

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
UNDERGROUND STORAGE TANK PERMIT APPLICATION - ENVIRONMENTAL PROTECTION



COMPLETE THIS FORM FOR EACH FACILITY/SITE 99 DEC 27 PM 4:28

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 VACANT LOT		NAME OF OPERATOR CITY OF EMERYVILLE	
ADDRESS 4650 SHELL MOUND ST.		NEAREST CROSS STREET CHRISTIE	PARCEL # (OPTIONAL)
CITY NAME EMERYVILLE	STATE CA	ZIP CODE 94608	SITE PHONE # WITH AREA CODE NONE
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY			
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 1
		E. P. A. I. D. # (optional) CAD009206178	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) ARREGUIN, JUAN	PHONE # WITH AREA CODE 510-996-4333	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) ARREGUIN, JUAN	PHONE # WITH AREA CODE 510-918-9022	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME CITY OF EMERYVILLE, REDEV. AGENCY		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS 2200 POWELL ST. 12TH FLOOR		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME EMERYVILLE	STATE CA	ZIP CODE 94608	PHONE # WITH AREA CODE (510) 596-4333

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER CITY OF EMERYVILLE, REDEV. AGENCY		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS 2200 POWELL ST. 12TH FLOOR		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME EMERYVILLE	STATE CA	ZIP CODE 94608	PHONE # WITH AREA CODE 510-596-4333

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 if questions arise.

TY (TK) HQ 44-

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Juan C. Arreguin	APPLICANT'S TITLE Project Manager	DATE MONTH/DAY/YEAR 12-14-89
--	--------------------------------------	---------------------------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="text"/>	JURISDICTION # <input type="text"/>	FACILITY # <input type="text"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPERVISOR - DISTRICT CODE - OPTIONAL

TANK REMOVED 12/16/99 SH

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM 89 DEC 27 PM 4:28

MARK ONLY ONE ITEM: 1 NEW PERMIT, 2 INTERIM PERMIT, 3 RENEWAL PERMIT, 4 AMENDED PERMIT, 5 CHANGE OF INFORMATION, 6 TEMPORARY TANK CLOSURE, 7 PERMANENTLY CLOSED ON SITE, 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.#, B. MANUFACTURED BY: UNKNOWN, C. DATE INSTALLED (MO/DAY/YEAR): UNKNOWN, D. TANK CAPACITY IN GALLONS: 300 Gallons

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

A. 1 MOTOR VEHICLE FUEL, 2 PETROLEUM, 3 CHEMICAL PRODUCT, 4 OIL, 50 EMPTY, 95 UNKNOWN, B. 1 PRODUCT, 2 WASTE, C. 1a REGULAR UNLEADED, 1b PREMIUM UNLEADED, 2 LEADED, 3 DIESEL, 4 GASAHOL, 5 JET FUEL, 99 OTHER, 6 AVIATION GAS, 7 METHANOL, 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

A. TYPE OF SYSTEM: 1 DOUBLE WALL, 2 SINGLE WALL, 3 SINGLE WALL WITH EXTERIOR LINER, 4 SECONDARY CONTAINMENT (VAULTED TANK), 95 UNKNOWN, 99 OTHER, B. TANK MATERIAL (Primary Tank): 1 BARE STEEL, 2 STAINLESS STEEL, 3 FIBERGLASS, 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC, 5 CONCRETE, 6 POLYVINYL CHLORIDE, 7 ALUMINUM, 8 100% METHANOL COMPATIBLE W/FRP, 9 BRONZE, 10 GALVANIZED STEEL, 95 UNKNOWN, 99 OTHER, C. INTERIOR LINING: 1 RUBBER LINED, 2 ALKYD LINING, 3 EPOXY LINING, 4 PHENOLIC LINING, 5 GLASS LINING, 6 UNLINED, 95 UNKNOWN, 99 OTHER, IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES NO, D. CORROSION PROTECTION: 1 POLYETHYLENE WRAP, 2 COATING, 3 VINYL WRAP, 4 FIBERGLASS REINFORCED PLASTIC, 5 CATHODIC PROTECTION, 91 NONE, 95 UNKNOWN, 99 OTHER

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, A U 99 OTHER, B. CONSTRUCTION: A(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: 1 AUTOMATIC LINE LEAK DETECTOR, 2 LINE TIGHTNESS TESTING, 3 INTERSTITIAL MONITORING, 99 OTHER (Unknown)

V. TANK LEAK DETECTION

1 VISUAL CHECK, 2 INVENTORY RECONCILIATION, 3 VAPOR MONITORING, 4 AUTOMATIC TANK GAUGING, 5 GROUND WATER MONITORING, 6 TANK TESTING, 7 INTERSTITIAL MONITORING, 91 NONE, 95 UNKNOWN, 99 OTHER

VI. TANK CLOSURE INFORMATION NA

1. ESTIMATED DATE LAST USED (MO/DAY/YR): 5-10 YEARS Ago?, 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING: NA GALLONS, 3. WAS TANK FILLED WITH INERT MATERIAL? YES NO NA

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): Juan C. Arceguin, DATE: 12-14-99

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



RD 70  
12/17/99

EC

# Erler & Kalinowski, Inc.

Consulting Engineers and Scientists

1730 South Amphlett Boulevard, Suite 320  
San Mateo, California 94402-2714  
(650) 578-1172  
Fax (650) 578-9131

LOP 365  
R070

4650 Shellmound

## FACSIMILE TRANSMISSION COVER SHEET

TO: Susan Hugo FROM: John T. DeWitt, P.E.  
FIRM: Alameda Co. Health PROJECT: Emeryville  
DATE: 17 December 1999 PROJECT NO: 970003.25

TELECOPIER NUMBER OF ADDRESSEE: 510-337-9335

NUMBER OF PAGES TRANSMITTED, INCLUDING COVER SHEET: 4

- |  |   |
|--|---|
| <input type="checkbox"/> Report                    | <input checked="" type="checkbox"/> As Requested          |
| <input type="checkbox"/> Letter                    | <input type="checkbox"/> For Approval                     |
| <input type="checkbox"/> Memorandum                | <input type="checkbox"/> For Review and Comment           |
| <input type="checkbox"/> Other, as described below | <input type="checkbox"/> For Information and Coordination |

DESCRIPTION:

Remedial Goals for the Shellmound Properties in Emeryville

REMARKS:

Susan, Here is the table you requested yesterday. The goal for diesel is not listed on the table, but is shown in the text as 1,000 mg/kg.

Please call if you have questions.

John DeWitt

*If there are questions, please contact me directly at (650) 655-4911.*

**APPENDIX C****SAMPLING AND ANALYSIS PLAN**Shellmound Properties  
Emeryville, California**1.0 INTRODUCTION**

This Sampling and Analysis Plan ("SAP") has been prepared to standardize procedures that will be used by Erler & Kalinowski, Inc. ("EKI") on behalf of the City of Emeryville Redevelopment Agency ("Agency") to collect and analyze soil and groundwater samples during the Shellmound Properties Soil Remediation Project. EKI personnel sampling at the Site ("field representative") will implement this SAP. Soil samples will be collected from the limits of the excavations and from potential import fill sources proposed by the Agency's remedial contractor ("Contractor"). Other soil or debris sampling and analysis may be required to characterize materials encountered during the remediation for disposal purposes. Samples will be collected by EKI on behalf of the Agency to characterize groundwater extracted from excavations for classification for disposal and, if such a treatment system and discharge are utilized. If a groundwater treatment system is installed, additional groundwater treatment system sampling may also be conducted by the Contractor to measure influent concentrations, monitor effectiveness of treatment system unit processes, verify that EBMUD discharge requirements have been met, and determine when maintenance of the groundwater treatment system may be required.

Appendix D presents a detailed plan for air monitoring, sampling, and analysis during excavation activities; therefore, air sampling and analysis are not discussed in this Appendix.

All soil concentration values discussed in this sampling plan are reported on a "wet-weight basis."

**2.0 SOIL SAMPLING****2.1 Soil Remedial Goals**

For purposes of this SAP, confirmation sampling is defined to mean soil sampling conducted at the extent of the excavation to verify that soil remedial goals identified in the Remedial Action Plan are achieved. Confirmation soil sampling is anticipated to be conducted on excavation sidewalls and the bottoms of the excavations.

Risk-based soil remedial goals have been established for the chemicals of concern ("COCs") for unsaturated soil for this project, as shown in Table C-1. In addition, the remedial goal for total petroleum hydrocarbons, as diesel, in unsaturated zone soil is 1,000 mg/kg. The cumulative risk-based goals represent the "representative

**Table C-1**  
**Risk-Based Soil Remedial Goals**  
 Shellmound Properties  
 Emeryville, California

Chemical of Concern	Risk-Based Remedial Goals (mg/kg)	
	Cumulative Risk-Based Soil Remedial Goals (1)	Upper-Bound Soil Remedial Goal (2)
<b>Metals</b>		
Antimony	110	320
Arsenic	60	140
Barium	360 (3)	705
Cadmium	10	200
Chromium, Total	4,500	4,500
Chromium VI	1.0	6.0
Copper	800	30,000
Lead	1,200 (4)	5,000 (4)
Mercury	10	70
Molybdenum	300	4,100
Nickel	1,000	3,200
Zinc	5,000	100,000
<b>VOCs</b>		
Acetone	5.0	180
Benzene	0.0090	0.0090
n-Butylbenzene	2.0	60
sec-Butylbenzene	2.0	25
tert-Butylbenzene	2.0	19
Carbon disulfide	5.0	83
1,2-Dibromo-3-Chloropropane	0.0026	0.0026
Ethylbenzene	10.0	200
Isopropylbenzene	5.0	2,000
p-Isopropyltoluene	-	-
n-Propylbenzene	2.0	21
1,1,2,2-Tetrachloroethane	0.025	0.042
Tetrachloroethene	0.030	0.070
Toluene	5.0	60
1,2,3-Trichlorobenzene	-	-
Trichloroethene	0.080	0.090
1,2,4-Trimethylbenzene	2.0	32
1,3,5-Trimethylbenzene	2.0	55
Xylenes, Total	10	3,200
<b>SVOCs</b>		
Benzo (a) anthracene	75	230
Chrysene	70	2,300
Dibenzofuran	20	2,100
Fluoranthene	50	3,500

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

12/16/99

STID #: 365

FACILITY NAME: FORMER ELEMENTIS PIGMENTS

PG. 1 OF 1

SUPPLEMENTAL FORM 450 Shellman Emeryville CA 94608

Manifest # 99302265 to ECI Richmond CA

On site for removal of UST (approx ~ 300 gal) uncovered during excavation/removal of concrete; unknown contents.

One soil sample collected @ approx 6 inches to a foot from bottom of tank; analyze as unknown. Site undergoing removal/remedial action, oversight from DTSC.

Tank ~~approx~~ had holes @ end on one side; approx 15 gals. pumped out; stored in 55 gal drum.

Steel tank - 1943 label

LEL ~ 10% O<sub>2</sub> ~ 10% per Greg Rainey

Met John Dewitt (CECI)

Forms A & B to be submitted.

PRINT NAME:

INSPECTED BY: Susan F. Huggs

SIGNATURE:

DATE: 12/16/99

LDP 367

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

From: Susan Hugo  
 16 pages

**ACCEPTED**

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

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

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

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

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

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

**\*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.\***

Contact Specialist

*Susan J. Hugo*  
 12/14/99

**UNDERGROUND TANK CLOSURE PLAN**

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

1. Name of Business CITY OF EMERYVILLE  
 Business Owner or Contact Person (PRINT) JUAN ARREGUIN
  2. Site Address 4650 SHELLMOUND STREET  
 City EMERYVILLE Zip 94608 Phone NONE
  3. Mailing Address 2200 POWELL STREET 12TH FLOOR  
 City EMERYVILLE Zip 94608 Phone 510 596-4333
  4. Property Owner CITY OF EMERYVILLE  
 Business Name (if applicable) SAME  
 Address 2200 POWELL ST. 12TH FLOOR  
 City, State EMERYVILLE, CA Zip 94608
  5. Generator name under which tank will be manifested  
CITY OF EMERYVILLE, REDEVELOPMENT AGENCY
- EPA ID# under which tank will be manifested CA R000051565 ✓

CAD 009206178



- 6. Contractor PERFORMANCE EXCAVATORS, INC.  
 Address 103 SHORELINE PARKWAY STE 201  
 City SAN RAFAEL Phone 415-257-4640  
 License Type A-HAZ ID# 667433
- 7. Consultant (if applicable) EKI  
 Address 1730 SO. AMPHLETT BLVD. SUITE 320  
 City, State SAN MATEO, CA Phone (650) 578-1172
- 8. Main Contact Person for Investigation (if applicable)  
 Name DEB HART OR STEVE TARANTINO Title PROJECT ENGINEER  
 Company EKI  
 Phone 650-578-1172
- 9. Number of underground tanks being closed with this plan 1  
 Length of piping being removed under this plan 0 - NONE ASSOCIATED  
 Total number of underground tanks at this facility (\*\*confirmed with owner or operator) 1
- 10. State Registered Hazardous Waste Transporters/Facilities (see instructions)

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

a) Product/Residual Sludge/Rinsate Transporter - EMPTY WHEN ENCOUNTERED  
 Name NA EPA I.D. No. \_\_\_\_\_  
 Hauler License No. \_\_\_\_\_ License Exp. Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

b) Product/Residual Sludge/Rinsate Disposal Site - EMPTY WHEN ENCOUNTERED  
 Name E.C.I. EPA ID# CAD 982030173  
 Address 255 PARR BLVD.  
 City RICHMOND State CA Zip 94801

c) Tank and Piping Transporter

Name EKI EPA I.D. No. CAD982030173  
Hauler License No. \_\_\_\_\_ License Exp. Date \_\_\_\_\_  
Address 255 PARR BLVD  
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name EKI EPA I.D. No. CAD982030173  
Address 255 PARR BLVD  
City RICHMOND State CA Zip 94801

11. Sample Collector

Name \_\_\_\_\_  
Company EKI  
Address 1730 SO AMPHLETT BLVD STE 320  
City SAN MATEO State CA Zip 94402 Phone 650-578-1172

12. Laboratory

Name CHROMALAB  
Address 1220 QUARRY LANE  
City PLEASANTON State CA Zip 94566-4756  
State Certification No. DOHS 1094

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:

INERT DRY ICE, VENTILATE BY FREEING CO2,  
CAP W/ 1/4" OPENING

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)		
300 GALLON	UNKNOWN HYDROCARBON LAST USED 5-10 YRS AGO	SOIL	BENEATH TANK

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) NONE</p>	<p>Sampling Plan SURROUNDING SOILS WERE OFFERED AS PART OF MUCH LARGER REMEDIAL CLEANUP - UST ENCOUNTERED SUBSEQUENT TO SOIL REMOVAL (MOST OF THE SOIL REMOVAL)</p>

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

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

NOTE: If yes, explain reasoning. EXCAVATION WILL BE BACKFILLED WITH CLEAN SOIL AFTER DTSC CLEANUP AGREEMENT CRITERIA ARE MET.

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
Unknown	TPH G TPH D BTEX & MTBE O & G ✓ CLHC ✓ LUFT 5 METALS ✓ 8270 FOR PCB, ACP, PNA, (RESIDUE)	GC/FID ( <del>5030</del> ) (5030) GC/FID (3550) 8260 5520 D&F 8010 or 8240 ICAP or AA 8270	

- ✓ 18. Submit Worker's Compensation Certificate copy **ATTACHED**  
 Name of Insurer: \_\_\_\_\_
- ✓ 19. Submit Plot Plan **\*\*\* (See Instructions) \*\*\*** **ATTACHED**
- 20. Enclose Deposit (See Instructions) **NA - CITY JOB UNDER LOCAL OVERSIGHT FROM**
- 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) - **LOCATED @ SITE**

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 PERFORMANCE EXCAVATORS, INC.

Name of Individual GREG RAINY

Signature *Greg Rainy* Date 12/13/99

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business CITY OF EMERYVILLE

Name of Individual JUAN ARREGUIN

Signature *Juan Arreguin* Date 12/14/99

**INSTRUCTIONS**General Instructions

- \* Three (3) copies of this plan plus attachments and a deposit must be submitted to this Department.
- \* Any cutting into tanks requires local fire department approval.
- \* One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- \* State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

Line Item Specific Instructions

2. SITE ADDRESS  
Address at which closure is taking place.
5. EPA I.D. NO under which the tanks will be manifested  
EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781.
6. CONTRACTOR  
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
  - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
  - c) Tanks must be hauled as hazardous waste.
  - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION

Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

**16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS**

See attached Table 2.

**17. SITE HEALTH AND SAFETY PLAN**

*PREVIOUSLY SUBMITTED FOR "ELEMENTS AGREEMENTS"*  
A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels or physical conditions;
- e) Description of the work habit changes triggered by the above action levels or physical conditions;
- f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, etc.);
- j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- l) A page for employees to sign acknowledging that they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.



NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4), Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tank(s) and piping in addition to the tank(s) being removed.

## 20. DEPOSIT

A deposit, payable to "Treasurer of Alameda County" for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Bay Regional Water Quality Control Board (510/286-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

## 22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;
- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free-product or sheen;
- d) Detailed description of sampling methods; i.e. backhoe bucket, drive sampler, bailer, bottle(s), sleeves
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Documentation of the disposal of/and volume and final destination of all non-manifested contaminated soil disposed offsite.

Tri-Regional Board Staff Recommendations  
 Preliminary UST Site Investigations

10 August 1990

**TABLE #2**  
**RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR**  
**UNDERGROUND TANK LEAKS**

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E 8260			
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E 8260		TOTAL LEAD AA	
	TOTAL LEAD AA			
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E 8260			
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E 8260			
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E 8260			
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E 8260		CL HC AND BTX&E 8260	
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E 8260		TPH and BTX&E 8260	
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E 8260			
	O & G	5520 D & F	O & G	5520 B & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni			
	METHOD 8270 FOR SOIL OR WATER TO DETECT:			
	PCB*		PCB	
	PCP*		PCP	
	PNA		PNA	
	CREOSOTE		CREOSOTE	

\* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

Tri-Regional Board Staff Recommendations  
Preliminary UST Site Investigations

10 August 1990

**EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS**

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractable, respectively) are to be analyzed and characterized by GC/FID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Tri-Regional Board Staff Recommendations  
Preliminary UST Site Investigations

10 August 1990

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:
 

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.
- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

#### EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

**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 type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 6 CHANGE OF INFORMATION	<input type="checkbox"/> PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 8 TEMPORARY SITE CLOSURE	

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

DBA OR FACILITY NAME		NAME OF OPERATOR		
ADDRESS		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME		STATE CA	ZIP CODE	SITE PHONE # WITH AREA CODE
<input checked="" type="checkbox"/> BOX TO INDICATE	<input 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 type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE	E. P. A. I. D. # (optional)

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS	<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	STATE	ZIP CODE	PHONE # WITH AREA CODE

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS	<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	STATE	ZIP CODE	PHONE # WITH AREA CODE

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

TY (TK) HQ 44- [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**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"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOVT. MECHANISM	<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

TANK OWNER'S NAME (PRINTED & SIGNATURE)	TANK OWNER'S TITLE	DATE MONTH/DAY/YEAR
---	--------------------	---------------------

**LOCAL AGENCY USE ONLY**

COUNTY #	JURISDICTION #	FACILITY #
[ ] [ ]	[ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ] [ ]
LOCATION CODE - OPTIONAL	GENBUS 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 1 NEW PERMIT 2 INTERM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY TANK CLOSURE 7 PERMANENTLY CLOSED ON SITE 8 TANK REPAIRED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

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

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

A. 1 MOTOR VEHICLE FUEL 2 PETROLEUM 3 CHEMICAL PRODUCT 4 OIL 5 EMPTY 6 UNKNOWN 1 PRODUCT 2 WASTE B. 1a REGULAR UNLEADED 1b PREMIUM UNLEADED 1c MIDGRADE UNLEADED 2 LEADED 3 DIESEL 4 GASAHOL 5 JET FUEL 6 AVIATION GAS 7 METHANOL 8 M85 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 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 99 UNKNOWN B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC 5 CONCRETE 6 POLYVINYL CHLORIDE 7 ALUMINUM 8 100% METHANOL COMPATIBLE W/FRP 9 BRONZE 10 GALVANIZED STEEL 95 UNKNOWN 99 OTHER C. INTERIOR LINING OR COATING 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING 5 GLASS LINING 6 UNLINED 95 UNKNOWN 99 OTHER IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES NO D. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 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 A U 4 FLEXIBLE PIPING A U 99 OTHER B. CONSTRUCTION A 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 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER

V. TANK LEAK DETECTION

1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING 7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 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 NO

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) DATE

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS FORM B (8-95)

**SEPULVEDA  
PROPERTY**

(A & J Trucking Co., Inc.)

**MCKINLEY  
PROPERTY**

(Bayside Business Center)

**ELEMENTIS  
PROPERTY**

(Elementis Pigments, Inc.)

**WARBURTON  
PROPERTY**

(Former Myers Container  
Corp.; Currently Vacant)

(Portion of Elementis  
Property Covered by  
Myers RAP)

Area Covered  
by Myers RAP

Jansco  
Creek

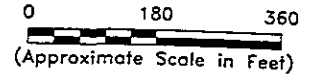
Shellmound  
Street

**OLD SHELLMOUND STREET  
RIGHT-OF-WAY**



Shellmound  
Street

Christie  
Street

APPROXIMATE  
TANK LOCATION



**LEGEND**

-  Railroad Tracks
-  Property Boundaries

Notes:

1. All locations are approximate.
2. Base map from Mark Thomas & Co., (September 1998)

**Erler &  
Kalinowski, Inc.**

Property Location Map

Remedial Action Plan  
Shellmound Properties  
Emeryville, CA  
February 1999  
EKI 970003 18  
Figure 2-2



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
10/15/99

**PRODUCER**  
USI Northern California/HOS  
2199 S. McDowell Blvd.  
P.O. Box 4409  
Petaluma, CA 94955-4409

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

**INSURERS AFFORDING COVERAGE**

**INSURED**  
Performance Excavators, Inc.  
150 Shoreline Parkway  
San Rafael, CA 94901

INSURER A: American International Co.-AIG  
INSURER B: California Compensation  
INSURER C: Commerce & Industry (AIG)  
INSURER D:  
INSURER E:

**COVERAGES**

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

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	PR2674247	03/07/99	03/07/00	EACH OCCURRENCE \$5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$5,000
	<input checked="" type="checkbox"/> PD Ded:5,000				PERSONAL & ADV INJURY \$5,000,000
	<input checked="" type="checkbox"/> OCP				GENERAL AGGREGATE \$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$5,000,000
C	AUTOMOBILE LIABILITY	CA7665979	03/07/99	03/07/00	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY EA ACC AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCN77150A	08/01/99	08/01/00	WC STATUTORY LIMITS OTHER
	E.L. EACH ACCIDENT \$1,000,000				
	E.L. DISEASE -EA EMPLOYEE \$1,000,000				
	OTHER				E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Cancellation: Except for ten day notice for non-payment of premium. 04482;

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
Evidence Of Insurance		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVE.
		AUTHORIZED REPRESENTATIVE <i>Traci B. Beane</i>



**UPDATED**  
**Work Notification**  
August 1999  
**Shellmound Properties Site**  
**Emeryville California**

This is an updated Work Notification that was sent out in July 1999. The California Environmental Protection Agency, Department of Toxic Substances Control (DTSC) has prepared this work notification to advise people living and working near the Shellmound Properties Site (Site) of field work to begin in July 1999. The Site is located on Shellmound Street (4650, 5500, 5600), east of I-80 and west of the Union Pacific Railroad tracks. Under the oversight of DTSC, the Emeryville Redevelopment Agency will begin the Site cleanup activities described in the Final Remedial Action Plan which was approved on May 12, 1999.

**UPCOMING CONSTRUCTION ACTIVITIES AT THE SHELLMOUND PROPERTIES SITE:**

Excavation and soil removal work is planned to start the first week in August, and is expected to take about ten weeks to complete. About 24,000 cubic yards of soil will be removed. Excavation will continue until confirmation soil samples show that soil containing chemicals above the Site's cleanup goals have been removed from the Site. Following excavation, the Site will be backfilled with clean soil and graded for development. This will take about four weeks.

The following activities will take place **during the hours of 7:00 pm - 11:00 am** to avoid major commute times:

1. **Up to eighty 20-ton trucks will depart the Site daily** via Shellmound, Christie Avenue and Powell Streets, driving about two blocks to Powell Street, then Powell Street to I-80.
2. Workers will be suited in appropriate work gear. Personal and area **air monitoring** will be conducted to ensure the adequacy of the dust control measures implemented during the excavation. **Dust control measures**, including wetting of soil, will be implemented during excavation at the Site.
3. Odors may occur during the excavation of some areas due to the presence of sulfur compounds. Odors which can be detected by the human nose are at concentrations well below harmful levels. **Odor control measures will be used** by adding an odor suppressant to augment dust control water spray.

**AT A GLANCE**

- Excavation and soil removal is planned for approximately 10 weeks beginning in August. Work will occur Sunday - Thursday, starting at approximately 7:00 pm and ending at approximately 11:00 am.
- Eighty 20-ton trucks will enter and leave the Site daily along Shellmound, Christie Avenue and Powell Street to I-80.
- Dust will be controlled by spraying excavation areas and soil in trucks.
- Air will be monitored for arsenic, dust and odorous compounds.

## FOR MORE INFORMATION

If you have questions or want more information please contact either Ted Park, DTSC Project Manager at (510)540-3805 or Rachelle Maricq, Public Participation Coordinator at (510)540-3910

Site related documents are available at the information repositories listed. The full administrative record is also available at the DTSC Berkeley office file room. Please call for an appointment.

Ron Gerber  
City of Emeryville  
2200 Powell Street, 12<sup>th</sup> Floor  
Emeryville, CA 94608  
(510) 596-4357  
Monday - Friday  
9:00 a.m. to 5:00 p.m.

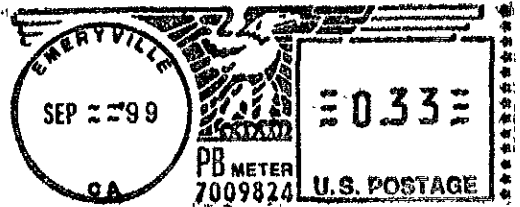
45<sup>th</sup> Street Artists' Cooperative  
1420 45<sup>th</sup> Street  
Emeryville, CA 94608  
(510)655-2880  
Monday - Friday  
8:30 a.m. - 4:40 p.m.

DTSC  
California Environmental Protection  
Agency  
Department of Toxic Substances  
Control  
700 Heinz Avenue  
Berkeley, CA 94710-2737  
(510) 540-3800

*TOLL FREE HOTLINE 1-877-251-7220*



California Environmental Protection Agency  
Department of Toxic Substances Control  
700 Heinz Avenue, Suite 200  
Berkeley, CA 94710-2721  
Attn: Rachelle Maricq



←←← Arrows indicates truck route

Susan Hugo  
Alameda County Dept. of  
Environmental Health  
1131 Harbor Bay Parkway, 2<sup>nd</sup> Flr.  
Alameda, Ca 94502



# EVANS BROTHERS INC.

7589 NATIONAL DRIVE  
LIVERMORE, CALIF. 94550-8803  
CONT. LIC. 443018

ENVIRONMENTAL  
PROTECTION

TO Emeryville Fire Department  
2200 Powell Street  
Emeryville, CA 94608

No. 99 APR -5 PM 4:28

DATE	01 Apr 99	JOB NO	577
JOB NAME	Elementis Pigments		
JOB LOCATION	4650 Shellmound		
RE:	Tank Pull		

Attention: Mr. George Warren

Gentlemen: WE ARE SENDING YOU  Herewith  Under separate cover the following items

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Plans          | <input type="checkbox"/> Shop Drawings  | <input type="checkbox"/> Purchase Order                                  |
| <input type="checkbox"/> Specifications | <input type="checkbox"/> Samples        | <input type="checkbox"/> Copy of letter                                  |
| <input type="checkbox"/> Tracings       | <input type="checkbox"/> Catalogue Cuts | <input checked="" type="checkbox"/> <u>Underground Tank Closure Plan</u> |
| <input type="checkbox"/> Prints         | <input type="checkbox"/> Change Order   | <input type="checkbox"/> _____   |

COPIES	DATED	NO	DESCRIPTION
1	17 Mar 99	NA	Underground Tank Closure Plan

THESE ARE TRANSMITTED as checked below:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> For approval  | <input type="checkbox"/> Approved as submitted    | <input type="checkbox"/> Submit _____ copies for distribution |
| <input checked="" type="checkbox"/> For your use   | <input type="checkbox"/> Approved as noted        | <input type="checkbox"/> Resubmit _____ copies for approval   |
| <input type="checkbox"/> As requested  | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return _____ corrected prints        |
| <input type="checkbox"/> For review and comment  | <input type="checkbox"/> _____                    | <input type="checkbox"/> _____                                |
| <input type="checkbox"/> FOR BIDS DUE _____ 19____ <input type="checkbox"/> PRINTS RETURNED AFTER LOAN TO US |   |   |

REMARKS Tanks and pipes were successfully removed from the site per closure plan on 31 Mar 99.

CC: Ms Deb Hart  
Erler & Kalinowski, Inc.  
1730 South Amphlett Blvd. - Suite 320 - San Mateo, CA 94002-2714  
Ms. Susan Hugo

COPY TO Alameda County Health Services  
1131 Harbor Bay Parkway, Room 350  
Alameda, CA 94502-6577  
Tel: (925) 442-0225 E-mail: EBI\_Demo@pacbell.net Fax: (925) 442-0220

SIGNED:

SUSAN L. HULLIGO

For copy  
File #  
170-5963799

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
ENVIRONMENTAL HEALTH SERVICES  
1131 HARBOR BAY PARKWAY, RM 250  
ALAMEDA, CA 94502-6577

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

One copy of the completed plans must be on the job and available to all inspectors and craftsmen involved with the removal.

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Departments to determine if such changes affect the requirements of State and local laws. Inspections must be made at least 72 hours prior to the following inspection(s):

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

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Contact Specialist:

PLEASE NOTE:

1) PIPINGS ASSOCIATED WITH TANKS MUST BE REMOVED. SOIL SAMPLES MUST BE COLLECTED AROUND PIPING TRENCHES

2) Changes made on page 5

3) Changes made on page 6.

Susan L. Hulligo  
3/17/99

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business City of Emeryville Redevelopment Agency  
 Business Owner or Contact Person (PRINT) Ron Gerber

2. Site Address 4650 Shellmound  
 City Emeryville Zip 94608 Phone (510) 653-1069

3. Mailing Address 2200 Powell Street - 12th Floor  
 City Emeryville Zip 94608 Phone (510) 596-4357

4. Property Owner City of Emeryville Redevelopment Agency  
 Business Name (if applicable) N/A  
 Address 2200 Powell St. - 12th Floor  
 City, State Emeryville, CA Zip 94608

5. Generator name under which tank will be manifested  
City of Emeryville Redevelopment Agency

EPA ID# under which tank will be manifested CAD009206178

6. Contractor Eva Brothers Inc.  
Address 7589 National Drive  
City Livermore Phone (925) 443-0225  
License Type A, B, C21, Haz, Asb ID# 443018
7. Consultant (if applicable) Erler & Kalinowski, Inc.  
Address 1730 So. Amplett Blvd. - Suite 320  
City, State San Mateo, CA Phone (650) 578-1172
8. Main Contact Person for Investigation (if applicable)  
Name Deborah Hart Title P.E.  
Company Erler & Kalinowski, Inc.  
Phone Office: (650)578-1172 On Site: (510)653-1069
9. Number of underground tanks being closed with this plan 2  
Length of piping being removed under this plan 0  
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 Clearwater Environmental EPA I.D. No. CAR000007013  
Hauler License No. 3515 License Exp. Date 12/31/99  
Address P.O. Box 7420  
City Fremont State CA Zip 94537-7420

b) Product/Residual Sludge/Rinsate Disposal Site

Name Alviso EPA ID# CAL000161743  
Address 5002 Archer Street  
City Alviso State CA Zip 95002

c) Tank and Piping Transporter

Name Ecology Control Industries EPA I.D. No. CA0982030173  
Hauler License No. 1533 License Exp. Date 3/31/99  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD009466392  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

11. Sample Collector

DEBORAH HART

Company Erler & Kalinowski  
Address 1730 So. Amplett Blvd. - Suite 320  
City San Mateo State CA Zip 94402 Phone (650) 578-1172

12. Laboratory

Name Sequoia Analytical  
Address 680 Chesapeake Drive  
City Redwood City State CA Zip 94063  
State Certification No. 1210

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:

Dry ice method

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)		
1,000 gal.	Installation date Unknown Product-Regular Unleaded gasoline Last used: 12/21/98 (estimated)	Soil, groundwater (if any)	BENEATH TANK MAXIMUM 2 FT BELOW THE NATIVE SOIL/BACKFILL INTERFACE, SIDE WALL AT THE HIGH WATER MARK, GROUNDWATER, IF ANY
10,000	Installation unknown Product - Diesel Last used: 12/31/98	Soil, groundwater (if any)	BENEATH TANK MAXIMUM 2 FT BELOW THE NATIVE SOIL/BACKFILL INTERFACE, SIDE WALL AT THE HIGH WATER MARK, GROUNDWATER, IF ANY

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)	Sampling Plan
500 Tons	Stockpile on visqueen in a bermed area. Cover with visqueen. Soil will be sampled by Erler & Kalinowski, Inc. <i>Stockpiled soil must be            characterized &amp; disposed            properly.</i>

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
<p> <del>Diesel TPH</del>                      BTEX                      TPH gasoline                      TPH motor oil                      MTBE                      HC VOCs                      Metals                      Cd, Cr, Pb, Zn Ni                 </p>	<p>3550</p>	<p>8015m 8020</p>	<p>SOIL 1 mg/kg WATER</p>

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Fund Insurance

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

20. Enclose Deposit (See Instructions)

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

FACTORY INFORMATION

Name of Business EVANS BROTHERS INC.

Name of Individual JOHN LEWIS

Signature [Signature] Date 22 FEB 99

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business City of Emeryville

Name of Individual Juan C Arreguin

Signature [Signature] Date 02-26-99

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 # 6639 Site Name Former Elementis Pigments Today's Date 3/31/99

Site Address 4650 Shellmound

City Emeryville Zip 94608 Phone \_\_\_\_\_

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

**Inspection Categories:**

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Hazardous Materials Business Plan, Acutely Hazardous Materials
- III. Under ground Storage Tanks

Manifest # 98751268 for USTs

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

**Comments:**

On site for removal of 2 USTs - 1,000 gal gasoline & 10,000 gal diesel.

Tank 1	1000 gal	LEL = 8%	O <sub>2</sub> = 10%	(45 lbs dry ice)
Tank 2	10,000 gal	LEL = 1%	O <sub>2</sub> = 9%	(150 lbs dry ice)

Both tanks appeared to be in good shape. No obvious holes. Tanks fairly new; steel double wall tanks.

Four soil samples collected from each wall of the excavation. Two water samples collected from the pit. DTSC is the lead agency overseeing the clean-up. Tanks hauled by ECI to Richmond facility (Orickson).

Don Dyer (Asst. Fire Chief Emeryville) approved ACDEH to oversee the venting of tanks in the absence of Perry Warren (Fire Marshall)

Contact \_\_\_\_\_  
Title \_\_\_\_\_  
Signature \_\_\_\_\_

Inspector \_\_\_\_\_  
Signature Susan J. Aug

II, III



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 ENVIRONMENTAL HEALTH SERVICES  
 1131 HARBOR BAY PARKWAY, RM 2500  
 ALAMEDA, CA 94502-6577  
 PHONE # 510/567-6700

SUSAN L. KUGO

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 plan 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.

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

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

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

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

\*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:

Contact Specialist: PLEASE NOTE THE FOLLOWING

- 1) PIPINGS ASSOCIATED WITH TANKS MUST BE REMOVED. SOIL SAMPLES MUST BE COLLECTED ALONG PIPING TRENCHES.
- 2) PAGE 5 - CHANGES MADE IN RED INK
- 3) PAGE 6 -

Susan F. Hugo  
 3/17/99

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business City of Emeryville Redevelopment Agency  
 Business Owner or Contact Person (PRINT) Ron Gerber
  2. Site Address 4650 Shellmound  
 City Emeryville Zip 94608 Phone (510) 653-1069
  3. Mailing Address 2200 Powell Street - 12th Floor  
 City Emeryville Zip 94608 Phone (510) 596-4357
  4. Property Owner City of Emeryville Redevelopment Agency  
 Business Name (if applicable) N/A  
 Address 2200 Powell St. - 12th Floor  
 City, State Emeryville, CA Zip 94608
  5. Generator name under which tank will be manifested  
City of Emeryville Redevelopment Agency
- EPA ID# under which tank will be manifested CAD009206178 ✓

2/20/99  
 N/A  
 EMERYVILLE

6. Contractor Evans Brothers Inc.  
Address 7589 National Drive  
City Livermore Phone (925) 443-0225  
License Type A, B, C21, Haz, Asb ID# 443018 *OK 7/31/99*

7. Consultant (if applicable) Erler & Kalinawski, Inc.  
Address 1730 So. Amplett Blvd. - Suite 320  
City, State San Mateo, CA Phone (650) 578-1172

8. Main Contact Person for Investigation (if applicable)  
Name Deborah Hart Title P.E.  
Company Erler & Kalinowski, Inc.  
Phone Office: (650)578-1172 On Site: (510)653-1069

9. Number of underground tanks being closed with this plan 2  
Length of piping being removed under this plan 0 ?  
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 Clearwater Environmental EPA I.D. No. CAR000007013  
Hauler License No. 3515 License Exp. Date 12/31/99  
Address P.O. Box 7420  
City Fremont State CA Zip 94537-7420

b) Product/Residual Sludge/Rinsate Disposal Site  
Name Alviso EPA ID# CAL000161743  
Address 5002 Archer Street  
City Alviso State CA Zip 95002

c) Tank and Piping Transporter

Name Ecology Control Industries EPA I.D. No. CA0982030173 ✓  
Hauler License No. 1533 License Exp. Date 3/31/99  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD009466392 ✓  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

11. Sample Collector

Name DEBORAH HART ✓  
Company Erler & Kalinowski  
Address 1730 So. Amplett Blvd. - Suite 320  
City San Mateo State CA Zip 94402 Phone (650) 578-1172

12. Laboratory

Name Sequoia Analytical ✓  
Address 680 Chesapeake Drive  
City Redwood City State CA Zip 94063  
State Certification No. 1210

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:

Dry ice method  
\_\_\_\_\_  
\_\_\_\_\_



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)		
1,000 gal.	Installation date Unknown Product-Regular Unleaded gasoline Last used: 12/21/98 (estimated)	Soil, groundwater (if any)	BENEATH TANK MAXIMUM 2 FT BELOW THE NATIVE SOIL/BACKFILL INTERFACE, SIDE WALL AT THE HIGH WATER MARK, GROUNDWATER, IF ANY
10,000	Installation unknown Product - Diesel Last used: 12/31/98	Soil, groundwater (if any)	BENEATH TANK MAXIMUM 2 FT BELOW THE NATIVE SOIL/BACKFILL INTERFACE, SIDE WALL AT THE HIGH WATER MARK, GROUNDWATER, IF ANY

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)

500 Tons

Sampling Plan

Stockpile on visqueen in a bermed area.  
Cover with visqueen.

Soil will be sampled by Erler &  
Kalinowski, Inc.

STOCKPILED SOIL MUST BE  
CHARACTERIZED &  
DISPOSED PROPERLY.

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 [X] 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
DIESEL TPH <sub>d</sub> BTEX TPH gasoline MTBE TPH motor oil Chlorinated solvents Metals Cd, Cr, Pb Zn Ni	8015 m 3550 8020	8015 m 8020	Soil 1 mg/kg water 50 ug/L

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Fund Insurance

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

20. Enclose Deposit (See Instructions)

21. Report all leaks or contamination to this office within 5 days of discovery.  
 The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (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 EVANS BROTHERS INC.  
Name of Individual JOHN CRAWFORD  
Signature  Date 22 FEB 99

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business City of Emeryville  
Name of Individual Juan C. Arre  
Signature  Date February 26, 1999

## INSTRUCTIONS

### General Instructions

- \* Three (3) copies of this plan plus attachments and a deposit must be submitted to this Department.
- \* Any cutting into tanks requires local fire department approval.
- \* One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- \* State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

### Line Item Specific Instructions

2. SITE ADDRESS  
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested  
EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781.
6. CONTRACTOR  
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
  - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
  - c) Tanks must be hauled as hazardous waste.
  - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION  
Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.  
  
Material to be sampled - e.g. water, oil, sludge, soil, etc.  
  
Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS

See attached Table 2.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels or physical conditions;
- e) Description of the work habit changes triggered by the above action levels or physical conditions;
- f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, etc.);
- j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- l) A page for employees to sign acknowledging that they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4), Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tank(s) and piping in addition to the tank(s) being removed.

20. DEPOSIT

A deposit, payable to "Treasurer of Alameda County" for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Bay Regional Water Quality Control Board (510/286-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;
- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Detailed description of sampling methods; i.e. backhoe bucket, drive sampler, bailer, bottle(s), sleeves
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Documentation of the disposal of/and volume and final destination of all non-manifested contaminated soil disposed offsite.



TABLE #2  
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR  
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E 8260			
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E 8260		TOTAL LEAD AA	
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E 8260			
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E 8260			
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E 8260			
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E 8260		CL HC AND BTX&E 8260	
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E 8260		TPH and BTX&E 8260	
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E 8260			
	O & G	5520 D & F	O & G	5520 B & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni				
METHOD 8270 FOR SOIL OR WATER TO DETECT:				
PCB*		PCB		
PCP*		PCP		
PNA		PNA		
CREOSOTE		CREOSOTE		

\* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractable, respectively) are to be analyzed and characterized by GC/FID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

10 August 1990

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
$\leq 10$ ppm (42%)	$\leq 10$ ppm (10%)
$\leq 5$ ppm (19%)	$\leq 5$ ppm (21%)
$\leq 1$ ppm (35%)	$\leq 1$ ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard  $\leq 20$  carbon atoms, diesel and jet fuel (kerosene) standard  $\leq 50$  carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

#### EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.



**EVANS BROTHERS INC.**  
 7589 NATIONAL DRIVE  
 LIVERMORE, CALIF. 94550-8803  
 CONT. LIC. 443018

ENVIRONMENTAL  
 PROTECTION

**TO** Alameda County Health Services  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

No. 99 MAR -3 AM 8:53

DATE <u>2/22/99</u>	JOB NO. <u>577</u>
JOB NAME <u>Elementis Pigments</u>	
JOB LOCATION <u>5000 Shellmound</u>	
RE:	

**Attention:**

**Gentlemen:**  
**WE ARE SENDING YOU**  **Herewith**  **Under separate cover** the following items

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Plans          | <input type="checkbox"/> Shop Drawings  | <input type="checkbox"/> Purchase Order  |
| <input type="checkbox"/> Specifications | <input type="checkbox"/> Samples        | <input type="checkbox"/> Copy of letter  |
| <input type="checkbox"/> Tracings       | <input type="checkbox"/> Catalogue Cuts | <input checked="" type="checkbox"/> <u>Underground Storage Tank Closure Plan</u> |
| <input type="checkbox"/> Prints         | <input type="checkbox"/> Change Order   | <input type="checkbox"/> _____   |

COPIES	DATED	NO	DESCRIPTION
3	5 Nov 98	NA	Site Safety Plan ✓
3	<u>Oct 98</u>	<u>SHEET 2</u>	Facility Plot Plan ✓
3	N/A	440318	CSLB License w/Haz Endorsement
3	N/A	430-98	Worker's Compensation Insurance Certificate
1	28 Jan 99	Form A	UST Permit Application - Form A ✓
1	N/A	Form B	UST Permit Application - Form B/Diesel Tank ✓
1	N/A	Form B	UST Permit Application - Form B/Gas Tank ✓
3	N/A	N/A	UST Closure Plan ✓
1	22 Feb 99	6492	Check in Amount of \$993.00 ✓

THESE ARE TRANSMITTED as checked below:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> For approval   | <input type="checkbox"/> Approved as submitted    | <input type="checkbox"/> Submit _____ copies for distribution |
| <input checked="" type="checkbox"/> For your use   | <input type="checkbox"/> Approved as noted        | <input type="checkbox"/> Resubmit _____ copies for approval   |
| <input checked="" type="checkbox"/> As requested   | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return _____ corrected prints        |
| <input type="checkbox"/> For review and comment  | <input type="checkbox"/> _____                    | <input type="checkbox"/> _____                                |
| <input type="checkbox"/> FOR BIDS DUE _____ 19____ <input type="checkbox"/> PRINTS RETURNED AFTER LOAN TO US |   |   |

**REMARKS** Please do not hesitate to contact me should you have any questions  
or comments

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---

**COPY TO** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

1634

3/23/99

STID 6639

To Tom:

FORMER ELEMENTIS PIGMENTS  
4650 Shellmound Emeryville CA 94608

On site for 2

USTs removals.

Tanks not ready;  
Reschedule for next  
week. Discuss site  
with Deborah Hart  
(EKL) DTSC is the

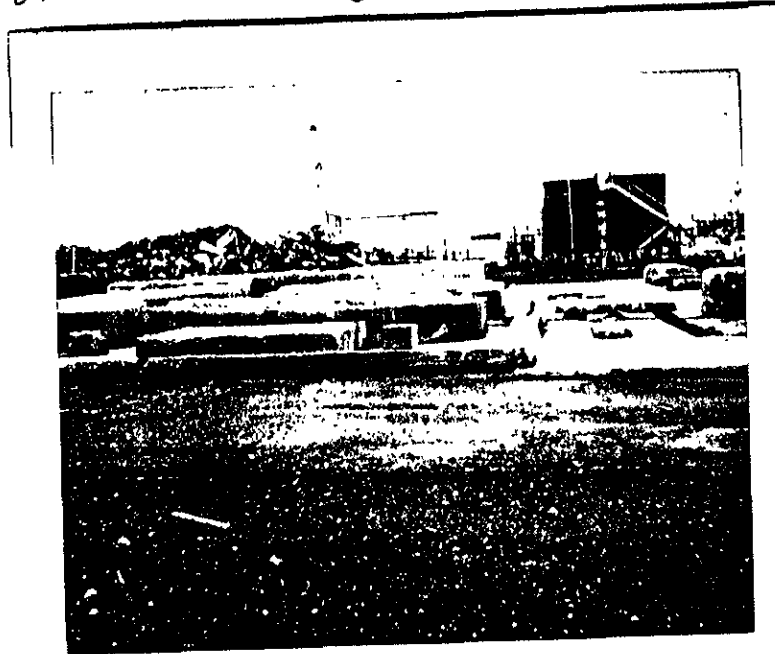
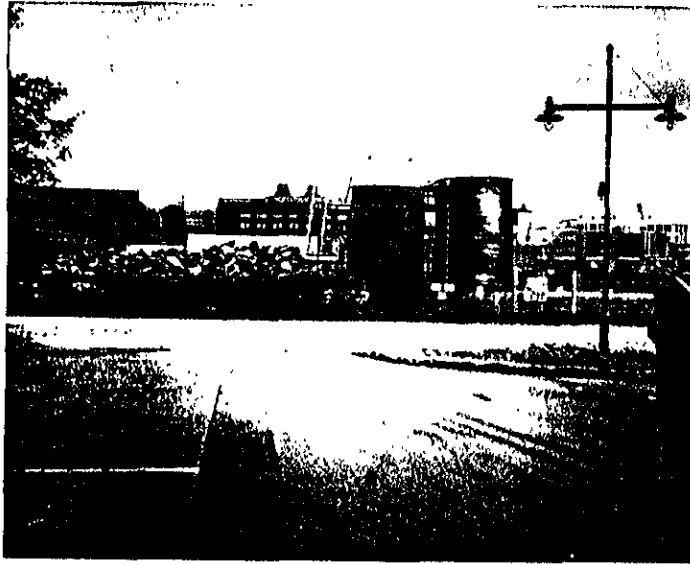
lead agency overseeing  
clean-up on-site  
treatment of approx.

600,000 gals of water  
going to separate  
pigments prior to

discharge to sanitary sewer.  
Permit to treat on-site ~ do they need a permit from our office

as CUPA for  
Emeryville or  
from DTSC?

Susan

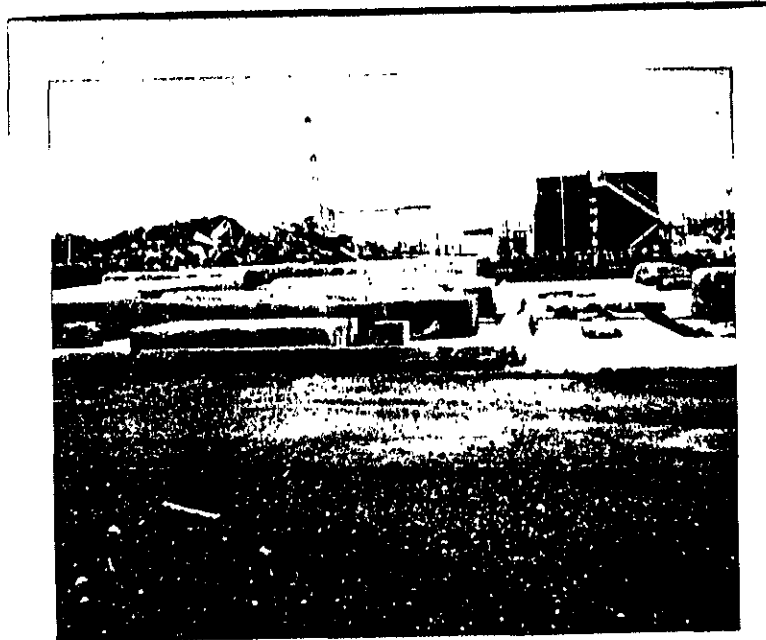
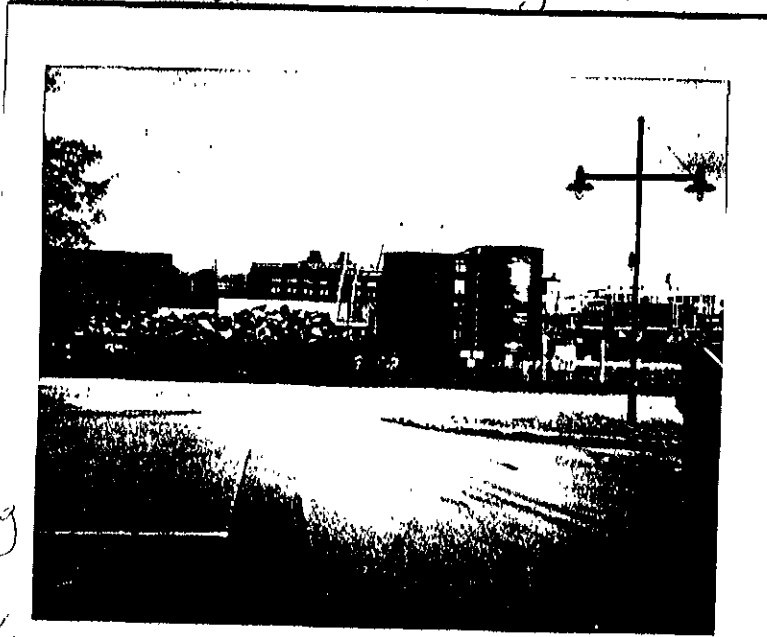


3/23/99

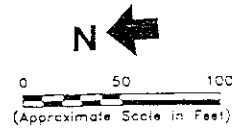
STID 6639

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4650 Shellmound Emeryville CA 94608

On site for 2  
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discharge to sanitary sewer.  
Permit to treat on-site ~ do they need a permit from our office  
under CUPA for  
Emeryville or  
from DTSC?



Susan



HALF SCALE



NOTES (cont.):  
 6. PHASE 1 DEMOLITION AREAS E1 & E2 ARE HIGHLIGHTED. ALL OTHER AREAS ARE TO BE DEMOLISHED IN PHASE 2. SEE SPECIFICATION SECTION 02050.

LEGEND			
	PROPERTY BOUNDARY		EXISTING MONITORING WELL LOCATION
	DEMOLITION AREA BOUNDARY		EXISTING CATCH BASIN
	SANITARY SEWER PIPELINE		ADDENDUM NO. 1
	STORM DRAIN PIPELINE		DO NOT DEMOLISH, EXCAVATE OR REMOVE ASPHALT, CONCRETE OR SOIL FROM THESE AREAS. DO NOT RIP THESE AREAS.
	WATER MAIN		PHASE 1 DEMOLITION AREA

Revision	Description	App'd	Date
	Refer to Original for Latest Revision		

Reference information and Notes:  
 1. ALL LOCATIONS ARE APPROXIMATE.  
 2. BASEMAP TAKEN FROM MARK THOMAS & CO. INC. SHEETS 2 & 3 PRELIMINARY PLANS BAY/SHELLMOUND STREET PROJECT (10/9/1992).  
 3. FACILITY DETAILS ADAPTED FROM "HAZARDOUS MATERIALS BUSINESS PLAN" FOR HARCROS PIGMENTS, INC., (REVISED AUGUST 1990), THE "OPERATIONS PLAN FOR PFIZER, INC., (1983 AND 1988), AND "SITE/AREA SAFETY PLAN" BY ROUX ASSOCIATES (14 JUNE 1989).  
 4. "CAUSTIC SODA" IS A SYNONYM FOR SODIUM HYDROXIDE AND "CARBIDE LIME" PROBABLY IS A SYNONYM FOR CALCIUM HYDROXIDE.  
 5. OBSERVATIONS OF CURRENT USE MADE DURING SITE WALKTHROUGH, MARCH 1997.

Designed: DAH  
 Drawn: LS  
 Checked: SAT  
 Date: Oct 1998

**DEMOLITION AREAS (HALF - SIZE)**  
 Eriker & Kalinowski, Inc. San Mateo, CA  
 Submitted:

CITY OF EMERYVILLE  
**DEMOLITION OF THE FORMER ELEMENTIS PIGMENTS PLANT**

Scale: 1" = 50'  
 Job No.: 970003.15  
 Sheet: 2  
 File No.: D\_02\_half\_size



# FACT SHEET

## Shellmound Properties Site

4650, 5500 and 5600 Shellmound Street, Emeryville California

FACT SHEET 2

February 1999

### INTRODUCTION

The California Environmental Protection Agency, **Department of Toxic Substances Control (DTSC)** has prepared this fact sheet to inform you of the proposed cleanup for the Shellmound Properties (Site) located on Shellmound Street in Emeryville, California. *The proposed cleanup is being conducted by the Emeryville Redevelopment Agency under the oversight of DTSC.*

This fact sheet summarizes the history of the Site, the **Remedial Investigation/Feasibility Study**, the **Health Risk Assessment** and the draft **Remedial Action Plan (RAP)**. DTSC has, in accordance with the **California Environmental Quality Act (CEQA)**. Prepared a Notice of Determination which evaluated this project and determined that it would improve environmental quality and would have no impacts on the environment that could not be mitigated to a level of insignificance.

**Figure 1: Site location**



#### **DTSC ANNOUNCES PUBLIC MEETING**

**Wednesday, March 24, 1999**

**6:30pm - doors open**

**7:00pm - meeting begins**

**Emeryville Senior Center**

**4321 Salem Street**

**Emeryville, CA**

#### **DTSC INVITES PUBLIC COMMENT**

DTSC is inviting the public to comment on these documents during the public comment period which runs from March 2, 1999 to March 31, 1999. Written comments must be postmarked by March 31 and should be sent to DTSC to the attention of Ted Park, Project Manager 700 Heinz Avenue, Suite 200, Berkeley, CA 94710. Both oral and written comments will be accepted at the public meeting.

(Terms in bold print are defined in the Glossary)

DTSC encourages the public to participate in the decision making process. A draft Public Participation Plan has been prepared in conjunction with the draft RAP. This draft Public Participation Plan is based on concerns and needs expressed during 16 community interviews conducted in October 1998.

DTSC is inviting public comments on these documents during the public comment period. (see Public Comment on this page). The following documents are available for public review at the information repositories (see Additional Information Box on page 8):



- *Draft Remedial Action Plan (RAP)* for the Shellmound properties. This document describes proposed remediation activities for the Site.
- *Feasibility Study* for the Shellmound Properties. This document evaluates remedial alternatives for the Site.
- *Remedial Investigation* for the Shellmound Properties. This document summarizes the results of subsurface environmental investigations at the Site.
- *Fact Sheets*. These documents present brief summaries of specific past and future remediation activities at the Site.
- *Public Participation Plan*. This document presents information regarding the community where the Site is located and presents the public participation activities planned for the Site.

Final approval of the draft RAP by DTSC will not occur until after the public comment period ends on March 31, 1999.

Although the draft RAP indicates a preferred remedial alternative, DTSC has not yet made a decision in regard to the preferred alternative and encourages public comments on all alternatives.

## SITE HISTORY AND BACKGROUND

The Site is located east of Interstate I-80 and west of the Southern Pacific railroad tracks. (See Figure 1). The Site is located within the City of Emeryville's 1976 and Shellmound Park Redevelopment Project Areas.

The Emeryville Redevelopment Agency is assembling six South Bayfront properties for future redevelopment. Four of these properties are in need of remediation and comprise the Site. The Emeryville Redevelopment Agency will conduct the cleanup under DTSC oversight. The four properties that comprise the Site are: the former Elementis Pigments, McKinley, Sepulveda and Old Shellmound Street parcels (as shown in Figure 2). The remedy described in the draft Remedial Action Plan addresses contamination at all four of these parcels.

The Site has been used primarily for industrial activities since the early 1920's. The industrial uses have included formulation and packaging of pesticides and insecticides, manufacturing of iron oxide pigments, reconditioning used drums, trucking operations, a machine shop, and offices. The Old Shellmound Street right of way was part of the San Francisco Bay that was filled in the 1930's.

## REMEDIAL INVESTIGATIONS

Numerous remedial investigations were conducted at the Site by various consultants in 1997 and 1998 to determine the nature and extent of the chemical compounds in the soil and groundwater. More than 700 soil samples and 230 groundwater and surface water samples have been collected from soil borings and groundwater monitoring wells and analyzed for chemical compounds.

For the purpose of the Site remedial evaluations, the Site is divided into three areas (See Figure 2): The "Northern Area" includes the McKinley and Sepulveda parcels and the northern portion of the Elementis parcel; the "Southern Area" includes the southern portion of the Site which is the location of the historic Elementis parcel; the old Shellmound Street right of way defines the third area.

The results of chemical analyses indicate that soils in several locations are contaminated with elevated levels of various chemicals. Most of these locations are in the "Northern Area." The primary chemicals of concern (COCs) are **arsenic, lead, DDT residuals, volatile organic compounds and petroleum hydrocarbons**. Limited areas of soil within the "Southern Area" and the Old Shellmound Street right of way are impacted with lead and petroleum hydrocarbons.

Low concentrations of arsenic and volatile organic compounds are also detected in the shallow groundwater in the "Northern Area."

## HEALTH RISK ASSESSMENT

The Human Health Risk Assessment evaluated the potential risk to public health and the environment posed by Site conditions before, during and after remediation or redevelopment. The risk evaluations took into consideration the future land use of the Site and determined cleanup goals for arsenic and other chemicals.

The remedial goal for arsenic, which is the primary chemical of concern, is 60 ppm (parts per million) for **unsaturated zone soil** and 500 ppm for **saturated zone soil**.

Arsenic is also the primary contaminant of concern in shallow groundwater. The risk evaluations concluded that groundwater at the Site does not present any significant risk to the public or the environment.

## FEASIBILITY STUDY

A Feasibility Study was prepared to identify appropriate cleanup methods for remediation of the Site. The study evaluated eight remedial alternatives, which are summarized in Table 1.

## DRAFT REMEDIAL ACTION PLAN

Under DTSC oversight the Emeryville Redevelopment Agency is proposing to implement the draft Remedial Action Plan to ensure that potential exposure to arsenic, lead, DDT residuals, volatile organic compounds and petroleum hydrocarbons does not pose a threat to human health or the environment. This draft RAP includes the following remedial goals:

## REMEDIAL GOALS

The remediation goals for the Site are as follows:

- Protect the health and safety of the public and construction workers during remediation activities.
- Eliminate the public's potential exposure to contaminated soil.
- Protect groundwater.
- Protect surface water

The Feasibility Study evaluated eight alternatives (See table 1). Alternative number four is being proposed as the preferred method for remediating the Site.

## PROPOSED ALTERNATIVE

After evaluating the alternatives in Table 1, DTSC recommends remedial alternative #4, which is described in the draft RAP and includes the following:

- Excavating soils above the water table that exceed 60 ppm arsenic.
- Excavating soils below the water table that contain greater than 500 ppm arsenic.
- Disposing excavated soils at a permitted off-site facility.
- Backfilling the excavation with clean fill.
- Removing, treating and discharging contaminated groundwater.

- Groundwater monitoring for 5 years.
- Implementing deed restrictions
- Developing a soil management plan.
- Excavating and disposing the contaminated soil and backfilling with clean soil at the impacted areas in the Old Shellmound Street based on Myers Drum RAP approved by DTSC in 1996.
- Performing dust control measures during construction work on-site to protect nearby residents, businesses, and construction workers.

Alternative four is being recommended because it best meets the criteria of federal and state regulatory agencies, including overall protection of human health and the environment, limited effects on beneficial uses of resources, positive effects on groundwater resources, reduction of mobility of contaminants, cost effectiveness, and acceptance by the community.

In addition the draft RAP requires that steps will be taken during implementation to ensure the health and safety of people working on the project and living in the community.

## COMPLIANCE WITH CEQA (California Environmental Quality Act)

In accordance with CEQA, the environmental consequences of the cleanup and redevelopment of the Site have been addressed on three occasions: an Environmental Impact Report prepared and approved in connection with the 1987 Shellmound Park Redevelopment Project, a December 1997 Notice of Determination prepared in connection with the Redevelopment Agency's determination to use its authority under the Polanco Redevelopment Act to bring about the cleanup, and an Environment Impact Report prepared and approved (on February 2, 1999) in connection with the proposed redevelopment of the Shellmound Properties into a retail and commercial district.

DTSC has prepared a CEQA Notice of Determination which evaluated and determined that the proposed draft RAP would not result in any significant environmental impacts. This document is also available for public review at the information repositories.

## GLOSSARY OF TERMS

### **California Environmental Protection Agency, Department of Toxic Substances Control (DTSC)**

The lead regulatory agency responsible for the investigation and cleanup of the Site.

### **Chemicals of Concern (COCs)**

A list of chemicals specific to a particular Site that will be investigated and remediated.

### **DDT Residuals**

The pesticide DDT (dichlorodiphenyltrichloroethane) and the related compounds DDD (dichlorodiphenyltrichloroethane) and DDE (dichlorodiphenyltrichloroethane).

### **Petroleum Hydrocarbons**

A family of organic compounds derived from petroleum. Petroleum hydrocarbons are found in gasoline, oil, diesel, and jet fuels.

### **Remedial Action Plan (RAP)**

A plan, approved by DTSC, that outlines a specific program leading to the remediation of a contaminated Site. After the draft RAP is prepared, DTSC holds a public meeting and solicits comments from the public for a period of at least 30 days. After the public comment period has ended, DTSC responds in writing to comments received and approves the final remedy for the Site (Final RAP).

### **Saturated Zone**

The area below the ground surface where the soil contains water; the depth at which water is first encountered is called the water table. At the Site, the water table is at about 6 feet below the ground surface.

### **Volatile Organic Compounds (VOCs)**

A group of compounds that readily evaporate at temperatures normally found at ground surface and at shallow depths. Several solvents are classified as VOCs. Examples of VOCs are benzene and trichloroethylene (TCE).

### **Unsaturated zone**

The area between the ground surface and the water table (See saturated zone, above).

### **California Environmental Quality Act (CEQA)**

The California law that establishes a framework for policy decisions regarding actions that may have significant effect on the environment. All state and local agencies are required to comply with CEQA prior to taking discretionary actions.

### **Remedial Investigation/Feasibility Study (RI/FS)**

A series of investigations and studies to identify the types and extent of chemicals of concern in the environment (Remedial Investigation) and to provide an evaluation of the alternatives for remediating any identified soil or groundwater problems (Feasibility Study).

### **Arsenic**

A crystalline gray, highly poisonous metal, most commonly brittle. It is used as an alloy for metals, especially lead and copper, and is used in insect-killing chemicals and weed killers. In its organic form, it is listed as a cancer-causing agent under Proposition 65.

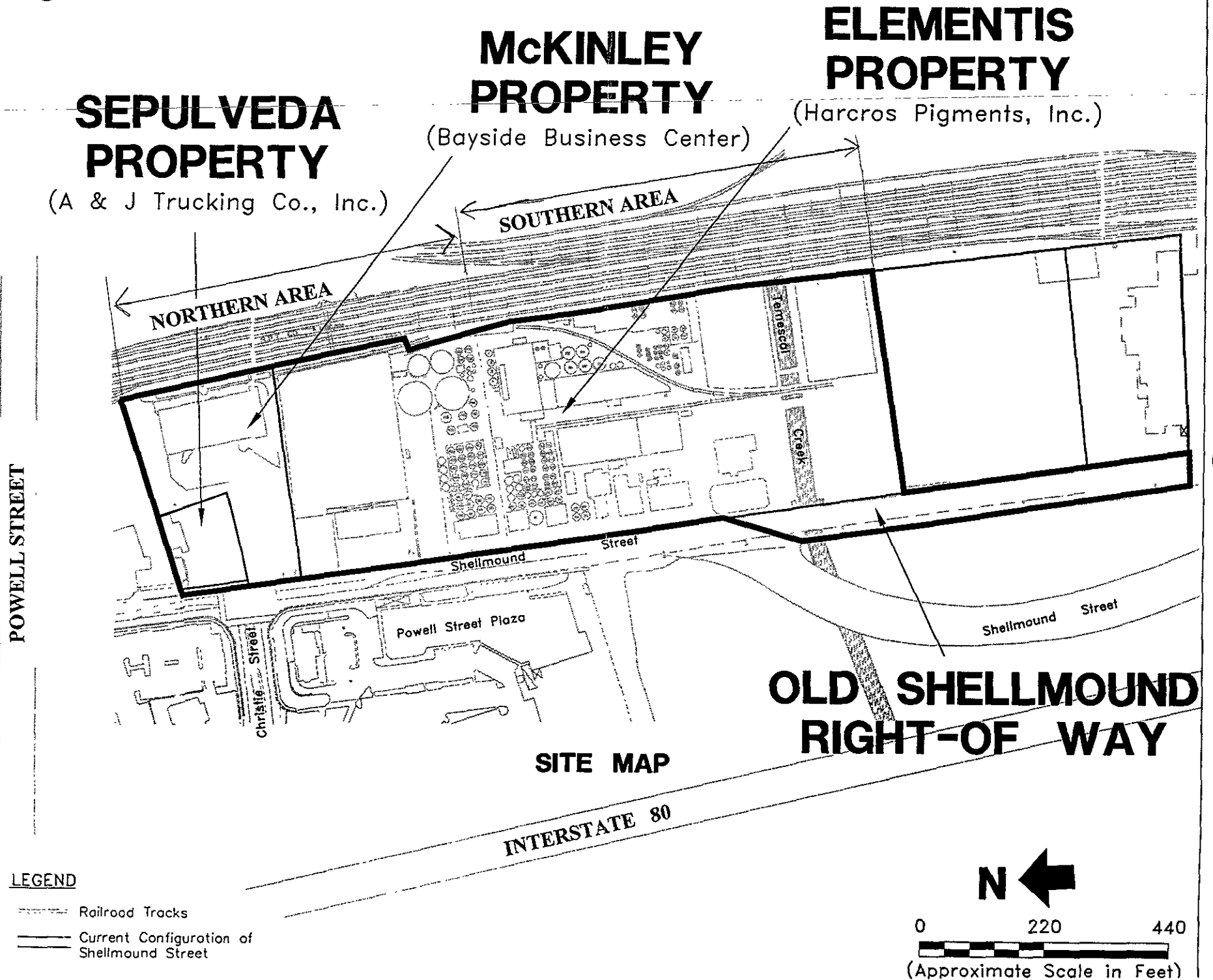
### **Lead**

A heavy metal of a dull grayish color that is present in small amounts everywhere in the human environment. Lead can get into the body from drinking contaminated water, eating vegetables grown in contaminated soil, and breathing dust when children play or adults work in lead contaminated areas. Lead can cause damage to the nervous system or blood cells if present in the body. Children are at highest risk from exposure to lead contamination because their bodies are still developing. Lead is listed as a reproductive toxic substance for women and men under Proposition 15.

### **Health Risk Assessment**

A study prepared to assess human health and environmental risks due to potential exposure to hazardous substances.

Figure 2



**Table 1: Summary of Remedial Alternatives  
for the Northern and Southern Areas**

Alternative		Description of Remedial Activities <sup>1</sup>	
		Soil Remediation	Water Quality
No Action Alternative	1	None	None
Minimal Action Alternative	2	None	Groundwater monitoring
Excavation/ Off-Site Disposal Alternatives <sup>2</sup>	3	Excavate unsaturated zone soil containing greater than 60 mg/kg arsenic <sup>3</sup> and dispose off-site	Groundwater monitoring
	4*	Excavate unsaturated zone soil containing greater than 60 mg/kg arsenic <sup>3</sup> and dispose off-site  *Recommended alternative	Groundwater monitoring  Excavate soil containing greater than 500 mg/kg arsenic <sup>4</sup> and dispose off-site  Remove contaminated groundwater and treat on-site
	5	Excavate unsaturated zone soil containing greater than 60 mg/kg arsenic <sup>3</sup> and dispose off-site	Groundwater monitoring  Excavate soil containing greater than 60 mg/kg arsenic <sup>4</sup> and dispose off-site  Remove contaminated groundwater and treat on-site
Excavation/ On-Site Stabilization Alternatives <sup>2</sup>	6	Excavate unsaturated zone soil containing greater than 1,000 mg/kg arsenic <sup>3</sup> and dispose off-site  Chemically stabilize <sup>6</sup> unsaturated zone soil containing 60 to 1,000 mg/kg arsenic <sup>3</sup> and dispose on-site  Designate a Corrective Action Management Unit <sup>5</sup>	Groundwater monitoring
	7	Excavate unsaturated zone soil containing greater than 1,000 mg/kg arsenic <sup>3</sup> and dispose off-site  Excavate unsaturated zone soil containing 60 to 1,000 mg/kg arsenic <sup>3</sup> and chemically stabilize <sup>6</sup> in on-site treatment unit and return treated soil to the excavation  Designate a Corrective Action Management Unit <sup>5</sup>	Groundwater monitoring  Excavate soil containing greater than 500mg/kg arsenic <sup>4</sup> and dispose off-site
	8	Excavate unsaturated zone soil containing greater than 1,000 mg/kg arsenic <sup>3</sup> and dispose off-site  Chemically stabilize <sup>6</sup> unsaturated zone soil containing 60 to 1,000 mg/kg arsenic <sup>3</sup> in place and without excavation and dispose on-site	Groundwater monitoring  Chemically stabilize soil containing greater than 60mg/kg arsenic <sup>3</sup> in place and dispose on-site

Notes:

1. All alternatives include groundwater monitoring, a long-term Risk Management Plan, and **institutional controls**, except for Alternative 1.
2. Because arsenic is the primary COC at the Site, it is being used as the indicator COC for design purposes. However, testing will be performed at the Site to insure that residual concentrations of ALL COCs are below remedial goals.
3. The cumulative risk based soil remedial goal for arsenic in the unsaturated zone is 60 mg/kg.
4. The remediation goal for arsenic in the saturated zone is 500 mg/kg.
5. A Corrective Action Management Unit (CAMU) is a consolidation of contaminated materials into a self-contained unit.
6. Chemical stabilization techniques ideally prevent contaminants from migrating so that the treated soil can be disposed on-site. However, the long-term effectiveness of chemical stabilization technologies for arsenic-contaminated soil has not been established.

**MAILING LIST**

If you would like to be added to the Mailing List, please complete the coupon below and return it to Rachelle Maricq, Public Participation Specialist at the DTSC (address listed on the back page). DTSC mailing lists are solely for the purpose of keeping persons informed of DTSC activities. Mailing lists are not routinely released to outside parties. However, they are considered public records and, if requested, may be subject to release.

I WOULD LIKE TO BE ADDED TO THE SHELLMOUND PROPERTIES MAILING LIST.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

7

**FOR MORE INFORMATION  
Information Repositories**

Interested persons are encouraged to review available information about the draft Remedial Action Plan. Documents are available for public review at the following locations:

**DTSC**  
700 Heinz Avenue  
Berkeley, CA  
(510) 540-3800  
Call for an appointment

**Emeryville  
Redevelopment Agency**  
2200 Powell St., 12<sup>th</sup> floor  
Emeryville, CA 94608  
(510)596-4350

**45<sup>th</sup> Street Artists'  
Cooperative, Office**  
Emeryville, CA 94608

**Emeryville Senior Center**  
4321 Salem Street  
Emeryville, California  
(510)596-3730

The full administrative record is available for public review at DTSC.

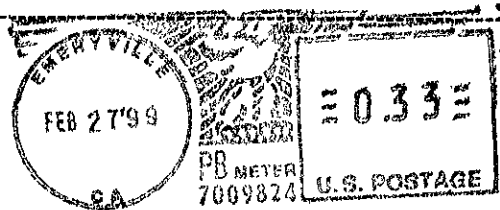
If you have any questions, please call either Ted Park, DTSC Project Manager at (510)540-3805 or Rachelle Maricq, DTSC Public Participation Specialist at (510)540-3910 or write them at the DTSC address above.

Any questions regarding Emeryville's Redevelopment project should be directed to

City of Emeryville  
2200 Powell Street, 12<sup>th</sup> Floor  
Emeryville, CA 94608  
(510) 596-4350



**California Environmental Protection Agency  
Department of Toxic Substances Control**  
700 Heinz Avenue, Suite 200  
Berkeley, CA 94710-2721  
Attn: Rachelle Maricq



**March 24, 1999  
Emeryville  
Senior Center  
2449 Powell Street  
Emeryville, California**

**Meeting time:  
doors open 6:30pm  
Meeting begins 7:00pm**

Susan Hugo  
Alameda County Dept. of  
Environmental Health  
1131 Harbor Bay Parkway, 2<sup>nd</sup> Flr.  
Alameda, Ca 94502

**NOTICE TO HEARING IMPAIRED INDIVIDUALS**

TDD users can obtain additional information by using the California State Relay Service (1-888-877-5378) to reach Rachelle Maricq at (510)540-3910

8



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



<b>MARK ONLY ONE ITEM</b>	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 <b>Elementis Pigments</b>		NAME OF OPERATOR <b>City of Emeryville</b>		
ADDRESS <b>4650 Shellmound Ave.</b>		NEAREST CROSS STREET <b>Christie</b>	PARCEL # (OPTIONAL) <b>049-1038-002</b>	
CITY NAME <b>Emeryville</b>		STATE <b>CA</b>	ZIP CODE <b>94608</b>	SITE PHONE # WITH AREA CODE <b>(510) 653-1069</b>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL-AGENCY DISTRICTS <small>* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST</small>		<input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY* <b>City of Emeryville</b>		
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 <b>2</b>	E. P. A. I. D. # (optional) <b>CAD009206178</b>

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <b>Ron Gerber</b>	PHONE # WITH AREA CODE <b>(510) 596-4357</b>	DAYS: NAME (LAST, FIRST) <b>Hart, Deborah</b>	PHONE # WITH AREA CODE <b>(650) 578-1172</b>
NIGHTS: NAME (LAST, FIRST) <b>Hart, Deborah</b>	PHONE # WITH AREA CODE <b>1-877-251-7220</b>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <b>Emeryville Redevelopment Agency</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>2200 Powell St. - 12th Floor</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>Emeryville</b>		STATE <b>CA</b>	ZIP CODE <b>94608</b>	PHONE # WITH AREA CODE <b>(510) 596-4357</b>

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <b>Emeryville Redevelopment Agency</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>2200 Powell St. - 12th Floor</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>Emeryville,</b>		STATE <b>CA</b>	ZIP CODE <b>94608</b>	PHONE # WITH AREA CODE <b>(510) 596-4357</b>

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

TY (TK) HQ **44**-

**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"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input checked="" type="checkbox"/> 10 LOCAL GOVT. MECHANISM	<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. <input type="checkbox"/>	II. <input type="checkbox"/>	III. <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*

TANK OWNER'S NAME (PRINTED & SIGNATURE) <b>Juan C. Arcequin</b>	TANK OWNER'S TITLE <b>Acting Director PROJECT MANAGER</b>	DATE MONTH/DAY/YEAR <b>1/28/99</b>
--	--	---------------------------------------

**LOCAL AGENCY USE ONLY**

COUNTY # <input type="text"/> <input type="text"/>	JURISDICTION # <input type="text"/> <input type="text"/> <input type="text"/>	FACILITY # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**



**TANK REMOVED 3/31/99**

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  1 NEW PERMIT  2 INTERIM PERMIT  3 RENEWAL PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6 TEMPORARY TANK CLOSURE  7 PERMANENTLY CLOSED ON SITE  8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Elementis Pigments

**I. TANK DESCRIPTION** COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # Unknown B. MANUFACTURED BY: Unknown  
C. DATE INSTALLED (MO/DAY/YEAR) September, 1989 D. TANK CAPACITY IN GALLONS: 10,000 gallons

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

A.  1 MOTOR VEHICLE FUEL  2 PETROLEUM  3 CHEMICAL PRODUCT  4 OIL  80 EMPTY  95 UNKNOWN

B.  1 PRODUCT  2 WASTE

C.  1a REGULAR UNLEADED  1b PREMIUM UNLEADED  1c MIDGRADE UNLEADED  2 LEADED  3 DIESEL  4 GASAHOL  5 JET FUEL  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  1 DOUBLE WALL  2 SINGLE WALL  3 SINGLE WALL WITH EXTERIOR LINER  4 SINGLE WALL IN A VAULT  5 INTERNAL BLADDER SYSTEM  95 UNKNOWN

B. TANK MATERIAL (Primary Tank)  1 BARE STEEL  5 CONCRETE  9 BRONZE  2 STAINLESS STEEL  6 POLYVINYL CHLORIDE  10 GALVANIZED STEEL  95 UNKNOWN

C. INTERIOR LINING OR COATING  1 RUBBER LINED  5 GLASS LINING  2 ALKYD LINING  6 UNLINED  95 UNKNOWN

D. EXTERIOR CORROSION PROTECTION  1 POLYETHYLENE WRAP  5 CATHODIC PROTECTION  2 COATING  91 NONE  95 UNKNOWN

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  1 SUCTION A U  2 PRESSURE A U  3 GRAVITY A U  4 FLEXIBLE PIPING A U  99 OTHER

B. CONSTRUCTION A 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  1 MECHANICAL LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 CONTINUOUS INTERSTITIAL MONITORING  4 ELECTRONIC LINE LEAK DETECTOR  5 AUTOMATIC PUMP SHUTDOWN  99 OTHER Unknown

**V. TANK LEAK DETECTION**

1 VISUAL CHECK  2 MANUAL INVENTORY RECONCILIATION  3 VADOZE MONITORING  4 AUTOMATIC TANK GAUGING  5 GROUND WATER MONITORING  6 ANNUAL TANK TESTING  7 CONTINUOUS INTERSTITIAL MONITORING  8 SIR  9 WEEKLY MANUAL TANK GAUGING  10 MONTHLY TANK TESTING  95 UNKNOWN  99 OTHER

**VI. TANK CLOSURE INFORMATION** (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE LAST USED (MO/DAY/YR) Dec. 7/31/98 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 GALLONS 3. WAS TANK FILLED WITH INERT MATERIAL? YES  NO

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) Juan C. Arreguin DATE 07-26-99

**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 \_\_\_\_\_



ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



January 27, 1999

ENVIRONMENTAL HEALTH SERVICES

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

Mr. Ron Gerber  
Projects Coordinator  
City of Emeryville Redevelopment Agency  
2200 Powell Street, 12<sup>th</sup> Floor  
Emeryville, California 94608

Subject: Non-Compliance Status of the Two Underground Storage Tanks at  
Elementis Pigments – 4650 Shellmound Street, Emeryville, CA 94608

Dear Mr. Gerber:

As you know, per our conversation on January 21, 1999, the two underground storage tanks (USTs) at the above referenced site are not in full compliance with the California Underground Storage Tank Regulations. The permit for the USTs expired on March 30, 1998. This office sent a letter to Elementis Pigments on August 10, 1998, regarding upgrading and /or removing the USTs by December 22, 1998. A permit application package for the removal of the tanks was provided to Mr. Wayne Groth of Elementis Pigments at that time. We have not received any application for the removal of the tanks.

This office was not aware that the Elementis Pigments had moved out of the facility and the property including the tanks are currently owned by the City of Emeryville. You have also informed me during our telephone conversation that demolition work is on-going at the site and that the tanks are still in the ground.

As the owner of the tanks, you are required to notify this office of the change of ownership within thirty calendar days. In addition, the tanks should meet the closure requirements per California Code of Regulations, Title 23, Section 2670 (e) which states that the time period between cessation of hazardous substance storage and application for temporary or permanent tank closure shall not exceed 90 calendar days. The owner or operator who intends to close a tank should submit to the local agency for approval, a proposal for compliance with the temporary or permanent closure requirements.

In order to meet full compliance with the Underground Storage Tank Regulations, the following items must be addressed:

- 1) Apply for a temporary closure for the two USTs. I sent you the form "Notification of Intent and Application for Permit to Temporarily Close Underground Storage Tanks" via fax last January 21, 1999. I have received the completed form the same day.

Mr. Ron Gerber  
RE: 4650 Shellmound Street, Emeryville, CA  
January 27, 1999


Please make an appointment to confirm items 1-3 as listed in the temporary closure form with Robert Weston of our office at (510) 567-6781.

- 2) A closure application for the removal of the tanks should be submitted. Enclosed is the closure application package for your use. Forms A and B are included in this package.

I have also included copies of the letter sent to Elementis Pigments dated August 10, 1998 and the five year permits issued on April 1994 for the two tanks for your reference.

Please call me at (510) 567-6780 if you have any questions regarding this letter.

Sincerely,

  
Susan L. Hugo  
Hazardous Materials Specialist

Enclosures

- c: Mee Ling Tung, Director, Environmental Health  
Dick Pantages, Chief, Hazardous Materials Programs  
Tom Peacock, Manager, Hazardous Materials Programs  
Steve Morse / Ravi Arulanantham, San Francisco Bay RWQCB  
Chuck Headlee, San Francisco Bay RWQCB  
George Warren, Emeryville Fire Dept., 2333 Powell St., Emeryville, CA 94608  
SH / RW / files

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



August 10, 1998

Wayne Groth, Plant Manager  
Elementis Pigments Inc.  
P.O. Box 8215  
Emeryville CA 94662

ENVIRONMENTAL HEALTH SERVICES  
1131 Harbor Bay Parkway Suite 150  
Alameda CA 94502-6577  
(510) 567-6700  
(510) 337-9335 (FAX)

**RE: Underground Storage Tank (UST) Upgrade and/or Removal  
Requirements for 4650 Shellmound Street, Emeryville CA 94608**

Dear Mr. Groth:


As you are probably aware, all USTs must be upgraded or removed by December 22, 1998. In addition, law is now in effect which prohibits fuel deliveries to your tanks effective January 1, 1999 unless your tank system is in full compliance and operating under a permit from this Office. Fuel delivery drivers will be prohibited by law from delivering fuel to tank sites that are not certified in compliance.

I have recently completed a review of your file to determine the readiness of your UST system for certification. The two USTs require the installation of equipment to prevent overfilling the tanks during bulk loading.

During a recent telephone conversation with Mark Olsen, he indicated that plans for the operation of Elementis Pigments Inc. at the above site is questionable. Since the situation appears to not favor the continued use of the USTs it is my recommendation that the removal permit process be started immediately. The tanks cannot be legally operated after December 22, 1998. Since the business is moving from the site the tanks will no doubt be removed in the near future.

Enclosed is a permit application package for the removal of the tanks. Please review the options available to you as soon as possible in order to either remove the tanks by December 22, 1998 or upgrade with overfill prevention equipment and continue operating. You may contact me at (510)567-6781 with any questions about this letter.

Sincerely,

  
Robert Weston  
Senior Hazardous Materials Specialist

✓ c: Susan Hugo, ACDEH

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



August 10, 1998

Wayne Groth, Plant Manager  
Elementis Pigments Inc.  
P.O. Box 8215  
Emeryville CA 94662

ENVIRONMENTAL HEALTH SERVICES  
1131 Harbor Bay Parkway, Suite 200  
Alameda, CA 94502-6577  
(510) 567-6700  
(510) 337-9335 (FAX)

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Sincerely,

  
Robert Weston  
Senior Hazardous Materials Specialist

c: Susan Hugo, ACDEH

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



#365

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 <b>ELEMENTIS PIGMENTS INC.</b>		NAME OF OPERATOR <b>ELEMENTIS PIGMENTS INC.</b>		
ADDRESS <b>4650 SHELLMOUND ST</b>		NEAREST CROSS STREET <b>POWELL</b>	PARCEL # (OPTIONAL)	
CITY NAME <b>EMERYVILLE</b>		STATE <b>CA</b>	ZIP CODE <b>94608</b>	SITE PHONE # WITH AREA CODE <b>510.653.6151</b>
<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"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <b>2</b>	E. P. A. I. D. # (optional)
<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

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <b>GROTH, WAYNE</b>	PHONE # WITH AREA CODE <b>510.653.6151 x 217</b>	DAYS: NAME (LAST, FIRST) <b>OLSON, MARK</b>	PHONE # WITH AREA CODE <b>510.653.6151 x 216</b>
NIGHTS: NAME (LAST, FIRST) <b>SUPERVISOR</b>	PHONE # WITH AREA CODE <b>510.653.6151 x 215</b>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <b>ELEMENTIS PIGMENTS INC.</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>11 EXECUTIVE DR SUITE 1</b>		<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <b>Frisview Heights</b>		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
		<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
STATE <b>IL</b>	ZIP CODE <b>62208</b>	PHONE # WITH AREA CODE		

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <b>SAME</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
		<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
STATE	ZIP CODE	PHONE # WITH AREA CODE		

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

TY (TK) HQ **44-032206**

**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"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOVT. MECHANISM	<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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <b>MARK OLSON</b>	TANK OWNER'S TITLE <b>Mgr Supervisor</b>	DATE MONTH/DAY/YEAR <b>03-03-1998</b>
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**LOCAL AGENCY USE ONLY**

COUNTY # <b>01</b>	JURISDICTION # <b>000</b>	FACILITY # <b>003299</b>	<b>3/3/98</b>
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

# INSTRUCTIONS FOR COMPLETING FORM "A"

## GENERAL INSTRUCTIONS:

SECTION 2711 OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS AND SECTIONS 25286, 25287, AND 25289 OF CHAPTER 6.7, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE REQUIRE OWNERS TO APPLY FOR AN UST OPERATING PERMIT.

1. One FORM "A" shall be completed for all NEW PERMIT CHANGES or any FACILITY/SITE INFORMATION CHANGES.
2. SUBMIT ONLY ONE (1) FORM "A" for a Facility/Site, regardless of the number of tanks located at the site.
3. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
4. Please type or print clearly all requested information.
5. Use a hard point writing instrument, you are making 3 copies
6. Tank owner must submit a facility plot plan to the local agency as part of the application showing the location of the USTs with respect to buildings and landmarks [Section 2711 (a)(8), CCR].
7. Tank owner must submit documentation showing compliance with state financial responsibility requirements to the local agency as part of the application for petroleum USTs [Section 2711 (a)(11), CCR]

### TOP OF FORM: "MARK ONLY ONE ITEM"

Mark an (X) in the box next to the item that best describes the reason the form is being completed.

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

1. Record name and address (physical location) of the underground tank(s).  
NOTE: Address MUST have a valid physical location including city, state, and zip code.  
P.O. BOX NUMBERS ARE NOT ACCEPTABLE.  
Include nearest cross street and name of the operator
2. Phone number must have an area code. If the night number is the same, write "SAME" in proper location.
3. Check the appropriate box for TYPE OF BUSINESS OWNERSHIP (ex. CORPORATION, INDIVIDUAL, etc.).
4. Check the appropriate box for TYPE OF BUSINESS.
5. If Facility/Site is located within an Indian reservation or other Indian trust lands, check the box marked "YES".
6. Indicate the NUMBER of TANKS at this SITE.
7. Record the E.P.A. ID # or write "NONE" in the space provided.

#### II. PROPERTY OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check PROPERTY OWNERSHIP TYPE box.

#### III. TANK OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check TANK OWNERS TYPE box.

#### IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED. SEE ARTICLE 5, CHAPTER 6.75, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE.)

Enter your Board of Equalization (BOE) UST storage fee account number which is required before your permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at 916-322-9669 or write to the BOE at the following address Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0001.

#### V. PETROLEUM UST FINANCIAL RESPONSIBILITY (MUST BE COMPLETED FOR PETROLEUM USTs ONLY, SEE SECTIONS 2711 (a)(11) OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.)

Identify the method(s) used by the owner and/or operator, in meeting the Federal and State financial responsibility requirements. USTs owned by any Federal or State agency as well as non-petroleum USTs are exempt from this requirement.

#### VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Check ONE BOX for the address that will be used for BOTH LEGAL AND BILLING NOTIFICATIONS.  
TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED. [SEE SECTIONS 2711 (a)(13) OF TITLE 23 CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.]

#### INSTRUCTION FOR THE LOCAL AGENCIES

The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number may be assigned by the local agency; however, this number must be numerical and cannot contain any alphabetical characters. If the local agency prefers the State Board to assign the facility number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT FILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.



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 checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **ELEMENTIS PIGMENTS**

**I. TANK DESCRIPTION** COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <b>G</b>	B. MANUFACTURED BY: <b>MODERN WELDING</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>1990</b>	D. TANK CAPACITY IN GALLONS: <b>6000</b>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input checked="" 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"/> 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 type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM <input type="checkbox"/> 95 UNKNOWN
B. TANK MATERIAL (Primary Tank) <input checked="" 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 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 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER
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) <b>90</b> DROP TUBE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <b>90</b> STRIKER PLATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DISPENSER CONTAINMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

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

A. SYSTEM TYPE	A <input checked="" type="checkbox"/> U <input type="checkbox"/> 1 SUCTION	A <input type="checkbox"/> U <input type="checkbox"/> 2 PRESSURE	A <input type="checkbox"/> U <input type="checkbox"/> 3 GRAVITY	A <input type="checkbox"/> U <input type="checkbox"/> 4 FLEXIBLE PIPING	A <input type="checkbox"/> U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A <input type="checkbox"/> U <input type="checkbox"/> 1 SINGLE WALL	A <input checked="" type="checkbox"/> U <input type="checkbox"/> 2 DOUBLE WALL	A <input type="checkbox"/> U <input type="checkbox"/> 3 LINED TRENCH	A <input type="checkbox"/> U <input type="checkbox"/> 95 UNKNOWN	A <input type="checkbox"/> U <input type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A <input type="checkbox"/> U <input type="checkbox"/> 1 BARE STEEL	A <input type="checkbox"/> U <input type="checkbox"/> 2 STAINLESS STEEL	A <input type="checkbox"/> U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A <input checked="" type="checkbox"/> U <input type="checkbox"/> 4 FIBERGLASS PIPE	
	A <input type="checkbox"/> U <input type="checkbox"/> 5 ALUMINUM	A <input type="checkbox"/> U <input type="checkbox"/> 6 CONCRETE	A <input type="checkbox"/> U <input type="checkbox"/> 7 STEEL W/ COATING	A <input type="checkbox"/> U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP	
	A <input type="checkbox"/> U <input type="checkbox"/> 9 GALVANIZED STEEL	A <input type="checkbox"/> U <input type="checkbox"/> 10 CATHODIC PROTECTION	A <input type="checkbox"/> U <input type="checkbox"/> 95 UNKNOWN	A <input type="checkbox"/> U <input type="checkbox"/> 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input checked="" 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 checked="" 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"/>
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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) <b>MARK OLSON</b>	DATE <b>3/3/98</b>
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**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #	
	<b>01</b>	<b>000</b>	<b>003299</b>	<b>000019</b>	<b>3/3/98</b>
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. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

## INSTRUCTIONS FOR COMPLETING FORM "B"

### GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, California Code of Regulations and sections 25286, 25287, and 25289 of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

### TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

### I. TANK DESCRIPTION - COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

### II. TANK CONTENTS

- A.
  1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.
  2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

### III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

### IV. PIPING INFORMATION

1. Circle "A" if above ground circle "U" if underground, and circle both if applicable.
2. If UNKNOWN circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

### V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

### VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88)
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "No".

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED [see section 2711 (a)(13) CCR]

### INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency, however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

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 checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **ELEMENTIS PIGMENTS INC.**

**I. TANK DESCRIPTION** COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <b>D</b>	B. MANUFACTURED BY: <b>MODERN WELDING</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>1990</b>	D. TANK CAPACITY IN GALLONS: <b>10,000</b>

**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 checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input 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"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
			<input type="checkbox"/> 2 LEADED	<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 type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input checked="" type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<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"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) <b>90</b>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <b>90</b>	
	DROP TUBE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		STRIKER PLATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			DISPENSER CONTAINMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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

A. SYSTEM TYPE	A <input checked="" type="checkbox"/> 1 SUCTION	A <input checked="" type="checkbox"/> 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A U <input checked="" type="checkbox"/> 1 SINGLE WALL	A U <input checked="" type="checkbox"/> 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U <input checked="" type="checkbox"/> 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> 6 ANNUAL TANK TESTING
<input checked="" 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"/>
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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) **MARK OLSON** DATE **3/3/98**

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

STATE I.D.#	COUNTY # <b>01</b>	JURISDICTION # <b>000</b>	FACILITY # <b>003299</b>	TANK # <b>0000118</b>	<b>3/3/98</b>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE			

# INSTRUCTIONS FOR COMPLETING FORM "B"

## GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, *California Code of Regulations and sections 25286, 25287, and 25289* of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

## TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

### I. TANK DESCRIPTION - COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY

- A. Indicate owners tank ID # - if there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

### II. TANK CONTENTS

- A.
  1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.
  2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

### III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

### IV. PIPING INFORMATION

1. Circle "A" if above ground circle "U" if underground, and circle both if applicable.
2. If UNKNOWN circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

### V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

### VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88)
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "No".

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED [see section 2711 (a)(13) CCR]

## INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency, however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

ENVIRONMENTAL  
PROTECTION  
AGENCY  
8/1/96 2 PM 2:19  
SRI

**SRI ENVIRONMENTAL ENGINEERS & CONSULTANTS**

1855 GATEWAY BOULEVARD  
SUITE 770  
CONCORD, CALIFORNIA 94520 (510) 602-2333 FAX: (510) 687-1258

8/1/96  
9:22  
AM

August 1, 1996

Ms. Juliette Blake  
Alameda County Department of Environmental Health  
1131 Harbor Bay Parkway, Room 250  
Alameda, California 94502

STID # 365  
S 770  
365  
SH

**RE: Harcros Pigments Plant, 4650 Shellmound St., Emeryville**  
**Subject: Monitoring Well Survey Data**

Dear Ms. Blake:

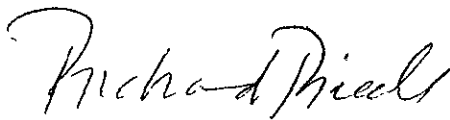
On behalf of Harcros Pigments, SRI Environmental Engineers & Consultants, Inc. (SRI) is requesting to review the files for the above referenced site including obtaining photocopies of the following report:

- *Underground Storage Tank Site Investigation* submitted by Roux Associates, Inc. on August 12, 1988.

The purpose of the file review is to locate the datum used to establish the elevations of the existing monitoring wells.

If you have any questions or need additional information, please contact the undersigned at (510)970-7468.

Sincerely,  
SRI Environmental Engineers & Consultants, Inc.



Richard Riedl  
Project Manager

cc: Wayne Groth

ALAMEDA COUNTY  
HEALTH CARE SERVICES



01-1165

AGENCY  
DAVID J. KEARS, Agency Director

Alameda County CC4580  
Environmental Health Services  
1131 Harbor Bay Pkwy., #250  
Alameda CA 94502-6577  
(510)567-6700 FAX(510)337-9335

July 18, 1996

Mr. Wayne Groth  
Hacros Pigments, Inc.  
4650 Shellmound Street  
Emeryville, California 94608

RE: Groundwater Flow Study in Emeryville

Dear Mr. Groth:

The Alameda County Department of Environmental Health, Environmental Protection Division (ACDEH) and the Department of Toxic Substances Control (DTSC) are coordinating a groundwater flow study in Emeryville, specifically in the area near the Cypress Freeway (880) reconstruction project and the EBMUD North Interceptor sanitary sewer relocation due to what appeared to be inconsistent flow directions observed at nearby sites.

The following sites under the oversight of either ACDEH or DTSC are requested to participate in this study:

Good Guys - 5800 Christie Avenue	(ACDEH)
Shellmound I, II and III - Eastshore Highway	(DTSC)
Barbary Coast - 4300 Eastshore Highway	(DTSC)
Powell Street Plaza (PIE) - 5500 Eastshore Highway	(ACDEH)
Days Inn Hotel - 1603 Powell Street	(ACDEH)
BP Oil Station - 1700 Powell Street	(ACDEH)
Shell Oil Station - 1800 Powell Street	(ACDEH)
Myers Container - 4500 Shellmound Street	(DTSC)
Hacros Pigment Plant - 4650 Shellmound Street	(ACDEH)
Goldsmith Lathrop - 5813 Shellmound Street	(ACDEH)

It is necessary to coordinate / tie-in (using the same bench mark) the groundwater elevation readings of the monitoring wells at 4650 Shellmound Street (Hacros Pigments Plant) with wells at the above listed sites.

Please inform your consultants that the tentative schedule for the groundwater elevation measurements for all the sites listed above will be on July 30, 1996.

If you have any questions regarding this letter, please contact me at (510) 567-6780 or Ted Park of DTSC at (510) 540-3847.

Sincerely,

*Susan L. Hugo*

Susan L. Hugo, Senior Hazardous Materials Specialist

c: Mee Ling Tung, Director, Environmental Health  
Gordon Coleman, Acting Chief, Environmental Protection / files  
Ted Park, DTSC, 700 Heinz Ave., Berkeley, CA 94710-2737  
Sum Arigala, San Francisco Bay RWQCB  
Rick Riedl, RAI, 1855 Gateway Blvd. #770, Concord, CA 94520

ALAMEDA COUNTY  
HEALTH CARE SERVICES



AGENCY  
DAVID J. KEARS, Agency Director

Alameda County CC4580  
Environmental Health Services  
1131 Harbor Bay Pkwy., #250  
Alameda CA 94502-6577  
(510)567-6700 FAX(510)337-9335

July 18, 1996

Mr. F.P. Lathrop  
Goldsmith Lathrop  
2000 Powell Street, #1660  
Emeryville, California 94608

**RE: Groundwater Flow Study in Emeryville**

Dear Mr. Lathrop:

The Alameda County Department of Environmental Health, Environmental Protection Division (ACDEH) and the Department of Toxic Substances Control (DTSC) are coordinating a groundwater flow study in Emeryville, specifically in the area near the Cypress Freeway (880) reconstruction project and the EBMUD North Interceptor sanitary sewer relocation due to what appeared to be inconsistent flow directions observed at nearby sites.

The following sites under the oversight of either ACDEH or DTSC are requested to participate in this study:

- Good Guys - 5800 Christie Avenue (ACDEH)
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- Barbary Coast - 4300 Eastshore Highway (DTSC)
- Powell Street Plaza (PIE) - 5500 Eastshore Highway (ACDEH)
- Days Inn Hotel - 1603 Powell Street (ACDEH)
- BP Oil Station - 1700 Powell Street (ACDEH)
- Shell Oil Station - 1800 Powell Street (ACDEH)
- Myers Container - 4500 Shellmound Street (DTSC)
- Hacros Pigment Plant - 4650 Shellmound Street (ACDEH)
- Goldsmith Lathrop - 5813 Shellmound Street (ACDEH)

It is necessary to coordinate / tie-in (using the same bench mark) the groundwater elevation readings of the monitoring wells at 5813 Shellmound Street (Goldsmith Lathrop) with wells at the above listed sites.

Please inform your consultants that the tentative schedule for the groundwater elevation measurements for all the sites listed above will be on July 30, 1996.

If you have any questions regarding this letter, please contact me at (510) 567-6780 or Ted Park of DTSC at (510) 540-3847.

Sincerely,

Susan L. Hugo, Senior Hazardous Materials Specialist

c: Mee Ling Tung, Director, Environmental Health  
Gordon Coleman, Acting Chief, Environmental Protection / files  
Ted Park, DTSC, 700 Heinz Ave., Berkeley, CA 94710-2737  
Sum Arigala, San Francisco Bay RWQCB  
Susan Beth Bowden, 1999 Harrison St., Oakland, CA 94612

**STATE WATER RESOURCES CONTROL BOARD**  
**DIVISION OF CLEAN WATER PROGRAMS**  
 2014 T STREET, SUITE 130  
 P.O. BOX 944212  
 SACRAMENTO, CALIFORNIA 94244-2120  
 (916) 227-4427  
 (916) 227-4530 (FAX)

OCT 25 1994

*JEK*  
 CALIFORNIA REGIONAL WATER



OCT 28 1994

QUALITY CONTROL BOARD

Pfizer Inc.  
 Attn: Alan Zetterberg  
 235 E. 42nd Street  
 New York, NY 10017

**UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, NOTICE OF PROPOSED WITHDRAWAL OF LETTER OF COMMITMENT: CLAIM NUMBER 000956; FOR SITE ADDRESS: 4650 Shellmound Street, Emeryville, CA 94662-0905**

A Letter of Commitment (LOC) was issued to you on June 27, 1994. Pursuant to its terms and conditions, an LOC may be withdrawn at any time if the claimant is found to be not in compliance with any applicable state rules and regulations, and with all of the terms, conditions, and commitments contained in the claimant's application.

This letter is to notify you that the Underground Storage Tank Cleanup Fund is proposing to withdraw your LOC for the following reason(s):

On September 7, 1994, you requested a two-week extension for submitting your reimbursement request. On October 6, 1994, you spoke with Allan Patton of our office and informed him that you were having difficulty locating all papers needed for the reimbursement request, and he granted you an extension of October 21, 1994. To date, the Fund has not received a reimbursement request from you.

If you are not in agreement with this decision, you may request a review of the decision by the Manager of the Underground Storage Tank Cleanup Fund Program within thirty (30) calendar days of the date of this Notice. Please send any request for review to:

Mr. Dave Deaner, Manager                      Claim No. 000956  
 Underground Storage Tank Cleanup Fund Program  
 State Water Resources Control Board  
 Division of Clean Water Programs  
 P. O. Box 944212  
 Sacramento, CA 94244-2120

If a request for review of this decision is not received within thirty (30) calendar days of the date of this Notice, your LOC will be withdrawn.

If you have any questions, please contact Blessy Torres at (916) 227-4535.

Sincerely,

*Cheryl Gordon for*  
 Francine Aguirre  
 Underground Storage Tank Cleanup Fund

cc: California Regional Water Quality  
 Control Board, San Francisco Bay Region ✓  
 Attn: Steven Ritchie  
 2101 Webster Street, Suite 500  
 Oakland, CA 94612

Alameda County EHD  
 Attn: Ed Howell  
 80 Swan Way, Room 200  
 Oakland, CA 94621



## STATE WATER RESOURCES CONTROL BOARD

DIVISION OF CLEAN WATER PROGRAMS  
 2014 T STREET, SUITE 130  
 P.O. BOX 944212  
 SACRAMENTO, CALIFORNIA 94244-2120  
 (916) 227-4307  
 (916) 227-4530 FAX



JUN 27 1994

Pfizer Inc.  
 235 E. 42nd Street  
 New York, NY 10017

UNDERGROUND STORAGE TANK CLEANUP FUND, CLAIM NO. 000956, FOR SITE ADDRESS: 4650 Shellmound Street, Emeryville, CA 94662-0905

The State Water Resources Control Board (SWRCB) takes pleasure in issuing the attached Letter of Commitment in an amount not to exceed **\$15,000**. This Letter of Commitment is based upon our review of the corrective action costs incurred to date and your application received on January 16, 1992 and may be modified by the SWRCB in writing by an amended Letter of Commitment.

**The SWRCB will take steps to withdraw this Letter of Commitment after 90 calendar days from the date of this transmittal letter unless you proceed with due diligence with your cleanup effort.** This means that you must take positive, concrete steps to ensure that corrective action is proceeding with all due speed. For example, if you have not started your cleanup effort, you must obtain three bids and sign a contract with one of these bidders within 90 calendar days. If your cleanup effort has already started and was delayed, you must resume the expenditure of funds to ensure that your cleanup is proceeding in an expeditious manner. You are reminded that you must comply with all regulatory agency time schedules and requirements. We constantly review the status of all active claims, and failure to proceed with due diligence will be grounds for withdrawal of this Letter of Commitment.

You should read the terms and conditions listed in the Letter of Commitment. Also attached you will find:

- A "Reimbursement Request Instructions" package. **You should retain this package for future reimbursement requests.** Among other information, the package includes instructions for completion of the "Reimbursement Request" form and the "Spreadsheet". These instructions must be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988. Included in these instructions are samples of Reimbursement Request forms and completed Spreadsheets. Within the package also included are:
  - A "Bid Summary Sheet" to document data on bids received.
  - Recommended Minimum Invoice Cost Breakdown.
  - A "Certification of Non-Recovery From Other Sources" which must be returned before any reimbursements can be made.
- "Reimbursement Request" forms which you must use to request reimbursement of costs incurred.
- "Spreadsheet" forms which you must use in conjunction with your Reimbursement Request.
- "Vendor Data Record" (Std. Form 204) which must be completed and returned with your first Reimbursement Request.

If you have any questions regarding the Letter of Commitment or the Reimbursement Request package, please contact Blessy Torres at (916) 227-4535.

Sincerely,

Dave Deaner, Manager  
 Underground Storage Tank  
 Cleanup Fund Program

## Attachments

cc: ✓ California Regional Water Quality  
 Control Board, San Francisco Bay Region  
 Attn: Steven Ritchie  
 2101 Webster Street, Suite 500  
 Oakland, CA 94612

Alameda County EHD  
 Attn: Ed Howell  
 80 Swan Way, Room 200  
 Oakland, CA 94621

# LETTER OF COMMITMENT FOR REIMBURSEMENT OF COSTS

CLAIM NO: 000956

AMENDMENT NO: 0

CLAIMANT: Pfizer Inc.

BALANCE FORWARD: \$0

CO-PAYEE: None

THIS AMOUNT: \$15,000

Attn: Alan Zetterberg

CLAIMANT ADDRESS: 235 E. 42nd Street  
New York, NY 10017

NEW BALANCE: \$15,000

TAX ID / SSA NO.: 13-5315170

Subject to availability of funds, the State Water Resources Control Board (SWRCB) agrees to reimburse Pfizer Inc. (Claimant) for eligible corrective action costs at Pfizer-Emeryville 4650 Shellmound Street, Emeryville, CA 94662-0905 (Site). The commitment reflected by this Letter is subject to all of the following terms and conditions:

1. Reimbursement shall not exceed \$15,000 unless this amount is subsequently modified in writing by an amended Letter of Commitment.
2. The obligation to pay any sum under this Letter of Commitment is contingent upon availability of funds. In the event that sufficient funds are not available for reasons beyond the reasonable control of the SWRCB, the SWRCB shall not be obligated to make any disbursements hereunder. If any disbursements otherwise due under this Letter of Commitment are deferred because of unavailability of funds, such disbursements will promptly be made when sufficient funds do become available. Nothing herein shall be construed to provide the Claimant with a right of priority for disbursement over any other claimant who has a similar Letter of Commitment.
3. All costs for which reimbursement is sought must be eligible for reimbursement and the Claimant must be the person entitled to reimbursement thereof.
4. Claimant must at all times be in compliance with all applicable state laws, rules and regulations and with all terms, conditions, and commitments contained in the Claimant's Application and any supporting documents or in any payment requests submitted by the Claimant.
5. No disbursement under this Letter of Commitment will be made except upon receipt of acceptable Standard Form Payment Requests duly executed by or on behalf of the Claimant. All Payment Requests must be executed by the Claimant or a duly authorized representative who has been approved by the Division of Clean Water Programs.
6. Any and all disbursements payable under this Letter of Commitment may be withheld if the Claimant is not in compliance with the provisions of Paragraph 5 above.
7. Neither this Letter of Commitment nor any right thereunder is assignable by the Claimant without the written consent of the SWRCB. In the event of any such assignment, the rights of the assignee shall be subject to all terms and conditions set forth in this Letter of Commitment and the SWRCB's consent.
8. This Letter of Commitment may be withdrawn at any time by the SWRCB if completion of corrective action is not performed with reasonable diligence.

IN WITNESS WHEREOF, this Letter of Commitment has been issued by the SWRCB this 27th day of May, 1994.

STATE WATER RESOURCES CONTROL BOARD

BY [Signature]  
Manager, Underground Storage Tank Cleanup Fund Program

BY [Signature]  
Chief, Division Administrative Services

STATE USE :  
CALSTARS CODING :  
0550 - 569.02 - 30530

\$

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

<b>MARK ONLY ONE ITEM</b>	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input 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 <b>HARCROS PIGMENTS INC</b>		NAME OF OPERATOR <b>HARCROS PIGMENTS INC</b>		
ADDRESS <b>4650 SHELLMOUND ST</b>		NEAREST CROSS STREET <b>POWELL</b>	PARCEL # (OPTIONAL)	
CITY NAME <b>EMERYVILLE</b>	STATE <b>CA</b>	ZIP CODE <b>94608</b>	SITE PHONE # WITH AREA CODE <b>510/653-6151</b>	
<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 <b>2</b>	E. P. A. I. D. # (optional)

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <b>GROTH, WAYNE</b>	PHONE # WITH AREA CODE <b>510/653-6151 x217</b>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <b>SUPERVISOR</b>	PHONE # WITH AREA CODE <b>510/653-6151 x215</b>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <b>HARCROS PIGMENTS INC</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>11 EXECUTIVE DR, SUITE 1</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <b>FAIRVIEW HEIGHTS</b>	STATE <b>IL</b>	ZIP CODE <b>62208</b>	PHONE # WITH AREA CODE	

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <b>SAME</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME	STATE	ZIP CODE	PHONE # WITH AREA CODE	

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

TY(TK) HQ **44-032206**

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

<input checked="" type="checkbox"/> box to indicate	<input checked="" 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) <b>WCGROTH WC Groth</b>	OWNER'S TITLE <b>BUSINESS DIRECTOR</b>	DATE MONTH/DAY/YEAR <b>3/31/94</b>
--	---	---------------------------------------

**LOCAL AGENCY USE ONLY**

COUNTY # <b>01</b>	JURISDICTION # <b>0100</b>	FACILITY # <b>063299</b>
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

# INSTRUCTIONS FOR COMPLETING FORM "A"

## GENERAL INSTRUCTIONS:

SECTION 2711 OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS AND SECTIONS 25286, 25287, AND 25289 OF CHAPTER 67, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE REQUIRE OWNERS TO APPLY FOR AN UST OPERATING PERMIT.

1. One FORM "A" shall be completed for all NEW PERMIT CHANGES or any FACILITY/SITE INFORMATION CHANGES.
2. SUBMIT ONLY ONE (1) FORM "A" for a Facility/Site, regardless of the number of tanks located at the site.
3. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
4. Please type or print clearly all requested information.
5. Use a hard point writing instrument, you are making 3 copies.
6. Tank owner must submit a facility plot plan to the local agency as part of the application showing the location of the USTs with respect to buildings and landmarks [Section 2711 (a)(8), CCR].
7. Tank owner must submit documentation showing compliance with state financial responsibility requirements to the local agency as part of the application for petroleum USTs [Section 2711 (a)(11), CCR].

### TOP OF FORM: "MARK ONLY ONE ITEM"

Mark an (X) in the box next to the item that best describes the reason the form is being completed.

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

1. Record name and address (physical location) of the underground tank(s).

NOTE: Address MUST have a valid physical location including city, state, and zip code.

P.O. BOX NUMBERS ARE NOT ACCEPTABLE.

Include nearest cross street and name of the operator.

2. Phone number must have an area code. If the night number is the same, write "SAME" in proper location.
3. Check the appropriate box for TYPE OF BUSINESS OWNERSHIP (ex. CORPORATION, INDIVIDUAL, etc.).
4. Check the appropriate box for TYPE OF BUSINESS.
5. If Facility/Site is located within an Indian reservation or other Indian trust lands, check the box marked "YES".
6. Indicate the NUMBER OF TANKS at this SITE.
7. Record the E.P.A. ID # or write "NONE" in the space provided.

#### II. PROPERTY OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check PROPERTY OWNERSHIP TYPE box.

#### III. TANK OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check TANK OWNERS TYPE box.

#### IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED. SEE ARTICLE 5, CHAPTER 675, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE)

Enter your Board of Equalization (BOE) UST storage fee account number which is required before your permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the \$0.006 (six mills) per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at 916 322 9669 or write to the BOE at the following address Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279 0001.

#### V. PETROLEUM UST FINANCIAL RESPONSIBILITY (MUST BE COMPLETED FOR PETROLEUM USTs ONLY, SEE SECTIONS 2711 (j)(8) OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.)

Identify the method(s) used by the owner and/or operator, in meeting the Federal and State financial responsibility requirements. USTs owned by any Federal or State agency as well as non-petroleum USTs are exempt from this requirement.

#### VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Check ONE BOX for the address that will be used for BOTH LEGAL AND BILLING NOTIFICATIONS:

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED [SEE SECTIONS 2711 (a)(13) OF TITLE 23 CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.]

#### INSTRUCTION FOR THE LOCAL AGENCIES

The county jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number may be assigned by the local agency; however, this number must be numerical and cannot contain any alphabetical characters. If the local agency prefers the State Board to assign the facility number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT FILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINALS AND FORWARD THE YELLOW COPIES TO THE FOLLOWING ADDRESS. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
C/O S.W.E.E.P.S.  
DATA PROCESSING CENTER  
P.O. BOX 527  
PARAMOUNT, CA 90723

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

<b>MARK ONLY ONE ITEM</b>	<input checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **HARCROS PIGMENTS INC**

<b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <b>D</b>	B. MANUFACTURED BY: <b>MODERN WELDING</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>1990</b>	D. TANK CAPACITY IN GALLONS: <b>10,000</b>

<b>II. TANK CONTENTS</b> IF A-1 IS MARKED, COMPLETE ITEM C.		
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input checked="" type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED <input checked="" type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASOLINE <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. #:

<b>III. TANK CONSTRUCTION</b> 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 type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 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 type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input type="checkbox"/> NO <input type="checkbox"/>		
D. 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 SPILL CONTAINMENT INSTALLED (YEAR):		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR):

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

<b>V. TANK LEAK DETECTION</b>	
<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 checked="" type="checkbox"/> 5 GROUND WATER MONITORING <input checked="" type="checkbox"/> 6 TANK TESTING <input checked="" type="checkbox"/> 7 INTERSTITIAL MONITORING <input type="checkbox"/> 91 NONE <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER

<b>VI. TANK CLOSURE INFORMATION</b>		
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) <b>WC GROTH</b> <i>WC Groth</i>	DATE <b>3/31/94</b>
--	---------------------

<b>LOCAL AGENCY USE ONLY</b> THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<b>01</b>	<b>000</b>	<b>003299</b>	<b>000018</b>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		
		<b>3/30/98</b>		

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

# INSTRUCTIONS FOR COMPLETING FORM "B"

## GENERAL INSTRUCTIONS:

1. One FORM "B" shall be completed for each tank for all **NEW PERMITS, PERMIT CHANGES, REMOVALS** and/or any other **TANK INFORMATION CHANGE**.
2. This form should be completed by either the **PERMIT APPLICANT** or the **LOCAL AGENCY UNDERGROUND TANK INSPECTOR**.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.

## TOP OF FORM: "MARK ONLY ONE ITEM"

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

## I. TANK DESCRIPTION - COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACMB TANK MFG.).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.)

## II. TANK CONTENTS

- A. 1. If **MOTOR VEHICLE FUEL**, check box 1 and complete items B & C.  
2. If not **MOTOR VEHICLE FUEL**, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of **MOTOR VEHICLE FUEL** (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

## III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in **TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING** and **CORROSION PROTECTION**.
2. If **OTHER**, print in the space provided.

## IV. PIPING INFORMATION

1. Circle **A** if above ground; circle **U** if underground; and circle both if applicable.
2. If **UNKNOWN**, circle; or if **OTHER**, print in space provided.
3. Indicate the **LEAK DETECTION** system(s) used to comply with the monitoring requirement for the piping.

## V. TANK LEAK DETECTION

1. Indicate the **LEAK DETECTION** system(s) used to comply with the monitoring requirements for the tank.

## VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. **ESTIMATED DATE LAST USED - MONTH/YEAR** (January, 1988 or 01/88).
2. **ESTIMATED QUANTITY** of **HAZARDOUS SUBSTANCE** remaining in the tank (in Gallons).
3. **WAS TANK FILLED WITH INERT MATERIAL?** Check 'Yes' or 'NO'.

**APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.**

## INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)739-2421. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency; however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

**IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(6) TO THE FOLLOWING ADDRESS.**

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
C/O S.W.B.E.P.S.  
DATA PROCESSING CENTER  
P.O. BOX 527  
PARAMOUNT, CA 90723

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 checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **HARCROS PIGMENTS INC**

**I. TANK DESCRIPTION** COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <b>G</b>	B. MANUFACTURED BY: <b>MODERN WELDING</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>1990</b>	D. TANK CAPACITY IN GALLONS: <b>1,000</b>

**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 checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" 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 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	
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 type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input 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 type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
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 checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ?		<input type="checkbox"/> 4 PHENOLIC LINING
	YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> 99 OTHER
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 checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
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 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 checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input checked="" 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 checked="" type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input checked="" 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) **W.C. GROTH** *W.C. Groth* DATE **3/31/94**

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<b>01</b>	<b>000</b>	<b>003299</b>	<b>000019</b>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	
			<b>3/30/98</b>	

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

FORM B (12-91)

FOR0034B-R6

**LOCAL AGENCY USE ONLY**

STATE TANK I.D. #	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<b>01</b>	<b>000</b>	<b>003299</b>	<b>000018</b>

FORM C (7/91)

THIS FORM MUST BE ACCOMPANIED BY PERMIT APPLICATION FORMS A & B UNLESS THEY HAVE BEEN FILED PREVIOUSLY

FOR0035C7

**INSTRUCTIONS FOR COMPLETING FORM "B"**

**GENERAL INSTRUCTIONS:**

1. One FORM "B" shall be completed for each tank for all **NEW PERMITS, PERMIT CHANGES, REMOVALS** and/or any other **TANK INFORMATION CHANGE**.
2. This form should be completed by either the **PERMIT APPLICANT** or the **LOCAL AGENCY UNDERGROUND TANK INSPECTOR**.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.

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**INSTRUCTIONS FOR COMPLETING FORM "C": TANK INSTALLATION CERTIFICATION**

**GENERAL INSTRUCTIONS**

1. Each tank system must be in compliance with the federal and state technical standards, contained in law and regulations, for tank and piping installation.
  2. This certification shall be completed by either the UST owner or representative.
  3. One certification is required for each tank system. This form shall be used to make the required certification.
  4. Please type or print clearly all requested information (for printing, please use a hard point writing instrument).
  5. Submit the completed certification to the appropriate Local Implementing Agency.
- I. **INSTALLATION:** MARK ALL OF THE ITEMS THAT APPLY TO INDICATE THAT THE INSTALLATION REQUIREMENTS ARE MET.
- II. **OATH:** THE TANK OWNER OR AGENT SHALL CERTIFY, BY SIGNING THE CERTIFICATION, THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. THE PERSON'S NAME SHOULD BE PRINTED UNDER THE SIGNATURE.



STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
CERTIFICATION OF COMPLIANCE  
FOR UNDERGROUND STORAGE TANK INSTALLATION  
FORM C



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM

I. SITE LOCATION

STREET 4650 SHELLMOUND ST  
CITY EMERYVILLE COUNTY ALAMEDA

II. INSTALLATION (mark all that apply):

- The installer has been certified by the tank and piping manufacturers.
- The installation has been inspected and certified by a registered professional engineer.
- The installation has been inspected and approved by the implementing agency.
- All work listed on the manufacturer's installation checklist has been completed.
- The installation Contractor has been certified or licensed by the Contractors State License Board.
- Another method was used as allowed by the implementing agency. (Please specify.)

III. OATH I certify that the information provided is true to the best of my belief and knowledge.

Tank Owner/Agent WC Groth Date 3/31/94  
Print Name WC Groth Phone (510) 653-6151  
Address 4650 Shellmound St, Emeryville 94608

LOCAL AGENCY USE ONLY

STATE	COUNTY #	JURISDICTION #	FACILITY #	TANK #
TANK I.D. #	01	000	003299	000019

**INSTRUCTIONS FOR COMPLETING FORM "C": TANK INSTALLATION CERTIFICATION**

**GENERAL INSTRUCTIONS**

1. Each tank system must be in compliance with the federal and state technical standards, contained in law and regulations, for tank and piping installation.
2. This certification shall be completed by either the UST owner or representative.
3. One certification is required for each tank system. This form shall be used to make the required certification.
4. Please type or print clearly all requested information (for printing, please use a hard point writing instrument).
5. Submit the completed certification to the appropriate Local Implementing Agency.

- I. **INSTALLATION:** MARK ALL OF THE ITEMS THAT APPLY TO INDICATE THAT THE INSTALLATION REQUIREMENTS ARE MET.
  
- II. **OATH:** THE TANK OWNER OR AGENT SHALL CERTIFY, BY SIGNING THE CERTIFICATION, THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. THE PERSON'S NAME SHOULD BE PRINTED UNDER THE SIGNATURE.

9/23

ENVIRONMENTAL CONSULTING & MANAGEMENT

SEP 26 1991

**ROUX ASSOCIATES**



1350 ARNOLD DRIVE  
SUITE 201  
MARTINEZ, CALIFORNIA 94553 510 370-2275 FAX # 510 370-2235

CF

01-1165

**Transmittal/Memorandum**

**To:** Mr. Lester Feldman  
Regional Water Quality Control Board  
2101 Webster Street, Room 500  
Oakland, California 94612

**From:** Paul Supple PS

**Date:** September 12, 1991

**Subject:** Third Quarter Ground Water Monitoring  
~~Harcros Pigments Plant~~  
4650 Shellmound Street  
Emeryville, California

bu

LD-6

site name

**Job No.:** HP19801W

**Remarks:** Enclosed is one copy of the subject report for your files.

**cc:** Mr. Gil Wistar, Alameda County Department of Environmental Health  
Mr. Mike Herzog, Harcros Pigments, Inc.

CONSULTING GROUND-WATER  
GEOLOGISTS AND ENGINEERS  
**ROUX ASSOCIATES**



1340 ARNOLD DRIVE  
SUITE 231  
MARTINEZ, CALIFORNIA 94553 415 370-2275 FAX # 415 370-2235

RECEIVED

DEC 18 1990

EMERYVILLE, CALIF.

December 13, 1990

Mr. Mike Herzog  
Harcros Pigments, Inc.  
4650 Shellmound Street  
Emeryville, CA 94662

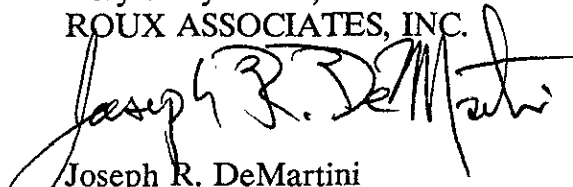
Subject: Installation and Sampling of Two Monitoring Wells Downgradient from the Former Waste Oil Tank Pit Excavation Area at the Harcros Pigments Plant, 4650 Shellmound Street, Emeryville, California

Dear Mike:

This letter is intended to formalize our conversation today regarding the installation and sampling of two monitoring wells downgradient from the former waste oil tank pit excavation area at the Harcros Pigments Plant in Emeryville, California. As we discussed, Roux Associates has scheduled the ~~well drilling and installation for December 20, 1990.~~ We will ~~resume quarterly monitoring at the Plant within approximately two weeks of the installation of these two wells.~~ Following receipt of the laboratory reports on the first round of ground water samples (i.e. quarterly monitoring samples) collected, Roux Associates will prepare a report summarizing the recent work at the site, including the installation and sampling of monitoring wells.

Please call me if you have any questions.

Very Truly Yours,  
ROUX ASSOCIATES, INC.



Joseph R. DeMartini  
Senior Engineer

cc: J. Deblock, Harcros Pigments

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



November 20, 1990

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

Mr. Michael Herzog  
Harcros Pigments, Inc.  
P.O. Box 8215  
Emeryville, CA 94662

Re: Follow-up to 9/19/90 letter from this office to Harcros  
Pigments, 4650 Shellmound St., Emeryville

Dear Mr. Herzog:

This office has received several reports on the above facility since our letter addressing further needs at the site. These needs related to the diesel release around the boiler. In an October 5 letter, Harcros described what actions were taken to characterize and dispose of contaminated soil and groundwater resulting from this release. This chronology was acceptable, showing that these materials were handled properly.

Subsequently, on October 22, Roux Associates submitted an amended work plan for further environmental characterization from the diesel release at the site. This addendum to the original May 29, 1990 work plan is acceptable, and work should proceed as quickly as possible.

Regarding the ongoing investigation resulting from the removal of the 11 underground tanks in December 1989, we still have not received a report on the installation of the downgradient monitoring well. This requirement was discussed in letters from this office dated March 20, and May 9, 1990; these letters also mentioned the need to sample all on-site wells on a quarterly basis.

If you have any questions about this letter, please contact me at 271-4320.

Sincerely,

Gil Wistar  
Hazardous Materials Specialist

cc: Joseph DeMartini, Roux Associates (1340 Arnold Dr., Suite 231,  
Martinez, CA 94553)  
Rafat A Shahid, Asst. Agency Director, Environmental Health  
files

CONSULTING GROUND-WATER  
GEOLOGISTS AND ENGINEERS  
**ROUX ASSOCIATES**



1340 ARNOLD DRIVE  
SUITE 231  
MARTINEZ, CALIFORNIA 94553 415 370-2275 FAX # 415 370-2235

November 7, 1990

Mr. Gil Wistar  
Hazardous Materials Specialist  
Alameda County Department of Environmental Health  
80 Swan Way, Rm. 200  
Oakland, CA 94621


Subject: Approval of the Work Plan for Installation of Two Monitoring Wells  
Downgradient from the Former Waste Oil Tank Pit Excavation Area at the  
Harcros Pigments Plant, 4650 Shellmound Street, Emeryville, California, dated  
October 22, 1990

Dear Mr. Wistar:

Thank you for your verbal approval (by phone, on November 6, 1990) of the subject Work Plan. We will be proceeding with the installation of the monitoring wells based on this verbal approval. Please send written approval of the Work Plan to Harcros Pigments, for their files. This approval should be addressed to Mr. Mike Herzog at the Harcros Emeryville Plant.

Please contact me at (415) 370-2275 if you have any questions.

Very Truly Yours,  
ROUX ASSOCIATES WEST, INC.

  
Joseph R. DeMartini  
Senior Engineer

cc: Mr. M. Herzog, Harcros, Emeryville

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



September 19, 1990

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

Mr. Michael S. Herzog  
Harcros Pigments, Inc.  
P.O. Box 8215  
Emeryville, CA 94662

**RE: Results from soil borings and excavation in the area of  
ruptured diesel pipeline(s), 4650 Shellmound St.**

Dear Mr. Herzog:

We have reviewed the results of Roux Associates' work in the area of the diesel release, and have discussed these results and their implications with Paul Supple at Roux. Apparently, much of the remaining soil contamination (up to 2,300 ppm diesel) must be left in place, because its removal could undermine the recently installed underground tanks and pipelines.

Given this information, two additional monitoring wells must be installed downgradient of the contaminated soil areas; one well should be located east of Service Building 10, downgradient of the "hot" sidewall samples S-4 and S-5. The other well needs to be located within 10 feet and downgradient of the pit in which boring RB-28 was drilled. Existing monitoring wells that may be further downgradient of these areas are too far away to provide meaningful and timely information on the potential effect of the diesel release on groundwater.

Additionally, we need a plan for the remediation/disposal of contaminated soil as well as groundwater already pumped from the new tank backfill area. Please submit a work plan for these items by **October 19, 1990**. If you have any questions about this letter, please contact the undersigned at 271-4320.

Sincerely,

Gil Wistar  
Hazardous Materials Specialist

cc: Paul Supple, Roux Associates (1340 Arnold Dr., Suite 231,  
Martinez, CA 94553)  
Rafat A Shahid, Asst. Agency Director, Environmental Health  
files

ALCO  
HAZMAT  
94 APR 22 AM 10:48



1855 GATEWAY BOULEVARD  
SUITE 770  
CONCORD, CALIFORNIA 94520 510 602-2333 FAX# 510 687-1258

**Transmittal/Memorandum**

---

**To:** Ms. Susan Hugo  
Alameda County Department of Environmental Health  
80 Swan Way, Room 350  
Oakland, California 94621

---

**From:** Todd Ramsden

**Date:** April 21, 1994

**Subject:** First Quarter Ground Water Monitoring  
Harcros Pigments Plant  
4650 Shellmound Street  
Emeryville, California

**Job No.:** 19801W

---

**Remarks:**

Attached please find a copy of the subject report for your files.

---

**cc:** Mr. Wayne Groth, Harcros Pigments, Inc.

↳ (510) 653-6151 X 217





1855 GATEWAY BOULEVARD  
SUITE 770  
CONCORD, CALIFORNIA 94520 510 602-2333 FAX# 510 687-1258

94 FEB 28 PM 12:48

February 24, 1994

SAD 365

Ms. Susan Hugo  
Alameda County Department of Environmental Health  
80 Swan Way, Room 200  
Oakland, CA 94621

Dear Ms. Hugo:

On behalf of Harcros Pigments Company (Harcros), Roux Associates, Inc. has prepared this letter to request authorization to modify the schedule of ground water monitoring events at the Harcros facility located at 4650 Shellmound Street in Emeryville, California.

Quarterly ground water monitoring has been done at the site since January 1991. At present, ground water samples are collected from one well (RW-22) at the site and analyzed for volatile organic compounds using USEPA Method 8240. Historically two compounds have been detected in ground water from RW-22: cis-1,2-Dichloroethene and trans-1,2-Dichloroethene, at maximum concentration levels of 7.0  $\mu\text{g/L}$  and 6.0  $\mu\text{g/L}$  respectively. The laboratory detection limits for both of these compounds is 5.0  $\mu\text{g/L}$ .

Analysis of the ground water from RW-22 has shown that concentrations of cis-1,2-Dichloroethene and trans-1,2-Dichloroethene have both remained below laboratory detection limits for the last four quarters. Based on this information, Harcros requests authorization to reduce the frequency of ground water monitoring to an annual schedule. This change in schedule would take place immediately. The next ground water samples will be collected in March 1994, with succeeding monitoring events taking place at twelve month intervals. Please call Todd Ramsden if you have any questions regarding this letter.

Respectfully,  
ROUX ASSOCIATES INC.

Todd W. Ramsden, R.G.  
Project Geologist

Steven Anderson, P.E.  
Director

**Harcros Pigments Inc.**

P.O. Box 8215  
4650 Shellmound Street  
Emeryville, CA 94662  
Telephone (415)653-6151



**HARCROS**  
CHEMICAL GROUP

July 11, 1990

Alameda County Department of Environmental Health  
Hazardous Materials Program  
80 Swan way, Room 200  
Oakland, CA 94621

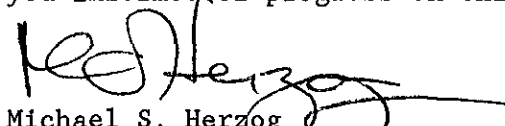
Attention: Gilbert M. Wistar  
Hazardous Materials Specialist

Re: Monitoring Wells & Soil Remediation Project

We met today with representatives of Roux Associates to discuss the schedule for work covered in their plan dated 29 May 1990.

Depending upon the availability of drilling equipment, work on the abandonment of wells RW-4 and RW-11 in the excavation area and unused well RW-8 and the installation of a new well in the former diesel tank pit will begin in two to three weeks.

We will also arrange for the excavation of the contaminated soil by Diablo Tank & Equipment. The schedule for the disposition of the soil and the installation of a second monitoring well will depend upon the extent of the excavation and the degree of contamination. We will keep you informed of progress on this project.

  
Michael S. Herzog  
Environmental/Project Manager

MSH/jm  
\wp\m\msh281

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

July 3, 1990

Mr. Michael Herzog  
Harcros Pigments, Inc.  
4650 Shellmound St.  
Emeryville, CA 94608

**Re: Work plan submitted by Roux Associates for Harcros Pigments**

Dear Mr. Herzog:

The Alameda County Department of Environmental Health, Hazardous Materials Division has reviewed the work plan to remediate diesel-contaminated soil and install monitoring wells at the Harcros pigments plant. This work plan is acceptable, and the tasks described should be implemented as soon as possible. Our only objection involves the plan to dispose of monitoring well development water contaminated with "less than 10 mg/L TPH-D" as irrigation water on-site. No water with any detectable levels of hydrocarbons may be disposed of in this manner; it may be acceptable to dispose of such mildly contaminated water to the sanitary sewer.

If you have any questions about this letter, please contact the undersigned at 271-4320.

Sincerely,

Gil Wistar  
Hazardous Materials Specialist

cc: Paul Supple, Roux Associates (1340 Arnold Dr., Suite 231,  
Martinez, CA 94553)  
Rafat A Shahid, Asst. Agency Director, Environmental Health  
files

CONSULTING GROUND-WATER  
GEOLOGISTS AND ENGINEERS  
**ROUX ASSOCIATES**



1340 ARNOLD DRIVE  
SUITE 231  
MARTINEZ, CALIFORNIA 94553 415 370-2275 FAX # 415 370-2235

90 MAY 31 PM 1:31

May 29, 1990

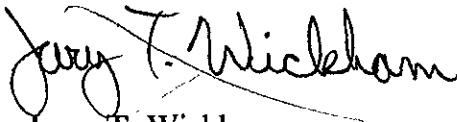
Mr. Gil Wistar  
Alameda County Health  
Care Services Agency  
Dept. of Environmental Health  
80 Swan Way, Room 200  
Oakland, CA 94621

Dear Gil:

Enclosed is one copy of a work plan, including a project schedule, for soil excavation and remediation and ground-water monitoring at the **Harcros Pigments Plant** in Emeryville. The work plan addresses those items presented in your May 9, 1990 correspondence.

I will call you at the end of this week to see if there are any questions regarding the work plan. Please feel free to call me in the meantime if you have questions.

Sincerely,  
ROUX ASSOCIATES WEST, INC.

  
Jerry T. Wickham  
Principal Hydrogeologist

  
PAUL SUPPLE

JTW:jc

Enclosure

cc: Mr. Michael Herzog (3)  
Mr. Wayne McCoy (2)

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



May 9, 1990

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

Mr. G. L. Metcalf, Plant Manager  
Harcros Pigments, Inc.  
P.O. Box 8215  
Emeryville, CA 94662-0905

**RE: Review of report on diesel spill and of request to reconsider monitoring well requirement, 4650 Shellmound St, Emeryville**

Dear Mr. Metcalf:

The Alameda County Department of Environmental Health, Hazardous Materials Division has reviewed the Roux Associates May 1, 1990 report on actions taken to investigate the boiler fuel release in the vicinity of the above-ground diesel piping. We have also reviewed your request for the Division to reconsider its stated requirement for the installation of a monitoring well outside of the former diesel tank pit.

With regard to the diesel fuel release, we concur with Roux Associates' recommendations on soil excavation and treatment/removal. The only thing lacking from the Roux report is a schedule or timetable for the performance of this soil work; please let us know when this work will be performed. In addition, the two new monitoring wells, RW-22 and RW-23, need to be monitored on a quarterly basis for at least one year. This will satisfy Regional Water Board requirements for monitoring potential plume movement in local groundwater.

The Division disagrees that the request for an additional monitoring well outside of the former diesel tank pit is "redundant." While there is in fact a monitoring well about 30 feet north of the pit, this well is at best cross-gradient from the location of the holes in the one diesel tank. Water Board requirements call for a monitoring well within 10 feet of the site of fuel release, in the verified downgradient direction. According to Roux Associates' August 12, 1988 report, groundwater beneath the site flows either westward towards San Francisco Bay or towards the northwest; thus, we are requiring that you install a monitoring well west or northwest of the northwest corner of the former tank pit. Although "hydro-punching" can yield useful information in determining the best location to sink a monitoring well, this technique does not by itself satisfy the Board's groundwater monitoring requirement, for the following reasons:

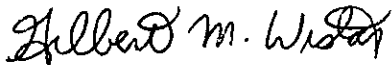
1. As mentioned above, wells need to be sampled on a quarterly basis, and a "hole in the ground" provides only a one-time glimpse of groundwater conditions.

Mr. G. L. Metcalf  
May 9, 1990  
Page 2 of 2

2. Because of the way a hydro-punch is constructed, samples taken from it may under-represent the actual levels of dissolved volatile constituents in the unconfined aquifer. Evaporation of these dissolved constituents is more likely to occur in a sample from an open hole than from a properly constructed monitoring well.

If you have any questions about this letter, please contact the undersigned at 271-4320.

Sincerely,



Gil Wistar  
Hazardous Materials Specialist

cc: Jerry Wickham, Roux Associates (1340 Arnold Dr., Suite 231,  
Martinez, CA 94553)  
Rafat A Shahid, Asst. Agency Director, Environmental Health  
files

CONSULTING GROUND-WATER  
GEOLOGISTS AND ENGINEERS  
**ROUX ASSOCIATES**



1340 ARNOLD DRIVE  
SUITE 231  
MARTINEZ, CALIFORNIA 94553 415 370-2275 FAX # 415 370-2235

May 2, 1990

Mr. Gil Wistar  
Alameda County Health Care Services Agency  
Dept. of Environmental Health  
80 Swan Way, Room 200  
Oakland, CA 94621

Dear Mr. Wistar:

Enclosed is one copy of the report titled "Diesel Fuel Site Investigation" that describes site investigation activities performed in the area where diesel fuel was detected in two monitoring wells at the Pfizer Pigments Plant in Emeryville, California. This site investigation was performed according to the procedures presented in a work plan submitted on March 8, 1990. Approval of the work plan was sent by your office to Mr. G.L. Metcalf of Pfizer Pigments Inc. in correspondence dated March 20, 1990. Based on the results of this site investigation, remedial actions have been recommended. A work plan describing the details of the remedial action will be submitted to your office by June 3, 1990.

With respect to the separate request also presented in your March 20, 1990 correspondence for installation of one monitoring well within the former diesel tank pit area, no monitoring well has been installed to date. Further clarification of the need for a monitoring well in the former diesel tank pit has been requested in separate correspondence to your office from Mr. G.L. Metcalf of Pfizer Pigments Inc. dated May 2, 1990.

Please call me if you have any questions regarding the site investigation report at 370-2275.

Sincerely,  
ROUX ASSOCIATES WEST, INC.

A handwritten signature in black ink that reads "Jerry T. Wickham". The signature is written in a cursive style.

Jerry T. Wickham  
Principal Hydrogeologist

Enclosure

cc: Lester Feldman, SF Bay RWQCB  
G.L. Metcalf/J. Deblock, Pfizer Pigments  
Wayne McCoy, Pfizer



**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST., P.O. BOX 8215 • EMERYVILLE, CA 94662-0905  
415 / 653-6151

May 1, 1990

Mr. Gil Wistar  
Hazardous Materials Specialist  
Department of Environmental Health  
Hazardous Materials Program  
80 Swan Way, Suite 200  
Oakland, CA 94621

Dear Mr. Wistar:

Your March 20, 1990 request for a monitoring well within the former diesel fuel tank pit at the Emeryville plant has been reviewed by the Pfizer corporate environmental group. A tank removal work plan (November 20, 1989) and a report describing tank removal operations, sampling results, and soil clean up (March 8, 1990) were previously submitted to your office.

Our corporate environmental group is questioning the necessity for the ground water monitoring program. Their questions and the need to consult with Roux Associates has caused a delay in our installing the monitoring well by the May 3 deadline.

The corporate group feels:

- the soil removed from the tank excavation was only slightly contaminated with the maximum concentration of 190 ppm of diesel residue in the soil.
- the soils that were left in place are clean as indicated by the side wall samples which had not detectable levels of diesel fuel.
- the tank pit was backfilled with clean fill.
- all contaminated soils were removed from the site.
- the water samples contained non detectable to 3 ppm of diesel fuel.
- an existing monitoring well is approximately 30 feet north of the former diesel fuel tank pit.

The request for an additional monitoring well is redundant.



Mr. Gil Wistar  
Page 2,

May 1, 1990

Therefore we request that you reconsider the questions raised by our corporate group. If after addressing their concerns, you feel that a ground water sample is needed we will obtain the sample within 30 days of your decision. Please indicate whether a ground-water sample can be obtained by alternative methods to a monitoring well, such as a Hydropunch, or whether a monitoring well is required.

Sincerely yours,

  
G. L. Metcalf  
Plant Manager

GLM/jm  
\wp\g\778

cc: M. S. Herzog  
J. N. Deblock  
W. E. McCoy



**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST, P O. BOX 8215 • EMERYVILLE, CA 94662-0905  
415 / 653-6151

April 26, 1990

Alameda County Dept. of Environmental Health  
Division of Hazardous Materials  
800 Swan Way, Room 200  
Oakland, CA 94621

Attention: Gil Wistar

On May 1, 1990 the ownership of this facility will transfer from Pfizer Pigments Inc. to a separate company named Harcros Pigments Inc.


This transfer will not immediately affect the nature of the business but responsibility for environmental compliance will transfer to the new company. The facility will continue to report to your agency under various state and federal environmental regulations as we have in the past.

For your records, please note the name change for the facility described below:

EPA I.D. # CAD 009206178

D&B # 00-920-6178

I may be reached at the above telephone number, extension 246, to answer any questions about the transfer.

  
Michael S. Herzog  
Manager, Process Engineering

MSH/jm  
\wp\m\msh336

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Director



DEPT. OF ENVIRONMENTAL HLTH  
HAZARDOUS MATERIALS PROG.  
80 SWAN WAY, SUITE 200  
OAKLAND, CA 94621  
430-4530

Telephone Number: (415)

March 20, 1990

Mr. G. L. Metcalf  
Pfizer Pigments, Inc.  
P.O. Box 8215  
Emeryville, CA 94662-0905

**RE: Response to work plan to investigate subsurface diesel fuel and  
to tank closure report/recommendations at Pfizer**

Dear Mr. Metcalf:

The Alameda County Department of Environmental Health, Hazardous Materials Division, has reviewed two reports from Roux Associates, one proposing a scope of work to characterize and remediate diesel contamination, and the other summarizing the sampling results from the December 1989 tank removal. The work plan calls for five soil borings surrounding the subsurface area of free product, and three monitoring wells in this same area. The second phase of work will involve the excavation of a product collection trench (if deemed necessary), and the final phase, a summary report of all site work. We accept this approach to characterization, remediation, and reporting, with the exception that we are requiring a brief report on soil and groundwater samples to be prepared as soon as possible after results are available. This report is due **May 3, 1990**.

With respect to the tank removal report, we concur that soil investigation and cleanup appears to be complete. However, one monitoring well will have to be installed in the former diesel tank pit area. This well should be located within 10 feet downgradient of the tank found to have holes (the tank along the northwest corner of the pit). The report of this well's installation, sampling, and analysis will also be due to this office by May 3. As with the other monitoring wells on the premises, this well must be sampled on a quarterly basis.

If you have any questions about this letter, please contact the undersigned at 271-4320.

Sincerely,

Gil Wistar  
Hazardous Materials Specialist

cc: Jerry Wickham, Roux (1340 Arnold Dr. #231, Martinez, CA 94553)  
Lester Feldman, San Francisco Bay RWQCB  
Rafat A. Shahid, Asst. Agency Director, Environmental Health  
files



**PFIZER PIGMENTS INC.**  
90 MAR 16 PM 6:22  
A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST., P.O. BOX 8215 • EMERYVILLE, CA 94662-0905  
415 / 653-6151

March 12, 1990

Mr. Gil Wistar  
Alameda County Dept. of Environmental Health  
80 Swan Way, Room 200  
Oakland, CA 94621

Dear Mr. Wistar,

There are two (2) enclosures with this cover letter. One is the work plan that we are submitting to investigate the extent of a diesel fuel oil spill that we reported on February 6, 1990. The other is a report covering the removal of eleven underground storage tanks on December 12 and 13, 1989.

Please let me know if you need any more information.

  
G. L. Metcalf

cc: Regional Water Quality Control Board  
1800 Harrison St., Suite 700  
Oakland, CA 94612

Enclosures

\wp\A\26

Am 219

# 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 25180.7 OF THE HEALTH AND SAFETY CODE.	
REPORT DATE 0 M 2 M 0 D 6 D 9 Y 0 Y		CASE #		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT J. N. Deblock		PHONE (415) 653-6151		SIGNATURE <i>J. N. Deblock</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		
RESPONSIBLE PARTY	ADDRESS 4608 Shellmound Street, Emeryville, CA 94608				
	NAME <input checked="" type="checkbox"/> UNKNOWN		CONTACT PERSON		PHONE ( )
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Pfizer Pigments Inc.		OPERATOR Pfizer Pigments Inc.		PHONE (415) 653-6151
	ADDRESS 4650 Shellmound Street, Emeryville, Alameda 94608				
	CROSS STREET Christie		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
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Health Services		CONTACT PERSON Gil Wistar		PHONE ( )
	REGIONAL BOARD Region 2 San Francisco		RW-QCB		PHONE (415) 464-1255
SUBSTANCES INVOLVED	(1) NAME Unknown diesel fuel		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2)		<input type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 M 1 M 2 D 2 D 9 Y 0 Y		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN ____ M ____ M ____ D ____ D ____ Y ____ Y <input checked="" 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 checked="" type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER Valve		
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE ____ M ____ M ____ D ____ D ____ Y ____ Y				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER Valve Leak		TANKS ONLY/CAPACITY N/A GAL. AGE _____ YRS <input type="checkbox"/> UNKNOWN		MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER
	CAUSE(S) <input type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> N/A <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER				
CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <input checked="" 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 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 checked="" 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 (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input checked="" type="checkbox"/> OTHER (OT) Under study				
COMMENTS	Some fuel was observed in monitoring well on 1/22/90. Source and quantity of fuel at that time was unknown. Additional work on 2/2 indicates subsurface release.				

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (SES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the SES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the SES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety Code Section 25100.7, a designated government employee should sign and date the form in 2's block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility and surrounding area. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/STATEMENT

Provide information regarding the discovery and location of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Provide details on tank age, capacity and material if known. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affecting water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY.

### REMEDIAL ACTION

Indicate which actions have been used to cleanup or remediate the leak. Descriptions of options follow:

- Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.
- Containment Barrier - install vertical dike to block horizontal movement of contaminant.
- Excavate and Dispose - remove contaminated soil and dispose in approved site.
- Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).
- Remove Free Product - remove floating product from water table.
- Pump and Treat Groundwater - generally employed to remove dissolved contaminants.
- Enhanced Bioremediation - use of any available technology to promote bacterial decomposition of contaminants.
- Replace Supply - provide alternative water supply to affected parties.
- Treatment at Hookup - install water treatment device at each dwelling or other place of use.
- No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies in fact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Water Quality, Underground Tank Program, P. O. Box 160, Sacramento, CA 95831
3. Regional Water Quality Control Board
4. County Board of Supervisors or local agency to receive Proposition 65 notifications.
5. Owner/responsible party.

Am  
219

# 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 25180.7 OF THE HEALTH AND SAFETY CODE		
REPORT DATE 0 M 2 M 0 D 6 D 9 Y 0 Y		CASE #		SIGNED: _____ DATE: _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT J. N. Deblock		PHONE (415) 653-6151		SIGNATURE <i>J. N. Deblock</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			
	ADDRESS 4608 Shellmound Street, Emeryville, CA 94608					
RESPONSIBLE PARTY	NAME <input checked="" type="checkbox"/> UNKNOWN		CONTACT PERSON		PHONE ( )	
	ADDRESS STREET CITY STATE ZIP					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Pfizer Pigments Inc.		OPERATOR Pfizer Pigments Inc.		PHONE (415) 653-6151	
	ADDRESS 4650 Shellmound Street, Emeryville, Alameda 94608					
	CROSS STREET Christie		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	
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Health Services		CONTACT PERSON Gil Wistar		PHONE ( )	
	REGIONAL BOARD Region 2 San Francisco		RW-OCB		PHONE (415) 464-1255	
SUBSTANCES INVOLVED	(1) NAME Unknown diesel fuel		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2)		<input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 M 1 M 2 D 2 D 9 Y 0 Y		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN M M D D Y Y <input checked="" 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 checked="" type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER <u>Valve</u>			
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE M M D D Y Y					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER <u>Valve Leak</u>		TANKS ONLY/CAPACITY <u>N/A</u> GAL AGE _____ YRS <input type="checkbox"/> UNKNOWN		MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER	
					CAUSE(S) <input type="checkbox"/> OVERFILL <u>N/A</u> <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER	
CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input checked="" 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 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 checked="" 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 (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (C) <u>Under study</u>					
COMMENTS	Some fuel was observed in monitoring well on 1/22/90. Source and quantity of fuel at that time was unknown. Additional work on 2/2 indicates subsurface release.					

INSTRUCTIONS

EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (SES) at 2801 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety Code Section 25199.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

SITE LOCATION

Enter information regarding the tank facility and surrounding area. At a minimum, you must provide the facility name and full address.

IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control board involved.

SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE

Indicate source(s) of leak. Provide details on tank age, capacity and material if known. Check boxes indicating cause of leak.

CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change with further investigation.

CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY.

REMEDIATION ACTION

Indicate which actions have been used to cleanup or remediate the leak. Descriptions of actions follow:

- Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.
- Containment Barrier - install vertical dike to block horizontal movement of contaminant.
- Excavate and Dispose - remove contaminated soil and dispose in approved site.
- Excavate and Treat - remove contaminated soil and treat (e.g., soil sorption or land farming).
- Remove Free Product - remove floating product from water table.
- Pump and Treat Groundwater - generally employed to remove dissolved contaminants.
- Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.
- Replace Supply - provide alternative water supply to affected parties.
- Treatment as Backup - install water treatment devices at drinking or other place of use.
- No Action Required - incident is minor, requiring no remedial action.

90788-9 PH 1-26

COMMENTS - Use this space to elaborate on any aspects of the incident. SIGNATURE - Sign the form in the space provided. DISTRIBUTION

- If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies in fact to your local tank permitting agency for distribution.
1. Original - local Tank Permitting Agency
  2. State Water Resources Control Board, Division of Water Quality, Underground Tank Program, P. O. Box 106, Sacramento, CA 95801
  3. Regional Water Quality Control Board
  4. County Board of Supervisors or designee to receive Process Unit notifications.
  5. Owner/responsible party.





FACSIMILE TRANSMITTAL

TO:

653-0566

Fax Phone Number

Floor/Room # \_\_\_\_\_

Name:

Jim Deblock

Title/Section \_\_\_\_\_

Agency:

Pfizer Pigments

Address: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

FROM:

568-3706

Fax Phone Number

Floor/Room # \_\_\_\_\_

Date:

1/5/90

Time Sent: \_\_\_\_\_

2:15 p.m.

Sender:

Bill Wistar

Title/Section \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

271-4320

Number of Pages Including Transmittal Sheet: 2

Special Instructions/Comments:



DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415) 271-4320

January 5, 1990

Mr. Jim Deblock  
Materials Manager  
Pfizer Pigments  
4650 Shellmound St.  
Emeryville, CA 94608

ALAMEDA COUNTY HEALTH AGENCY  
CARE SERVICES

Gil Wistar  
Hazardous Materials Specialist



DIVISION OF HAZARDOUS MATERIALS  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
80 Swan Way, Rm. 200, Oakland, CA 94621 • (415) 271-4320

Dear Mr. Deblock:

As we discussed on the telephone today, the County has no objections to disposing of wastewater from underground tank removal activities into the Pfizer plant's wastewater treatment system. We are assuming that this water has very low levels of dissolved hydrocarbons, and that the input of this water into the plant's treatment system will not cause chemical concentrations in the system's effluent to exceed levels specified in Pfizer's EBMUD Waste Discharge Permit.

Sincerely,

Gil Wistar

Hazardous Materials Specialist

12/27 TK #1 NE CORNER

# 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		<b>FOR LOCAL AGENCY USE ONLY</b> I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100.7 OF THE HEALTH AND SAFETY CODE.		
REPORT DATE 1 M 2 M 1 D 5 D 8 Y 9 Y		CASE #		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT		PHONE (415) 653-6151		SIGNATURE	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Pfizer			
	ADDRESS 4650 Shellmound Street Emeryville CA 94662-0905					
RESPONSIBLE PARTY	NAME Pfizer <input type="checkbox"/> UNKNOWN		CONTACT PERSON		PHONE ( )	
	ADDRESS 4650 Shellmound Street Emeryville CA 94662-0905					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Pfizer Pigments Plant		OPERATOR		PHONE (415) 653-6151	
	ADDRESS 4650 Shellmound Street Emeryville Alameda (CA) 94662-1905					
	CROSS STREET Christie		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 checked="" type="checkbox"/> FARM <input type="checkbox"/> OTHER Plant	
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Environmental Health		AGENCY NAME		CONTACT PERSON Mr. Gil Wistar	
	REGIONAL BOARD S. F. Bay Area				PHONE (415) 271-4320	
SUBSTANCES INVOLVED	(1) NAME Diesel Fuel		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2)		<input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 1 M 2 M 1 D 3 D 8 Y 9 Y		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" 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 type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE _____					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		TANKS ONLY/CAPACITY 10,000 GAL. <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 checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER	
			AGE _____ YRS <input checked="" type="checkbox"/> UNKNOWN			
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 (CO) <input checked="" 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 (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)					
COMMENTS	This tank filled only once in its lifetime. Tank gauges were made routinely with the loast inventory reading before tank removal logged at 32 inches (or 2878 gallons, No. 2 diesel)					

## INSTRUCTIONS

### EMERGENCY

INDICATE whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (SES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the SES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the SES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety Code Section 25190.1, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

ENTER your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

ENTER name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

ENTER information regarding the tank facility and surrounding area. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

ENTER names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

ENTER the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/STATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

INDICATE source(s) of leak. Provide details on tank size, capacity and material if known. Check box(es) indicating cause of leak.

### CASE TYPE

INDICATE the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

INDICATE the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil.

IMPORTANT: IF INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIAL ACTION

INDICATE which actions have been used to cleanup or remediate the leak. Descriptions of options follow:

- Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.
- Containment Barrier - install vertical dike to block horizontal movement of contaminant.
- Excavate and Dispose - remove contaminated soil and dispose in approved site.
- Excavate and Treat - remove contaminated soil and treat (incineration, spreading or land farming).
- Remove Free Product - remove floating product from water table.
- Pump and Treat Groundwater - generally employed to remove dissolved contaminants.
- Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.
- Replace Supply - provide alternative water supply to affected parties.
- Treatment at "look-up" - install water treatment devices at each dwelling or other place of use.
- No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies in fact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Water Quality, Underground Tank Program, P. O. Box 100, Sacramento, CA 95811
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.

12/27

# 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 25100.7 OF THE HEALTH AND SAFETY CODE.	
REPORT DATE 1 M 2 M 1 D 5 D 8 Y 9 Y		CASE #		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT		PHONE (415) 653-6151	SIGNATURE	
	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 Pfizer		
	ADDRESS 4650 Shellmound Street Emeryville CA 94662-0905				
RESPONSIBLE PARTY	NAME Pfizer <input type="checkbox"/> UNKNOWN		CONTACT PERSON	PHONE ( )	
	ADDRESS 4650 Shellmound Street Emeryville CA 94662-0905				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Pfizer Pigments Plant		OPERATOR	PHONE (415) 653-6151	
	ADDRESS 4650 Shellmound Street Emeryville Alameda (CA) 94662-1905				
	CROSS STREET Christie	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 checked="" type="checkbox"/> FARM <input type="checkbox"/> OTHER Plant		
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Environmental Health		AGENCY NAME	CONTACT PERSON Mr. Gil Wistar	PHONE (415) 271-4320
	REGIONAL BOARD S. F. Bay Area				
SUBSTANCES INVOLVED	(1) NAME Diesel Fuel		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2)		<input type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 1 M 2 M 1 D 3 D 8 Y 9 Y		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN M M D D Y Y <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" 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 type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE M M D D Y Y				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		TANKS ONLY/CAPACITY 10,000 GAL. AGE _____ YRS <input checked="" 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 checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER
	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				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input checked="" 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 (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)				
COMMENTS	This tank filled only once in its lifetime. Tank gauges were made routinely with the				
	lowest inventory reading before tank removal logged at 32 inches (or 2878 gallons, No. 2 diesel)				

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (SES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety Code Section 25190.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility and surrounding area. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/STATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Provide details on tank age, capacity and material if known. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "drinking water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "ground water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIAL ACTION

Indicate which actions have been used to cleanup or remediate the leak. Descriptions of actions follow:

- Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.
- Containment Barrier - install vertical dike to block horizontal movement of contaminant.
- Excavate and Dispose - remove contaminated soil and dispose in approved site.
- Excavate and Treat - remove contaminated soil and treat (includes spreading or burning).
- Remove Free Product - remove floating product from water table.
- Pump and Treat Groundwater - generally employed to remove dissolved contaminants.
- Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.
- Replace Supply - provide alternative water supply to affected parties.
- Treatment at Well(s) - install water treatment devices at each welling or other point of use.
- No Action Required - incident is minor, requiring no remedial action.

COMMENTS - use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies in fact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Water Quality, Underground Tank Program, P. O. Box 100, Sacramento, CA 95801
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.

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

II, III

Site ID # \_\_\_\_\_ Site Name Pfizer, Inc. Today's Date 12/13/89

II.A BUSINESS PLANS (Title 19)

- \_\_\_ 1. Immediate Reporting 2703
- \_\_\_ 2. Bus. Plan Slids. 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)

Site Address 4650 Shellmound St.

City Emeryville Zip 94608 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

II.B ACUTELY HAZ. MAT'L S

- \_\_\_ 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(f)
- \_\_\_ 18. Exemption Request? (Y/N) 25536(b)
- \_\_\_ 19. Trade Secret Requested? 25538

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

Comments:  
 Continuation of tank removal from yesterday.  
 Tank #1 and Tank #2 are the first to be removed, from the south side of the pit. Both tanks are P3-type cathodically protected tanks, in very good condition.  
 Tanks #7, 8, and 9 are also the P3 type and are in good condition. Tank 7 contained bunker oil rather than diesel.  
 Tank 11 (2,000-gal. gasoline) is tar-coated, but does not appear to have any corrosion.  
 (\*) Tank #10 riddled with holes along seams - the biggest hole being at least 4 inches by 1 inch along side of tank.  
 8 additional soil samples collected from diesel pit, and 2 from gasoline tank pit. Stockpiled soil from diesel pit will be analyzed per RWQCB (TPH-D only). Water will be pumped from both pits and allowed to refill for sampling tomorrow.

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 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

II, III

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: McNamee

Inspector: \_\_\_\_\_

Signature: Richard M. Vista

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 yellow -facillity  
 pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## Hazardous Materials Inspection Form

II, III

PAGE 1 of 2

Site ID # \_\_\_\_\_ Site Name Pfizer, Inc. Today's Date 12/12/89

### 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)

Site Address 4650 Shellmound St.

City Emeryville Zip 94608 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

### II.B ACUTELY HAZ. MAT'LS

- 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(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

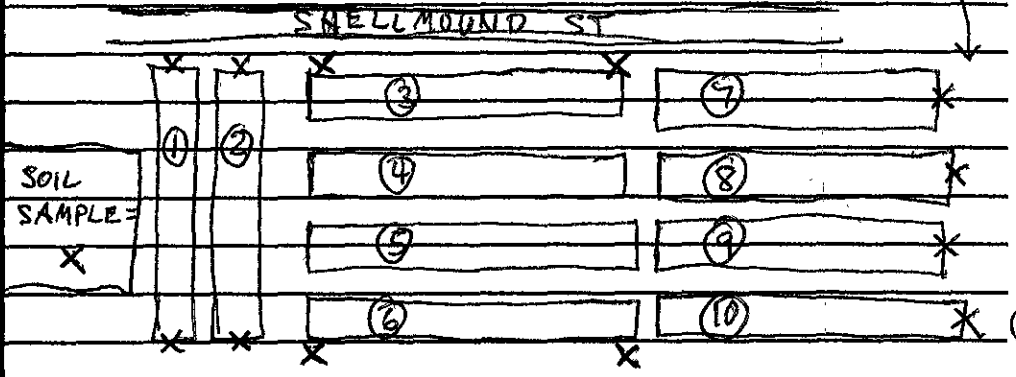
\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

### 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

Comments: Removal of 4, 12,000-gal. underground tanks, out of a total of 11 tanks to be removed from site (7 other tanks scheduled for removal tomorrow, 12/13)

- 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 Groundwater
    - One time soils
    - 5) Daily Inventory
    - Annual tank testing
    - Cont pipe leak det
    - Vadose/groundwater 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

Tanks 3-6 scheduled for removal today. All are diesel and surrounded on the ends by sand backfill; therefore tank end samples above waterline will be impossible to obtain. Tanks were installed about 15 years ago, are steel, with sacrificial anode system. Tank #5 pulled first; some small areas of rust on upper part of tank, otherwise in very good condition. [CONTINUED]

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

Rev 6/88

II, III

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: [Signature]

Inspector: \_\_\_\_\_

Signature: [Signature]



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yellow -facility  
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH  
**Hazardous Materials Inspection Form**

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

**II, III**

**(PAGE 2 of 2)**

Site ID # \_\_\_\_\_ Site Name Pfizer, Inc. Today's Date 12/12/89

Site Address 4650 Shellmound St.  
City Emeryville Zip 94608 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:**

Continuation of tank removal notes.  
Tank #4 removed next; cathodic protection anodes clearly corroded; tank in fine condition. Tanks # 6 and 10 appear to be older, tar-coated units rather than the P3 sacrificial anode type.  
Water standing in pit at a depth of 7-8 feet; clay below about 5 feet appears to be saturated, however.  
Tank #3 - no evidence of corrosion anywhere on tank.  
Tank #6 - Tar-coated; no obvious holes, and Tar appears to be intact.  
Water from pit will be pumped into Baker tank tomorrow morning; after pit refills, water sample will be collected.

**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(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

**III. UNDERGROUND TANKS (Title 23)**

- |   |   |
|---|---|
| General   | <input type="checkbox"/> 1. Permit Application 25284 (H&S)                              |
|   | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S)                         |
|   | <input type="checkbox"/> 3. Records Maintenance 2712                                    |
|   | <input type="checkbox"/> 4. Release Report 2651   |
|   | <input type="checkbox"/> 5. Closure Plans 2670  |
| Monitoring for Existing Tanks                   | <input type="checkbox"/> 6. Method  |
|   | 1) Monthly Test   |
|   | 2) Daily Vadose<br>Semi-annual groundwater<br>One time soils                            |
|   | 3) Daily Vadose<br>One time soils<br>Annual tank test                                   |
|   | 4) Monthly Gndwater<br>One time soils   |
|   | 5) Daily Inventory<br>Annual tank testing<br>Cont pipe leak det<br>Vadose/gndwater mon. |
|   | 6) Daily Inventory<br>Annual tank testing<br>Cont pipe leak det                         |
|   | 7) Weekly Tank Gauge<br>Annual tank testing   |
|   | 8) Annual Tank Testing<br>Daily Inventory   |
|   | 9) Other _____  |
|   | <input type="checkbox"/> 7. Precs Tank Test 2643  |
|   | <input type="checkbox"/> 8. Inventory Rec. 2644   |
|   | <input type="checkbox"/> 9. Soil Testing 2646   |
| <input type="checkbox"/> 10. Ground Water. 2647 |   |
| New Tanks                                       | <input type="checkbox"/> 11. Monitor Plan 2632  |
|   | <input type="checkbox"/> 12. Access. Secure 2634  |
|   | <input type="checkbox"/> 13. Plans Submit 2711  |
|   | <input type="checkbox"/> 14. As Built 2635  |

**II, III**

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: *Meyhane*

Inspector: \_\_\_\_\_

Signature: *Gilbert M. Weston*

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION  
80 SWAN WAY, ROOM 200  
OAKLAND, CA 94621**

**PHONE NO. 415/271-4320**

**ACCEPTED 11/28/89**

DEPARTMENT OF ENVIRONMENTAL HEALTH  
470 - 27th Street, Third Floor  
Oakland, CA 94612  
Telephone: (415) 874-7237

*gms*

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project prepared here is now released for issuance of any required building permits for construction.

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

Any changes or alterations of these plans and modifications must be submitted to this Department and the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws.

Notify this Department at least 48 hours prior to following required inspections:

- \_\_\_\_\_ Removal of Tank and Piping
- \_\_\_\_\_ Sampling
- \_\_\_\_\_ Final Inspection

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.**

*All underground piping to be removed.*

Project # U552969  
Fee \$ 1875.  
Date 11/21/89

**UNDERGROUND TANK CLOSURE/MODIFICATION PLANS**

1. Business Name Pfizer Pigments Inc.  
Business Owner As Above
2. Site Address 4650 Shellmound Street  
City Emeryville, CA Zip 94608 Phone 415-653-6151
3. Mailing Address PO Box 8215  
City Emeryville, CA Zip 94662-0905 Phone \_\_\_\_\_
4. Land Owner Pfizer Pigments Inc.  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_
5. EPA I.D. No. CAD009206178
6. Contractor Diablo Tank & Equipment  
Address 4030 Pacheco Blvd.  
City Martinez, CA Phone 372-3342  
License Type Contractor ID# 528287
7. Consultant Roux Associates  
Address 1430 Willow Pass Road, #140  
City Concord, CA Phone 415-685-8742

8. Contact Person for Investigation

Name Michael Herzog Title Manager, Process Engineering  
Phone 415-653-6151, Ext. 246

9. Total No. of Tanks at facility 11

10. Have permit applications for all tanks been submitted to this office? Yes [ x ] No [ ]

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name Chemical Waste Management EPA I.D. No. CAT000646117  
Address 35251 Old Skyline Road  
City Kettleman City State CA Zip 93239

b) Rinsate Transporter

Name ~~Chemical Waste Management~~ <sup>N/A - SHIP</sup> EPA I.D. No. ~~CAT000646117~~ <sup>TSD 004771168</sup>  
Address As Above <sup>HAZ #0034</sup>  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c) Tank Transporter

Name ~~Chemical Waste Management~~ <sup>N/A SHIP</sup> EPA I.D. No. ~~CAT000646117~~  
Address As Above  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

d) Tank Disposal Site (if hazardous)

Name ~~Chemical Waste Management~~ <sup>N/A SHIP</sup> EPA I.D. No. ~~CAT000646117~~  
Address As Above  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e) Contaminated Soil Transporter

Name ~~Chemical Waste Management~~ <sup>N/A</sup> EPA I.D. No. CAT000646117  
Address As Above  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. Sample Collector

Name Paul V. Supple  
 Company Roux Associates  
 Address 1430 Willow Pass Road, #140  
 City Concord State CA Zip 94520 Phone 415-685-8742

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
(9) 10,000-gallon	Diesel		
(1) 10,000-gallon	Bunker C Fuel Oil		
(1) 1,000-gallon	Gasoline		

14. Have tanks or pipes leaked in the past? Yes [ ] No [ ]

If yes, describe. Soil samples were collected in seven shallow soil borings surrounding the eleven tanks. No contamination was detected in six of the samples. One sample contained 440 ppm TPH as diesel.

15. NFPA methods used for rendering tank inert? Yes [X] No [ ]

If yes, describe. Dry ice 20 lbs per tank

An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name Curtis & Tompkins Ltd.  
 Address 2323 Fifth Street  
 City Berkeley State CA Zip 94710  
 State Certification No. 159

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
Diesel		8020 (BTEX)
Diesel	3550	TPH as diesel (DHS Method)
Bunker C Fuel Oil	3550	SMWW503E
Gasoline	5030	TPH as gasoline (DHS Method)
Gasoline		8020 (BTEX)

18. Submit Site Safety Plan

19. Workman's Compensation: Yes [x] No [ ]

Copy of Certificate enclosed? Yes [x] No [ ]

Name of Insurer State Compensation Insurance Fund

20. Plot Plan submitted? Yes [x] No [ ]

21. Deposit enclosed? Yes [x] No [ ]

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

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 and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. 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.

Signature of Contractor

Name (please type) Diablo Tank and Equipment  
Signature Patrick J. McShane  
Date 11/21/89

Signature of Site Owner or Operator

Name (please type) Michael Herzog  
Signature [Signature]  
Date 20 Nov '89



# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

11/17/89

PRODUCER

X MARIO L. BASSO & CO., INC.  
821 HOWARD STREET  
SAN FRANCISCO, CA. 94103

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** ILLINOIS UNION

COMPANY LETTER **B** TRANSAMERICA INS. CO.

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

DIABLO TANK AND EQUIPMENT CO.  
4030 PACHECO BLVD.  
MARTINEZ, CA. 94553

### COVERAGES

THIS IS TO CERTIFY THAT 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)	ALL LIMITS IN THOUSANDS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> DEFENSE <input checked="" type="checkbox"/> OWNERS & CONTRACTORS PROTECTIVE  <input checked="" type="checkbox"/> \$5,000.00 per Claim Deductible.	EP0002524	11/01/89	11/01/90	GENERAL AGGREGATE \$1,000 PRODUCTS-COMPOS AGGREGATE \$1,000 PERSONAL & ADVERTISING INJURY \$1,000 EACH OCCURRENCE \$1,000 FIRE DAMAGE (ANY ONE PER) \$- MEDICAL EXPENSE (ANY ONE PERSON) \$-	
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	T730809603	11/01/89	11/01/90	\$1,000 COLLISION PER OCCURR \$ THEFT PER OCCURR \$ PROPERTY DAMAGE \$	
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OTHER THAN UMBRELLA FORM				PER OCCURRENCE \$ AGGREGATE \$	
B	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	WCP80171816	11/01/89	11/01/90	STATUTORY \$1,000 (EACH ACCIDENT) \$1,000 (DISEASE-POLICY LIMIT) \$1,000 (DISEASE EACH EMPLOYEE)	
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS

ALL OPERATIONS

### CERTIFICATE HOLDER

PFIZER  
4650 SHELL MOUND ROAD  
EMERYVILLE, CA. 94662  
ATTN: Jim DeBlock

### 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

*Mario L. Basso*



**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST., P.O. BOX 8215 • EMERYVILLE, CA 94662-0905  
415 / 653-6151

Object # \_\_\_\_\_

Fee Paid \_\_\_\_\_

Date \_\_\_\_\_

November 20, 1989

Alameda County Health  
Care Services Agency  
Department of Environmental Health  
Division of Hazardous Materials  
80 Swan Way, Room 200  
Oakland, CA 94621

Attention: Gilbert Wistar, Hazardous Materials Specialist

Underground Tank Removal

Now that the new underground diesel and gasoline storage tanks have been installed, we wish to proceed with the removal of the original tanks; 9-10,000 gallon diesel fuel, 1-10,000 bunker C, and 1-1000 regular gasoline.

Please find enclosed a check for \$1,875.00 to cover the removal permit deposit fee. Also enclosed are three copies of the tank closure plan, site/area safety plan, and insurance certificate.

If there are any questions about our removal permit request, I may be reached at the above telephone number, extension 246.

  
M. S. Herzog  
Manager, Process Engineering

MSH/jm  
\wp\m\msh278



ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



September 13, 1989

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

Mr. Michael Herzog  
Pfizer Pigments, Inc.  
P.O. Box 8215  
Emeryville, CA 94662-0905

Re: Pfizer request to reduce groundwater monitoring frequency,  
4650 Shellmound St., Emeryville

Dear Mr. Herzog:

The Alameda County Department of Environmental Health, Hazardous Materials Division, has reviewed Roux Associates' most recent groundwater monitoring report for the Pfizer site, and has consulted with the Regional Water Quality Control Board (RWQCB) regarding your request to lengthen monitoring intervals. We have concluded that because of tidal influence at the site and because of the relatively high concentrations of solvents initially reported in groundwater, a periodic monitoring program needs to continue for wells RW-2, RW-3, and RW-4. Sampling and analysis of water from these wells should take place at least semi-annually until levels of solvents and any other contaminants decrease to "ND" for two consecutive monitoring intervals.

According to our records, and based on a telephone call to Roux, it appears that the RWQCB may not have all the technical and monitoring reports that have been prepared for the Pfizer site since the waste oil tank was removed. Title 23 of the California Code of Regulations, Chapter 3, Subchapter 16 requires that quarterly and other reports be submitted both to the local implementing agency and to the appropriate RWQCB. Therefore, if there are reports that have not found their way to the Board, you should send them as soon as possible (attn: Lester Feldman). These dual reporting requirements of course apply to all future documents that may be prepared for Pfizer.

If you have any questions about this letter, please contact Gil Wistar, Hazardous Materials Specialist, at 271-4320.

Sincerely,

Rafat A. Shahid, Chief  
Hazardous Materials Division

c: Jerry Wickham, Roux Associates  
Howard Hatayama, DOHS  
Lester Feldman, San Francisco RWQCB



**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST., P.O. BOX 8215 • EMERYVILLE, CA 94662-0905  
415 / 653-6151

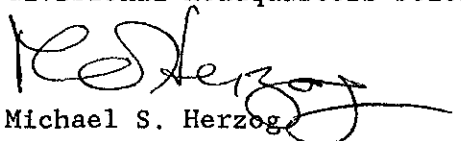
June 12, 1989

Alameda County Health  
Care Services Agency  
Department of Environmental Health  
Division of Hazardous Materials  
80 Swan Way, Room 200  
Oakland, CA 94621

Attention: Gilbert Wistar, Hazardous Materials Specialist

Re: Site Remediation Plan

I have spoken to our consultant, Roux Associates, concerning the remediation plan for the area along the western boundary of Pfizer Pigments Inc.'s Emeryville facility. Difficulties in obtaining information regarding neighboring sites has delayed completion of Roux's report to us. We respectfully request a 30-day extension of the report deadline to 30 July 1989 to allow time for review of the report at divisional headquarters before submission to Alameda County.

  
Michael S. Herzog  
Manager, Process Engineering

MSH/jm  
\wp\m\msh276

ALAMEDA COUNTY  
DEPT. OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS



**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc

4650 SHELLMOUND ST., P.O. BOX 8215 • EMERYVILLE, CA 94662-0905  
415 / 653-6151

April 21, 1989

4/27/89  
ALAMEDA COUNTY  
DEPT. OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS

Alameda County Health  
Care Services Agency  
Department of Environmental Health  
Division of Hazardous Materials  
80 Swan Way, Room 200  
Oakland, CA 94621

Attention: Gilbert Wistar, Hazardous Materials Specialist

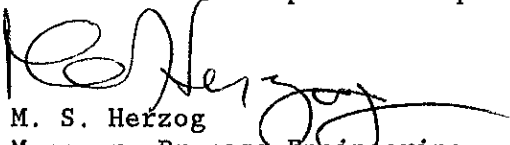
Underground Tank Removal/Replacement

Enclosed, for your information, is the tank removal plan prepared for us by Roux Associates. The plan has been reviewed by our Divisional Environmental Engineering Department and is being used by us to obtain quotations to select a tank removal contractor.

We have begun the approval process to secure a capital appropriation for the installation of the new gasoline and fuel oil tanks. We hope to be able to award the contract for that work soon.

Roux Associates personnel sampled the monitoring wells at the removed tank site earlier this week and the samples are currently being analyzed. They have begun drilling today in the western boundary area of TOG soil concern.

The information from these borings will be used in the preparation of the site remediation plan as requested.

  
M. S. Herzog  
Manager, Process Engineering

MSH/jm  
\wp\m\msh1000



**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST., P O. BOX 8215 • EMERYVILLE, CA 94662-0905

415 / 653-6151

4/10/89  
ALAMEDA COUNTY  
DEPT. OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS

April 6, 1989

Alameda County Health  
Care Services Agency  
Department of Environmental Health  
Division of Hazardous Materials  
80 Swan Way, Room 200  
Oakland, CA 94621

Attention: Gilbert Wistar, Hazardous Materials Specialist

Tank Site Monitoring/Remediation

We received R.A. Shadid's reply to our tank site proposal today.

Enclosed you will a check in the amount of \$500.00, as requested.

We have instructed our consultant, Roux Associates, to begin the quarterly sampling and analysis of groundwater from wells RW-2, 3, and 4, as you have ordered. They have expressed some concern in being able to sample, submit for analysis, and report in three weeks, but we will make every effort to meet your timetable.

We have also instructed Roux Associates to begin investigation of the area of high TOG analyses (RB-6, RW-3, and RB-5) so we can prepare a reply to your request for a remediation plan.

*M. S. Herzog (jm)*

M. S. Herzog  
Manager, Process Engineering

MSH/jm  
\wp\m\msh271

cc: G. L. Metcalf  
J. Carlton  
J. T. Wickham, Roux Associates

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



01

Certified mailer # P 833 981 260

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415) 862-1100

April 3, 1989

APR 06 1989 DDD

Mr. Michael Herzog  
Manager, Process Engineering  
Pfizer Pigments, Inc.  
4650 Shellmound St.  
Emeryville, CA 94662-0905

CHEMICAL CONTROL BOARD

Dear Mr. Herzog:

Having lately focused on Pfizer's plan to remove its underground tanks and to install new ones, the Alameda County Department of Environmental Health, Hazardous Materials Division has not made a formal response to the Roux Associates' site investigation report. This report describes the consultant's work following the removal of an underground waste oil tank, and provides recommendations for the site. The Hazardous Materials Division has reviewed this report, and has the following comments on it.

With respect to the solvents discovered in groundwater immediately beneath the excavation pit, we concur that regular monitoring of wells RW-2, RW-3, and RW-4 should be adequate to detect any migration of these materials. If any of these solvents are found in the monitoring wells, a remediation plan to remove the solvents from groundwater should be developed. Rather than the semi-annual monitoring plan recommended in the Roux report, however, we are requiring quarterly sampling and analysis of wells RW-2, -3, and -4; the first of these quarterly reports should be submitted to this office by May 1, 1989, and the next one will be due on August 1. Analytical parameters should include the solvents found in MW-4 as well as total oil and grease (TOG).

Soil sample results from borings along the western edge of the Pfizer property indicate TOG contamination of up to 53,750 ppm. "Background" levels of 95 ppm were found at the eastern boundary of the site in boring RW-1, and other borings scattered around the site showed TOG levels of 100 ppm or below. Thus, there is apparently a vadose plume with significant oil and grease contamination on the Shellmound side of the facility. The areal extent of this plume is not well defined, and there is no hard data demonstrating that oil and grease in the soil is immobile.

It is this office's policy to require remediation of any soil contaminated with hydrocarbons above 1,000 ppm, which is the California Department of Health Services' threshold for hazardous waste. Therefore, we are requesting that you develop a remediation plan for the TOG-contaminated soil; as a first step, the areal extent and depth of soil contaminated above 1,000 ppm needs to be

Mr. Michael Herzog  
April 3, 1989  
Page 2 of 2

characterized. Please submit your remediation plan (containing information on the soil distribution of TOG) to this office by June 30, 1989.

In addition, please submit a deposit of \$500 to cover costs that the Division of Hazardous Materials incurs during remediation oversight. This deposit is not connected to the deposit required for the removal and installation of tanks that Pfizer is planning.

If you have any questions about this letter or about remediation requirements for the Pfizer facility, please contact Gil Wistar, Hazardous Materials Specialist, at 271-4320.

Sincerely,



Rafat A. Shahid, Chief  
Hazardous Materials Division

cc: Jerry Wickham, Roux Associates  
Doug Krause, DOHS  
Don Dalke, San Francisco RWQCB



**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST., P.O. BOX 8215 • EMERYVILLE, CA 94662-0905  
415 / 653-6151

*file*

CALIFORNIA REGIONAL WATER  
FEB 05 1988  
QUALITY CONTROL BOARD

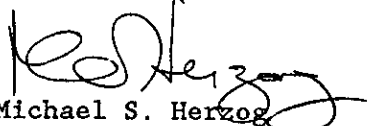
February 2, 1988

Alameda County  
Division of Environmental Health  
Underground Storage Tank Unit  
470-27th Street, Room 324  
Oakland, CA 94612

Attention: Lizabeth Rose, Hazardous Materials Specialist

Enclosed is the site report form concerning our recently removed waste oil tank.

We have retained Roux Associates of Walnut Creek to assist us in the preparation of a remediation plan.

  
Michael S. Herzog  
Manager, Process Engineering

MSH/jm  
\wp\m\msh222

copies: State Water Resources Control Board  
Regional Water Quality Control Board, San Francisco Region ✓  
Emeryville Fire Department  
Roux Associates  
G. L. Metcalf  
J. D. Brown

01

NC

# 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 26180.7 OF THE HEALTH AND SAFETY CODE.
--	--	--

REPORT DATE 0 M 2 M 0 D 2 D 8 Y 8 Y	CASE #	SIGNED	DATE
--	--------	--------	------

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>M. S. Herzog</b>	PHONE <b>(415) 653-6151</b>	SIGNATURE <i>M. S. Herzog</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 <b>Pfizer Pigments Inc.</b>	
	ADDRESS <b>4650 Shellmound Street, Emeryville, CA 94608</b>		

RESPONSIBLE PARTY	NAME <b>Pfizer Pigments Inc.</b>	CONTACT PERSON <b>M. S. Herzog</b>	PHONE <b>(415) 653-6151</b>
	ADDRESS <b>4650 Shellmound St. Emeryville, CA 94608</b>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <b>Pfizer Pigments Inc.</b>	OPERATOR <b>Same</b>	PHONE <b>(415) 653-6151</b>
	ADDRESS <b>4650 Shellmound St. Emeryville, Alameda 94608</b>		
	CROSS STREET <b>Powell Street</b>	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 <b>Pigment Plant</b>

IMPLEMENTING AGENCIES	LOCAL AGENCY <b>Alameda Co. Health Care Services</b>	AGENCY NAME	CONTACT PERSON <b>Liz Rose</b>	PHONE <b>(415) 874-7247</b>
	REGIONAL BOARD <b>S. F. Bay Region</b>		PHONE	

SUBSTANCES INVOLVED	(1) NAME <b>Fuel Hydrocarbons</b>	(GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

*COPY? view green tab*

DISCOVERY/ABATEMENT	DATE DISCOVERED <b>1 M 2 M 2 D 2 D 8 Y 7 Y</b>	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/>
	DATE DISCHARGE BEGAN M M D D Y Y <input type="checkbox"/> UNKNOWN	METHOD USED TO STOP <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 checked="" type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER <b>remove tank</b>
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <b>1 M 2 M 0 D 1 D 8 Y 7 Y</b>	

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	TANKS ONLY/CAPACITY <b>300 GAL.</b> AGE _____ YRS <input checked="" 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 checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER
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CASE TYPE	CHECK ONE ONLY <input 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)
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CURRENT STATUS	CHECK ONE ONLY <input checked="" 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 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 (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)
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COMMENTS	
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## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety Code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety; only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility and surrounding area. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Provide details on tank age; capacity and material if known. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIAL ACTION

Indicate which actions have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical dike to block horizontal movement of contaminant.

Excavate and Dispose - remove contaminated soil and dispose in approved site.

Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).

Remove Free Product - remove floating product from water table.

Pump and Treat Groundwater - generally employed to remove dissolved contaminants.

Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties.

Treatment at Hookup - install water treatment devices at each dwelling or other place of use.

No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies in tact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Water Quality, Underground Tank Program, P. O. Box 100, Sacramento, CA 95801
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.

CONSULTING GROUND-WATER  
GEOLOGISTS AND ENGINEERS

**ROUX ASSOCIATES**

1430 WILLOW PASS ROAD  
SUITE 140  
CONCORD, CALIFORNIA 94520 415 685-8742



nc  
GSE  
S  
LF

May 19, 1988

Submitted to Regional Water Quality Control Board

MAY 24 1988

QUALITY CONTROL BOARD

Regional Water Quality Control Board  
Rm. 6040  
1111 Jackson St.  
Oakland, CA 94607

STATUS OF SITE INVESTIGATION FOR  
REMOVED WASTE OIL TANK AT PFIZER-EMERYVILLE PLANT

This report describes site investigation activities that have been completed to date following removal of a waste oil tank at the Pfizer Pigments plant at 4650 Shellmound Street in Emeryville, California (tel. (415)653-6151). The investigation was initiated in response to soil contamination encountered during removal of the waste oil tank. Roux Associates has been retained by Pfizer Pigments to conduct the site assessment.

An Initial Site Investigation Report was submitted in February, 1988. Additional field activities have been completed since the initial report was submitted. To date, 11 soil borings have been drilled and sampled and 6 monitoring wells have been installed. Laboratory analyses for 37 samples have been completed; an additional 7 laboratory analyses are pending. Data interpretation and assessment are in progress and a final report including a summary of findings and proposed cleanup actions is expected to be completed within 90 days.

Sincerely,  
ROUX ASSOCIATES, INC.

*Jerry Wickham*

Jerry T. Wickham  
Senior Hydrogeologist  
California Registered Geologist  
No. 3766



**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST., P.O. BOX 8215 • EMERYVILLE, CA 94662-0905  
415 / 653-6151

CALIFORNIA REGIONAL WATER  
FEB 26 1988  
QUALITY CONTROL BOARD

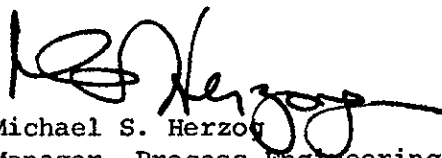
February 23, 1988

Alameda County  
Division of Environmental Health  
Underground Storage Tank Unit  
470-27th St., Room 324  
Oakland, Ca 94612

Attn: Lizabeth Rose, Hazardous Materials Specialist

Enclosed is a status report from our consultant, Roux Associates, regarding the site of our recently removed waste oil tank. In addition to describing the work performed to date and planned activities, the report includes a "Site/Area Safety Plan".

We will continue to report progress to you and the agencies listed below as the investigation progresses.

  
Michael S. Herzog  
Manager, Process Engineering

encl

copies: State Water Resources Control Board  
Regional Water Quality Control Board, S F Region  
Emeryville Fire Dept.  
Roux Associates (no attachment)  
GC Metcalf  
WE McCoy/JD Brown

CONSULTING GROUND-WATER GEOLOGISTS

**ROUX ASSOCIATES**



1111 CIVIC DRIVE  
SUITE 250  
WALNUT CREEK, CALIFORNIA 94596 415 945-1900  
685-8742

February 22, 1988

Pfizer Pigments Inc.  
4650 Shellmound St.  
P.O. Box 8215  
Emeryville, CA 94662-0905  
Attention: Mr. Mike Herzog

INITIAL SITE INVESTIGATION FOR REMOVED WASTE OIL  
TANK AT PFIZER PIGMENT PLANT, EMERYVILLE, CALIFORNIA  
4650 Shellmound St.

This letter report describes the initial site investigation activities conducted up to February 19, 1988 at the Pfizer Pigments Plant in Emeryville, California. Roux Associates West has been retained by Pfizer Pigments to conduct the site assessment for possible soil or ground water contamination beneath the removed waste oil tank. The site investigation is in progress with further actions pending additional sampling and laboratory analyses. Site investigation activities to date are reported below.

This site investigation is being conducted in response to soil contamination encountered beneath an underground waste oil tank during removal of the tank. The tank was removed without repair or replacement in December, 1987. Following removal, the tank excavation was backfilled. An "Underground Storage Tank Unauthorized Release (Leak) /Contamination Site Report" was filed on February 2, 1988.

Initial Site Investigation (February 9 to 19, 1988)

On February 9, 1988, Roux Associates West conducted an initial site reconnaissance and developed a site history. A work plan for the site investigation was developed and is currently being carried out. Four monitoring wells were installed on February 18th and 19th, 1988. The monitoring wells were constructed with bentonite seals and grouted according to accepted monitoring well construction practices and the guidelines contained in Attachment 1 of the "Guidelines for Addressing Fuel Leaks, California Regional Water Quality Control Board (San Francisco Bay Region), September, 1985.

February 22, 1988  
Page Two

Soil samples were collected at five-foot intervals in the monitoring well borings and have been submitted to Curtis & Tompkins Laboratories for analysis. The laboratory analyses are in progress and will be presented along with chain-of-custody forms in a later report. Well development and ground water sampling will be performed within the next two weeks. Soil cuttings from the borings have been stored on site in sealed steel drums pending laboratory analyses of the soils. The site safety plan for the Pfizer Pigments Plant is attached to this letter report.

Should you have any questions regarding this report, please contact me at (415) 945-1900.

Sincerely,

*Jerry T. Wickham*

Jerry T. Wickham  
California Registered Geologist  
No. 3766

SITE/AREA SAFETY PLAN

(use 2 page if additional space is necessary)

GENERAL

DATES PLAN IN USE: February 18, 1988 → DATE PREPARED: February 17, 1988  
PREPARED BY: J. T. Wickham SITE/AREA NAME: Pfizer Pigments Plant  
LOCATION: 4650 Shellmound St. ; Emeryville, CA 94662-0905

EXISTING INFORMATION FOR SITE: DETAILED \_\_\_\_\_ PRELIMINARY  SKETCHY \_\_\_\_\_ NONE \_\_\_\_\_

HAZARDOUS MATERIAL FORM: GAS  LIQUID  SLUDGE \_\_\_\_\_ SOLID

CONTAINMENT: DRUM  PIT \_\_\_\_\_ POND \_\_\_\_\_ LAGOON \_\_\_\_\_ TANK \_\_\_\_\_ SOILS \_\_\_\_\_ DEBRIS \_\_\_\_\_

OTHER \_\_\_\_\_ CONDITION \_\_\_\_\_

CHARACTERISTICS: CORROSIVE \_\_\_\_\_ IGNITABLE \_\_\_\_\_ RADIOACTIVE \_\_\_\_\_ VOLATILE  TOXIC   
REACTIVE \_\_\_\_\_ OTHER \_\_\_\_\_ UNKNOWN \_\_\_\_\_

SITE/AREA SPECIFICS

HIGH HAZARD MATERIAL:

COMPOUND	ANTICIPATED CONCENTRATION	WARNING PROPERTIES
2-Hexanone	20 PPM in soil (tank pit)	Characteristic odor
Acetone	2 PPM in soil (tank pit)	Fragrant mint-like odor

SITE HISTORY: TOPOGRAPHY Flat-lying fill.

STATUS: OPEN \_\_\_\_\_ CLOSED \_\_\_\_\_ LIMITED ACCESS  UNKNOWN \_\_\_\_\_

HISTORY (regulatory action, local complaints, injuries, site controls):  
Tank was removed from excavation; excavation was backfilled; no nuisance complaints. Soil sample beneath tank contaminated.

UNUSUAL FEATURES (control feature integrity, utilities, obstacles):  
Utilities to be located by plant engineer.

HAZARD ASSESSMENT

EVALUATION OF EXPECTED HAZARD (work assignments, operational considerations, routes of exposure, health effects, material stability):  
Working environment to be monitored continuously with TLV (Threshold Limit Value) meter. Soil and water to be contained on site in sealed steel drums. Normal precautions taken around drill rig.

**OPERATIONAL PROCEDURES**

**SITE COMMAND AND CONTROL (include sketch or map as appropriate):**

**PERIMETER CONTROL** Fenced, controlled access area.

**WORKING AREA** Marked with traffic cones, caution tape

**EQUIPMENT REQUIREMENTS** Level C Protective Equipment on stand-by.

**PERSONNEL PROTECTION**

**GENERAL LEVEL OF PROTECTION REQUIRED:** A \_\_\_ B \_\_\_ C \_\_\_ D X

**MODIFICATION OR SPECIALIZED EQUIPMENT:** \_\_\_\_\_

**DETECTION EQUIPMENT (survey meters, dosimeters):**

Bacharach TLV meter

**COMMUNICATIONS (type, range, frequencies, alternates, hand signals):**

Horn blast - evacuate working area.

Standard hand signals when respirators in use.

**AUTHORIZED TEAM PERSONNEL**

NAME	POSITION	MEDICAL (date)	TRAINING (type, date)
<u>Jerry Wickham</u>	<u>Senior Hydrogeologist</u>	<u></u>	<u>Roux Associates</u>
<u>Paul Supple</u>	<u>Hydrogeologist</u>	<u></u>	<u>Roux Associates</u>
<u>Gene Nunes</u>	<u>Driller</u>	<u></u>	<u>Exceltech</u>
<u>Jon Rigley</u>	<u>Driller's Helper</u>	<u></u>	<u>Exceltech</u>

**OTHER PERSONNEL (prearranged visitors, support personnel):**

NAME	AGENCY/COMPANY	RESTRICTIONS

**MONITORING PROCEDURES (use and employment of fixed, portable, real-time, continuous and/or periodic monitoring devices):**

Continuous monitoring during drilling and sampling activities with TLV meter.

DECONTAMINATION PROCEDURES (include sketch of exclusion, contamination reduction and support zones): PERSONNEL Dispose of Tyvek suits after use.

PERSONNEL PROTECTIVE EQUIPMENT Decontaminate in TSP solution and clean water rinse.

SAMPLING EQUIPMENT Decontaminate with surfactant or TSP cleaning and clean water rinse between each sample. Steam clean between borings.

SUPPORT EQUIPMENT Steam clean prior to initial use, between borings, and after completion of drilling.

DECON MATERIALS REQUIRED (containers, decon solutions): Steam cleaner, plastic buckets, steel drums, plastic sheeting, TSP, and surfactant.

SPECIAL HAZARDS: None expected.

**EMERGENCY PROCEDURES**

High HAZARD MATERIALS (known or anticipated):

NAME	ACUTE EXPOSURE SYMPTOMS	FIRST AID

LOCATION OF NEAREST WORKING PHONE Pfizer Lobby, Offices

OTHER EMERGENCY COMMUNICATIONS Radio in drill rig.

**EMERGENCY PHONE NUMBERS:**

	NAME/LOCATION	PHONE #	PREPLAN/STANBY
AMBULANCE		911	
FIRE		911	
POLICE		911	
HOSPITAL	Meritt Hospital	655-4000	

ENVIRONMENTAL Alameda Co. Haz. Wastes Management 874-7237  
Cal. Health Services Dept. Haz. Waste Management 540-2043  
 UTILITIES PGE 1919 Webster Oakland 835-5000



ADDITIONAL RESOURCES:

NAME

AGENCY/COMPANY

PHONE #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ROUTE TO HOSPITAL Rte 60 south to MacArthur Blvd, MacArthur Blvd East to Broadway. ALTERNATIVE Turn Right (South) on Broadway South of 580. Turn Right after 580, continue 1 block.

EQUIPMENT CHECKLIST

PROTECTIVE AND SAFETY EQUIPMENT (model, type, material, amount required):

SCBA \_\_\_\_\_ SPARE CYLINDERS \_\_\_\_\_

ESCAPE MASK \_\_\_\_\_ CHEM-MECH RESPIRATORS \_\_\_\_\_

FULL FACE \_\_\_\_\_ HALF FACE Wilson & MSA

CANISTER \_\_\_\_\_ CARTRIDGE Organic Vapor

HARDHAT X FACE SHIELD \_\_\_\_\_ CHEM GOGGLES X

SAFETY GLASSES X EAR PROTECTION \_\_\_\_\_

GLOVES: SURGICAL X CHEM X OUTER X

CHEM RESIST COVERALLS \_\_\_\_\_ DISPOSAL COVERALLS Tyvek

SPLASH APRONS \_\_\_\_\_ SPLASH SUITS \_\_\_\_\_

BOOTS Steel-toed BOOT/SHOE COVERS \_\_\_\_\_

FULLY ENCAPSULATED SUITS \_\_\_\_\_

DOSIMETERS \_\_\_\_\_

FIRST AID EQUIPMENT X

EYE WASH STATION \_\_\_\_\_ FIRE EXTINGUISHER X

DECON MATERIALS X

SAFETY HARNESS \_\_\_\_\_ SPECIAL TOOLS \_\_\_\_\_

OTHER \_\_\_\_\_

\_\_\_\_\_

ALAMEDA COUNTY  
**HEALTH CARE SERVICES**

DAVID J. KEARS AGENCY

~~XXXXXXXXXXXXXXXXXXXX~~ Agency Director



GSZ NC

470-27th Street, Third Floor  
Oakland, California 94612  
(415) 874-7237

January 25, 1988

CALIFORNIA REGULATORY

JAN 01 1988

PROPERTY CONTROL

Michael S. Herzog  
Pfizer Pigments Inc.  
P.O. Box 8215  
Emeryville, CA 94662-0905

Subject: Underground Storage Tank Unauthorized Release (Leak)/  
Contamination Site Report

Dear Mr. Herzog:

On January 11, 1988 our office received a report from Brown and Caldwell Laboratories indicating soil contamination was detected at actionable levels following underground tank removal at your facility.

The California Administrative Code, Title 23, requires all unauthorized releases to be reported. Section 2652 (b) requires within 5 working days of detecting the release, the operator or permittee shall submit to the local agency (Alameda County Hazardous Materials Division) a full written report to include all of the following information which is known at the time of filing the report:

- (1) List of type and quantity of hazardous substances released.
- (2) The results of all investigations completed at that time to determine the extent of soil or ground water or surface water contamination due to the release.
- (3) Method of cleanup implemented to date, proposed cleanup actions, and approximate cost of actions taken to date.
- (4) Method and location of disposal of the released hazardous substance and any contaminated soils or ground water or surface water (indicate whether a hazardous waste manifest(s) is utilized).

2

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



File

Certified mailer # P 833 981 260

April 3, 1989

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

Mr. Michael Herzog  
Manager, Process Engineering  
Pfizer Pigments, Inc.  
4650 Shellmound St.  
Emeryville, CA 94662-0905

Dear Mr. Herzog:

Having lately focused on Pfizer's plan to remove its underground tanks and to install new ones, the Alameda County Department of Environmental Health, Hazardous Materials Division has not made a formal response to the Roux Associates' site investigation report. This report describes the consultant's work following the removal of an underground waste oil tank, and provides recommendations for the site. The Hazardous Materials Division has reviewed this report, and has the following comments on it.

With respect to the solvents discovered in groundwater immediately beneath the excavation pit, we concur that regular monitoring of wells RW-2, RW-3, and RW-4 should be adequate to detect any migration of these materials. If any of these solvents are found in the monitoring wells, a remediation plan to remove the solvents from groundwater should be developed. Rather than the semi-annual monitoring plan recommended in the Roux report, however, we are requiring quarterly sampling and analysis of wells RW-2, -3, and -4; the first of these quarterly reports should be submitted to this office by May 1, 1989, and the next one will be due on August 1. Analytical parameters should include the solvents found in MW-4 as well as total oil and grease (TOG).

Soil sample results from borings along the western edge of the Pfizer property indicate TOG contamination of up to 53,750 ppm. "Background" levels of 95 ppm were found at the eastern boundary of the site in boring RW-1, and other borings scattered around the site showed TOG levels of 100 ppm or below. Thus, there is apparently a vadose plume with significant oil and grease contamination on the Shellmound side of the facility. The areal extent of this plume is not well defined, and there is no hard data demonstrating that oil and grease in the soil is immobile.

It is this office's policy to require remediation of any soil contaminated with hydrocarbons above 1,000 ppm, which is the California Department of Health Services' threshold for hazardous waste. Therefore, we are requesting that you develop a remediation plan for the TOG-contaminated soil; as a first step, the areal extent and depth of soil contaminated above 1,000 ppm needs to be

Mr. Michael Herzog  
April 3, 1989  
Page 2 of 2

characterized. Please submit your remediation plan (containing information on the soil distribution of TOG) to this office by June 30, 1989.

In addition, please submit a deposit of \$500 to cover costs that the Division of Hazardous Materials incurs during remediation oversight. This deposit is not connected to the deposit required for the removal and installation of tanks that Pfizer is planning.

If you have any questions about this letter or about remediation requirements for the Pfizer facility, please contact Gil Wistar, Hazardous Materials Specialist, at 271-4320.

Sincerely,



Rafat A. Shahid, Chief  
Hazardous Materials Division

cc: Jerry Wickham, Roux Associates  
Doug Krause, DOHS  
Don Dalke, San Francisco RWQCB

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address.  Restricted Delivery **GW**  
 ↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to:  
 Mr. Michael Herzog  
 Manager, Process Engineering  
 PRIZEK Polymers, Inc.  
 4650 Shellmound St.  
 Emeryville, CA 94662-0905

4. Article Number  
 P833 981 260

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**

5. Signature - Addressee  
 [Signature]

6. Signature - Agent  
 [Signature]

7. Date of Delivery  
 APR - 5 1989

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1987 \* U.S.G.P.O. 1987-176-268

DOMESTIC RETURN RECEIPT

P 833 981 260

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to	
Street and No	
P O, State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985



**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST, P.O. BOX 8215 • EMERYVILLE, CA 94662-0905

415 / 653-6151

March 14, 1989

3/17/89

REC'D  
DEPT. OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS

Alameda County Health  
Care Services Agency  
Department of Environmental Health  
Division of Hazardous Materials  
80 Swan Way, Room 200  
Oakland, CA 94621

Attention: Gilbert Wistar, Hazardous Materials Specialist

Underground Storage Tanks, Emeryville Facility

I received the new tank permit forms early last week; thank you.

Our consultant, Roux Associates, has completed their site screening work. They drilled a total of ten shallow borings to the top of the water table near the location of the various underground storage tanks. Six borings were made in the tank pit containing the ten-12,000 gallon fuel oil tanks, one boring near the 1000-gallon regular gasoline tank, and three in the area believed to contain an abandoned crane (diesel) tank.

Of the six borings in the fuel oil tank pit, five yielded "not detectable" levels of petroleum hydrocarbons. One boring at the Easternmost boundary of the pit yielded a sample which analyzed at 440 ppm petroleum hydrocarbon, as diesel. There is no indication of a spill at our site. If necessary, further analyses will be made as the project continues.

The boring made in the gasoline tank pit produced a sample which showed no volatile organic vapors on a field photoionization meter. —?

The three borings in the area supposed to contain the crane diesel fuel tank did not encounter the tank nor did they show any signs of diesel contamination.

When queried about the tank, our two general supervisors (30-year employees) said they remembered it having been removed when the scrap bin pad was poured in about 1977.

Roux is currently preparing the tank removal plan for all tanks. We expect to have it in hand in about ten days.

Mr. Gilbert Wistar  
Page 2,

March 14, 1989

We are also preparing detailed invitation to bid packages for the installation of the new underground tanks; one 10,000-gallon diesel and one 1000-gallon gasoline tank.

We will keep you informed of progress being made on this project.



M. S. Herzog  
Manager, Process Engineering  
Pfizer Pigments Inc.

MSH/jm  
\wp\m\msh270

cc: G. L. Metcalf



**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST, P.O. BOX 8215 • EMERYVILLE, CA 94662-0905  
415 / 653-6151

2/16/89

ALAMEDA COUNTY  
DEPT. OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS

February 14, 1989

Alameda County Health  
Care Services Agency  
Department of Environmental Health  
Division of Hazardous Materials  
80 Swan Way, Room 200  
Oakland, CA 94621

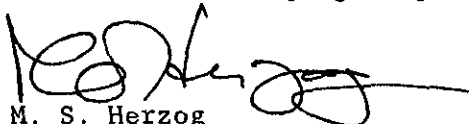
Attention: Gilbert Wistar, Hazardous Materials Specialist

Underground Storage Tanks, Emeryville Facility

After reviewing several alternatives we have decided to install an approved 1000-gallon underground gasoline storage tank to replace the existing tank of the same size. We will also install an approved 10,000 gallon underground No. 2 fuel oil tank as standby boiler and kiln fuel replacing the ten 12,000-gallon underground tanks currently in use.

To enable us to continue plant operations with as few interruptions as possible we wish first to install the new storage tanks before proceeding with the closure/removal of the existing tanks. To whom and in what manner should we apply for permits to install the new tanks? Your assistance would be appreciated.

Our consultant, Roux Associates, has begun the site screening work and is producing a project plan and scope of work. We are continuing to receive cost information and are preparing internal approval documentation. We intend to have a project plan completed for your perusal in early March.

  
M. S. Herzog  
Manager, Process Engineering

MSH/jm  
\wp\m\msh008

cc: G. L. Metcalf  
S. J. Stanley  
J. N. Deblock  
T. W. Christopher





**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST., P O. BOX 8215 • EMERYVILLE, CA 94662-0905  
415 / 653-6151

2/6/89  
ALAMEDA COUNTY  
DEPT. OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS

February 2, 1989

Alameda County Health Care Services Agency  
Department of Environmental Health  
Division of Hazardous Materials  
80 Swan Way, Room 200  
Oakland, CA 94621

Attention: Gilbert Wistar, Hazardous Materials Specialist

Underground Storage Tanks, Emeryville Facility

It is the intention of Pfizer Pigments Inc. to properly close in place or remove the underground storage tanks presently located at its Emeryville facility and functionally replace the tanks with units of an approved type. The tanks in question are the ten 12,000-gallon fuel oil storage tanks, one 1000-gallon regular gasoline storage tank, and are 500 gallon crane fuel storage tank. (A 350-gallon waste oil/solvent tank has already been removed.)

Pfizer Pigments Inc has retained Roux Association of Concord as a project consultant. Roux will prepare a project plan and perform some preliminary site investigation work before any excavation is begun.

We intend first to install new tanks of an approved type for regular gasoline and for standby fuel to replace natural gas in times of service interruption. The standby fuel presently used is fuel oil. We will consider other alternatives before reaching a final decision on the type and volume of standby fuel.

In the next 30-day period we will seek bids for the installation of new tanks and the removal of existing tanks. We will evaluate standby fuel alternatives and make a decision. The process of obtaining internal Pfizer Pigments Inc. expense approvals will be begun.

Roux Associates will prepare a project plan and scope of work. They will also conduct a site screening of the fuel oil, gasoline, and crane fuel tank areas.

Mr. Gilbert Wistar  
Page 2,

February 2, 1989

We would also like to begin the permit process for installation of new tanks and ask your assistance in this process.

With this information gained through the site screening and bid procedures we feel we will be able to propose a project schedule in early March.

Sincerely,

PFIZER PIGMENTS INC.



M. S. Herzog  
Process Engineering, Manager

MSH/jm  
\wp\m\msh841

cc: G. L. Metcalf  
S. J. Stanley  
J. N. Deblock  
T. W. Christopher

CONSULTING GROUND-WATER  
GEOLOGISTS AND ENGINEERS

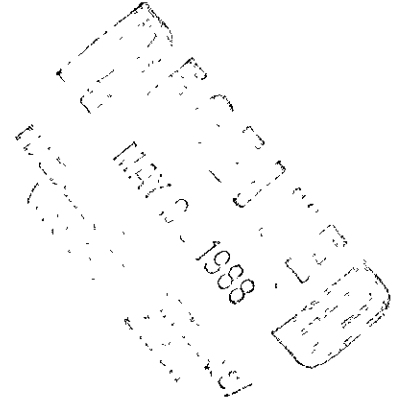
**ROUX ASSOCIATES**



1430 WILLOW PASS ROAD  
SUITE 140  
CONCORD, CALIFORNIA 94520 415 685-8742

*File per*

May 19, 1988



Alameda County  
Division of Environmental Health  
Underground Storage Tank Unit  
470-27th Street, Room 324  
Oakland, CA 94612

Attention: Ms. Elizabeth Rose

STATUS OF SITE INVESTIGATION FOR  
REMOVED WASTE OIL TANK AT PFIZER-EMERYVILLE PLANT

This report describes site investigation activities that have been completed to date following removal of a waste oil tank at the Pfizer Pigments plant at 4650 Shellmound Street in Emeryville, California (tel. (415)653-6151). The investigation was initiated in response to soil contamination encountered during removal of the waste oil tank. Roux Associates has been retained by Pfizer Pigments to conduct the site assessment.

An Initial Site Investigation Report was submitted in February, 1988. Additional field activities have been completed since the initial report was submitted. To date, [REDACTED] have been drilled and sampled and 6 [REDACTED] Laboratory analyses for [REDACTED] samples have been completed; an additional 7 laboratory analyses are pending. Data interpretation and assessment are in progress and a final report including a summary of findings and proposed cleanup actions is expected to be completed within 90 days.

Sincerely,  
ROUX ASSOCIATES, INC.

*Jerry Wickham*

Jerry T. Wickham  
Senior Hydrogeologist  
California Registered Geologist  
No. 3766



**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST., P.O. BOX 8215 • EMERYVILLE, CA 94662-0905  
415 / 653-6151

February 23, 1988

Alameda County  
Division of Environmental Health  
Underground Storage Tank Unit  
470-27th St., Room 324  
Oakland, Ca 94612

Attn: Lizabeth Rose, Hazardous Materials Specialist

Enclosed is a status report from our consultant, Roux Associates, regarding the site of our recently removed waste oil tank. In addition to describing the work performed to date and planned activities, the report includes a "Site/Area Safety Plan".

We will continue to report progress to you and the agencies listed below as the investigation progresses.

Michael S. Herzog  
Manager, Process Engineering

encl

copies: State Water Resources Control Board  
Regional Water Quality Control Board, S F Region  
Emeryville Fire Dept.  
Roux Associates (no attachment)  
GC Metcalf  
WE McCoy/JD Brown

RECEIVED  
FEB 26 1988  
HAZARD  
W.S.

**ROUX ASSOCIATES**



1111 CIVIC DRIVE  
SUITE 250  
WALNUT CREEK, CALIFORNIA 94596 415 945-1900

February 22, 1988

Pfizer Pigments Inc.  
4650 Shellmound St.  
P.O. Box 8215  
Emeryville, CA 94662-0905  
Attention: Mr. Mike Herzog

INITIAL SITE INVESTIGATION FOR REMOVED WASTE OIL  
TANK AT PFIZER PIGMENT PLANT, EMERYVILLE, CALIFORNIA

This letter report describes the initial site investigation activities conducted up to February 19, 1988, at the Pfizer Pigments Plant in Emeryville, California. Roux Associates West has been retained by Pfizer Pigments to conduct the site assessment for possible soil or ground water contamination beneath the removed waste oil tank. The site investigation is in progress with further actions pending additional sampling and laboratory analyses. Site investigation activities to date are reported below.

This site investigation is being conducted in response to soil contamination encountered beneath an underground waste oil tank during removal of the tank. The tank was removed without repair or replacement in December, 1987. Following removal, the tank excavation was backfilled. An "Underground Storage Tank Unauthorized Release (Leak) /Contamination Site Report" was filed on February 2, 1988.

Initial Site Investigation (February 9 to 19, 1988)

On February 9, 1988, Roux Associates West conducted an initial site reconnaissance and developed a site history. A work plan for the site investigation was developed and is currently being carried out. Four monitoring wells were installed on February 18th and 19th, 1988. The monitoring wells were constructed with bentonite seals and grouted according to accepted monitoring well construction practices and the guidelines contained in Attachment 1 of the "Guidelines for Addressing Fuel Leaks, California Regional Water Quality Control Board (San Francisco Bay Region), September, 1985.

February 22, 1988  
Page Two

Soil samples were collected at five-foot intervals in the monitoring well borings and have been submitted to Curtis & Tompkins Laboratories for analysis. The laboratory analyses are in progress and will be presented along with chain-of-custody forms in a later report. Well development and ground water sampling will be performed within the next two weeks. Soil cuttings from the borings have been stored on site in sealed steel drums pending laboratory analyses of the soils. The site safety plan for the Pfizer Pigments Plant is attached to this letter report.

Should you have any questions regarding this report, please contact me at (415) 945-1900.

Sincerely,

*Jerry T. Wickham*

Jerry T. Wickham  
California Registered Geologist  
No. 3766

**SITE/AREA SAFETY PLAN**

(Use last page if additional space is necessary)

**GENERAL**

DATES PLAN IN USE: February 18, 1988 → DATE PREPARED: February 17, 1988  
 PREPARED BY: J. T. Wickham SITE/AREA NAME: Pfizer Pigments Plant  
 LOCATION: 4650 Shellmound St. Emeryville, CA 94662-0905

EXISTING INFORMATION FOR SITE: DETAILED  PRELIMINARY  SKETCHY  NONE

HAZARDOUS MATERIAL FORM: GAS  LIQUID  SLUDGE  SOLID

CONTAINMENT: DRUM  PIT  POND  LAGOON  TANK  SOILS  DEBRIS   
 OTHER \_\_\_\_\_ CONDITION \_\_\_\_\_

CHARACTERISTICS: CORROSIVE  IGNITABLE  RADIOACTIVE  VOLATILE  TOXIC   
 REACTIVE  OTHER \_\_\_\_\_ UNKNOWN \_\_\_\_\_

**SITE/AREA SPECIFICS**

**HIGH HAZARD MATERIAL:**

COMPOUND	ANTICIPATED CONCENTRATION	WARNING PROPERTIES
<u>2-Hexanone</u>	<u>20PPM in soil (tank pit)</u>	<u>Characteristic odor</u>
<u>Acetone</u>	<u>2PPM in soil (tank pit)</u>	<u>Fragrant mint-like odor</u>

SITE HISTORY: TOPOGRAPHY Flat-lying fill.

STATUS: OPEN  CLOSED  LIMITED ACCESS  UNKNOWN

HISTORY (regulatory action, local complaints, injuries, site controls):  
Tank was removed from excavation; excavation was backfilled;  
no nuisance complaints. Soil sample beneath tank contaminated.

UNUSUAL FEATURES (control feature integrity, utilities, obstacles):  
Utilities to be located by plant engineer.

**HAZARD ASSESSMENT**

EVALUATION OF EXPECTED HAZARD (work assignments, operational considerations, routes of exposure, health effects, material stability):  
Working environment to be monitored continuously  
with TLV (Threshold Limit Value) meter. Soil and  
water to be contained on site in sealed steel drums.  
Normal precautions taken around drill rig.

**OPERATIONAL PROCEDURES**

**SITE COMMAND AND CONTROL (include sketch or map as appropriate):**

**PERIMETER CONTROL** Fenced, controlled access area.

**WORKING AREA** Marked with traffic cones, caution tape

**EQUIPMENT REQUIREMENTS** Level C Protective Equipment on stand-by.

**PERSONNEL PROTECTION**

**GENERAL LEVEL OF PROTECTION REQUIRED:** A \_\_\_ B \_\_\_ C \_\_\_ D X

**MODIFICATION OR SPECIALIZED EQUIPMENT:** \_\_\_\_\_

**DETECTION EQUIPMENT (survey meters, dosimeters):**

Bacharach TLV meter

**COMMUNICATIONS (type, range, frequencies, alternates, hand signals):**

Horn blast - evacuate working area.

Standard hand signals when respirators in use.

**AUTHORIZED TEAM PERSONNEL**

NAME	POSITION	MEDICAL (date)	TRAINING (type, date)
<u>Jerry Wickham</u>	<u>Senior Hydrogeologist</u>		<u>Roux Associates</u>
<u>Paul Supple</u>	<u>Hydrogeologist</u>		<u>Roux Associates</u>
<u>Gene Nunes</u>	<u>Driller</u>		<u>Exceltech</u>
<u>Jon Rigley</u>	<u>Driller's Helper</u>		<u>Exceltech</u>

**OTHER PERSONNEL (prearranged visitors, support personnel):**

NAME	AGENCY/COMPANY	RESTRICTIONS

**MONITORING PROCEDURES (use and employment of fixed, portable, real-time, continuous and/or periodic monitoring devices):**

Continuous monitoring during drilling and sampling activities with TLV meter.



DECONTAMINATION PROCEDURES (include sketch of exclusion, contamination reduction and support zones): PERSONNEL Dispose of Tyvek suits after use.

PERSONNEL PROTECTIVE EQUIPMENT Decontaminate in TSP solution and clean water rinse.

SAMPLING EQUIPMENT Decontaminate with surfactant or TSP cleaning and clean water rinse between each sample. Steam clean between borings.

SUPPORT EQUIPMENT Steam clean prior to initial use, between borings, and after completion of drilling.

DECON MATERIALS REQUIRED (containers, decon solutions):

Steam cleaner, plastic buckets, steel drums, plastic sheeting, TSP, and surfactant.

SPECIAL HAZARDS: None expected.

#### EMERGENCY PROCEDURES

HIGH HAZARD MATERIALS (known or anticipated):

NAME	ACUTE EXPOSURE SYMPTOMS	FIRST AID
------	-------------------------	-----------

LOCATION OF NEAREST WORKING PHONE Pfizer Lobby, Offices

OTHER EMERGENCY COMMUNICATIONS Radio in drill rig.

#### EMERGENCY PHONE NUMBERS:

	NAME/LOCATION	PHONE #	PREPLAN/STANBY
AMBULANCE		911	
FIRE		911	
POLICE		911	
HOSPITAL	Meritt Hospital	655-4000	

ENVIRONMENTAL Alameda Co. Haz. Wastes Management 874-7237

Cal. Health Services Dept. Haz. Waste Management 540-2043

UTILITIES PGE 1919 Webster Oakland 835-5000

ADDITIONAL RESOURCES:

NAME

AGENCY/COMPANY

PHONE #

ROUTE TO HOSPITAL Rte 60 south to MacArthur Blvd, MacArthur Blvd East to Broadway. ALTERNATIVE Turn Right (South) on Broadway South of 580. Turn Right after 580, continue 1 block.

EQUIPMENT CHECKLIST

PROTECTIVE AND SAFETY EQUIPMENT (model, type, material, amount required):

SCBA \_\_\_\_\_ SPARE CYLINDERS \_\_\_\_\_

ESCAPE MASK \_\_\_\_\_ CHEM-MECH RESPIRATORS \_\_\_\_\_

FULL FACE \_\_\_\_\_ HALF FACE Wilson & MSA

CANISTER \_\_\_\_\_ CARTRIDGE Organic Vapor

HARDHAT X FACE SHIELD \_\_\_\_\_ CHEM GOGGLES X

SAFETY GLASSES X EAR PROTECTION \_\_\_\_\_

GLOVES: SURGICAL X CHEM X OUTER X

CHEM RESIST COVERALLS \_\_\_\_\_ DISPOSAL COVERALLS Tyvek

SPLASH APRONS \_\_\_\_\_ SPLASH SUITS \_\_\_\_\_

BOOTS Steel-toed BOOT/SHOE COVERS \_\_\_\_\_

FULLY ENCAPSULATED SUITS \_\_\_\_\_

DOSIMETERS \_\_\_\_\_

FIRST AID EQUIPMENT X

EYE WASH STATION \_\_\_\_\_ FIRE EXTINGUISHER X

DECON MATERIALS X

SAFETY HARNESS \_\_\_\_\_ SPECIAL TOOLS \_\_\_\_\_

OTHER \_\_\_\_\_



**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST., P.O. BOX 8215 • EMERYVILLE, CA 94662-0905  
415 / 653-6151

*File  
msh*

February 2, 1988

Alameda County  
Division of Environmental Health  
Underground Storage Tank Unit  
470-27th Street, Room 324  
Oakland, CA 94612

Attention: Lizabeth Rose, Hazardous Materials Specialist

Enclosed is the site report form concerning our recently removed waste oil tank.

We have retained Roux Associates of Walnut Creek to assist us in the preparation of a remediation plan.

Michael S. Herzog  
Manager, Process Engineering

MSH/jm  
\wp\m\msh222

copies: State Water Resources Control Board  
Regional Water Quality Control Board, San Francisco Region  
Emeryville Fire Department  
Roux Associates  
G. L. Metcalf  
J. D. Brown

RECEIVED  
FEB 11 1988  
EMERYVILLE  
FIRE DEPARTMENT

# 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		<b>FOR LOCAL AGENCY USE ONLY</b> I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.		
REPORT DATE 0 M   2 M   0 D   2 D   8 Y   8 Y		CASE #		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT M. S. Herzog		PHONE (415) 653-6151		SIGNATURE 	
	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 Pfizer Pigments Inc.			
	ADDRESS 4650 Shellmound Street, Emeryville, CA 94608					
RESPONSIBLE PARTY	NAME Pfizer Pigments Inc. <input type="checkbox"/> UNKNOWN		CONTACT PERSON M. S. Herzog		PHONE (415) 653-6151	
	ADDRESS 4650 Shellmound St., Emeryville, CA 94608					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Pfizer Pigments Inc.		OPERATOR Same		PHONE (415) 653-6151	
	ADDRESS 4650 Shellmound St., Emeryville, Alameda 94608					
	CROSS STREET Powell 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"/> FARM <input checked="" type="checkbox"/> OTHER Pigment Plant	
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda Co. Health Care Services		AGENCY NAME Alameda Co. Health Care Services		CONTACT PERSON Liz Rose	
	REGIONAL BOARD S. F. Bay Region				PHONE (415) 874-7247	
SUBSTANCES INVOLVED	(1) NAME Fuel Hydrocarbons		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2)		<input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 1 M   2 M   2 D   2 D   8 Y   7 Y		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER <u>Soil analysis</u>			
	DATE DISCHARGE BEGAN _____		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 checked="" type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER <u>remove tank</u>			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1 M   2 M   0 D   1 D   8 Y   7 Y					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		TANKS ONLY/CAPACITY _____ 300 GAL. AGE _____ YRS <input checked="" 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 checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER					
CASE TYPE	CHECK ONE ONLY <input 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 checked="" 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 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 (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)					
COMMENTS	_____					

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety Code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility and surrounding area. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Provide details on tank age; capacity and material if known. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIAL ACTION

Indicate which actions have been used to cleanup or remediate the leak. Descriptions of options follow:

- Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.
- Containment Barrier - install vertical dike to block horizontal movement of contaminant.
- Excavate and Dispose - remove contaminated soil and dispose in approved site.
- Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).
- Remove Free Product - remove floating product from water table.
- Pump and Treat Groundwater - generally employed to remove dissolved contaminants.
- Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.
- Replace Supply - provide alternative water supply to affected parties.
- Treatment at Hookup - install water treatment devices at each dwelling or other place of use.
- No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies in tact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Water Quality, Underground Tank Program, P. O. Box 100, Sacramento, CA 95801
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.

ALAMEDA COUNTY  
**HEALTH CARE SERVICES**

DAVID J. KEARS AGENCY

~~XXXXXXXXXXXX~~ Agency Director



470-27th Street, Third Floor  
Oakland, California 94612  
(415) 874-7237

December 18, 1987

Pfizer Pigments, Inc.  
4650 Shellmound Street  
Emeryville, CA 94662-0905

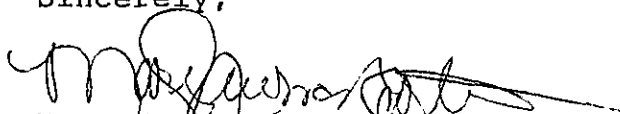
RE: UNDERGROUND TANK CLOSURE PLAN

Dear Firm:

Please find enclosed, the receipt for payment of deposit/fees for services rendered/to be rendered by the Department of Environmental Health Services/Hazardous Materials Division.

If you have any questions, please give me, Mary Newman Carter, a call at, 874-7237.

Sincerely,

  
Mary Newman Carter, Secretary  
Hazardous Materials Division

MNC:mnc

cc: Files

DATE :

12/2/87

Hancock

TO :

FILE - PFIZER, 4650 Shellmound St. Emeryville

FROM :

L. Rose

SUBJECT:

UST Removal

Mr. Herzog from Pfizer Pigments called regarding a 350 gallon waste oil tank which had been removed. He wanted to know if I wanted to come out and look at the excavation prior to them filling it in.

I informed him that I had no close plan which he needs to submit to along with a deposit of \$300.00. I informed him of tank closure reg. Co-sampling by certified lab, etc.

He did inform me that there was no obvious signs of soil contamination in the excavation.

I also suggested he notify DOTs, toxics regarding this activity since it was a waste tank and they have a TSD facility permit.





**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST., P.O. BOX 8215 • EMERYVILLE, CA 94662-0905

415 / 653-6151

December 2, 1987

Alameda County  
Division of Environmental Health  
Underground Storage Tanks Unit  
470-27th Street, Room 324  
Oakland, CA 94612

Attention: Liz Rose

We removed a 300-gallon underground tank used for temporary storage of waste oil yesterday. There was no evidence of leaking but soil samples were taken and sealed.

This morning I called your office to ask if inspection was required before refilling the hole. I was then told of the requirements for certified laboratory sampling and analysis. I called Brown & Caldwell in Emeryville to arrange for the laboratory work. They will take the sample later this week. After the sample is taken we will fill the hole.

The tank was removed by:

Crawley Construction Inc.  
2688 Coolidge Avenue  
Oakland, CA 94601

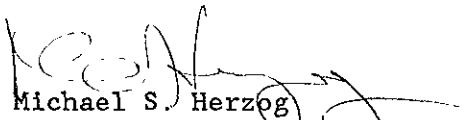
It remains on our property in the surplus equipment storage yard.

The tank in question is No. 12 on the list of tanks submitted to Rafat Shahid on 27 May '87. A copy of the permit application is attached.

Also enclosed is our check for \$300.00 for tank removal fee.

We will submit the results of the soil analysis when received and respond as required.

Thank you for your help.

  
Michael S. Herzog  
Manager, Process Engineering

MSH/jm  
\wp\m\msh8

cc: G. L. Metcalf  
S. J. Stanley  
J. D. Brown

HAZARDOUS WASTE PROGRAM  
DEC 7 1987  
RECEIVED

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.			PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL		
STREET ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE		STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH, W. C.</del> <i>GL Metcalf</i>			
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET			
CITY EMERYVILLE		COUNTY ALAMEDA		ZIP 94608	
MAILING ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE		STATE CA	ZIP 94608
PHONE W/AREA CODE 415-653-6151		TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.			
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE	SECTION	

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151		NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029	
--	--	--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:		CONTAINER NUMBER NO. 12	
B. MANUFACTURER (IF APPROPRIATE): UNK.		YEAR MFG:	C. YEAR INSTALLED 1972 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 300 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input checked="" type="checkbox"/> 01 WASTE <input type="checkbox"/> 02 PRODUCT		
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input checked="" type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER			

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: <input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN			
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN			
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED			
D. <input checked="" type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:			

CONTAINER CONSTRUCTION

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

VII LEAK DETECTION

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE)

*M. J. Ferz*

PHONE W/AREA CODE

45/653-6151

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	



**PFIZER PIGMENTS INC.**

A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST., P.O. BOX 8215 • EMERYVILLE, CA 94662-0905  
415 / 653-6151

May 27, 1987

Alameda County  
Division of Environmental Health  
Hazardous Materials Management Program  
Underground Storage Tanks Unit  
470-27th Street, Room 324  
Oakland, CA 94612

Mr. Rafat Shahid, Chief  
Hazardous Waste Management Division

Enclosed are our Underground Storage Tank Permit Application forms. Where applicable, corrections or additions to the information have been made. We would like to point out especially that container Number 7 is now being used to store bunker oil rather than diesel as earlier reported and container Number 17 is abandoned and has not been in use since approximately 1972.

Michael S. Herzog  
Manager, Process Engineering

MSH/jm  
\wp\mshl

13 - Registered  
1 Abandoned  
4 Sumps

INDEX

UNDERGROUND CONTAINERS

<u>CONTAINER NO.</u>	<u>DESCRIPTION</u>
1	.2 Diesel Tank No. 1
2	No.2 Diesel Tank No. 2
3	No.2 Diesel Tank No. 3
4	No.2 Diesel Tank No. 4
5	No.2 Diesel Tank No. 5
6	No.2 Diesel Tank No. 6
7	No.2 Diesel Tank No. 7 (NOW BUNKER OIL)
8	No.2 Diesel Tank No. 8
9	No.2 Diesel Tank No. 9
10	No.2 Diesel Tank No.10
11	Gasoline Storage
12	Waste Oil Tank
13	Reclaim Pit ✓
14	Plant Sump ✓
15	No.2 Dryer Drainage Sump ✓
16	Storm Water Sump ✓
17	Crane Fuel Oil (Abandoned) ✓
18	Cooling Tower Sump ✓

STATE WATER RESOURCES CONTROL BOARD

PAUL R. BONDERSON BUILDING  
901 P STREET  
P.O. BOX 100  
SACRAMENTO, CALIFORNIA 95801 (916) 324-1262



RECEIVED  
JUL 24 1986  
ES  
EMERYVILLE, CALIF.

JULY 8, 1986

PFIZER INC.  
4650 SHELLMOUND STREET  
EMERYVILLE CA 94608

FACILITY: 00000003299  
PFIZER INC.  
4650 SELLMOUND STREET  
EMERYVILLE CA 94608

SUBJECT: UNUSED UNDERGROUND STORAGE TANKS

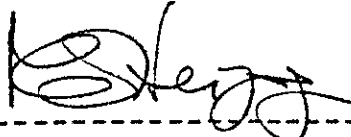
DURING A STATEWIDE PROGRAM IN 1984, YOU REGISTERED THE UNDERGROUND STORAGE TANK(S) AT THE ABOVE FACILITY WITH THE STATE WATER RESOURCES CONTROL BOARD. ON YOUR FORMS, YOU INDICATED THAT ONE OR MORE TANKS AT THAT FACILITY ARE NO LONGER BEING USED. A NEW FEDERAL LAW REQUIRES THAT WE OBTAIN ADDITIONAL INFORMATION REGARDING UNUSED TANKS, SPECIFICALLY, THE TYPE AND QUANTITY OF SUBSTANCE LEFT STORED AT THE TIME THEY WERE TAKEN OUT OF SERVICE. PLEASE PROVIDE THIS INFORMATION IN THE SPACE BELOW. YOU ARE EXPECTED TO BASE YOUR RESPONSE ON REASONABLY AVAILABLE RECORDS, OR, IF NO RECORDS EXIST, YOUR KNOWLEDGE OR RECOLLECTION, OR WRITE "UNKNOWN". IF YEAR LAST USED IS UNKNOWN, PLEASE GIVE BEST ESTIMATE. AT MINIMUM WE NEED TO KNOW IF IT WAS BEFORE OR AFTER 1/1/74. CHECK THE "TANK CLOSED" BOX IF THE TANK HAS BEEN REMOVED OR FILLED WITH SAND, CONCRETE, OR OTHER SOLID MATERIAL.

SID	YOUR TANK NUMBER	CAPACITY IN GAL	YR LAST USED	SUBSTANCE NAME	REMAINING GALLONS	TANK CLOSED
017	NO.17	<del>10000</del> <500	C.1972	Diesel fuel	0	( )

STATE WATER RESOURCES  
CONTROL BOARD  
JUL 24 1986  
THIS IS YOUR RECEIPT - THANK YOU

PLEASE SIGN BELOW AND RETURN TO BETTY MORENO, DIVISION OF WATER QUALITY, AT THE ABOVE ADDRESS WITHIN 15 DAYS OF RECEIPT. WE WILL MAIL YOU A RECEIPT. FAILURE TO RETURN THIS FORM MAY RESULT IN A FINE OF UP TO \$10,000. CALL THE ABOVE NUMBER IF YOU HAVE ANY QUESTIONS.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

X \_\_\_\_\_  24 July 1986  
DATE

PRINT NAME: M.S. HERZOG  
Man. Dir. Engr.

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH, W. C.</del> <i>Metzger, G.L.</i>	
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE	STATE CA      ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE      SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER NO. 1
B. MANUFACTURER (IF APPROPRIATE): MODERN WELDING	YEAR MFG: 1973      C. YEAR INSTALLED 1973 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 12000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO      IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input checked="" type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 0.25 <input type="checkbox"/> GAUGE <input checked="" type="checkbox"/> INCHES <input type="checkbox"/> CM <input type="checkbox"/> UNKNOWN
B. <del><input checked="" type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT)</del> <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED
D. <input checked="" type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:

## CONTAINER CONSTRUCTION

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

## VI PIPING

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
(CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
(CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

## VII LEAK DETECTION

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

## VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE)

*W. J. Perry*

PHONE W/AREA CODE

415/653-6151

## FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	



## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR GROTH, W.C. <i>Metcalf, G.L.</i>	
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE	COUNTY ALAMEDA	ZIP 94608	
MAILING ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE
		SECTION	

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER NO. 2 ✓
B. MANUFACTURER (IF APPROPRIATE): MODERN WELDING	YEAR MFG: 1973
C. YEAR INSTALLED 1973	<input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 12000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input checked="" type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 0.25	<input type="checkbox"/> GAUGE <input checked="" type="checkbox"/> INCHES <input type="checkbox"/> CM <input type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN	
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED	
D. <input checked="" type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:	

**CONTAINER CONSTRUCTION**

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

**VI PIPING**

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

**VII LEAK DETECTION**

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SHIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

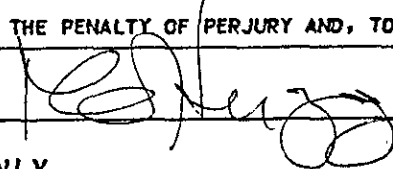
**VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS**  
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE)  PHONE W/AREA CODE 415/653-6151

**FOR LOCAL AGENCY USE ONLY**

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

**RECEIVED**

JUN 0 1987

HAZARDOUS MATERIALS/  
WASTE PROGRAM

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

( ) 01 NEW PERMIT ( ) 05 RENEWED PERMIT ( ) 07 TANK CLOSED ( ) 09 DELETE FROM FILE (NO FEE)  
 ( ) 02 CONDITIONAL PERMIT ( ) 06 AMENDED PERMIT ( ) 08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.			PUBLIC AGENCY ONLY ( ) 01 FED ( ) 02 STATE ( ) 03 LOCAL		
STREET ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE		STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH, W. G.</del> Metcalf, G. L.			
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET			
CITY EMERYVILLE		COUNTY ALAMEDA		ZIP 94608	
MAILING ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE		STATE CA	ZIP 94608
PHONE W/AREA CODE 415-653-6151		TYPE OF BUSINESS ( ) 01 GASOLINE STATION (X) 02 OTHER PIGMENT MFGR.			
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE	SECTION	

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J. 415-653-6151		NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J. 415-283-6029	
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. (X) 01 TANK ( ) 04 OTHER:		CONTAINER NUMBER NO. 3
B. MANUFACTURER (IF APPROPRIATE): MODERN WELDING		YEAR MFG: 1973 C. YEAR INSTALLED 1973 ( ) UNKNOWN
D. CONTAINER CAPACITY: 12000 GALLONS ( ) UNKNOWN	E. DOES THE CONTAINER STORE: ( ) 01 WASTE (X) 02 PRODUCT	
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES ( ) 02 NO IF YES CHECK APPROPRIATE BOX(ES): ( ) 01 UNLEADED ( ) 02 REGULAR ( ) 03 PREMIUM (X) 04 DIESEL ( ) 05 WASTE OIL ( ) 06 OTHER		

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 0.25 ( ) GAUGE (X) INCHES ( ) CM ( ) UNKNOWN		
B. ( ) 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) (X) 02 NON-VAULTED ( ) 03 UNKNOWN		
C. ( ) 01 DOUBLE WALLED (X) 02 SINGLE WALLED ( ) 03 LINED		
D. (X) 01 CARBON STEEL ( ) 02 STAINLESS STEEL ( ) 03 FIBERGLASS ( ) 04 POLYVINYL CHLORIDE ( ) 05 CONCRETE ( ) 06 ALUMINUM ( ) 07 STEEL CLAD ( ) 08 BRONZE ( ) 09 COMPOSITE ( ) 10 NON-METALLIC ( ) 12 UNKNOWN ( ) 13 OTHER:		

CONTAINER CONSTRUCTION

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

VII LEAK DETECTION

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

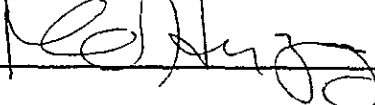
VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS  
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE)  PHONE W/AREA CODE 415/653-6151

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH, M. G.</del> Metcalf, G. L.	
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE	COUNTY ALAMEDA	ZIP 94608	
MAILING ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE	STATE CA      ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE      SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER NO. 4
B. MANUFACTURER (IF APPROPRIATE): MODERN WELDING	YEAR MFG: 1973      C. YEAR INSTALLED 1973 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 12000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO      IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input checked="" type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 0.25 <input type="checkbox"/> GAUGE <input checked="" type="checkbox"/> INCHES <input type="checkbox"/> CM <input type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED
D. <input checked="" type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:

CONTAINER CONSTRUCTION

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

VII LEAK DETECTION

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE)  PHONE W/AREA CODE 415/653-6151

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH, W. C.</del> Metcalf, G.C.	
STREET ADDRESS 4650 SHELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE	STATE CA      ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE      SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER NO.5
B. MANUFACTURER (IF APPROPRIATE): MODERN WELDING	YEAR MFG: 1973      C. YEAR INSTALLED 1973 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 12000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO      IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input checked="" type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 0.25 <input type="checkbox"/> GAUGE <input checked="" type="checkbox"/> INCHES <input type="checkbox"/> CM <input type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED
D. <input checked="" type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:



### CONTAINER CONSTRUCTION

E. <input type="checkbox"/> 01 RUBBER LINED <input checked="" type="checkbox"/> 07 UNLINED	<input type="checkbox"/> 02 ALKYO LINING <input type="checkbox"/> 08 UNKNOWN	<input type="checkbox"/> 03 EPOXY LINING <input type="checkbox"/> 09 OTHER:
F. <input type="checkbox"/> 01 POLYETHYLENE WRAP <input checked="" type="checkbox"/> 06 TAR OR ASPHALT		
<input type="checkbox"/> 02 VINYL WRAPPING <input type="checkbox"/> 09 OTHER:		
<input type="checkbox"/> 03 CATHODIC PROTECTION <input type="checkbox"/> 04 UNKNOWN <input type="checkbox"/> 05 NONE		

### VI PIPING

A. ABOVEGROUND PIPING: (CHECK APPROPRIATE BOX(ES))	<input type="checkbox"/> 01 DOUBLE-WALLED PIPE <input type="checkbox"/> 04 PRESSURE <input type="checkbox"/> 05 SUCTION <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE
B. UNDERGROUND PIPING: (CHECK APPROPRIATE BOX(ES))	<input type="checkbox"/> 01 DOUBLE-WALLED PIPE <input type="checkbox"/> 02 CONCRETE-LINED TRENCH <input type="checkbox"/> 03 GRAVITY <input checked="" type="checkbox"/> 05 SUCTION <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE

### VII LEAK DETECTION

<input type="checkbox"/> 01 VISUAL	<input checked="" type="checkbox"/> 02 STOCK INVENTORY	<input type="checkbox"/> 04 VAPOR SNIFF WELLS	<input type="checkbox"/> 05 SENSOR INSTRUMENT
<input type="checkbox"/> 06 GROUND WATER MONITORING WELLS	<input type="checkbox"/> 07 PRESSURE TEST	<input type="checkbox"/> 09 NONE	<input type="checkbox"/> 10 OTHER:

### VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO
---

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

PERSON FILING (SIGNATURE)	PHONE W/AREA CODE <u>415/653-6151</u>
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### FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY	CITY CODE	COUNTY CODE
CONTACT PERSON	PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE
TRANSACTION DATE		LOCAL PERMIT ID #

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH, W. G.</del> Metcalf, G. L.	
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE	STATE CA      ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE      SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER NO. 6
B. MANUFACTURER (IF APPROPRIATE): MODERN WELDING	YEAR MFG: 1973      C. YEAR INSTALLED 1973 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 12000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO      IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input checked="" type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 0.25	<input type="checkbox"/> GAUGE <input checked="" type="checkbox"/> INCHES <input type="checkbox"/> CM <input type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN	
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED	
D. <input checked="" type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:	

**CONTAINER CONSTRUCTION**

E.  01 RUBBER LINED  02 ALKYO LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

**VI PIPING**

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

**VII LEAK DETECTION**

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

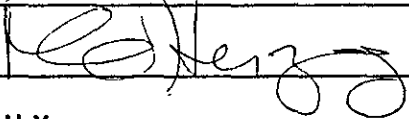
**VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS**  
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE)  PHONE W/AREA CODE 415/653-6151

**FOR LOCAL AGENCY USE ONLY**

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

( ) 01 NEW PERMIT ( ) 05 RENEWED PERMIT ( ) 07 TANK CLOSED ( ) 09 DELETE FROM FILE (NO FEE)  
 ( ) 02 CONDITIONAL PERMIT ( ) 06 AMENDED PERMIT ( ) 08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.			PUBLIC AGENCY ONLY ( ) 01 FED ( ) 02 STATE ( ) 03 LOCAL		
STREET ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE	STATE CA	ZIP 94608	

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH, W. G.</del> Motraef, S.C.			
STREET ADDRESS 4650 SHELLMOUND STREET		NEAREST CROSS STREET POWELL STREET			
CITY EMERYVILLE		COUNTY ALAMEDA		ZIP 94608	
MAILING ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE		STATE CA	ZIP 94608
PHONE W/AREA CODE 415-653-6151		TYPE OF BUSINESS ( ) 01 GASOLINE STATION (X) 02 OTHER PIGMENT MFGR.			
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE	SECTION	

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J. 415-653-6151		NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J. 415-283-6029	
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. (X) 01 TANK ( ) 04 OTHER:		CONTAINER NUMBER NO. 7
B. MANUFACTURER (IF APPROPRIATE): MODERN WELDING		YEAR MFG: 1973 C. YEAR INSTALLED 1973 ( ) UNKNOWN
D. CONTAINER CAPACITY: 12000 GALLONS ( ) UNKNOWN	E. DOES THE CONTAINER STORE: ( ) 01 WASTE (X) 02 PRODUCT	
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES ( ) 02 NO IF YES CHECK APPROPRIATE BOX(ES): ( ) 01 UNLEADED ( ) 02 REGULAR ( ) 03 PREMIUM (X) 04 DIESEL ( ) 05 WASTE OIL (X) 06 OTHER BUNKER OIL		

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 0.25 ( ) GAUGE (X) INCHES ( ) CM ( ) UNKNOWN		
B. ( ) 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) (X) 02 NON-VAULTED ( ) 03 UNKNOWN		
C. ( ) 01 DOUBLE WALLED (X) 02 SINGLE WALLED ( ) 03 LINED		
D. (X) 01 CARBON STEEL ( ) 02 STAINLESS STEEL ( ) 03 FIBERGLASS ( ) 04 POLYVINYL CHLORIDE ( ) 05 CONCRETE ( ) 06 ALUMINUM ( ) 07 STEEL CLAD ( ) 08 BRONZE ( ) 09 COMPOSITE ( ) 10 NON-METALLIC ( ) 12 UNKNOWN ( ) 13 OTHER:		

**CONTAINER CONSTRUCTION**

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

**VI PIPING**

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

**VII LEAK DETECTION**

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

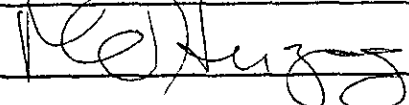
**VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS**  
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE)  PHONE W/AREA CODE 415/653-6151

**FOR LOCAL AGENCY USE ONLY**

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR GROTH, W-C. <i>Metzger, G.C.</i>	
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE	COUNTY ALAMEDA	ZIP 94608	
MAILING ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE
		SECTION	

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER NO. 8
B. MANUFACTURER (IF APPROPRIATE): MODERN WELDING	YEAR MFG: 1973      C. YEAR INSTALLED 1973 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 12000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO      IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input checked="" type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 0.25 <input type="checkbox"/> GAUGE <input checked="" type="checkbox"/> INCHES <input type="checkbox"/> CM <input type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED
D. <input checked="" type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:

## CONTAINER CONSTRUCTION

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

## VI PIPING

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
(CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
(CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

## VII LEAK DETECTION

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

## VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE)

*W. H. H. H.*

PHONE W/AREA CODE

415/653-6151

## FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY

CITY CODE

COUNTY CODE

CONTACT PERSON

PHONE W/AREA CODE

DATE OF LAST INSPECTION

IN COMPLIANCE

01 YES  02 NO

PERMIT APPROVAL DATE

TRANSACTION DATE

LOCAL PERMIT ID #

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH, W. C.</del> Metraff, G.L.	
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE	COUNTY ALAMEDA	ZIP 94608	
MAILING ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER NO.9
B. MANUFACTURER (IF APPROPRIATE): MODERN WELDING	YEAR MFG: 1973      C. YEAR INSTALLED 1973 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 12000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO      IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input checked="" type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 0.25 <input type="checkbox"/> GAUGE <input checked="" type="checkbox"/> INCHES <input type="checkbox"/> CM <input type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED
D. <input checked="" type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:



CONTAINER CONSTRUCTION

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

VII LEAK DETECTION

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE) *[Signature]* PHONE W/AREA CODE 415/653-6151

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY	CITY CODE	COUNTY CODE		
CONTACT PERSON	PHONE W/AREA CODE			
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.			PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL		
STREET ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE	STATE CA	ZIP 94608	

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR GROTH, M. C. <i>Metraff, G. L.</i>			
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET			
CITY EMERYVILLE		COUNTY ALAMEDA		ZIP 94608	
MAILING ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE		STATE CA	ZIP 94608
PHONE W/AREA CODE 415-653-6151		TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.			
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE	SECTION	

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151		NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029	
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:		CONTAINER NUMBER NO.10	
B. MANUFACTURER (IF APPROPRIATE): MODERN WELDING		YEAR MFG: 1973	C. YEAR INSTALLED 1973 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 12000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT		
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input checked="" type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER			

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 0.25 <input type="checkbox"/> GAUGE <input checked="" type="checkbox"/> INCHES <input type="checkbox"/> CM <input type="checkbox"/> UNKNOWN			
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN			
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED			
D. <input checked="" type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:			

CONTAINER CONSTRUCTION

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

VII LEAK DETECTION

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS  
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE)  PHONE W/AREA CODE 415/653-6151

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE	COUNTY CODE	
CONTACT PERSON		PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 4650 SHELLHOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH, W. C.</del> Metcalf, G. L.	
STREET ADDRESS 4650 SELLHOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS 4650 SHELLHOUND STREET		CITY EMERYVILLE	STATE CA      ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE      SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:		CONTAINER NUMBER NO. 11
B. MANUFACTURER (IF APPROPRIATE): UNK.	YEAR MFG:	C. YEAR INSTALLED <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 1000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT	
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input checked="" type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER		

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: <input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input type="checkbox"/> 02 NON-VAULTED <input checked="" type="checkbox"/> 03 UNKNOWN
C. <input type="checkbox"/> 01 DOUBLE WALLED <input type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED
D. <input type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input checked="" type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:

**CONTAINER CONSTRUCTION**

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

**VI PIPING**

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
(CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
(CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

**VII LEAK DETECTION**

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

**VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS**  
IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE) *[Signature]* PHONE W/AREA CODE 415/653-6151

**FOR LOCAL AGENCY USE ONLY**

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH, W. C.</del> <i>GL Metzger</i>	
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE	STATE CA      ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE      SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER NO.12
B. MANUFACTURER (IF APPROPRIATE): UNK.	YEAR MFG:      C. YEAR INSTALLED 1972 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 300 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input checked="" type="checkbox"/> 01 WASTE <input type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input checked="" type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT:	<input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN	
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED	
D. <input checked="" type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:	

**CONTAINER CONSTRUCTION**

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

**VI PIPING**

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

**VII LEAK DETECTION**

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

**VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS**

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE) *McHenry* PHONE N/AREA CODE 415/653-6151

**FOR LOCAL AGENCY USE ONLY**

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE N/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

( ) 01 NEW PERMIT ( ) 05 RENEWED PERMIT ( ) 07 TANK CLOSED ( ) 09 DELETE FROM FILE (NO FEE)  
 ( ) 02 CONDITIONAL PERMIT ( ) 06 AMENDED PERMIT ( ) 08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY ( ) 01 FED ( ) 02 STATE ( ) 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH, W. C.</del> Metraif, G. L.	
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE	STATE CA ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS ( ) 01 GASOLINE STATION (X) 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J. 415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J. 415-283-6029
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. (X) 01 TANK ( ) 04 OTHER:	CONTAINER NUMBER NO.13
B. MANUFACTURER (IF APPROPRIATE): PFIZER	YEAR MFG: 1982 C. YEAR INSTALLED 1982 ( ) UNKNOWN
D. CONTAINER CAPACITY: 2022 GALLONS ( ) UNKNOWN	E. DOES THE CONTAINER STORE: ( ) 01 WASTE (X) 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? ( ) 01 YES (X) 02 NO IF YES CHECK APPROPRIATE BOX(ES): ( ) 01 UNLEADED ( ) 02 REGULAR ( ) 03 PREMIUM ( ) 04 DIESEL ( ) 05 WASTE OIL ( ) 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 0.25 ( ) GAUGE (X) INCHES ( ) CM ( ) UNKNOWN
B. (X) 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) ( ) 02 NON-VAULTED ( ) 03 UNKNOWN
C. ( ) 01 DOUBLE WALLED (X) 02 SINGLE WALLED ( ) 03 LINED
D. ( ) 01 CARBON STEEL (X) 02 STAINLESS STEEL ( ) 03 FIBERGLASS ( ) 04 POLYVINYL CHLORIDE ( ) 05 CONCRETE ( ) 06 ALUMINUM ( ) 07 STEEL CLAD ( ) 08 BRONZE ( ) 09 COMPOSITE ( ) 10 NON-METALLIC ( ) 12 UNKNOWN ( ) 13 OTHER:



CONTAINER CONSTRUCTION

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

VII LEAK DETECTION

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS  
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	1309371	* IRON OXIDE <del>(BLACK OXIDE OF IRON)</del> Yellow iron oxide
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE)  PHONE W/AREA CODE 415/653-6151

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH, H. G.</del> Metcalf, G.C.	
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE	STATE CA      ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS <input type="checkbox"/> 01 GASLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE      SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <del>01 TANK</del> <input checked="" type="checkbox"/> 04 OTHER: SUMP	CONTAINER NUMBER NO. 14
B. MANUFACTURER (IF APPROPRIATE): PFIZER	YEAR MFG: 1956      C. YEAR INSTALLED 1956 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 36000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input checked="" type="checkbox"/> 01 WASTE <input type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO      IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: <input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED
D. <input type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input checked="" type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:

**CONTAINER CONSTRUCTION**

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

**VI PIPING**

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES)  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES)  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

**VII LEAK DETECTION**

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

**VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS**

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	1309371	* IRON OXIDE (BLACK OXIDE OF IRON) <i>Yellow iron oxide</i>
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	7782630	FERROUS SULFATE
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE) *[Signature]* PHONE W/AREA CODE *415/653-6151*

**FOR LOCAL AGENCY USE ONLY**

ADMINISTRATING AGENCY	CITY CODE	COUNTY CODE		
CONTACT PERSON	PHONE W/AREA CODE			
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

( ) 01 NEW PERMIT ( ) 05 RENEWED PERMIT ( ) 07 TANK CLOSED ( ) 09 DELETE FROM FILE (NO FEE)  
 ( ) 02 CONDITIONAL PERMIT ( ) 06 AMENDED PERMIT ( ) 08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY ( ) 01 FED ( ) 02 STATE ( ) 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR GROTH, W. C. Metcalf, G.L.	
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE	STATE CA ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS ( ) 01 GASOLINE STATION (X) 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J. 415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J. 415-283-6029
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <del>(X) 01 TANK</del> (X) 04 OTHER: <u>SUMP</u>	CONTAINER NUMBER NO. 15
B. MANUFACTURER (IF APPROPRIATE): PFIZER	YEAR MFG: 1972 C. YEAR INSTALLED 1972 ( ) UNKNOWN
D. CONTAINER CAPACITY: 673 GALLONS ( ) UNKNOWN	E. DOES THE CONTAINER STORE: (X) 01 WASTE ( ) 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? ( ) 01 YES (X) 02 NO IF YES CHECK APPROPRIATE BOX(ES): ( ) 01 UNLEADED ( ) 02 REGULAR ( ) 03 PREMIUM ( ) 04 DIESEL ( ) 05 WASTE OIL ( ) 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 4 ( ) GAUGE (X) INCHES ( ) CM ( ) UNKNOWN
B. ( ) 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) (X) 02 NON-VAULTED ( ) 03 UNKNOWN
C. ( ) 01 DOUBLE WALLED (X) 02 SINGLE WALLED ( ) 03 LINED
D. ( ) 01 CARBON STEEL ( ) 02 STAINLESS STEEL ( ) 03 FIBERGLASS ( ) 04 POLYVINYL CHLORIDE (X) 05 CONCRETE ( ) 06 ALUMINUM ( ) 07 STEEL CLAD ( ) 08 BRONZE ( ) 09 COMPOSITE ( ) 10 NON-METALLIC ( ) 12 UNKNOWN ( ) 13 OTHER:

**CONTAINER CONSTRUCTION**

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

**VI PIPING**

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

**VII LEAK DETECTION**

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER: *internal inspection*

**VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS**

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	13309571	* IRON OXIDE <del>(BLACK OXIDE OF IRON)</del> <i>YELLOW IRON OXIDE</i>
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE) *[Signature]* PHONE W/AREA CODE *415/653-6151*

**FOR LOCAL AGENCY USE ONLY**

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROH, W. C.</del> Metcalf, G. L.	
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE
SECTION			

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input type="checkbox"/> 01 TANK <input checked="" type="checkbox"/> 04 OTHER: SUMP	CONTAINER NUMBER NO. 16
B. MANUFACTURER (IF APPROPRIATE): PFIZER	YEAR MFG: 1976      C. YEAR INSTALLED 1976 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 1825 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input checked="" type="checkbox"/> 01 WASTE <input type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO      IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 6 <input type="checkbox"/> GAUGE <input checked="" type="checkbox"/> INCHES <input type="checkbox"/> CM <input type="checkbox"/> UNKNOWN
B. <input checked="" type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED
D. <input type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input checked="" type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:

CONTAINER CONSTRUCTION

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

VII LEAK DETECTION

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER: *internal inspection*

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS  
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	I R O N O X I D E	NOT ON LIST
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE) *[Signature]* PHONE W/AREA CODE *415/653-6151*

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

# ABANDONED

STATE ID NUMBER 0000003299017

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH, W. C.</del> Metcalf, G. L.	
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE	COUNTY ALAMEDA	ZIP 94608	
MAILING ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS <input type="checkbox"/> 01 GASOLINE STATION <input checked="" type="checkbox"/> 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-653-6151	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J.      415-283-6029
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER NO. 17
B. MANUFACTURER (IF APPROPRIATE): UNK.	YEAR MFG:      C. YEAR INSTALLED <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY:      GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO      IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input checked="" type="checkbox"/> 03 PREMIUM <input checked="" type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

**TANK EMPTY / NOT USED**

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: <input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input type="checkbox"/> 02 NON-VAULTED <input checked="" type="checkbox"/> 03 UNKNOWN
C. <input type="checkbox"/> 01 DOUBLE WALLED <input type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED
D. <input type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input checked="" type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:



**CONTAINER CONSTRUCTION**

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

**VI PIPING**

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

**VII LEAK DETECTION**

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

**VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS**  
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
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<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE) *[Signature]* PHONE W/AREA CODE 415/653-0151

**FOR LOCAL AGENCY USE ONLY**

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

( ) 01 NEW PERMIT ( ) 05 RENEWED PERMIT ( ) 07 TANK CLOSED ( ) 09 DELETE FROM FILE (NO FEE)  
 ( ) 02 CONDITIONAL PERMIT ( ) 06 AMENDED PERMIT ( ) 08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME(CORPORATION,INDIVIDUAL OR PUBLIC AGENCY) PFIZER INC.		PUBLIC AGENCY ONLY ( ) 01 FED ( ) 02 STATE ( ) 03 LOCAL	
STREET ADDRESS 4650 SHELLMOUND STREET	CITY EMERYVILLE	STATE CA	ZIP 94608

## II FACILITY

FACILITY NAME PFIZER INC.		DEALER/FOREMAN/SUPERVISOR <del>GROTH W. C.</del> Metraif, G.L.	
STREET ADDRESS 4650 SELLMOUND STREET		NEAREST CROSS STREET POWELL STREET	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS 4650 SHELLMOUND STREET		CITY EMERYVILLE	STATE CA ZIP 94608
PHONE W/AREA CODE 415-653-6151	TYPE OF BUSINESS ( ) 01 GASOLINE STATION (X) 02 OTHER PIGMENT MFR.		
NUMBER OF CONTAINERS 18	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME(LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J. 415-653-6151	NIGHTS: NAME(LAST NAME FIRST) AND PHONE W/AREA CODE STANLEY, S. J. 415-283-6029
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <del>(X) 01 TANK</del> (X) 04 OTHER: SUMP		CONTAINER NUMBER NO.18
B. MANUFACTURER (IF APPROPRIATE): PFIZER	YEAR MFG:	C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 748 GALLONS ( ) UNKNOWN	E. DOES THE CONTAINER STORE: ( ) 01 WASTE (X) 02 PRODUCT	
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? ( ) 01 YES (X) 02 NO IF YES CHECK APPROPRIATE BOX(ES): ( ) 01 UNLEADED ( ) 02 REGULAR ( ) 03 PREMIUM ( ) 04 DIESEL ( ) 05 WASTE OIL ( ) 06 OTHER		

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: ( ) GAUGE ( ) INCHES ( ) CM (X) UNKNOWN
B. ( ) 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) ( ) 02 NON-VAULTED (X) 03 UNKNOWN
C. ( ) 01 DOUBLE WALLED (X) 02 SINGLE WALLED ( ) 03 LINED
D. ( ) 01 CARBON STEEL ( ) 02 STAINLESS STEEL ( ) 03 FIBERGLASS ( ) 04 POLYVINYL CHLORIDE (X) 05 CONCRETE ( ) 06 ALUMINUM ( ) 07 STEEL CLAD ( ) 08 BRONZE ( ) 09 COMPOSITE ( ) 10 NON-METALLIC ( ) 12 UNKNOWN ( ) 13 OTHER:

**CONTAINER CONSTRUCTION**

- E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:
- F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

**VI PIPING**

- A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE
- B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 (CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

**VII LEAK DETECTION**

- 01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER: *internal inspection*

**VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS**  
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	7726956	BROMINE
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	7439987	MOLYBDENUM
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

*water treatment chemicals*

*VERY LOW CONCENTRATIONS*

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PERSON FILING (SIGNATURE) *[Signature]* PHONE W/AREA CODE *415/653-6151*

**FOR LOCAL AGENCY USE ONLY**

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	



415 / 653-6151

**Bernard C. Bosse**  
Production Manager

**PFIZER PIGMENTS INC.**  
A subsidiary of Pfizer Inc.

4650 SHELLMOUND ST.  
P.O. BOX 8215  
EMERYVILLE, CA 94662



415 / 653-6151

**NORMAN F.M. WONG**  
DEPARTMENT MANAGER

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