzo(a)pyrene, benzo(k)fluoranthene, benzo(a)anthracene, indeno(1,2,3-c,d)pyrene, dibenz(a,b)anthracene, and benzo(g,h,i)perylene.

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business Golden Gate Tank Removal, Inc.


Name of Individual Annette Chen - Project Coordinator

Signature  Date 9/30/2015

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Check one)

Name of Business Sar P Lau

Name of Individual Kuen C. Lau and Sar P Kwan

Signature  Date 9/30/2015

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. The tanks are listed as having held gasoline and water, respectively. However, tank use history is marked as unknown. Since tank use history is listed as unknown yet the contents are listed as gasoline and water, we cannot determine if the tank had another use. Perform analysis for unknown fuel. One soil sample to be collected from native soil beneath the bottom of each tank. If water is encountered in the tank pit, a water sample will be collected.

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) 1. NEW PERMIT 5. CHANGE OF INFORMATION 7. PERMANENT FACILITY CLOSURE 400.
 3. RENEWAL PERMIT 6. TEMPORARY FACILITY CLOSURE 9. TRANSFER PERMIT

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 404. Two FACILITY ID # 1.
(Agency Use Only)

BUSINESS NAME *(Same as Facility Name or DBA – Doing Business As)* 3.
 3820 Penniman Ave.

BUSINESS SITE ADDRESS 103. CITY 104.
 3820 Penniman Ave. Oakland

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

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407. PHONE 408.
 Kuen C Lau and Sar P Kwan (510) 543-3300

MAILING ADDRESS 409.
 3701 Lakeshore Ave.

CITY 410. STATE 411. ZIP CODE 412.
 Oakland CA 94610

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME 428-1. PHONE 428-2.
 ()

MAILING ADDRESS 428-3.

CITY 428-4. STATE 428-5. ZIP CODE 428-6.

IV. TANK OWNER INFORMATION

TANK OWNER NAME 414. PHONE 415.
 Kuen C Lau and Sar P Kwan (510) 543-3300

MAILING ADDRESS 416.
 3701 Lakeshore Ave.

CITY 417. STATE 418. ZIP CODE 419.
 Oakland CA 94610

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

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

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

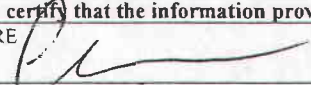
VI. PERMIT HOLDER INFORMATION

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

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

VII. APPLICANT SIGNATURE

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

APPLICANT SIGNATURE 424. DATE 425. PHONE 427.
 9/30/2015 (415) 512-1555

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

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 1

(two pages per tank)

Page ____ of ____

TYPE OF ACTION 1 NEW SITE PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY SITE CLOSURE
 (Check one item only) 3 RENEWAL PERMIT (Specify reason – for local use only) (Specify reason – for local use only) 8 TANK REMOVED 430
 7 PERMANENTLY CLOSED ON SITE

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 3820 Penniman Ave. FACILITY ID: _____

LOCATION WITHIN SITE (Optional) 431
 3820 Penniman Ave., Oakland, CA 94619

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID# Tank 1 432 TANK MANUFACTURER Unknown 433 COMPARTMENTALIZED TANK Yes No 434
 If "Yes", complete one page for each compartment.

DATE INSTALLED (YEAR/MO) Unknown 435 TANK CAPACITY IN GALLONS 750 Gallons 436 NUMBER OF COMPARTMENTS One 437

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439 PETROLEUM TYPE 440
 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) 1a. REGULAR UNLEADED 2. LEADED 5. JET FUEL
 2. NON-FUEL PETROLEUM 1b. PREMIUM UNLEADED 3. DIESEL 6. AVIATION FUEL
 3. CHEMICAL PRODUCT 1c. MIDGRADE UNLEADED 4. GASOHOL 99. OTHER
 4. HAZARDOUS WASTE (Includes Used Oil) COMMON NAME (from Hazardous Materials Inventory page) 441 Gasoline CAS# (from Hazardous Materials Inventory page) 442
 95. UNKNOWN

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only) 1. SINGLE WALL 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443
 2. DOUBLE WALL 4. SINGLE WALL IN VAULT 95. UNKNOWN
 99. OTHER

TANK MATERIAL – primary tank (Check one item only) 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 95. UNKNOWN 444
 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER

TANK MATERIAL – secondary tank (Check one item only) 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 95. UNKNOWN 445
 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER
 10. COATED STEEL 5. CONCRETE

TANK INTERIOR LINING OR COATING (Check one item only) 1. RUBBER LINED 3. EPOXY LINING 5. GLASS LINING 95. UNKNOWN 446 DATE INSTALLED 447
 2. ALKYD LINING 4. PHENOLIC LINING 6. UNLINED 99. OTHER (For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only) 1. MANUFACTURED CATHODIC PROTECTION 3. FIBERGLASS REINFORCED PLASTIC 95. UNKNOWN 448 DATE INSTALLED 449
 2. SACRIFICIAL ANODE 4. IMPRESSED CURRENT 99. OTHER (For local use only)

SPILL AND OVERFILL (Check all that apply) YEAR INSTALLED 450 TYPE (local use only) 451 OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452
 1 SPILL CONTAINMENT 1 ALARM 3 FILL TUBE SHUT OFF VALVE
 2 DROP TUBE 2 BALL FLOAT 4 EXEMPT
 3 STRIKER PLATE

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453 IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
 1 VISUAL (EXPOSED PORTION ONLY) 5 MANUAL TANK GAUGING (MTG) 1 VISUAL (SINGLE WALL IN VAULT ONLY)
 2 AUTOMATIC TANK GAUGING (ATG) 6 VADOSE ZONE 2 CONTINUOUS INTERSTITIAL MONITORING
 3 CONTINUOUS ATG 7 GROUNDWATER 3 MANUAL MONITORING
 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING 8 TANK TESTING
 99 OTHER 99 OTHER

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DA Y) Unknown 455 ESTIMATED QUANTITY OF SUBSTANCE REMAINING Unknown gallons 456 TANK FILLED WITH INERT MATERIAL? 457
 Yes No

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page of

| UNDERGROUND PIPING | | ABOVEGROUND PIPING | |
|---|---|---|--|
| SYSTEM TYPE | <input type="checkbox"/> 1. PRESSURE <input checked="" type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY 458 | <input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY 459 | |
| CONSTRUCTION | <input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. LINED TRENCH <input type="checkbox"/> 99. OTHER 460 | <input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 95. UNKNOWN 462 | |
| MANUFACTURER | <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN 461 | <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 99. OTHER 463 | |
| <input checked="" type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL <input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> Unknown <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 99. Other <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 99. OTHER <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 9. CATHODIC PROTECTION 464 <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 9. CATHODIC PROTECTION 465 <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 9. CATHODIC PROTECTION 464 <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 95. UNKNOWN 465 | | | |

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

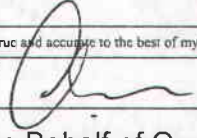
| UNDERGROUND PIPING | ABOVEGROUND PIPING |
|---|--|
| <p align="center">SINGLE WALL PIPING 466</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH) <p>CONVENTIONAL SUCTION SYSTEMS</p> <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH) <p>SAFE SUCTION SYSTEMS (NO VALUES IN BELOW GROUND PIPING):</p> <input type="checkbox"/> 7. SELF MONITORING <p>GRAVITY FLOW</p> <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH) <p align="center">SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) <p>SUCTION/GRAVITY SYSTEM</p> <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS <p align="center">EMERGENCY GENERATORS ONLY (Check all that apply)</p> <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK | <p align="center">SINGLE WALL PIPING 467</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH) <input type="checkbox"/> 4. DAILY VISUAL CHECK <p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</p> <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM <input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1-GPH) <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <input type="checkbox"/> 7. SELF MONITORING <p>GRAVITY FLOW (Check all that apply):</p> <input type="checkbox"/> 8. DAILY VISUAL MONITORING <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH) <p align="center">SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) <p>SUCTION/GRAVITY SYSTEM</p> <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS <p align="center">EMERGENCY GENERATORS ONLY (Check all that apply)</p> <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK |

VIII. DISPENSER CONTAINMENT

| | | |
|-----------------------|---|---|
| DISPENSER CONTAINMENT | <input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE | <input type="checkbox"/> 4. DAILY VISUAL CHECK |
| DATE INSTALLED 468 | <input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS | <input type="checkbox"/> 5. TRENCH LINER / MONITORING |
| | <input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR <u>WITH</u> AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS | <input type="checkbox"/> 6. NONE 469 |

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

| | |
|---|--------------------------------|
| SIGNATURE OF OWNER/OPERATOR | DATE |
|  | 9/30/2015 |
| NAME OF OWNER/OPRATOR (print) 471 | TITLE OF OWNER/OPERATOR 472 |
| Annette Chen - On Behalf of Owner | Project Coordinator |

| | | |
|---|---|--|
| Permit Number (For local use only) 473 | Permit Approved (For local use only) 474 | Permit Expiration Date (For local use only) 475 |
|---|---|--|

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 1

(two pages per tank)

Page ____ of ____

TYPE OF ACTION 1 NEW SITE PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY SITE CLOSURE
 (Check one item only) 7 PERMANENTLY CLOSED ON SITE
 3 RENEWAL PERMIT (Specify reason – for local use only) 8 TANK REMOVED (Specify reason – for local use only) 430

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 3820 Penniman Ave. FACILITY ID: _____ 431

LOCATION WITHIN SITE (Optional) 3820 Penniman Ave., Oakland, CA 94619 431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # Tank 2 432 TANK MANUFACTURER Unknown 433 COMPARTMENTALIZED TANK Yes No 434
 If "Yes", complete one page for each compartment.

DATE INSTALLED (YEAR/MO) Unknown 435 TANK CAPACITY IN GALLONS 1000 Gallons 436 NUMBER OF COMPARTMENTS One 437

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439 PETROLEUM TYPE 440
 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) 1a. REGULAR UNLEADED 2. LEADED 5. JET FUEL
 2. NON-FUEL PETROLEUM 1b. PREMIUM UNLEADED 3. DIESEL 6. AVIATION FUEL
 3. CHEMICAL PRODUCT 1c. MIDGRADE UNLEADED 4. GASOHOL 99. OTHER
 4. HAZARDOUS WASTE (Includes Used Oil)
 95. UNKNOWN
 COMMON NAME (from Hazardous Materials Inventory page) 441 H2O CAS# (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only) 1. SINGLE WALL 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443
 2. DOUBLE WALL 4. SINGLE WALL IN VAULT 95. UNKNOWN
 99. OTHER
 TANK MATERIAL – primary tank (Check one item only) 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 95. UNKNOWN 444
 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER
 TANK MATERIAL – secondary tank (Check one item only) 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 95. UNKNOWN 445
 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER
 10. COATED STEEL
 5. CONCRETE
 TANK INTERIOR LINING (Check one item only) 1. RUBBER LINED 3. EPOXY LINING 5. GLASS LINING 95. UNKNOWN 446 DATE INSTALLED 447
 2. ALKYD LINING 4. PHENOLIC LINING 6. UNLINED 99 OTHER (For local use only)
 OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only) 1 MANUFACTURED CATHODIC 3 FIBERGLASS REINFORCED PLASTIC 95 UNKNOWN 448 DATE INSTALLED 449
 2 SACRIFICIAL ANODE 4 IMPRESSED CURRENT 99 OTHER (For local use only)

SPILL AND OVERFILL YEAR INSTALLED 450 TYPE (local use only) 451 OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452
 (Check all that apply) 1 SPILL CONTAINMENT 1 ALARM 3 FILL TUBE SHUT OFF VALVE
 2 DROP TUBE 2 BALL FLOAT 4 EXEMPT
 3 STRIKER PLATE

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453 IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
 1 VISUAL (EXPOSED PORTION ONLY) 5 MANUAL TANK GAUGING (MTG) 1 VISUAL (SINGLE WALL IN VAULT ONLY)
 2 AUTOMATIC TANK GAUGING (ATG) 6 VADOSE ZONE 2 CONTINUOUS INTERSTITIAL MONITORING
 3 CONTINUOUS ATG 7 GROUNDWATER 3 MANUAL MONITORING
 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING 8 TANK TESTING
 99 OTHER

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DA Y) 455 Unknown ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 Unknown gallons TANK FILLED WITH INERT MATERIAL? 457
 Yes No

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page of

| UNDERGROUND PIPING | | ABOVEGROUND PIPING | |
|--|--|--|--|
| SYSTEM TYPE | <input type="checkbox"/> 1. PRESSURE <input checked="" type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY | 458 | <input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY |
| CONSTRUCTION | <input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. LINED TRENCH <input type="checkbox"/> 99. OTHER | 460 | <input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 95. UNKNOWN |
| MANUFACTURER | <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN | 461 | <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 99. OTHER |
| MANUFACTURER | | 461 | MANUFACTURER |
| <input checked="" type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL | <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> Unknown | <input type="checkbox"/> 1. BARE STEEL | <input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL |
| <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 99. Other | <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE (HDPE) | <input type="checkbox"/> 2. STAINLESS STEEL | <input type="checkbox"/> 7. GALVANIZED STEEL |
| <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE (HDPE) | <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 9. CATHODIC PROTECTION | <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS | <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 99. OTHER |
| <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 9. CATHODIC PROTECTION | 464 | <input type="checkbox"/> 4. FIBERGLASS | <input type="checkbox"/> 9. CATHODIC PROTECTION |
| | | <input type="checkbox"/> 5. STEEL W/COATING | <input type="checkbox"/> 95. UNKNOWN |
| | | | 465 |

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

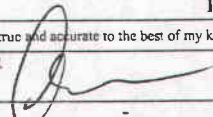
| UNDERGROUND PIPING | ABOVEGROUND PIPING |
|--|---|
| SINGLE WALL PIPING 466 | SINGLE WALL PIPING 467 |
| <p>PRESSURIZED PIPING (Check all that apply):</p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)</p> <p>CONVENTIONAL SUCTION SYSTEMS</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUNDPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> | <p>PRESSURIZED PIPING (Check all that apply):</p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)</p> <p><input type="checkbox"/> 4. DAILY VISUAL CHECK</p> <p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM</p> <p><input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW (Check all that apply):</p> <p><input type="checkbox"/> 8. DAILY VISUAL MONITORING</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> |
| SECONDARILY CONTAINED PIPING | SECONDARILY CONTAINED PIPING |
| <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p align="center">EMERGENCY GENERATORS ONLY (Check all that apply)</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p> | <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p align="center">EMERGENCY GENERATORS ONLY (Check all that apply)</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF * AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p> |

VIII. DISPENSER CONTAINMENT

| | | |
|-----------------------|---|---|
| DISPENSER CONTAINMENT | <input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE | <input type="checkbox"/> 4. DAILY VISUAL CHECK |
| DATE INSTALLED | 468 | <input type="checkbox"/> 5. TRENCH LINER / MONITORING |
| | <input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS | <input type="checkbox"/> 6. NONE |
| | <input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR <u>WITH</u> AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS | 469 |

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

| | |
|---|-------------------------|
| SIGNATURE OF OWNER/OPERATOR | DATE |
|  | 9/30/2015 |
| NAME OF OWNER/OPRATOR (print) | TITLE OF OWNER/OPERATOR |
| Annette Chen - On Behalf of Owner | Project Coordinator |

| | | | | | |
|------------------------------------|-----|--------------------------------------|-----|---|-----|
| Permit Number (For local use only) | 473 | Permit Approved (For local use only) | 474 | Permit Expiration Date (For local use only) | 475 |
|------------------------------------|-----|--------------------------------------|-----|---|-----|



ONSITE CUTTING OF UNDERGROUND TANKS

Various circumstances at underground tank removals may make on-site cutting of tanks necessary or advantageous. Due to the inherent safety, health and environmental hazards, Golden Gate Tank Removal, Inc. has imposed the following conditions on cutting of any tanks that have held hazardous material of waste.

1. The local fire department shall be advised in advance of planned on-site cutting, or of any change from approved plans to include on-site cutting. The cutting of any tank that previously held flammable and/or combustible liquids shall be approved in advance by the local Fire Department inspector.
2. Tanks shall be completely emptied and the contents handled in accordance with all pertinent regulations.
3. To minimize release of the hazardous waste, any tank to be cut in place shall be cleaned thru triple rinse with water to render it non-hazardous. The final Rinsate or interior wipe sample shall not exceed 100 PPM of product verified by laboratory analysis: or the tank shall be evinced as cleaned to bare metal. Rinsate shall be handled in accordance with all pertinent regulations.
4. Any tank that held flammable or combustible liquid shall be inerted prior to cutting. A minimum of 3 pounds of dry ice per 100 gallons of capacity shall be used for a flammable liquid tank. The atmosphere in the tank shall be maintained below 5% of Lower Explosive Limit (LEL) throughout cutting and oxygen level will be monitored and should be 0%.
5. Cutting implements shall be approved for use prior to the cutting of any tank. Tanks that are properly inerted may be cut with saw only with approval from the local Fire Department. Edged tools may be used in the tank if it is properly inerted. Edged tools shall be lubricated with cutting oil or water spray.
6. At least one charged 20BC Fire extinguisher shall be kept on-site, immediately accessible to the workers performing the cutting.
7. Occupational Health and Safety provisions of Title 8, California Code of Regulations, shall be observed, including but not limited to site safety plans, confined space entry, respirators and other personal protection equipment and sanitation.
8. All other pertinent regulations, including but not limited to those of the local departments of Public Health, Fire and Public Works, the Bay Area Air Quality Management District and the Bay Regional Water Quality Control Board, shall be observed.

**UNIFIED PROGRAM CONSOLIDATED FORM
HAZARDOUS WASTE
HAZARDOUS WASTE TANK CLOSURE CERTIFICATION**

Page _____ of _____

I. FACILITY IDENTIFICATION

| | |
|---|--|
| BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 73. | FACILITY ID# 1. |
| 3820 Penniman Ave., Oakland, CA | |
| TANK OWNER NAME 740. | |
| Kuen C Lau and Sar P Kwan | |
| TANK OWNER ADDRESS 741. | |
| 3701 Lakeshore Avenue | |
| TANK OWNER CITY 742. | STATE 743. ZIP CODE 744. |
| Oakland | CA 94610 |

II. TANK CLOSURE INFORMATION

| TANK INTERIOR ATMOSPHERE READINGS | Tank ID # <small>(Attach additional copies of this page for more than three tanks)</small> | 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 760. |
| NAME OF CERTIFIER (Print) 754. | Certifier is a representative of the CUPA, authorized agency, or LIA: 761. |
| TITLE OF CERTIFIER 755. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| ADDRESS 756. | Name of CUPA, authorized agency, or LIA: 762. |
| CITY 757. | If certifier is other than CUPA / LIA check appropriate box below: |
| San Francisco | <input type="checkbox"/> a. Certified Industrial Hygienist (CIH) |
| PHONE 758. | <input type="checkbox"/> b. Certified Safety Professional (CSP) |
| 415-512-1555 | <input type="checkbox"/> c. Certified Marine Chemist (CMC) |
| DATE 759. | <input type="checkbox"/> d. Registered Environmental Health Specialist (REHS) |
| CERTIFICATION TIME | <input type="checkbox"/> e. Professional Engineer (PE) |
| | <input type="checkbox"/> f. Class II Registered Environmental Assessor |
| | <input checked="" type="checkbox"/> g. Contractors' State License Board licensed contractor (with hazardous substance removal certification) |

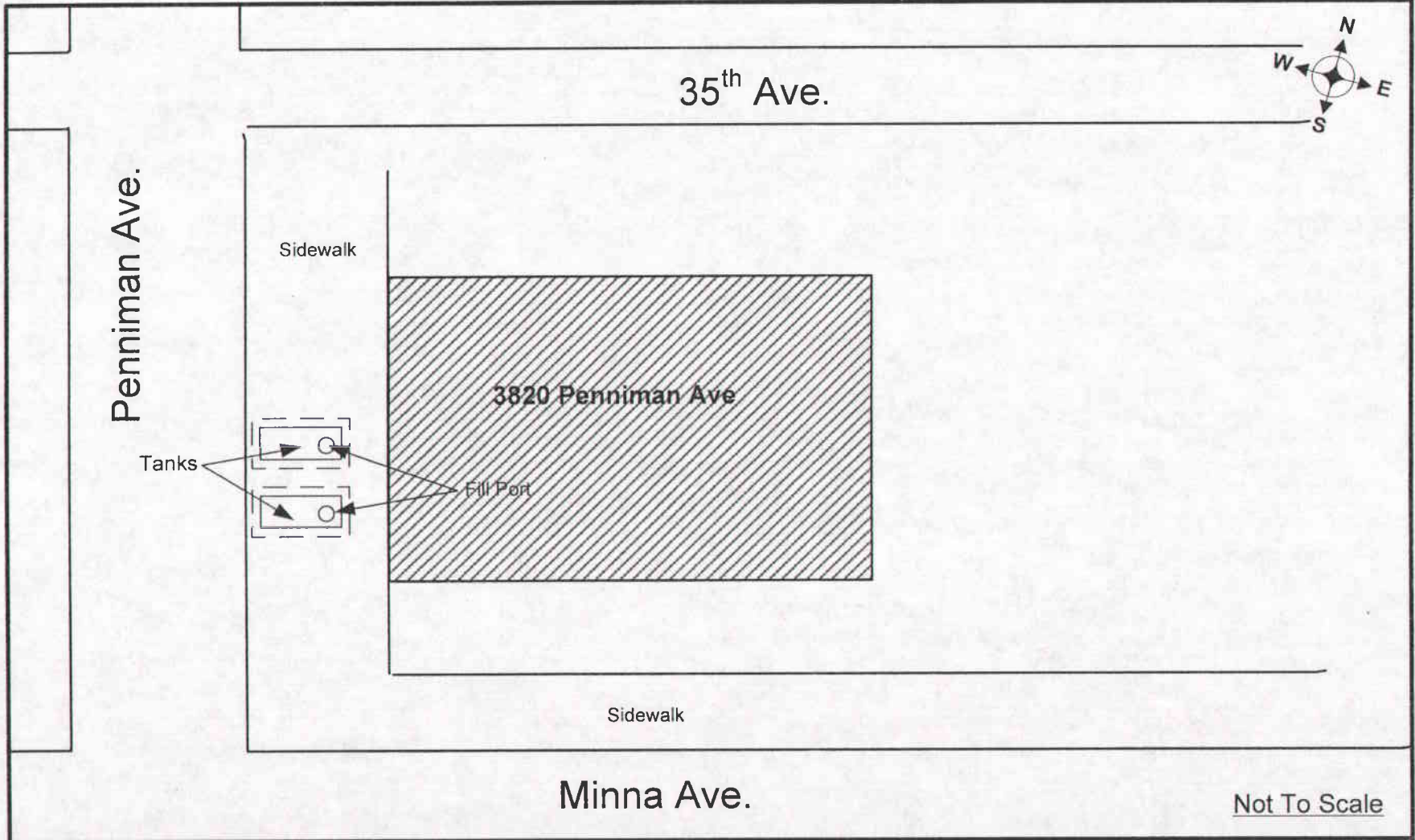
TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS 763.

(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.

Clean to bare metal . Treat as scrap.

A copy of this certificate shall accompany the tank to the recycling/disposal facility and be provided to the agency overseeing tank closure (i.e. CUPA or other authorized local agency); the owner and/or operator of the tank system; and the tank removal contractor.



Not To Scale

GOLDEN GATE TANK REMOVAL, INC.
 1480 Carroll Avenue
 San Francisco, California 94124
 Phone (415) 512-1555 Fax (415) 512-0964

Site Drawing
 3820 Penniman Avenue
 Oakland, California 94619

GGTR Proj. No. 9512

Figure By: AC

September 2015

Figure 2



**SITE SAFETY PLAN
UNDERGROUND TANK REMOVAL**

**3820 PENNIMAN AVENUE
OAKLAND, CA 94619**

SEPTEMBER 28, 2015

**GOLDEN GATE TANK REMOVAL, INC.
1480 CARROLL AVENUE
SAN FRANCISCO, CALIFORNIA 94124**

PROJECT # 9512

3820 Penniman Avenue, Oakland, CA 94619

SITE HAZARD INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE

Owners Name: Kuen C. Lau and Sar P Kwan
Site Address: 3820 Penniman Ave.
Oakland, CA
Directions to Site: Cross Street: 38th Ave.

Consultant On Site: Golden Gate Tank Removal, Inc. Phone number: 415/512-1555
Site Safety Officer: Tim Hallen Phone Number: 415/512-1555
Type of Facility: Commercial Mobile Number: 415/559-0499
Site Activities: Drilling construction Tank Excavation Soil Excavation
 Work in Traffic Area Groundwater Extraction Vapor Extraction Above Ground Remediation
 Other: _____

Hazardous Substances

| Name (CAS#) | Expected Concentration | Health Affects |
|--|------------------------|--------------------------|
| <u>Gasoline</u> <u>H₂O</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 _____ |

3820 Penniman Avenue, Oakland, CA 94619

SITE HAZARD INFORMATION

Monitoring Equipment On Site

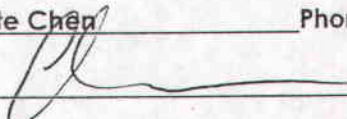
- Organic Vapor Analyzer
- Air Sampling Pump
- Oxygen Meter
- Combustible Gas Meter
- H2S Meter
- Other _____

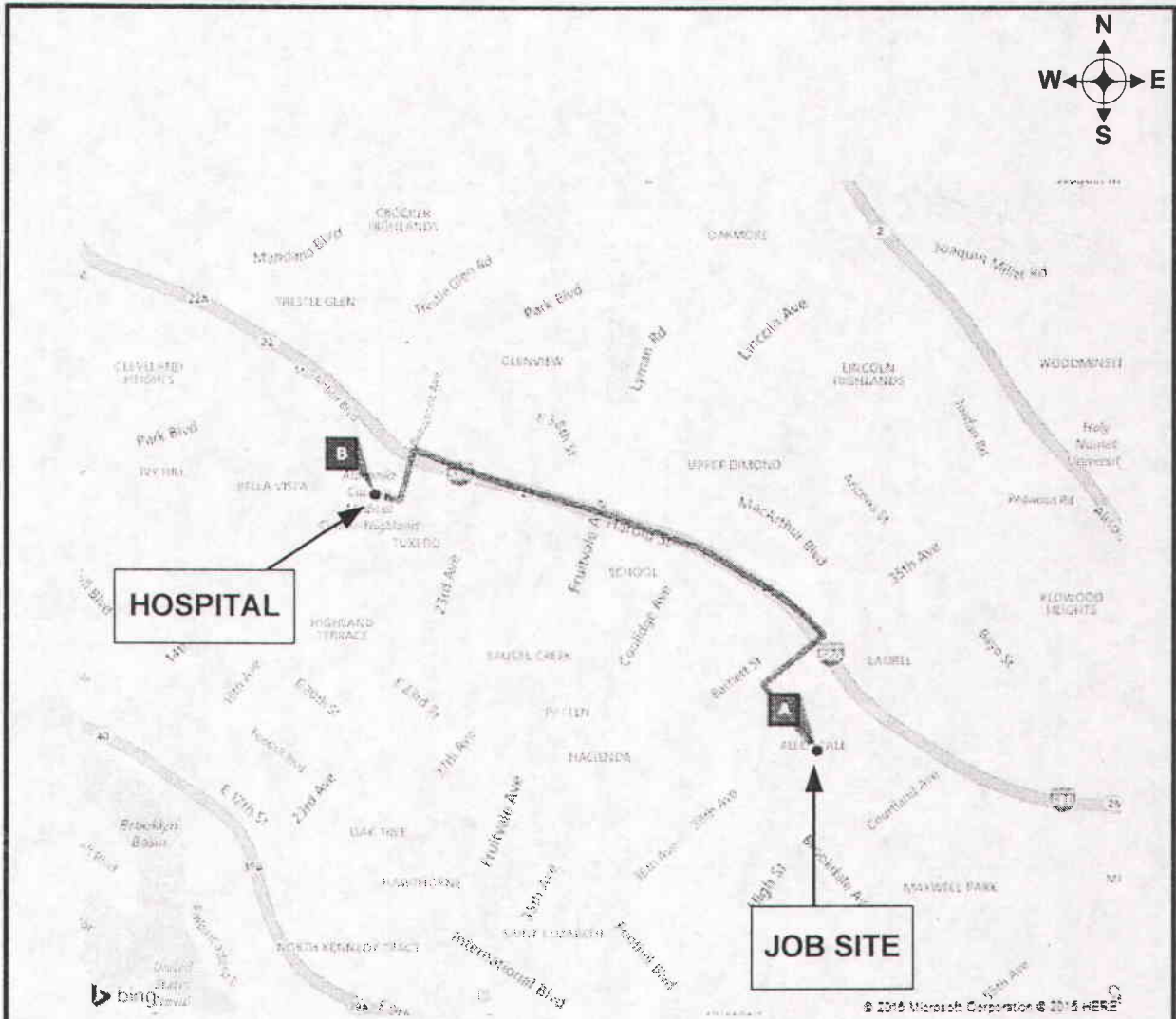
Site Control Measures Normal Pedestrian, Orange Cones, Traffic Signs, NO SMOKING Signs

Decontamination Procedures Warm Water Soap

Hospital/Clinic Highland General Hospital Phone 510-437-4800
Hospital Address 1411 E 31st St., Oakland, CA
Paramedic 911 Fire Dept. 911 Police Dept. 911

Emergency/Contingency Plans & Procedures See Safety Procedures

Site Hazard Information Provided By: Annette Chen Phone: 415/512-1555
Signature:  Date: 9/20/15



Total Travel Estimate : Route: **2.4 mi, 5 mins**

- A. 3820 Penniman Ave, Oakland, CA 94619
1. Depart Penniman Ave toward 38th Ave 0.3 mi
 2. Turn right onto 35th Ave 0.3 mi
 3. Take ramp left and follow signs for I-580 West 1.3 mi
76 on the corner
 4. Take ramp right toward 14th Avenue / Park Blvd 0.3 mi
 5. Turn left onto Beaumont Ave 0.2 mi
 6. Turn right onto E 31st St 453 ft
- B. Highland General Hospital - 1411 E 31st St, Oakland, CA

| | | | |
|---|---|-----------------------|-----------------|
| <p>GOLDEN GATE TANK REMOVAL, INC. 1480 Carroll Avenue San Francisco, CA 94124 Ph (415) 512-1555 Fx (415) 512-0964</p> | <p>HOSPITAL MAP Highland General Hospital 1411 E 31st Street Oakland, CA (510) 437-4800</p> | | |
| <p>GGTR Project No.9512</p> | <p>Drawing By: AC</p> | <p>September 2015</p> | <p>Figure H</p> |

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 possess 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 left unattended can control ignition. Introducing dry ice (solid carbon dioxide) in the tank can reduce vapor concentrations in the headspace; the carbon dioxide gas will displace the combustible vapors.

5.0 HEALTH AND SAFETY DIRECTIVES

Site-Specific Safety Briefing

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

Personal Protective Equipment

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

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

Equipment Usage

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

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

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

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

Monitoring

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

Area Control

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

Cordons, barricades, and/or emergency traffic cones or posts, depending on conditions must identify the boundaries of hazardous and potentially hazardous areas. If such areas are left unattended, signs warning of the

danger and forbidding entry must be placed around the perimeter if the areas are accessible to the public. Trenches and other large holes must be guarded with wooded or metal barricades spaced no further than 20 feet apart and connected with yellow caution tape. The barricades must be placed no less than two feet from the edge of the excavation or hole.

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

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

Decontamination

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

Personnel

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

Equipment

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

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

6.0 SAFETY AND HEALTH TRAINING

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

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

7.0 RECORD KEEPING REQUIREMENT

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

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

8.0 HEAT ILLNESS PREVENTION

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

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

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

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

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

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

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

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

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

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

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

employees to drink water.

When the temperature equals or exceeds 95 °F or during a heat wave, the PROJECT MANAGER will increase the number of water breaks, and will remind workers throughout the work shift to drink water. During employee training, the importance of frequent drinking of water will be stressed.

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

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

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

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

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

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

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

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

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

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

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

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

The CREW LEADER will be responsible for using a thermometer at the jobsite and checking

the temperature every **hour** to monitor for sudden increases in temperature, to ensure that once the temperature exceeds 85 °F, the shade structures are opened and accessible to the workers and to make certain that once the temperature equals or exceeds 95 °F additional preventive measures such as the High Heat Procedures are implemented.

Handling a Heat Wave:

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

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

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

High Heat Procedures include but are not limited to:

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

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

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

Procedures for Acclimatization include but are not limited to:

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

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

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

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

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

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

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

Procedures for Emergency Response include but are not limited to:

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

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

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

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

Handling a Sick Employee:

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

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

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

Call emergency service providers immediately if an employee displays signs or symptoms of heat illness (loss of consciousness, incoherent speech, convulsions, red and hot face), does not look OK or does not get better after drinking cool water and resting in the shade. While the ambulance is in route, initiate first aid (cool the worker: place in the shade, remove excess layers of clothing, place ice pack in the armpits and groin area and fan the victim). Do not let a sick worker leave the site,

as they can get lost or die (when not being transported by ambulance and treatment has not been started by paramedics) before reaching a hospital!

If an employee does not look OK and displays signs or symptoms of severe heat illness (loss of consciousness, incoherent speech, convulsions, red and hot face), and the worksite is located more than 20 min away from a hospital, call emergency service providers, communicate the signs and symptoms of the victim and request Air Ambulance.

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

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

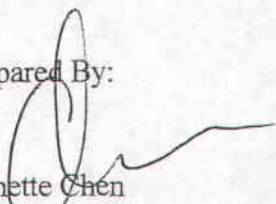
GGTR, Inc. will ensure that all employees and supervisors are trained prior to working outside. Training will include the company's written prevention procedures.

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

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

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

Prepared By:



Annette Chen
Golden Gate Tank Removal, Inc.

Dry Ice Safety

First Aid

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

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

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

Caution:

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

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

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

Do

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

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

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

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

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

Keep proper air ventilation wherever dry ice is stored.

Don't

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

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

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

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

This could cause suffocation if breathed exclusively.

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

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

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

Do not leave dry ice unattended around children.

Tips

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

ATTACHMENTS

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



State Of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **616521**

Entity **CORP**

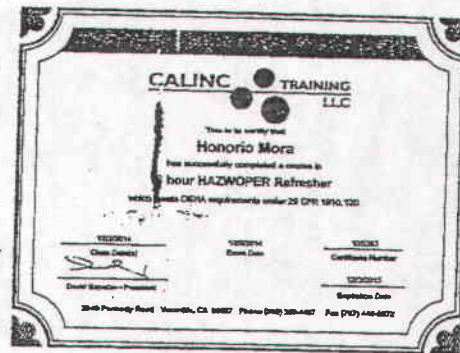
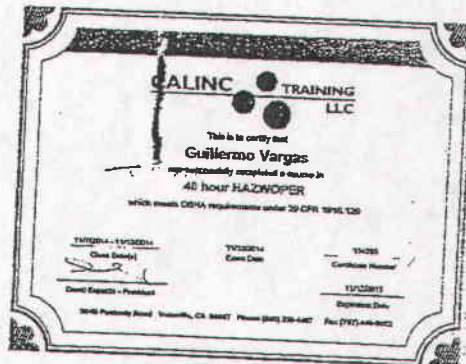
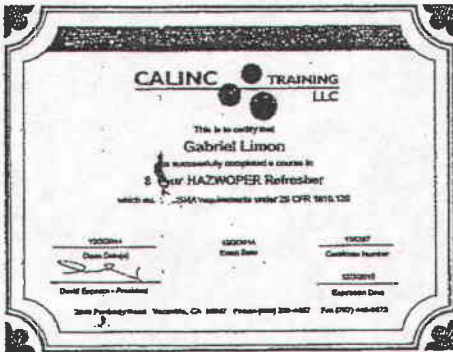
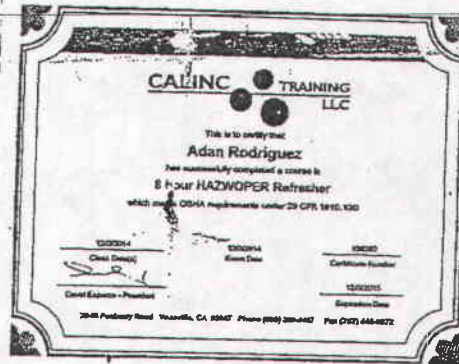
Business Name **GOLDEN GATE TANK REMOVAL INC**

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

Expiration Date **02/28/2017**

www.cslb.ca.gov







CERTIFICATE OF LIABILITY INSURANCE

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

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

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

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

COVERAGES CERTIFICATE NUMBER: 2015-2016 Renewal REVISION NUMBER:

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

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

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

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

| | |
|---------------------------------------|--|
| CERTIFICATE HOLDER | CANCELLATION |
| TO BE DETERMINED AT INSURED'S REQUEST | 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 |
| | |



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

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

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

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

| | |
|---------------------------------------|--|
| CERTIFICATE HOLDER | CANCELLATION |
| TO BE DETERMINED AT INSURED'S REQUEST | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE |
| | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/29/2015

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

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

| | | |
|---|--|------------------------------------|
| PRODUCER CAL Insurance & Associates Inc License #0241094 2311 Taraval Street San Francisco, CA 94116-2253 Scott Hauge | CONTACT NAME: Scott New Business PHONE (A/C, No, Ext): 415-661-6500 | FAX (A/C, No): 415-661-2254 |
| | E-MAIL ADDRESS: info@cal-insure.com | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : State Compensation Ins. Fund | | 35076 |
| INSURER B : | | |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

INSURED **Golden Gate Tank Removal, Inc.**
1480 Carroll Ave
San Francisco, CA 94124

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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


| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 1947693-14 | 10/01/2015 | 10/01/2016 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

RE: LICENSE # 616521

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| CONTRACTOR CONTRACTORS STATE LICENSE BOARD P O BOX 26000 SACRAMENTO, CA 95826 | 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  |

No: **2015-900016**

ANNUAL PERMIT

Permit Issued To

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

Golden Gate Tank Removal Inc
 Attn: Safety Mgr or Tim Hallen
 1480 Carroll Ave
 San Francisco CA 94124-3605

(415) 512-1555

No. _____
 Date 7/7/2015
 Region 1
 District 1
 Tel. (415) 557-0100

Type of Permit T1-ANNUAL TRENCH/EXCAVATION

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

| | | | | | | | |
|------------------------------------|------------------|-----------------|-------------------|----------------------|-------------|----------------------|--|
| State Contractor's License Number | | 616521 | | Permit Valid through | | July 06, 2016 | |
| Description of Project | Location Address | City and County | Anticipated Dates | | Starting | Completion | |
| | | | | | | | |
| Various Conditions of Issuance: | Statewide | | | | Jul 7, 2015 | Jul 06, 2016 | |

This Permit is issued upon the following conditions:

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

| | | | |
|---|----------|-------------|--|
| Received From | | Received By | |
| Tim Hallen | | Permit Unit | |
| <input type="checkbox"/> Cash | Amount | Date | |
| <input checked="" type="checkbox"/> Check 28257 | \$100.00 | 7/7/15 | |

Investigated by _____ Safety Engineer Date _____
 Approved by Robert E. Law District Manager/Permit Unit Date 7/7/2015

THIS DOCUMENT HAS A "VERIFY FIRST" TRUE WATERMARK AND VISIBLE FIBERS DISCERNIBLE FROM BOTH SIDES

CITY OF OAKLAND

BUSINESS TAX CERTIFICATE

ACCOUNT NUMBER

1307584

The issuing of a Business Tax Certificate is for revenue purposes only. It does not relieve the taxpayer from the responsibility of complying with the requirements of any other agency of the City of Oakland and/or any other ordinance, law or regulation of the State of California, or any other governmental agency. The Business Tax Certificate expires on December 31st of each year. Per Section 85.04(190A) of the O.M.C. you are allowed a renewal grace period until March 1st of the following year.

GOLDEN GATE TANK REMOVAL, INC

EXPIRATION DATE

12/31/2015

BUSINESS LOCATION 1480 CARROLL AVE

SAN FRANCISCO, CA 94124-3605

BUSINESS TYPE

H Construction Contractors



COMPANY NAME

GOLDEN GATE TANK REMOVAL, INC

MAILING ADDRESS

1480 CARROLL AVE
SAN FRANCISCO, CA 94124-3605



THIS DOCUMENT IS ALTERATION PROTECTED AND REFLECTS FLUORESCENT FIBERS UNDER UV LIGHT

A BUSINESS TAX CERTIFICATE IS REQUIRED FOR EACH BUSINESS LOCATION AND IS NOT VALID FOR ANY OTHER ADDRESS.

YOU MAY BE REQUIRED TO OBTAIN A VALID ZONING CLEARANCE TO OPERATE YOUR BUSINESS LEGALLY. RENTAL OF REAL PROPERTY IS EXCLUDED FROM ZONING.

PUBLIC INFORMATION ABOVE THIS LINE TO BE CONSPICUOUSLY POSTED!