



Winston H. Hickox
Secretary for
Environmental
Protection

State Water Resources Control Board

Division of Clean Water Programs

1001 I Street • Sacramento, California 95814
P.O. Box 944212 • Sacramento, California • 94244-2120
(916) 341-5714 • FAX (916) 341-5806 • www.swrcb.ca.gov/cwphome/ustcf



Gray Davis
Governor

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our website at www.swrcb.ca.gov.

JUN 24 2002

Port Of Oakland
Wendel, Rosen, Black & Dean, Llp
Carmen King
1111 Broadway 24th Fl
Oakland, CA 94607

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), REQUEST FOR FURTHER DOCUMENTATION DURING INITIAL REVIEW: CLAIM NUMBER 017196; FOR SITE ADDRESS: 707 FERRY ST, OAKLAND

After reviewing your claim application to the Cleanup Fund, we find that the following additional information is needed to determine your eligibility for placement on the Priority List:

REQUEST FOR PERMIT WAIVER

Claimant has requested the State Water Resources Control Board (SWRCB) to grant a permit waiver in order to access the UST Cleanup Fund. One condition of the permit waiver stipulates that the claimant was unaware of the permit requirement prior to January 1, 1990 and did not intend to avoid the permit requirement or the associated fees. Per my discussion with Alameda County Environmental Health Services (County), I was informed that the County began implementing their UST Program in 1987. In 1988, the County began to notify all known UST owners of UST law and operating permit requirements.

The Port of Oakland (Port) has identified themselves as a UST owner. As a tank owner, it was the Port's responsibility to comply with all applicable permits for the operation of the subject USTs. Based on the information submitted with this claim and other claims submitted by the Port, it is evident that the Port had knowledge of UST law and the requirement to obtain operating permits. The following information appears to support claimant's knowledge of the permitting requirements:

- In 1988, an Interim Permit was issued at the following site: 5110 7th Street Terminal, Oakland
- In 1989, an Underground Tank Closure Plan was approved by the County at the following site: 265 Hegenberger Road, Oakland
- In 1989, the County reviewed the Underground Tank Closure at the following site: 801 Maritime Street, Oakland

The Petroleum Underground Storage Tank Cleanup Fund Regulations, Section 2811(B) states for claims filed on or after January 1, 1994, the claimant had and has obtained any permit or permits required of the claimant pursuant to Chapter 6.7, Division 20, of the California Health and Safety Code, or had filed a substantially complete application for such permit or permits not later than January 1, 1990. The SWRCB may waive the provisions of this subparagraph if the SWRCB finds that all conditions have been met. One condition is the claimant was unaware of the permit requirement prior to January 1, 1990. Based on the above actions by the Port, the SWRCB will not grant the Port a Permit Waiver to access the Fund since they were aware of the requirement.

California Environmental Protection Agency

Claimants should be aware that they will be personally responsible and bound by any assertions made to the Fund pursuant to a Power of Attorney. (An appropriate Power of Attorney form is available on our website or by request.

CLARIFY PAGE 3

The site history information provided on page three of the claim application begins in 1992. However, the unsigned leak report indicates the UST was operating prior to 1992. Please clarify.

Tank Upgrade Certificate

Submit a copy of the Underground Storage Tank Upgrade Certificate for the subject facility identifying the site is in compliance with December 22, 1998 standards.

NOTE: Failure to respond to this request within thirty (30) calendar days from the date of this letter may result in an ineligibility determination of your claim.

If you have any questions, please contact me at (916) 341-5714.

Sincerely,

ORIGINAL SIGNED BY

Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

cc: Mr. Steve Morse
RWQCB, Region 2
1515 Clay Street, Ste. 1400
Oakland, CA 94612

Ms. Donna Drogos
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577





Winston H. Hickox
Secretary for
Environmental
Protection

State Water Resources Control Board

Division of Financial Assistance

1001 I Street • Sacramento, California 95814
P.O. Box 944212 • Sacramento, California • 94244-2120
(916) 341-5714 • FAX (916) 341-5806 • www.swrcb.ca.gov/cwphome/ustcf



Gray Davis
Governor

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our website at www.swrcb.ca.gov.

Port Of Oakland
Wendel, Rosen, Black & Dean, LLP
Carmen King
1111 Broadway 24th Fl
Oakland, CA 94607

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), STAFF DECISION TO REJECT CLAIM: CLAIM NUMBER 017196; FOR SITE ADDRESS: 707 FERRY ST, OAKLAND

Your claim has been found to be ineligible for placement on the Priority List for the following reason:

On March 25, 2002, the Fund received your claim application. After careful review, it was determined that the application was not complete and further documentation was needed in order to make a determination of eligibility for placement on the Priority List.

On June 25, 2002, the Fund requested the additional documentation in order to determine the eligibility of the subject claim. As you know, one of the required documents was the permit for the UST which is required under section 25284 of the Health and Safety Code. On March 5, 2003, the Fund received the requested documentation for the subject claim. The permit information that was provided failed to meet the regulations that govern this program. Claimant's Form B (tank permit application) shows that the subject UST was installed prior to 1990 and Form B was not completed by January 1, 1990 which is the date required by the Health and Safety Code.

The Petroleum Underground Storage Tank Cleanup Fund Regulations, Section 2811. (a) (1) (2) states in part...*"If the underground storage tank ...that is subject to this claim was installed before January 1, 1990, then the claimant must have obtained any permit required by Health and Safety Code, division 20, chapter 6.7 or filed a substantially complete application for any required permit before January 1, 1990."*

NOTE: Sections cited are found in the Petroleum Underground Storage Tank Cleanup Fund Regulations, Title 23, Division 3, Chapter 18, of the California Code of Regulations.

If you disagree with this Staff Decision, you may appeal to the Division Chief pursuant to Section 2814.1 of the Petroleum Underground Storage Tank Cleanup Fund Regulations. If you would like review of the decision by the Fund Manager, please submit your request along with any additional documentation to:

Allan V. Patton, Fund Manager, Claim #017196
Underground Storage Tank Cleanup Fund
State Water Resources Control Board
Division of Financial Assistance
P.O. Box 944212
Sacramento, CA 94244-2120

A request to the Fund Manager must include, at a minimum: (1) a statement describing how the claimant is damaged by the prior Staff Decision; (2) a description of the remedy or outcome desired; and (3) an explanation of why the claimant believes the Staff Decision is erroneous, inappropriate or improper.

If you do not a request review by the Fund Manager within thirty (30) calendar days from the date of this letter, the Staff Decision will then become final and conclusive.

If you have any questions, please call me at (916) 341-5714.

Sincerely,

Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

Lustis Case #: 01-2046

cc: Mr. Steve Morse
RWQCB, Region 2
1515 Clay Street, Ste. 1400
Oakland, CA 94612

Ms. Donna Drogos
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577

ENV. UPDATED 5/5/01

Press [ESC] for the menu

UNDERGROUND STORAGE TANK CLEANUP SITE

SITE ID: 3982		SOURCE OF FUNDS: F	LOP: A	TRemov: --	SLIC: --
SITE NAME: Transbay Container		SUBSTANCE	: 8006619		
SITE ADDRESS: 707 -0 Ferry St		DATE REPORTED	: 06/21/1996		
CITY: Oakland		DATE CONFIRMED	: 07/11/1996		
ZIP CODE: 94607		MULTIPLE RPs	: Y		
CASE TYPE: S	CONTRACT STAT: 4	PRIORITY: -0-	DATE ER: -0-		
RP SEARCH	: S	DATE END:	07/11/1996		
PRELIM ASSESSMENT	: -	DATE BEGIN:	-0-		
REMEDIAL INVEST	: -	DATE BEGIN:	-0-		
REMEDIAL ACTION	: -	DATE BEGIN:	-0-		
POST REMED MONITOR:	-	DATE BEGIN:	-0-		
ENFORCEMENT TYPE: 1	DATE ENFORCEMENT ACTION TAKEN:		07/11/1996		
LUFT CATEGORY: -0-	CASE CLOSED: -	DATE CASE CLOSED:	-0-		
DT EXC START : 06/21/1996	REMEDIAL ACTIONS TAKEN:		-0-		

PgDn for Screen #2

[ESC] Done [F2] Clear field [Shift-F2] Clear to end [Shift-F10] More
 Form: SITE Table: SITE Field: Source Page: 1

STID: 3982

UNDERGROUND STORAGE TANK CLEANUP SITE - SCREEN #2

IN-HOUSE MANAGEMENT:

RISK ASSESSMENT	: -0-	LOC-CleanUp Fund?	-0-
DATE LAST CORSP	: 01/06/1998	INSPECTOR INIT:	BC

CONTACT/RESPONSIBLE PARTY INFORMATION:

RP #1: CONTACT: Attn: John Prall	RP COST: \$0.00
RP COMPANY NAME: Port Of Oakland, Environmental	Ph: -0-
ADDRESS: 530 Water St.	
CITY/ST/ZIP: Oakland, C A 94607	

COMMENT: Two 1,000 gallon USTs were removed in 6/96. Samples were not tested for MTBE.

PgUp For Screen #1;PgDn For More RP'S

[ESC] Done [F2] Clear field [Shift-F2] Clear to end [Shift-F10] More
 Form: SITE Table: SITE Field: FlagDate Page: 2

RP seq#: 2-9

ADDITIONAL RP'S -SCREEN # 3

RP #2	CONTACT NAME: Robert Bergmann	Ph: -0-
COMPANY NAME: Trans Bay Container Terminal		

ADDRESS: 707 Ferry St.
CITY/ST/ZIP: Oakland, C A 94607

RP #

CONTACT NAME:

Ph:

COMPANY NAME:

ADDRESS:

CITY/ST/ZIP:

RP #

CONTACT NAME:

Ph:

COMPANY NAME:

ADDRESS:

CITY/ST/ZIP:

PgUp for Screen #2; <F7>/<F8> for Next / Previous RP
[ESC] Done [F2] Clear field [Shift-F2] Clear to end [Shift-F10] More
Form: SITE Table: RPs Field: RPseq# Page: 3

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



January 6, 1998
STID 3982

re: 707 Ferry St., Oakland, CA 94607

John Prall
Port of Oakland, Environmental Dept.
530 Water St.
Oakland, CA 94607

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

*1-9-98
left mess. on Tom's voicemail &
I don't have this file.*

Dear John Prall:

This office has received and reviewed Results of Soil and Water Investigation dated July 11, 1997, by Innovative Technical Solutions, Inc., for the above site. The following are comments concerning this report.

1. There are no recommendations or conclusions in this report.
2. If current trends continue this site may be eligible for closure. Please continue to monitor on a quarterly basis.

This site will be overseen by Larry Seto, who you may call with any questions at (510) 567-6774.

Sincerely,

Thomas F. Peacock, Manager
Division of Environmental Protection

c: Jim Schollard, Innovative Technical Solutions, Inc., 1330
Broadway, Suite 1625, Oakland, CA 94612
Dick Pantages, Chief - files
LeRoy Griffin, City of Oakland Hazardous Materials

LOP - CHANGE RECORD REQUEST FORM

printed:
01/05/98

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

Insp: *CS*

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 3982 LOC:
 SITE NAME: Transbay Container DATE REPORTED : 06/21/96
 ADDRESS : 707 Ferry St DATE CONFIRMED: 07/11/96
 CITY/ZIP : Oakland 94607 MULTIPLE RPs : Y

SITE STATUS

CASE TYPE: S CONTRACT STATUS: 4 PRIOR CODE: EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 07/11/96
 PRELIMINARY ASMNT: DATE UNDERWAY: DATE COMPLETED:
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 07/11/96
 LUFT FIELD MANUAL CONSID:
 CASE CLOSED: DATE CASE CLOSED:
 DATE EXCAVATION STARTED : 06/21/96 REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Attn: John Prall
 COMPANY NAME: Port Of Oakland, Environmental
 ADDRESS: 530 Water St.
 CITY/STATE: Oakland, C A 94607

RP#2-CONTACT NAME: Robert Bergmann
 COMPANY NAME: Trans Bay Container Terminal
 ADDRESS: 707 Ferry St.
 CITY/STATE: Oakland, C A 94607

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANNPMS _____ LOP _____ DATE _____ LOP _____ DATE _____



PORT OF OAKLAND

July 25, 1997

Ms. Jennifer Eberle
Hazardous Materials Specialist
Alameda County Health Care Services Agency
Environmental Health Services
Environmental Protection (LOP)
1131 Harbor Bay Parkway, Suite 250
Alameda, California 94502-6577

#3982

**SUBJECT: TRANSBAY CONTAINER TERMINAL, BERTH 25
707 FERRY STREET, OAKLAND, CA 94607
STID #3982**

Dear Jennifer:

On the behalf of the Port of Oakland, Innovative Technical Solutions, Inc. herein submit a report titled, "*Results of Soil and Water Investigation, TransBay Container Terminal, Berth 25*" dated July 11, 1997. The report presents the findings of subsurface investigative work that was completed in the vicinity of former underground storage tanks CF-03 and CF-05.

If you have any questions or comments regarding the report, please do not hesitate to call me at 272-1373.

Sincerely,

John Prall, R.G.
Associate Environmental Scientist

Enclosure

cc: Neil Werner

97 JUL 28 PM 4:24
ENVIRONMENTAL
PROTECTION

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



March 6, 1997
STID 3982
page 1 of 2

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

Attn: John Prall
Port of Oakland
Environmental Dept.
530 Water St.
Oakland CA 94607

RE: Port USTs CF-03 and CF-05, Transbay Container Terminal site, 707 Ferry St., Oakland
CA 94607

Dear Mr. Prall,

I am in receipt of the "Workplan for Soil and Water Investigation," prepared by Innovative Technical Solutions, Inc. (ITSI), dated 2/12/97, submitted under your cover letter dated 2/18/97. As you know, this workplan involves the drilling of one soil boring within 10 feet to the south of the former USTs, and one monitoring well within 10 feet to the west of the former USTs. **This workplan is acceptable.**

Please notify me at least 2 business days in advance of field activities so that I may arrange to be onsite. If you have any questions, please contact me at 510-567-6700, ext 6761.

Sincerely,

Jennifer Eberle
Hazardous Materials Specialist

cc: Jeff Hess, Innovative Technical Solutions, Inc., 1330 Broadway, suite 1625, Oakland CA
94612
J. Eberle/file

je.3982-B

**ALAMEDA COUNTY ENVIRONMENTAL
HEALTH SERVICES**

**ENVIRONMENTAL PROTECTION DIVISION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
Telephone (510) 567-6700 Fax (510) 337-9335**

FAX COVER SHEET

DATE: 12-17, 19 96

TO: John Prall

FAX # () _____

Total number of pages including cover sheet 3

FROM: J. Eberte

NOTE:

PLEASE RESPOND BY FAX ONLY.

(SMILE) HAVE A NICE DAY
DO SOMETHING FOR OUR ENVIRONMENT

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



December 17, 1996
STID 3982
page 1 of 2

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

Attn: John Prall
Port of Oakland
Environmental Dept.
530 Water St.
Oakland CA 94607

RE: Port USTs CF-03 and CF-05, Transbay Container Terminal site, 707 Ferry St., Oakland
CA 94607

I am in receipt of the "Tank Closure Report," prepared by Innovative Technical Solutions, Inc. (ITSI), dated 11/12/96, under your cover letter dated 11/19/96. As you know, two spherical 1,000-gallon fuel USTs (CF-03 and CF-05) were removed from this site on 6/21/96. The exact location was approximately 10' west of building C-129.

Maximum soil contaminant concentrations encountered included 1,900 mg/kg TPHg, 1,300 mg/kg TPHd, 305 mg/kg total lead, and 0.27 mg/kg benzene. Overexcavation removed most of the contaminated soil. Maximum soil concentrations remaining in place include 0.33 mg/kg TPHg, 220 mg/kg TPHd, 119 mg/kg total lead, and 0.0019 mg/kg benzene. A grab sample was collected from apparent groundwater in the tank cavity. Groundwater results included 9,400 ug/L TPHg, 9,600 ug/L TPHd, 881 ug/L total lead, and 28 ug/L benzene.

Due to the elevated soil concentrations and the apparent groundwater contamination, you are requested to perform a Soil and Water Investigation (SWI), as per Sect. 2724 of Chapter 16, Division 3, Title 23, California Code of Regulations. As per our telecon of 12/17/96, one "permanent" groundwater monitoring well (MW) would be acceptable, providing it is located within 10' west of the former UST cavity (the presumed downgradient direction). One additional boring should be drilled south of the UST cavity, in order to define the lateral extent of soil contamination left in place at 8'bgs; a sample should be collected and analyzed at 8'bgs in this boring. Soil samples from the MW borehole should be collected and analyzed from 5' intervals, including the capillary fringe. Both soil and groundwater samples should be collected and analyzed for TPHg, TPHd, BTEX, and lead.

Please submit a workplan for a SWI within 60 days, or by February 17, 1997. All work should adhere to a) the Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, dated 8/10/90; and b) Article 11 of Title 23, California Code of Regulations. Reports and proposals must be submitted **under seal** of a California-Registered Geologist, -Certified Engineering Geologist, or -Registered Civil Engineer.

December 17, 1996

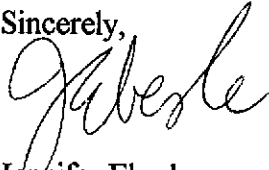
STID 3982

page 2 of 2

Attn: John Prall

If you have any questions, please contact me at 510-567-6761.

Sincerely,



Jennifer Eberle

Hazardous Materials Specialist

cc: Jeffrey Hess, Innovative Technical Solutions, Inc., 1330 Broadway, Suite 1625, Oakland
CA 94612

J. Eberle/file

je.3982-A



PORT OF OAKLAND

November 19, 1996

Ms. Jennifer Eberle
Alameda County Health Care Services Agency
Department of Environmental Health
Environmental Protection Division
1131 Harbor Bay Parkway
Alameda, CA 94502

**SUBJECT: TANK CLOSURE REPORT, TRANSBAY CONTAINER TERMINAL,
707 FERRY STREET, OAKLAND, CALIFORNIA**

Dear Jennifer:

Please find enclosed a report dated November 12, 1996, prepared on the behalf of the Port of Oakland (Port) by Innovative Technical Solutions, Inc. (ITSI) regarding the closure of two underground storage tanks (UST's). The report documents the closure of Port UST's CF-03 and CF-05 that were located in the TransBay Container Terminal, also known as TBCT, 707 Ferry Street, Oakland, California, adjacent to Port building number C-129.

Please review the enclosed report. Should you have any questions, please contact me at 272-1373.

Sincerely,

John Prall, R.G.
Associate Environmental Scientist

Enclosure
cc: Neil Werner

451-5916

white - env. health
 yellow - facility
 pink - files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy
 Alameda CA 94502
 510/567-6700

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Port of Oakland Transbay Container Today's Date 7/23/96
 Site Address 707 Ferry St.
 City Oakland Zip 94607 Phone _____

MAX AMT stored > 500 lbs, 55 gal., 200 cft.? overex + resample.
Inspection Categories:
 I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 II. Hazardous Materials Business Plan, Acutely Hazardous Materials
 III. Under ground Storage Tanks

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

Comments:
 10:10 arrived onsite. There is no gw in pit. But they're not ready for sample. They haven't even begun digging. Willy + Tej are onsite. 10:37 left site. 1:07 arrived back onsite. Met John Stewart of Port as well. They dug to 12', where they found gw. 1:15 Took grab water sample. Analyze gw for TPHd, TPHg, BTEX, TDS, + lead. Gw has slight rainbow sheen. Tej already took 2 bottom soil samples at 12' (moist soil). The West side was excavated out ~1'. (Tank A + Tank B). 1:35 Willy labeled 7 drums at "tank pit water, 6-21-96." Five of these drums ^{are metal} have Haz Waste labels; the other 2 are white plastic & do not have labels. ~~55~~ There are old wood timbers along S wall at ~7' hgs - Tej turned on PID to sample soil in bucket from S wall + PID said 151 ppm before he brought it to the bucket. PID has apparently broken down. Tej took 4 pt. comp of new SP (~60 yd³ total).

sample depth	soil	PID	Bldg		
1:55 North (OE) 8'	sand dry brown	0	W-8'	A-12'	B-12' x N-8'
2:12 West (OE) 8'	" " "	0-0.5			
2:20 East (OE) 8'	" " green grey	151?			

left site 2:35
 Contact Tej Singh
 Title PM - ~~Operations~~ ITS1
 Signature [Signature]

Inspector Jennifer Eberle
 Signature [Signature]

Tej pager 980-3831

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy
 Alameda CA 94502
 510/567-6700

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Port of Oakland Transbay Container Today's Date 6/21/96
 Site Address 707 Ferry St.
 City Oakland Zip 94607 Phone _____

MAX AMT stored > 500 lbs, 55 gal., 200 cft.? Removal of two 1000-gal gasoline USTs:

Inspection Categories:

I. Haz. Mat/Waste GENERATOR/TRANSPORTER

II. Hazardous Materials Business Plan, Acutely Hazardous Materials CF-03

III. Under ground Storage Tanks CF-05

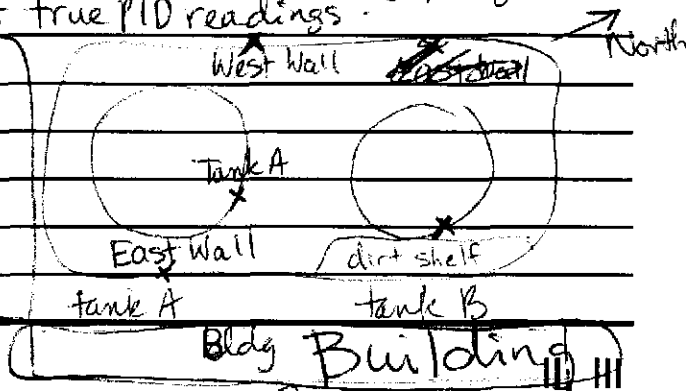
* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

1:05 arrived onsite. Steve Crawford of OPD is onsite.

Comments: Met Tej Singh of ITSI. Bill of Accutite said they removed gasoline from BOTH tanks, + put it into the gasoline Convault AST. Port originally thought one UST was diesel. They are both spherical + FG. 1:30 Removal of tank A: no obvious holes, FG, Erickson #18126. 1:40 Pumping out water in tank B which entered tank from broken water line. 2:30 Still pumping tank B. 3:00 Water is still entering pit from broken water line ~ 1" bgs. 3:15 Removal of tank B: no obvious holes, FG, Erickson #18127. Manifest # is 95780419. 3:30 water leak was fixed. Tej is taking 4-pt. comp sample of soil SP. There are 7 drums (55-gal) of "water" pumped from Tank B. They must be labeled + disposed properly. 3:55 began sample: Concrete below Tank A prevented sample from directly below UST. Strong HC odor while moving pea gravel below USTs. Very windy, so difficult to get true PID readings.

samples ↓

depth	ID	soil type	HC odor?	PID
~8'	East Wall	sand greenish	unknown	0
~7'	West Wall	gravel/sand, black	maybe	5-10
~11'	Tank A (small amt)		yes	275
~10'	Tank B	sand	strong	112



Contact Tej Singh
 Title Project Manager
 Signature [Signature]

Inspector Jennifer Eberle
 Signature [Signature]

5:10 left site (2wk TAT). Analyze TPHg, BTEX, TPHd (due to black staining) + Pb.

ENVIRONMENTAL DEPARTMENT

T R A N S M I T T A L

RECEIVED
To: GENERAL For Eberle
Alameda County Health Services
Environmental Protection Division

Date: June 4, 1996

Project #: _____

Subject: Underground Storage Tank
Closure Plan - prepared by
Accotite Environmental Eng.

Enclosed please find 1 copies

Description: UST Closure Plan, Form A,
Form B(2), Business Tax Certificate, Contractors
License Board Certificate, Certificate of Insurance,
Demolition Plan, location Map & H&S Plan

- As requested
- For your use
- For your approval and return
- For your review and comment
- For return

COMMENTS:

Transmitted by:
John Prall
272-1273

Port of Oakland
530 Water Street
Oakland, CA 94607
Telephone
(510) 272-1174
Fax
(510) 465-3755



ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Alameda County Environmental Health Div.
Mail Code: 430-4580
Environmental Protection Services
1131 Harbor Bay Parkway, Room 250
Alameda CA 94502-6577

April 5, 1996
STID 3982

Attn: John Prall
Port of Oakland
Environmental Dept.
530 Water St.
Oakland CA 94607

707 Ferry St.

RE: Port of Oakland, Berth 24, Transbay Container site, Oakland CA 94607

Dear Mr. Prall,

As we discussed today, this office is in the process of closing this case. As such, the monitoring well will be destroyed. Groundwater has been non-detect (ND) for the BTEX for the past 5 sampling events. TPH-diesel has been ND or present at low concentrations (ND to 990 ppb). TPH-motor oil has been present at low concentrations (120-1300 ppb). However, BTEX are the main chemicals of concern. For these reasons, I believe it would be proper to pressure grout this well.

If you have any questions, please contact me at 510-567-6761.

Sincerely,

Jennifer Eberle
Hazardous Materials Specialist

cc: Attn: Wyman Hong, Alameda County Flood Control District, Zone 7, Water Agency
5997 Parkside Dr., Pleasanton CA 94588
Acting Chief/file

je.3982zone.7

3982

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A
COMPLETE THIS FORM FOR EACH FACILITY/SITE



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

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

DBA OR FACILITY NAME Transbay Container Terminal		NAME OF OPERATOR Transbay Container Terminal		
ADDRESS 707 Ferry Street		NEAREST CROSS STREET 7th St.	PARCEL # (OPTIONAL)	
CITY NAME Oakland		STATE CA	ZIP CODE 94607	SITE PHONE # WITH AREA CODE (510) 839-8228
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 3	E. P. A. I. D. # (optional)

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Simpson, Stan	PHONE # WITH AREA CODE (510) 839-8228	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) Stellan, Edward	PHONE # WITH AREA CODE (510) 839-8228	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Port of Oakland	CARE OF ADDRESS INFORMATION Environmental Safety and Compliance (Neil Werner)		
MAILING OR STREET ADDRESS 330 Water Street	<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LOCAL-AGENCY
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
CITY NAME Oakland	STATE CA	ZIP CODE 94607	PHONE # WITH AREA CODE (510) 272-1184

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Port of Oakland	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 530 Water Street	<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
CITY NAME Oakland	STATE CA	ZIP CODE 94607	PHONE # WITH AREA CODE (510) 272-1184

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TY (TK) HQ 44-000568

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

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

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

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I. II. III.

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

OWNER'S NAME (PRINTED & SIGNED) Neil Werner	OWNER'S TITLE Environmental Supervisor	DATE - MONTH/DAY/YEAR 3/7896
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LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 000235	NO 3/28/96
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL	

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D. # CF-03	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS: 1000

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

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

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

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

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Stan Simpson	DATE 2/13/96
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY # 01	JURISDICTION # 000	FACILITY # 000235	TANK # 000001
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# CF-05	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS: 1000

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	<input type="checkbox"/> 1 PRODUCT	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 4 GASAHOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 5 JET FUEL
			<input type="checkbox"/> 6 AVIATION GAS
			<input type="checkbox"/> 7 METHANOL
			<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED: _____ C. A. S. #:

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER

B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 7 ALUMINUM
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER

C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	A <u>U</u> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A <u>U</u> 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER

D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER
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V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Stan Simpson	DATE 2/13/96
--	---------------------

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

STATE I.D.#	COUNTY # 011	JURISDICTION # 000	FACILITY # 010235	TANK # 010003
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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

RAMCON

Engineering & Environmental Contracting, Inc.
3751 Commerce Drive
West Sacramento, CA 95691

FAX # (916) 372-4209

Phone # (916) 372-7535

FAX COVER SHEET

DATE:	February 6, 1996	
TO:	Jennifer Eberly	
COMPANY:	Alameda County	
FAX NUMBER:	510/337-9335	PHONE NUMBER: 510/567-6761
FROM:	Bobbi Waybright	
COMMENTS:	PORT OF OAKLAND TANK DESTRUCTION MANIFESTS	
Total Number of Pages (Including Cover Sheet): <u>4</u>		
Document will be followed up by: Mail <input checked="" type="checkbox"/> FED <input checked="" type="checkbox"/> COURIER <input type="checkbox"/>		

IF THE COPY IS ILLEGIBLE OR PAGES ARE MISSING PLEASE CALL (916) 372-7535

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. Form designed for use on elite (12-pitch) typewriter.

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA10100037124713117919	Manifest Document No.	2. Page 1 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address PORT OF OAKLAND 570 WASHINGTON ST. OAKLAND, CA. 94604-2004		[Shaded Area]			
4. Generator's Phone (510) 272-1457					
5. Transporter 1 Company Name TEUCISSON INC		6. US EPA ID Number CA100094007913		[Shaded Area]	
7. Transporter 2 Company Name		8. US EPA ID Number			
9. Designated Facility Name and Site Address PIETROLITUM RECYCLING INC. 1331 N. HWY. 73 PATERSON, CA. 95363		10. US EPA ID Number CA100831100728		[Shaded Area]	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
		No.	Type		
a. HQ(0018) HAZARDOUS WASTE LIQUID N.O.S. 9. PGII NA 3082		001	PT	2,309 G	
b.					
c.					
d.					
[Shaded Area]					
15. Special Handling Instructions and Additional Information WEAR GLOVES WHEN HANDLING 24 HR EMERGENCY CONTACT INFO LAU PHONE 272-1457 (510)					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name John E. Aydolott		Signature <i>[Signature]</i>		Month 12	Day 1
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month 12	Day 1
Printed/Typed Name RICH PARRIS		Signature <i>[Signature]</i>		Month 12	Day 1
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day
Printed/Typed Name		Signature		Month	Day
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month	Day
Printed/Typed Name		Signature		Month	Day

DO NOT WRITE BELOW THIS LINE.

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. Form designed for use on office (12 pitch) typewriter.

See Instructions on back page 6.

Department of Toxic Substances Control
Sacramento, California

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7350

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAC000712472321	Manifest Document No. 518101	2. Page 1	Information in the shaded areas is not required by Federal law. 024001			
3. Generator's Name and Mailing Address PORT OF OAKLAND 707 FERRY ST. OAKLAND CA. 94607								
4. Generator's Phone (510) 272-1457								
5. Transporter 1 Company Name ERICKSON INC.			6. US EPA ID Number CAD009466392					
7. Transporter 2 Company Name								
8. US EPA ID Number								
9. Designated Facility Name and Site Address Erickson, Inc. 255 Parr Blvd. Richmond, Ca. 94801								
10. US EPA ID Number CAD009466392								
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers			
a. Waste Empty Storage Tank NON-RCRA Hazardous Waste Solid.					No.			
					Type			
					13. Total Quantity			
					14. Unit Wt/Vol			
b.								
c.								
d.								
15. Special Handling Instructions and Additional Information Keep away from sources of ignition. Always wear hardhats when working around U.G.S.T.'s 24 Hr. Contact Name <u>Wing LAU</u> & Phone <u>(510) 272-1457</u>								
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.								
Printed/Typed Name Wing LAU		Signature <i>Wing Lau</i>		Month 12	Day 03	Year 93		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name PAUL L ROTE		Signature <i>Paul L Rote</i>		Month 12	Day 03	Year 93
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month	Day	Year
19. Discrepancy Indication Space								
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.								
Printed/Typed Name DAVID SRO		Signature <i>David Sro</i>		Month 12	Day 03	Year 93		

DO NOT WRITE BELOW THIS LINE.

While 15DF SENDS THIS COPY TO DTD WITHIN 30 DAYS.
To: P.O. Box 3000, Sacramento, CA 95832

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE

CERTIFIED SERVICES COMPANY

255 Parr Boulevard - Richmond, California 94801

NO. 21887

CUSTOMER	RAMCON 42401
JOB NO.	83490

FOR: Erickson, Inc. TANK NO. 12655

LOCATION: Richmond DATE: 12/10/93 TIME: 12:31:59

TEST METHOD Visual GasTech/1314 SMPN LAST PRODUCT D

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

TANK SIZE 10000 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."


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


STANDARD SAFETY DESIGNATION

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

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

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

REPRESENTATIVE 

TITLE _____
INSPECTOR 

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12/28/1995

PRODUCER

Andreini & Company
220 W 20th Ave.
San Mateo, CA 94403
(415) 573-1111

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	CALIFORNIA INDEMNITY INS. CO.
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

ACCUTITE ENVIRONMENTAL

35 SO. LINDEN AVE.
SOUTH SAN FRANCISCO, CA. 94080

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	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 <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	NJ11292	01/01/96	01/01/97	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE - POLICY LIMIT \$ 1,000,000 DISEASE - EACH EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

30 DAYS CANCELLATION EXCEPT WITH RESPECT TO NON-PAY, WHICH IS 10 DAYS

CERTIFICATE HOLDER

COUNTY OF ALAMEDA
DEPT. OF ENVIRONMENTAL HEALTH
80 SWAN WAY, ROOM 22
OAKLAND CA 94621

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



POST IN A
CONSPICUOUS
PLACE

BUSINESS TAX CERTIFICATE CITY OF OAKLAND

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 department of the City of Oakland and/or any other ordinance, law or regulation of the City of Oakland, State of California, or any other governmental agency.



EXPIRES
DECEMBER 31, 1996

PLEASE READ REVERSE SIDE

ACCOUNT NUMBER

434868

BUSINESS NAME

ACCUTIVE ENVIRONMENTAL

ADDRESS

35 - SOUTH LINDEN AVENUE
SO SAN FRANCISCO CA 94080 - 0000

KIND OF BUSINESS

GENERAL BUILDING CONTRACTOR





State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **643881** Entity **PART**

Business Name **ACCUTITE ENVIRONMENTAL
ENGINEERING**

Classification(s) **B C36 C61/D40 HAZ A**

Expiration Date **05/31/96**



ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

R033

① Globe Metals Co. @ 1820 10th St.
- Not in Envision
- In Geotracker: WFT. OPEN
Lead: RW&CB
Local: ACEH

② BASF Corp. @ 1545 Willow St.
- Not in Envision
- In Geotracker: WFT. CLOSED (11/4/94)
Lead: RW&CB

③ Encinal marina @ 2051 Grand St.
- Not in Envision
- In Geotracker: SLIC, OPEN
Lead: RW&CB

④ Chevron @ 3360 1st St.: WFT. OPEN
Lead: RW&CB

tion
250

November 29, 1995

Mr. Thomas A. Geisler
California R.W.Q.C.B.
2101 Webster St., Ste. 500
Oakland CA 94612

Re: Alameda County Health Agency Sites with Lead Agency as "LI" (Inactive). ⑤ East Bay Bmw
3830 Old Santa Rita Rd

LUFT. OPEN

Lead: RW&CB

Local: ACEH

Dear Mr. Geisler:

OAKLAND		
(R0553) Auto Service Station	22350 Harrison St.	Not LOP
(R0650) BART	9000 14th St. E.	#3232 (EC)
(R0306) Cal East Foods	3924 Martin Luther King	#406 (EC)
(R0604) Pressure Cast Co.	505 Cedar St.	#3971 (SH)
(R0847) Soc. of St. Vincent De Paul	4201 14th St. E.	#101 (BC)
Unknown	9235 San Leandro St.	#4306 (EC)
(R0298) Unocal	1549 40th Ave.	Not LOP/No SLIC
BASF Corp.	3070 Fruitvale Ave.	Not LOP/Mod. closed
(R0116) Bramalea Pacific	1545 Willow St.	Not LOP, SLIC case, clsd 11/29/94
(R0881) Kelley Auto Parts	1111 Broadway	#3664
R.D. Miner Co.	4400 Telegraph Ave.	Not LOP. Removal ust
(R0585) Huntington Labs	750 37th St.	Not LOP/No SLIC
- Globe Metals Co.	700 Kevin St.	#4418 (CL)
(R01060) Schaffer's Meat Co.	1820 10th St.	Not LOP/SLIC case open
(R0405) Chevron	1110 98th Ave.	#3957 (EC)
(R0612) Right Parking	3530 MacArthur Blvd.	#1042 (ML)
(R010) Port of Oakland Bldg. C-01	1225 Webster St.	#5284 (JE)
Auto Tech West	2277 7th St.	#3899 (JE)
(R033) Port of Oakland trans Bay IT	2703 Martin Luther King	#454 (JE)
(R0468) New Genico	707 Ferry St.	#3982 (JE)
	3927 14th St. E.	#4610 (BC)
ALAMEDA		
Encinal Marina	2051 Grand St.	Not LOP
DUBLIN		
(R01069) Agorra Building Supply	5965 Dougherty Rd.	#4107 (EC)

LIVERMORE

Sweetwater Forest Fire Sta.	47405 Mines Rd.	Not LOP. Depref case open
Chevron	3360 1st St.	Not LOP. SLIC case open
(R0436) Unocal	1771 1st St. N.	Not LOP. Ust removal open

PLEASANTON

East Bay BMW	3830 Old Santa Rita Rd.	Not LOP/No SLIC
--------------	-------------------------	-----------------

Last column are site id numbers for LOP cases. These are not inactive. Please correct your records.
Thank you.

Sincerely,



Thomas Peacock
LOP Manager

TP/na

C: John Kaiser, R.W.Q.C.B.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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California R.W.Q.C.B.
2101 Webster St., Ste. 500
Oakland CA 94612

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⑤ East Bay Bmw
3830 Old Santa Rita Rd
LUFT. OPEN
Lead: RW&CB
Local: ACEH

Dear Mr. Geisler:

OAKLAND		
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(R0306) BART	3924 Martin Luther King	#406 (EC)
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LIVERMORE

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Last column are site id numbers for LOP cases. These are not inactive. Please correct your records.
Thank you.

Sincerely,



Thomas Peacock
LOP Manager

TP/na

C: John Kaiser, R.W.Q.C.B.



PORT OF OAKLAND

November 1, 1995

95 NOV -3 PM 1:51
ENVIRONMENTAL
PROTECTION
DIVISION

Dale Klettke
Alameda County Health Agency
Department of Environmental Health
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

Subject: Closure of Four Underground Storage Tank Site Investigation Projects

Dear Mr. Klettke:

The Port is requesting that the County review the following four underground storage sites for closure. The sites are:

- | | | | | |
|--------------------|-------------|------------------------|-----------|------------------------------|
| 1. Port of Oakland | Berth 35 | 5110 Seventh Street | STID 3782 | <i>DK closing to KG 1-4-</i> |
| 2. Port of Oakland | Berth 25 | 707 Ferry Street | STID 3982 | |
| 3. Port of Oakland | Berth 23 | 1195 Maritime | STID 4013 | |
| 4. Port of Oakland | Berth 61-63 | 1395 Middle Harbor Rd. | STID 3777 | |

There appears to be no long term benefit to continue monitoring these sites given the characteristics of the site and the levels of contamination. For each of these sites, the primary contaminants of concern were diesel and motor oil. The current levels are low and the concentrations appear to be stable or declining. The location of the sites is in the Port's industrial zone which will continue in its current industrial use. The groundwater is not used as drinking water and has sufficiently high TDS levels so that drinking water is not a beneficial use. The groundwater is not planned for any industrial or agricultural use. A summary of the analytical data is enclosed.

If you have any questions or need additional information, please contact me at (510) 272-1118.

Sincerely,

Susa Gates
Environmental Department

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

July 5, 1995
STID 3982

Susa Gates
Port of Oakland
Environmental Dept.
530 Water St.
Oakland CA 94607

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700

RE: Transbay Container Terminal site, 707 Ferry St., Oakland CA 94607

Dear Ms. Gates,

Since my last letter written to the Port, dated 3/14/94, the following documents have been received in this office:

- 1) "Report of Groundwater Monitoring Well Installation and Sampling," prepared by Uribe, dated 12/8/94
- 2) "Groundwater Monitoring and Sampling Report," prepared by Alisto, dated 5/16/95

The Uribe report documents installation of one groundwater monitoring well in May 1994. The rationale for one well was based on the known groundwater flow direction at the former Mobil Bulk Plant site, currently known as the Maersk Terminal, aka Berth 24. Uribe reported groundwater flow as West-Southwest in their February 1994 Work Plan (pg 3). Uribe's 12/8/94 Report recommended that groundwater elevations (GWEs) be monitored at the Maersk site AND the Transbay Container site CONCURRENTLY during future groundwater sampling events. However, the Alisto report makes no mention of GWEs at the Maersk site. Therefore, the groundwater flow direction cannot be confirmed at the Transbay Container site.

As we discussed over the telephone today, you are requested to conduct future sampling and monitoring events concurrent with GWE measurements at the Maersk site. Potentiometric maps for the wells at BOTH sites should be included in future quarterly reports. In addition, you are requested to submit potentiometric maps for the Maersk site for data collected since 1/1/95. Please indicate on these maps (or on a separate map) the location of the Transbay Container site in relation to the Maersk site. The flow direction for the 2/22/95 sampling event at the Transbay Container site can be postulated from this data.

July 5, 1995
STID 3982
Susa Gates
page 2 of 2

If you have any questions, please contact me at 510-567-6761.

Sincerely,



Jennifer Eberle
Hazardous Materials Specialist

cc: John DeGeorge, Alisto, 1777 Oakland Blvd., suite 200, Walnut Creek CA
Jun Makashima/file

je.3982

LOP 3982

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25148.7 OF THE HEALTH AND SAFETY CODE. SIGNED: <i>[Signature]</i> DATE: <u>4-28-94</u>	
REPORT DATE 0 <u>6</u> <u>0</u> <u>6</u> <u>9</u> <u>0</u>		CASE #			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Steve Wisbaum		PHONE (415) 420-8686		SIGNATURE <i>[Signature]</i>
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Baseline Environmental Consulting		
	ADDRESS 5900 Hollis Street, Suite D Emeryville CA 94608				
RESPONSIBLE PARTY	NAME Port of Oakland <input type="checkbox"/> UNKNOWN		CONTACT PERSON Susan Colman		PHONE (415) 272-1100
	ADDRESS 530 Water Street Oakland CA 94607				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Transbay ITS		OPERATOR Transbay ITS		PHONE (415) 839-8228
	ADDRESS 707 Ferry Street Oakland Alameda 94607				
	CROSS STREET 7th Street		TYPE OF AREA <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER		TYPE OF BUSINESS <input type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER Shipping
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Dept. Environ. Health		CONTACT PERSON Larry Seto		PHONE (415) 271-4320
	REGIONAL BOARD San Francisco Bay		PHONE (415) 464-1255		
SUBSTANCES INVOLVED	(1) NAME Diesel		QUANTITY LOST (GALLONS) Minimal <input checked="" type="checkbox"/> UNKNOWN		
	(2) <input type="checkbox"/> UNKNOWN				
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 <u>5</u> <u>2</u> <u>2</u> <u>9</u> <u>0</u>		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input checked="" type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN 0 <u>5</u> <u>2</u> <u>2</u> <u>9</u> <u>0</u> <input type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER Maintain product level below tank top		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 0 <u>5</u> <u>2</u> <u>2</u> <u>9</u> <u>0</u>				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input checked="" type="checkbox"/> OTHER Tank test		TANKS ONLY/CAPACITY 10,000 GAL AGE 13 YRS <input type="checkbox"/> UNKNOWN		MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER
	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> OTHER Piping				
CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES				
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> TREATMENT AT HOOKUP (HL) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input checked="" type="checkbox"/> OTHER (OT) Tank leak investigation in progress				
COMMENTS	Precision tank test indicates leak at top of tank. Product level stabilized indicating discharge stopped. Product level will be maintained below tank top; corrective action for piping in progress. Tank test results reported 6/11/90.				

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

9/23/92

PRODUCER

Whitaker Davis Insurance Svcs.
 13a WRIGHT & KIMBROUGH
 P.O. Box 13966
 Sacramento, California 95853

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

COMPANIES AFFORDING COVERAGE

99 OCT 15 PM 12:31

INSURED

RAMCON
 P. O. BOX 10126
 West Sacramento CA 95691

- COMPANY LETTER **A**
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

REPUBLIC INDEMNITY CO.

COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
	CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	PC 942941	10/01/92		STATUTORY LIMITS
					EACH ACCIDENT \$ 1000000
					DISEASE-POLICY LIMIT \$ 1000000
					DISEASE-EACH EMPLOYEE \$ 1000000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

COUNTY OF ALAMEDA
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Don Deibels

**ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY**

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

March 14, 1994
STID 3982

Jon Amdur
Port of Oakland
530 Water St.
Oakland CA 94607

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

RE: TransBay Container Terminal
707 Ferry St.
Berth 25
Oakland CA 94607

Dear Mr. Amdur,

We have received the February 1994 Work Plan for Additional Site Investigation Activities, prepared by Uribe and Associates. As you know, this workplan proposes the installation of one groundwater monitoring well. The rationale for one well is that the groundwater flow direction is well documented at the neighboring former Mobil/Ashland Oil site. The workplan is acceptable on the condition that at least two soil samples will be analyzed.

Please notify me at least 2 business days in advance of field activities so that I may arrange to be onsite.

Sincerely,

Jennifer Eberle
Hazardous Materials Specialist

cc: John Borrego, Uribe and Associates, 2930 Lakeshore Ave.,
suite 200, Oakland CA 94610
Ed Howell/file

je

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE
CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 2188

CUSTOMER
RAMCON 62401
JOB NO.
83490

FOR: Erickson, Inc. TANK NO. 12655

LOCATION: Richmond DATE: 12/10/93 TIME: 12:31:59

TEST METHOD Visual Gastech/1314 SMPN LAST PRODUCT D

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

TANK SIZE 10000 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

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

STANDARD SAFETY DESIGNATION

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

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

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

[Signature] REPRESENTATIVE TITLE [Signature] INSPECTOR

Please print or type. Form designed for use on elite (12-pitch) typewriter.

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CACD00712472321		Manifest Document No. 581		2. Page 1 of 1		Information in the shaded areas is not required by Federal law. 624001					
		3. Generator's Name and Mailing Address PORT OF OAKLAND 707 FERRY ST. OAKLAND, CA. 94607		6. US EPA ID Number CAD009466392		7. US EPA ID Number							
4. Generator's Phone (510) 272-1457		5. Transporter 1 Company Name ERICKSON INC.		8. US EPA ID Number									
9. Designated Facility Name and Site Address Erickson, Inc. 255 Parr Blvd. Richmond, Ca. 94801		10. US EPA ID Number CAD009466392											
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit Wt/Vol					
				No.		Type							
a. Waste Empty Storage Tank NON-RCRA Hazardous Waste Solid.				001		TP		2500 P					
b.													
c.													
d.													
15. Special Handling Instructions and Additional Information Keep away from sources of ignition. Always wear hardhats when working around U.G.S.T.'s 24 Hr. Contact Name <u>Wing LAU</u> & Phone <u>(510) 272-1457</u>													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Wing LAU				Signature <i>Wing Lau</i>				Month 12		Day 03		Year 93	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name PAUL L ROTE				Signature <i>Paul L Rote</i>				Month 12		Day 03		Year 93	
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name				Signature				Month		Day		Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19													
Printed/Typed Name DAVID SIO				Signature <i>David Sio</i>				Month 12		Day 03		Year 93	

DO NOT WRITE BELOW THIS LINE.

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. <i>CA10000171247</i>	Manifest Document No. <i>7117219</i>	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address <i>PORT OF OAKLAND 536 WATSON ST. OAKLAND, CA. 94604-2064</i>			A. State Manifest Document Number <i>9310-199</i>		
4. Generator's Phone <i>(510) 72-1457</i>			B. State Generator's ID		
5. Transporter 1 Company Name <i>EMERSON INC</i>		6. US EPA ID Number <i>CA100009400390</i>		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone	
9. Designated Facility Name and Site Address <i>PIETROLUCCI RECYCLING INC. 1331 N. HWY. 35 PATERSON, CA. 95367</i>		10. US EPA ID Number <i>CA100083111128</i>		G. State Facility's ID	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) <i>a. RQ(0018) HAZARDOUS WASTE LIQUID N.O.S. 9. PG III NA 308A</i>		12. Containers No. Type <i>001 AT 1330 E</i>		13. Total Quantity	
<i>b.</i>				14. Unit Wt/Vol	
<i>c.</i>				E. Waste	
<i>d.</i>				F. Waste	
15. Special Handling Instructions and Additional Information <i>WEAR GLOVES WITH HANDLING</i> <i>24 HR EMERGENCY CONTACT INFO LAW PHONE (510) 722-1457</i>		H. Facility's Phone <i>(510) 722-1457</i>			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name <i>John E. Aydelott</i>		Signature <i>John E. Aydelott</i>		Month Day Year <i>10 / 1 / 97</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>RICH PALATISCH</i>		Signature <i>Rich Palatisch</i>		Month Day Year <i>10 / 1 / 97</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name					
Signature		Month Day Year			

DO NOT WRITE BELOW THIS LINE.

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

p. 1 of 2

II, III

Site ID # _____ Site Name Birth 25 Trans Bay Containers Today's Date 12/3/93

Site Address 707 Ferry St.

City Oakland Zip 94607 Phone _____

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

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks removal of 10,000-gal UST.

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

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

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

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

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

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

2:30 Arrived onsite
 Comments:
 Approx. 500 gal. removed from UST ~10 days ago. Approx. 120 yd³ soil removed from excavation prior to tank removal + stockpiled on Petroleum St. UST is single-walled Fiberglass. 300 lb. dry ice added.
 3:00 Fire Dept. did not show up. LEL is 2% + O₂ is 13%. Tank has no obvious holes; just one crack in the rib. Erickson has tank manifest #93132158 + tank #13655.
 3:10 Water present in pit at ~10.5' bgs. OFD Gil Cody arrived.
 3:20 Water samples taken from 2 different sections of pooled water. Why? Because the pool beneath UST has a slight sheen, + the pool beside the UST does not. We only have enough VOAs for one sample (the sheen).

Contact: _____
 Title: _____
 Signature: J. Bonger

Inspector: Jennifer Eberle
 Signature: J Eberle

II, III

white -env.health
 yellow -facillty
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

p. 2 of 2

II, III

Site ID # _____ Site Name Trans Bay Containers Today's Date 12/3/93

Site Address 707 Ferry St.

City Oakland Zip 94607 Phone _____

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

Inspection Categories:

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

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

Comments:

King Law wants to install new UST ~ 12-10. Must contact person who approved these plans. NW soil sample collected from sidewalk at ~ 9' bgs. Soil is sandy w/shell fragments, brown, slight odor. Cannot get a sample from opposite end due to shoring. So we took a wall sample from E side at ~ 10' bgs. Sample is brown, sandy, w/shell fragments, + slight odor. Not exactly diesel odor on these samples. The pit will be deepened ~ 2' for UST installation. Advised to separate stockpiles + analyze them separately. They want to pump out pit with bec. it has a sheen, + also to install new UST.

3:55 Soil sampled below dispenser at ~ 2' bgs
 4:20 Excavated + re sampled below dispenser at ~ 4.5' bgs
 4:30 Will excavate more below dispenser + piping next week. left site.

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(i)
- 18. Exemption Request? (Y/N) 25536(b)
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- Monitoring for Existing Tanks
- 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose Semi-annual groundwater One time soils
 - 3) Daily Vadose One time soils Annual tank test
 - 4) Monthly Gndwater One time soils
 - 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/gndwater mon.
 - 6) Daily Inventory Annual tank testing Cont pipe leak det
 - 7) Weekly Tank Gauge Annual tank testing
 - 8) Annual Tank Testing Daily Inventory
 - 9) Other _____

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

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

Rev 8/88

Contact: _____

Title: _____

Signature: [Signature]

Inspector: Jennifer Eberle

Signature: [Signature]

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

October 26, 1993
STID 3982

Jon Amdur
Port of Oakland
530 Water St.
Oakland CA 94607

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

RE: TransBay Container Terminal
707 Ferry St.
Berth 24
Oakland CA 94607

Dear Mr. Amdur,

We have received your letter dated 10/15/93. You propose to remove a 10,000-gallon diesel UST, and sample the walls and floor of the pit. If there is contamination, you propose to delineate the contaminant plume and/or to install 3 monitoring wells, in lieu of overexcavation. You propose to place the new tank directly into the existing pit and close the pit as soon as the installation inspections are complete. These measures are proposed due to the proximity of substantial structures on all sides of the UST.

This proposal is found to be acceptable. Please contact me at least 3 business days in advance of field activities.

Sincerely,

Jennifer Eberle
Hazardous Materials Specialist

cc: Paul Smith, ACDEH
Ed Howell/file

je



PORT OF OAKLAND

93 OCT 25 PM 3:59

10/24/93

October 15, 1993

Sfid 3982

Mr. Paul Smith
Hazardous Materials Division
Alameda County Health
Care Services Agency
80 Swan Way, Rm 200
Oakland, CA 94621

talked w/ Jennifer she
will ~~write~~ write letter
granting approval
site mit w/ inst.

Subject: UST Removal\Replacement at Transbay Container Terminal, (TBCT), 707 Ferry Street, Berth 24, Port of Oakland, Oakland, California

Dear Mr. Smith:

This letter is to document and confirm our conversation regarding the UST removals and replacement at Port of Oakland, Berth 24, Transbay Container Terminal (TBCT). Early in December 1993, the Port plans to remove one 10,000 gallon diesel USTs from this site.

The tank is located in the center of the marine terminal, along the major roadway to the wharf. The tank is bordered on all sides by substantial structures including a roadway, the longshoreman's office building, and two transtainer runs. Transtainer runs are roadway tracks that heavy lift cranes travel on. They are constructed of concrete that is many feet thick. If contamination is found during the tank excavation, over excavation would be limited by these structures. Destruction of any of these structures represents major financial implications to the Port and the tenant (TBCT). In addition, if the excavation remains open for an extended period of time, the tenant would suffer an undue hardship due to hampered access to the wharf and cargo storage areas.

The Port proposes to remove the existing tank and sample the walls and floor of the pit. The Port then proposes to place the new tank into the excavation for the old tank. No over excavation could be done on this site without major financial hardship. Therefore the Port proposes not to do any over excavation and to place the new tank directly into the existing pit and close the pit as soon as the installation inspections are complete. The soil stockpile will be characterized as required under SW-846 protocols and disposed of in accordance with all State regulations. If the sidewall samples indicate soil contamination exists, the Port will install three monitoring wells to determine groundwater direction and monitor the site. If a contaminant plume is found (soil or groundwater), the Port will proceed to delineate the contaminant plume and propose appropriate mitigation measures.

The Port proposes to replace the diesel tank with double walled tank with automatic leak detection equipment. Moving the new tank outside the general area of the old tank would subject the tank to areas of high stress due to nearly constant heavily loaded vehicle traffic.

During our meeting on 20 October 1993, we requested permission from ACDEH to place the new tank in the location of the old tank even if contamination remains in the surrounding soils. It is our understanding that due to the particular circumstances of this project, that the ACDEH is willing to make an exception and allow the new tank to be placed in the excavation of the old tanks.

We would like to thank you for your cooperation on this project. Please call me

at 272-1184 if you have any questions or comments. We request that you send a letter confirming the acceptability of this proposal as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Amdur". The signature is fluid and cursive, with a large initial "J" and "A".

Jon Amdur
Port Environmental Scientist

CC: Ms. Jennifer Eberle, Hazardous Materials Division Alameda County Health Care Services Agency, 80 Swan Way, Rm 200, Oakland, CA 94621

Rich Hiatt, San Francisco Regional Water Quality Control Board, 2101 Webster Street, Suite 500 Oakland, CA 94612

Neil Werner (Environmental Department)
David Adams (Marine Terminals)
Bob Maneggio (Engineering)

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 510/271-4320

Jennifer Eberle
see comments p. 5 Eberle
10-15-93

ACCEPTED
Application No. 10-15-93
Date of Approval: 10/15/93
By: [Signature]

Application received and found to be in compliance with the requirements of State and local closure plans indicated. The applicant has provided all necessary information and plans to the satisfaction of the Agency. The Agency has no further comments at this time. The Agency will issue a permit to operate upon the job and will conduct a final inspection with the removal of the tank(s). The Agency will issue a permit to operate upon the job and will conduct a final inspection with the removal of the tank(s). The Agency will issue a permit to operate upon the job and will conduct a final inspection with the removal of the tank(s).

Removal of Tank(s) and Piping
Sampling
Final Inspection
The issuance of a permit to operate, 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

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

- Business Name Trans Bay Container Terminal Building
Business Owner Port of Oakland
 - Site Address 707 Ferry Street
City Oakland Zip 94607 Phone 510) 272-1457
 - Mailing Address 530 Water Street
City Oakland Zip 94607 Phone 510) 272-1457
 - Land Owner Port of Oakland
Address 530 Water Street City, State Oakland, Ca Zip 94607
 - Generator name under which tank will be manifested Port of Oakland
- EPA I.D. No. under which tank will be manifested CAC000712472

6. Contractor Ramcon Engineering & Environmental Contracting, Inc.
Address 3751 Commerce Drive
City West Sacramento, Ca 95691 Phone (916) 372-7535
License Type* 510034 A/Haz ID# 68-0309-208

*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Consultant Uribe & Associates
Address 2930 Lakeshore Avenue, Suite 200
City Oakland, Ca 94610 Phone (510) 832-2233

8. Contact Person for Investigation
Name Wing Lau Title Resident Engineer *Port*
Phone (510) 272-1457

9. Number of tanks being closed under this plan 1
Length of piping being removed under this plan Unknown
Total number of tanks at facility 1

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

** Underground tanks are hazardous waste and must be handled **
as hazardous waste

a) Product/Residual Sludge/Rinsate Transporter

Name Refinery Services EPA I.D. No. CAD083166728
Hauler License No. 1500 License Exp. Date March 94
Address P.O. Box 1167
City Patterson State CA Zip 95363

b) Product/Residual Sludge/Rinsate Disposal Site

Name Gibson Environmental EPA I.D. No. CAD043260702
Address 475 Seaport Blvd
City Redwood City State Ca Zip 94063

c) Tank and Piping Transporter

Name Erickson, Inc EPA I.D. No. CAD009466392
Hauler License No. 0019 License Exp. Date 5/93
Address 255 Parr Blvd
City Richmond State Ca Zip 94801

d) Tank and Piping Disposal Site

Name Same as above EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

11. Experienced Sample Collector

Name Andrew Clarke Clough
Company Uribe & Associates
Address 2930 Lakeshore Avenue, Suite 200
City Oakland State CA Zip 94610 Phone (510) 832-2233

12. Laboratory

Name Curtis & Tompkins
Address 2323 Fifth Street
City Berkley State Ca Zip 94710
State Certification No. 1459

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

If yes, describe. It has been determined that there is a leak by the vent
line connection. The tanks have not been filled to more than 50% capacity, once
the leak determination was made.

14. Describe methods to be used for rendering tank inert

Tanks will be inerted by dropping 30lbs of dry ice per every 1,000 gallon tank capacity to purge the vapors. It will also be verified on site with a LEL O2 meter

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
10,000	Diesel Fuel	Soil	1 sample at each end of the tank pit. 2 feet below the tank pit ✓
	Piping	Soil	1 sample every 20 lin. feet ✓

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan
1,000 Cubic Yards	One sample every 50 cubic yards <i>for offsite disposal</i> <i>one per 20 yd³ - onsite reuse</i>

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPH _ DIESEL	3550	<u>GC/MS</u>	1 PPM Soil 50 PPB Water
BTEX	8020	OV 8240	

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

OCT- 1-93 FRI 8:05

RAMCON

FAX NO. 9163724208

P.07

T OF DAK ENVIR DEPT TEL: 510-465-3755

Apr 08 93 14:50 No.005 P.07
FAX NO. 916 24208 P.07

18. Submit Worker's Compensation Certificate copy

Name of Insurer Whitaker Davis Insurance Services - See attached

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

I declare that to the best of my knowledge and belief 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 an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

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

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

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

Signature of Contractor

Name (please type) Michael S. Ramos

Signature *Michael S. Ramos*

Date 10/4/93

Signature of Site Owner or Operator

Name (please type) WING K. LAU

Signature *Wing K. Lau*

Date 10/4/93

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 ENVIRONMENTAL PROTECTION DIVISION
 1131 HARBOR BAY PARKWAY, RM 250
 ALAMEDA, CA 94502-6577
 PHONE # 510/567-6700
 FAX # 510/337-9335

Jennifer Eberle

Project Specialist

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/manifest forms have been reviewed and found to be acceptable and consistent with the requirements of State and Federal laws. The information provided is consistent with the information provided by the Department of Hazardous Materials, State and Federal laws. The project permit is hereby released for issuance of any required permits for the construction/manifestation.
 One copy of the completed plans must be of the project to an authorized person at the address listed below.
 If you need any information or have any questions, please contact the person listed below.
 The information provided must be consistent with the information provided by the Department of Hazardous Materials, State and Federal laws.
 If you need any information or have any questions, please contact the person listed below.

[Handwritten signatures and stamps]
 CONTACT SPECIALIST
 NOT CONTAINING TOXIC MATERIALS

J Eberle
 6-6-96

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business Port of Oakland / Berth 25 Stid 3982
 Business Owner or Contact Person (PRINT) Bob Meneggio

2. Site Address 707 Ferry Street 94607
 City Oakland Zip 94607 Phone 510-272-1473

3. Mailing Address 530 Water Street
 City Oakland Zip 94604-2064 Phone 510-272-1473

4. Property Owner Port of Oakland
 Business Name (if applicable) _____
 Address 530 Water Street
 City, State Oakland Zip 94604-2064

5. Generator name under which tank will be manifested
Port of Oakland

EPA ID# under which tank will be manifested C A C 0 0 I 1 3 7 5 6 8

6. Contractor Accutite Environmental Engineering
Address 35 So. Linden Avenue
City South San Francisco Phone 415-952-5551
License Type A, B, C36, C61, D40, HAZ ID# 643881

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

7. Consultant (if applicable) ITSI - JeffHess
Address 1330 Broadway, Suite 1625
City, State Oakland, CA 94612 Phone 510-286-8888

8. Main Contact Person for Investigation (if applicable)
Name John Prall Title Associate Environmental Scientist
Company Port of Oakland
Phone 510-272-1373

9. Number of underground tanks being closed with this plan 2
Length of piping being removed under this plan 20 feet
Total number of underground tanks at this facility (**confirmed with owner or operator) 2

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name Erickson Inc. EPA I.D. No. CAD 009466392
Hauler License No. 0019 License Exp. Date 7/31/96
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site
Name Erickson Inc. EPA ID# CAD 009466392
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Erickson Inc. EPA I.D. No. CAD 009466392
Hauler License No. 0019 License Exp. Date 7/31/96
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson Inc. EPA I.D. No. CAD 009466392
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

11. Sample Collector

Name Jim Schollard
Company ITSI
Address 1330 Broadway, Suite 1625
City Oakland State CA Zip 94612 Phone 510-286-8888

12. Laboratory

Name Pace Analytical Services
Address 1455 McDowell Boulevard, Suite D
City Petaluma State CA Zip 94954
State Certification No. California #2059

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

If yes, describe. _____

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

15 lb dry ice per 1000 gal UST.

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
CF-03 1,000 gal. Unleaded	Installed in 1971 Single Wall Fiberglass <i>gasoline</i>	Soil Groundwater	2 Soil Samples beneath tank, unless groundwater present, then sample sidewalls. if encountered
CF-05 1,000 gal. Diesel	Installed in 1971 Single wall, material unknown gasoline <i>DIESEL</i>	Soil	2 Soil Samples beneath tank, Unless groundwater present, then sample sidewall

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

Excavated/Stockpiled Soil

<p>Stockpiled Soil Volume (estimated)</p> <p>50 Yards</p>	<p align="center">Sampling Plan</p> <p>One 4 point composite TPH-G TPH-D BTEX</p>
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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 [XX] no [] unknown

If yes, explain reasoning _____

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

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

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

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPH-G	5030 (soil)	8015 (soil)	1 ppm
	5030 (water)	8015 (water)	50 ppb
TPH-D	3550 (soil)	8015 (soil)	1 ppm
	3510 (water)	8015 (water)	50 ppb
BTEX	5030 (soil)	8020 (soil)	5 ppb
	5030 (water)	8020 (water)	0.5 ppb
Lead	3050 (soil)	6010 (soil)	5 ppm
	3050 (water)	7000 (water)	5 ppb

18. Submit Worker's Compensation Certificate copy

Name of Insurer California Indemnity Insurance Co.

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

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business Accutite Environmental Engineering

Name of Individual ~~Ron Breckenridge~~ Geoff Garrison

Signature Geoff Garrison Date 5/9/96

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Port of Oakland ()

Name of Individual Neil Werner, Port Environmental Compliance Supervisor

Signature Neil Werner Date 6/4/96