

LOP RECORD CHANGE REQUEST FORM

printed:
05/26/99

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

Insp: SH

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
StID : 367 LOC:
SITE NAME: Powell Street Chevron DATE REPORTED : 05/13/99
ADDRESS : 1400 Powell Street DATE CONFIRMED: 05/10/99
CITY/ZIP : Emeryville 94608 MULTIPLE RPs :

SITE STATUS

CASE TYPE: W CONTRACT STATUS: 2 PRIOR CODE:2B4 EMERGENCY RESP:
RP SEARCH: S DATE COMPLETED: 05/19/99
PRELIMINARY ASMNT: U 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: 05/26/99
LUFT FIELD MANUAL CONSID: 3SCA
CASE CLOSED: DATE CASE CLOSED:
DATE EXCAVATION STARTED : 05/11/99 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Mr. David De Witt
COMPANY NAME: Tosco Corporation
ADDRESS: 2000 Crow Canyon Pl.#400
CITY/STATE: San Ramon, California 94583

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANNPGRMS _____ LOP _____ DATE _____ LOP _____ DATE _____

(REMOVED) 5/24/99 SK

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: POWELL STREET CHEVRON (formerly 76)

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1/01/1981 4/20/90</u>	D. TANK CAPACITY IN GALLONS: <u>550</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.	
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	4 OIL <input checked="" type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> B. <input type="checkbox"/> 1 PRODUCT <input checked="" type="checkbox"/> 2 WASTE C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 1c MIDGRADE UNLEADED <input type="checkbox"/> 2 LEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 8 M85 <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ C. A. S. #: _____	

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E		
A. TYPE OF SYSTEM <input checked="" type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT	5 INTERNAL BLADDER SYSTEM 95 UNKNOWN 99 OTHER _____
B. TANK MATERIAL (Primary Tank) <input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP <input type="checkbox"/> 99 OTHER _____
C. INTERIOR LINING OR COATING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYL LING <input type="checkbox"/> 6 UNLINED <input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER _____
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES _____ NO _____		
D. EXTERIOR CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER _____
E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____ DROP TUBE YES _____ NO _____ STRIKER PLATE YES _____ NO _____ DISPENSER CONTAINMENT YES _____ NO _____		

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE					
A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY <input checked="" type="checkbox"/>	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL <input checked="" type="checkbox"/>	A U 2 DOUBLE WALL	A U 3 UNED 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 <input checked="" type="checkbox"/>	A U 99 OTHER
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	A U 99 OTHER
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN <input type="checkbox"/> 99 OTHER _____

V. TANK LEAK DETECTION					
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>NAJMEDDIN RAVAN</u>	DATE <u>11/9/98</u>
--	---------------------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

17A

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: 367	FACILITY NAME: FORMER TOSCO - 1400 POWELL ST.	PG. 1 OF 1
SUPPLEMENTAL FORM EMERYVILLE CA 94608		

98454912 Manifest for waste oil tank - hauled by ECI
One waste oil tank (approximately 550 gal) steel.
removed at site. LEL $\approx 1\%$ O₂ $\approx 1\%$ Emeryville Fire
Dept. requested ACDEH to oversee that tank was properly
inerted.

Bottom of tank appeared intact; two small holes found
at top of tank. Strong hydrocarbon odor & staining
Groundwater present at bottom of pit.

One bottom soil sample was collected @ approx 9 ft deep.

One bottom soil sample was collected @ approx 10 ft

One sidewall west & one sidewall east soil
samples collected.

If groundwater recharge & sheen is present -
remove sheen prior to backfilling.

Only clean fill can be used to backfill hole.
Groundwater monitoring will be required.

Analyse soil & groundwater samples for:

TPH gas, TPH diesel, TPH motor oil, BTEX, MTBE,
metals (Pb, Cd, Cr, Zn, Ni), Chlorinated solvents (8010)
& suggested to run semi-volatiles too.

All pipings associated with tank (waste oil) must be
removed.

PRINT NAME:

INSPECTED BY:

SIGNATURE:

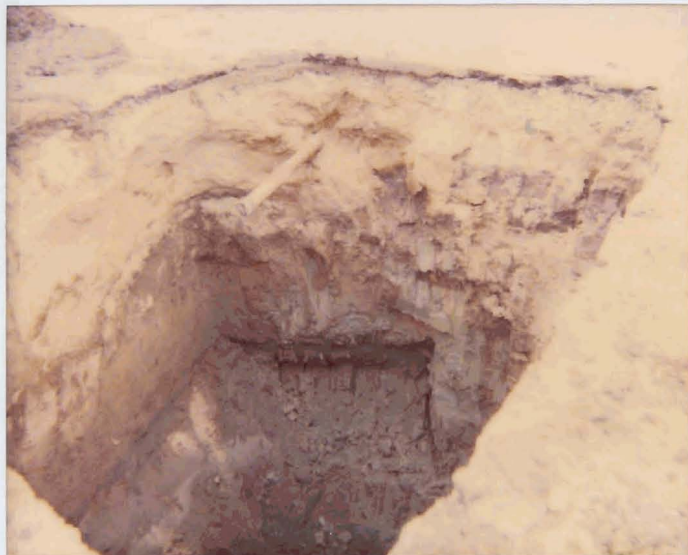
DATE:



5/24/99 STID 367
waste oil - tank shales

5/24/99 STID 367
waste oil tank pit

08815307440-P2 0434 8676
COPIES MADE BY GEMINI CO. 1-800-321-1099



5/24/99 STID 367
 08815307440-02 0434 8673
 COPIES & ENLARGEMENTS CALL 800-421-1000
 WASTE OIL tank pit

5/24/99 STID 367
 08815307440-02 0434 8677
 COPIES & ENLARGEMENTS CALL 800-421-1000
 WASTE OIL tank pit

STID 367

08815307440-02 0434 8672

COPIES & ENLARGEMENTS CALL 800-421-1030

waste oil tank

5/24/99



5/24/99

08815307440-02 0434 8675

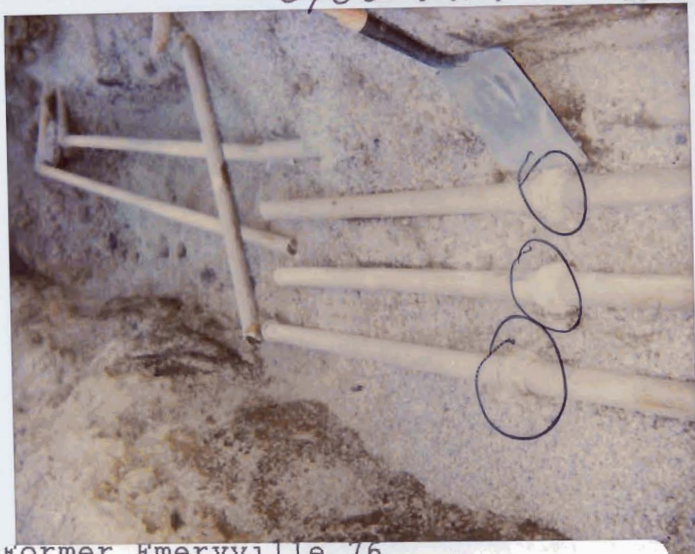
COPIES & ENLARGEMENTS CALL 800-421-1030

waste oil tank pit

STID 367

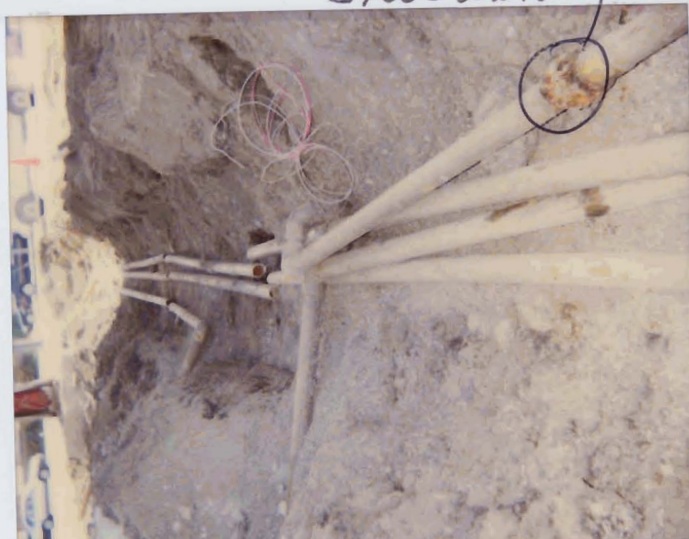


STEEL UNION S



Former Emeryville 76
1400 Powell Street
Emeryville
RW 5/7/99

STEEL UNION



Former Emeryville 76
1400 Powell Street
Emeryville
RW 5/7/99



Former Emeryville 76
1400 Powell Street
Emeryville
RW 5/7/99



Former Emeryville 76
1400 Powell Street
Emeryville
RW 5/7/99

Transfer of Eligible Local Oversight Case

Property Owner:

NAD MEDDIN RAVAN

(570) 653-2251

1400 Powell St.

Emeryville

STID 367 Date transferred 5/19/99

Date: 5/18/99

From: SUSAN L. HUGO

Site Name: FORMER TOSCO - Powell Street Chevron

Address: 1400 POWELL ST. City: EMERYVILLE Zip: 94608

To be eligible for LOP, case must meet 3 qualifications:

1. Y ☒ N Tanks Removed? # of removed? _____ Date removed: _____
2. ☒ Y N Samples received? Contamination level: 1200 ppm
Type of test _____
Contamination should be over 100 ppm TPH to qualify for LOP
3. Y N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
• diesel • waste oil • kerosene • solvents

Procedure to follow should your site meet all the above qualifications:

1.
 - a. _____ Close the deposit refund case.
 - b. _____ Account for **ALL** time you have spent on the case.
 - c. _____ Turn in account sheet to Leslie.

If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: _____

DepRef Case Closed with Candyce/Leslie? Y N (If no, explain why below.)

2. Submit the completed **A** and **B** permit application forms to **NORMA**.
3. Give the entire case to the proper LOP staff.



TOSCO
Marketing
Company

2000 Crow Canyon Place
Suite 400
San Ramon, CA 94583
925.277.2305
fax: 925.277.2361

**Environmental
Compliance
Department**

LOP 367

May 13, 1999

Mr. Robert Weston
Sr. Hazardous Materials Specialist
Alameda County – Environmental Health Services
1131 Harbor Bay Parkway
Alameda, CA 94502-6577

Re: Former 76 Products Site #3737
1400 Powell Street
Emeryville, CA

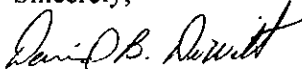
Dear Mr. Weston:

Please find enclosed a completed Unauthorized Release Report for the above-mentioned site. Mr. Tom Seeliger of Alton Geosciences (our consultant) indicated that we should prepare this report. I apologize for not being present during the most recent activity, but if additional work is necessary at the site, I will plan on being there.

A side note on the various responsibilities for this site. Tosco Corporation sold the site to a private individual, who will be upgrading the site to the current standards and will operate the site as a private business. Tosco Corporation has retained all the environmental liabilities for contamination at the site as the result of our operations.

Should you have questions or comments, please feel free to call me at 925-277-2384.

Sincerely,



David B. De Witt
Environmental Project Manager

99 MAY 14 PM 1:47
ENVIRONMENTAL
PROTECTION

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #:	FACILITY NAME: 1400 POWER STREET	PG. OF
---------	----------------------------------	--------

SUPPLEMENTAL FORM

ON THE JOB THIS MORNING TO PERFORM/WITNESS
OVER EXCAVATION OF "HOT SPOT" WHICH CAME BACK
FROM RUSH LAB ANALYTICALS.

P2-2 AREA OVER EX ADDITIONAL TWO FEET,
AREA IN SHAPE OF T OVER EX.

SOIL APPROX - 5 YARDS REMOVED AND SEP FOR
REMOVAL W/ OTHER CONTAMINATED SOILS.

PRINT NAME:

INSPECTED BY: P. WILKINSON

SIGNATURE:

DATE: 5-11-99

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: FACILITY NAME: 1400 PONELL ST EMERYVILLE PG. 1 OF 1

SUPPLEMENTAL FORM

ON SITE TO WITNESS SOIL SAMPLING
AFTER PIPING AND DISPENSER REMOVAL.

SAMPLES TO BE SUBMITTED WITH 24 HR
TURN AROUND.

SOIL IS OBSERVED TO BE CONTAMINATED.

ALL SOIL FROM TRENCHES TO BE SEPARATED
FROM FIRST STOCK PILE.

DISCUSSED STORMWATER DIVERSION FROM
DRAINAGE SLAB.

PHOTOS TAKEN.

PRINT NAME:

INSPECTED BY:

Robert W. Wilson

SIGNATURE:

DATE:

5-7-99

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

COPY

ACCEPTED

Underground Storage Tank Closure Permit Application
 Alameda County Division of Hazardous Materials
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project-proposed herein is now released for issuance of any required building permits for construction/destruction.

One copy of the accepted plans must be on the job and available to all contractors and customers involved with the removal.

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

Removal of Tank(s) and Piping
 Sampling
 Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Contact Specialist:

P. Weston
 11-11-98

UNDERGROUND TANK CLOSURE PLAN

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

- Name of Business UNOCAL 76 (Will become a CHEVRON) ^{POWELL STREET}
 Business Owner or Contact Person (PRINT) STEVE SUTTON ^{CHEVRON}
- Site Address 1400 POWELL STREET
 City EMERYVILLE Zip 94608 Phone 510.653.2251
- Mailing Address 1400 POWELL STREET
 City EMERYVILLE Zip 94608 Phone 510.653.2251
- Property Owner NAJMEDDIN RAVAN
 Business Name (if applicable) EMERYVILLE UNOCAL (CHEVRON)
 Address 1400 POWELL STREET
 City, State EMERYVILLE, CALIFORNIA Zip 94608-
- Generator name under which tank will be manifested
WASTE OIL TANK
 EPA ID# under which tank will be manifested CA D982030173

6. Contractor SUTTON'S CONSTRUCTION ARMER/NORMAN ASSO.
Address 4111 82ND STREET
City SACRAMENTO Phone 916 737 3372
License Type AHAZ ID# 445933
7. Consultant (if applicable) SUTTON & ASSOCIATES, INC.
Address 4111 82ND STREET
City, State SACRAMENTO, CA 95826 Phone 916.737.3350
8. Main Contact Person for Investigation (if applicable)
Name NATHANIEL NETTLES DAVID DEWITT Title ASSOCIATE
Company SUTTON & ASSOCIATES, INC. TOSCO
Phone 916.737.3361
9. Number of underground tanks being closed with this plan (1) ONE
Length of piping being removed under this plan 50 LF
Total number of underground tanks at this facility (**confirmed with owner or operator) 4
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 ECI TRANSIT EPA I.D. No. CAD982030173
Hauler License No. 1533 License Exp. Date 31 MAR. 1999
Address 255 PERR BLVD
City RICHMOND State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name ERICKSON EPA ID# CAD009466392
Address 255 PERR BLVD.
City RICHMOND State CA Zip 94801

c) Tank and Piping Transporter

Name ECI TRANSIT EPA I.D. No. CAD 982030173
Hauler License No. _____ License Exp. Date _____
Address 255 PERR BLVD.
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name ERICKSON EPA I.D. No. CAD 009466392
Address 255 PERR BLVD.
City RICHMOND State CA Zip 94801

11. Sample Collector

Name ~~ARGON LABS~~ A Hon Geoscience
Company _____
Address 3037 5th STREET
City CERRES State CA Zip 95307 Phone 209.537.7836

12. Laboratory

Name GROUND ZERO ANALYSIS
Address 1714 MAIN STREET
City ESCALON State CA Zip 95320
State Certification No. _____

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

If yes, describe. _____

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

REMOVE CONTENTS, THEN DRY ICE.

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
250 GAL.	START: 4/20/98 FINISH: 12/14/98	TANK CONTENTS Soil	AS DIRECTED By EHS - ALAMEDA County; BA AQMD; OR EMERYVILLE FPB.

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

Excavated/Stockpiled Soil

Stockpiled Soil Volume
(estimated)

15,990 CU. FT

Sampling Plan

As DIRECTED BY
CONCERNED AUTHORITIES

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

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

If yes, explain reasoning _____

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

16. Chemical methods and associated detection limits to be used for analyzing 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
WASTE OIL	X SEE TABLE 2 ANALYSES X [REDACTED]		

18. Submit Worker's Compensation Certificate copy

Name of Insurer _____

19. Submit Plot Plan *** (See Instructions) *** FULL SETS OF PLANS (2)

20. Enclose Deposit (See Instructions)

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

The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (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 SUTTON'S CONSTRUCTION

Name of Individual STEVE SUTTON

X Signature [Signature] Date 11-9-98

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business POWELL STREET CHEVRON (formerly 76)

Name of Individual NA MEDDIN RAVAN

X Signature [Signature] Date 11-9-98

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.

367

SITE INFORMATION:

Site ID Number
(if known)

POWELL STREET CHEVRON (formerly 76)

Name of Site

1400 POWELL STREET

Street Address

EMERYVILLE, CA 94608

City, State & Zip Code

I designate the following person or business to receive any refund due at the completion of all deposit/refund projects:

Name

Street Address

City, State & Zip Code

Signature of Payor

Date

Name of Payor
(PLEASE PRINT CLEARLY)

Company Name of Payor

RETURN FORM TO:

County of Alameda, Environmental Protection
1131 Harbor Bay Parkway, Rm 250
Alameda CA 94502-6577
Phone#(510) 567-6700



State of California

REQUIRED INFORMATION FOR
OWNERS OF UNDERGROUND STORAGE TANKS
CONTAINING PETROLEUM

Job Number: 9813

PROPRIETOR

Full Name	Mr. Najmeddin Ravan
Telephone	(510) 653.2251 Facsimile: (510) 653.2336
Mailing Address	1400 Powell Street Emeryville, CA 94608

SITE

Address	1400 Powell Street APN: 049-1387-001-07
City / Zip Code	Emeryville, CA 94608
UST Identification No.	
Number of UST's and Sizes	3 - 10,000 gallon tanks
Gallons Pumped / Year	80,000/month ; 960,000/year

FINANCIAL RESPONSIBILITY

Proprietor's are "required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Division 3, Title 23, California Code of Regulations."

For taking corrective action and/or compensating third parties for bodily injury.

Amount of Insurance	\$ 1M. Per year
Annual Aggregate	\$ 1M Per year

PROPRIETOR'S INSURER

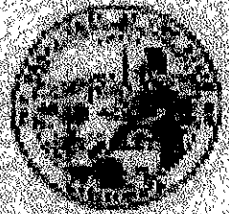
Address	Peck + Peck 1724 Laurel St. #255 / San Carlos
Policy Number	37362555
Annual Coverage	1,000,000.
Coverage Period	4,98 - 4,99 Per Annum or <u>Continuous</u> (Circle one)
Corrective Action	<u>Yes</u> No (Circle one)
Third Party Compensation	<u>Yes</u> No (Circle one)


Proprietor's Signature

11/9/1998
Date



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **445933**

Entity **INDIV**

Business Name **SUTTON'S CONSTRUCTION**

License Class **A B**

Expiration Date **09/30/1999**



**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

1586326-98

SEPTEMBER 15, 1998

POLICY NUMBER:
CERTIFICATE EXPIRES:

1586326-98
8-1-99

8-1-99

DEPARTMENT OF CONSUMER AFFAIRS/CONTRACTORS STATE
LICENSING BOARD-WORKERS' COMPENSATION UNIT
P.O. BOX 26000
SACRAMENTO, CA 95826

IDENT. NO. 1445993
INCEPTION 08-15-98
STATE FUND SACRAMENTO

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

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

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

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

Tom Hansen
AUTHORIZED REPRESENTATIVE

Kc Bollier
PRESIDENT

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

EMPLOYER

GUTTON, SYLVIA DONALDAS
DBA: GUTTON'S CONSTRUCTION
4111-2ND STREET
SACRAMENTO, CA 95826

COPY