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COUNTY OF ALAMEDA  
**Assessor's Office**

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Parcel Number:13-1173-1-3    Inactive:Y    Lien Date:01/01/2007    Owner:ITT CONTINENTAL BAKING COMPANY

Property Address: 1010 46TH ST, OAKLAND, CA 94608-3306

[Parcel History](#)

Mailing Name		Historical Mailing Address	Document Date	Document Number	Value From Trans Tax	Parcel Count	Use
ITT CONTINENTAL BAKING COMPANY c/o INTERSTATE BAKERIES	List Owners	PO BOX 419627 , KANSAS CITY, MO 64141	01/01/1998	TRAN-14886		1	4300
ITT CONTINENTAL BAKING COMPANY c/o RALSTON PURINA CO	List Owners	TX DPT 3A CHECKERBOARD SQ , ST LOUIS, MO 63164	07/22/1995	TRAN-231527		1	4300
ITT CONTINENTAL BAKING COMPANY c/o RALSTON PURINA CO	List Owners	TX DPT 3A CHECKERBOARD SQ , ST LOUIS, MO 63164	10/09/1984	TRAN-231526		1	4300
ITT CONTINENTAL BAKING COMPANY c/o RALSTON PURINA CO	List Owners	TX DPT 3A CHECKERBOARD SQ , ST LOUIS, MO 63164	05/05/1969	1969-49895		3	4300

All information on this site is to be assumed accurate for property assessment purposes only, and is based upon the Assessor's knowledge of each property. Caution is advised for use other than its intended purpose.

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ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



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

RO0000075

March 4, 2003

Mr. Andy Ratto  
Interstate Brands Corp  
1324 Arden Way  
Sacramento, CA 95815

**RE: Well Decommission at 945 53rd St, Oakland, CA**

Dear Mr. Ratto:

This office and the San Francisco RWQCB have reviewed the case closure summary for the above referenced site and concur that no further action related to the underground tank release is required at this time. Before a remedial action completion letter is sent, the onsite monitoring wells (MW-1 through MW-3) should be decommissioned, if they will no longer be monitored. Please notify this office upon completion of well destruction so a closure letter can be issued.

Well destruction permits may be obtained from Alameda County Public Works. They can be reached at (510) 670-5554.

If you have any questions, I can be reached at (510) 567-6762.

Sincerely,

eva chu  
Hazardous Materials Specialist

email: Mike Blankinship  
Ed McCarthy

Pa-075

**Chu, Eva, Env. Health**

---

**From:** Yoo, James  
**Sent:** Tuesday, December 17, 2002 3:15 PM  
**To:** 'Mccarthy@envtox.com'  
**Cc:** Chu, Eva, Env. Health  
**Subject:** Well Search Request for 945 53rd Street

Mr. McCarthy:

No Industrial, Municipal, Domestic or Irrigation wells were found within a 2,000' radius from your site.

If you have any questions, please feel free to contact me.  
Thanks and sorry about the previous mistake.

*James Yoo  
Engineer-Scientist  
Alameda County Public Works Agency  
Water Resources Section  
399 Elmhurst St.  
Hayward, CA 94544  
PH: (510) 670-6633  
FAX: (510) 782-1939*

## Chu, Eva, Env. Health

---

**From:** Ed McCarthy[SMTP:mccarthy@envtox.com]  
**Sent:** March 25, 2002 1:23 PM  
**To:** Chu, Eva, Env. Health  
**Subject:** RE: IBC at 945 53rd Street, Oakland, CA



Area map and  
Temescal cr.pdf

Eva,

Please find attached a map that depicts the IBC facility, the former UST excavation area, and the IBC facility property boundary. The sources used for the map were an "As Built" schematic provided by Alameda County public works, and a detailed site map provided by Woodward Clyde Consultants. I hope this map will be helpful to you in completing the closure of the site. As discussed in my previous email, any impact of the former UST excavation on Temescal creek is highly unlikely. If you have any more questions please let me know. If you could also let me know what else, if anything, needs to be done in order to complete the closure procedure at the earliest possible time, I would appreciate it.  
Thank you.

Ed McCarthy

-----Original Message-----

From: Chu, Eva, Env. Health [mailto:EChu@co.alameda.ca.us]  
Sent: Tuesday, March 19, 2002 9:38 AM  
To: 'Ed McCarthy'  
Subject: RE: IBC at 945 53rd Street, Oakland, CA

Ed, Can you get a map depicting Temescal Creek in relation to IBC. Maybe from public works. Thanks. eva

> -----  
> From: Ed McCarthy[SMTP:mccarthy@envtox.com]  
> Sent: March 18, 2002 5:32 PM  
> To: Chu, Eva, Env. Health  
> Subject: RE: IBC at 945 53rd Street, Oakland, CA  
>  
> Dear Eva  
>  
> As per your request, we have evaluated the potential impacts that the IBC  
> facility may have to water quality in Temescal Creek.  
>  
> As you may know the IBC facility is located near the SE corner of Adeline  
> and 53rd in Oakland. Groundwater at the site generally flows to the SW.  
> According to Leslie Estes of the City of Oakland Dept of Public Works (510  
> 238-7431), Temescal Creek briefly runs from the south to the north on the  
> east side of Adeline St. near 53rd St. According to Ms. Estes, the creek  
> flows underground, most likely in a concrete-lined conduit.  
>  
> MW-3 is the down gradient well on the IBC site and is closest to the  
> Temescal creek. Since 1996, and with only two exceptions, (TPH of 75 ug/L  
> and xylenes 0.64 ug/L in 1998), groundwater in MW-3 has been void of  
> contaminants. Given that the creek is enclosed in concrete in the  
> vicinity  
> of the IBC facility, and that no known groundwater contamination exists in  
> this area, impacts to Temescal Creek are not expected.  
>

> Although not known, it is possible that the concrete conduit carrying  
> Temescal Creek is underlain by aggregate that may provide a path of least  
> resistance to ground water flowing near it. This groundwater is likely  
> representative of that near MW-3. As mentioned above, only very minimal  
> concentrations of contaminants were detected in MW-3 in 1998. No  
> contaminants were detected in 1999. Due to continued natural attenuation,  
> it is anticipated that there is still no contaminants currently present at  
> MW-3. As a result, it is not anticipated that a contaminant plume exists  
> on  
> the IBC site and is passing by or near MW-3. As such, it is not  
> anticipated  
> that a contaminant plume is in contact with aggregate beneath the creek.  
> Therefore, if the creek daylights downstream and mixes with water carried  
> with the aggregate, it is highly unlikely that contaminants are present  
> and  
> will be introduced into the creek. In conclusion, conditions at the IBC  
> facility do not impact Temescal Creek water quality.  
>  
> Please proceed with your site closure activities and do not hesitate to  
> call  
> me if you require further information or clarification.  
>  
> Can you give me an idea of the schedule for your office's review and when  
> we  
> can expect our closure letter?  
>  
> Thank you,  
> Ed McCarthy  
>  
>  
>  
> -----Original Message-----  
> From: Chu, Eva, Env. Health [mailto:[EChu@co.alameda.ca.us](mailto:EChu@co.alameda.ca.us)]  
> Sent: Friday, March 15, 2002 10:04 AM  
> To: 'mccarthy@envtox.com'  
> Subject: IBC at 945 53rd Street, Oakland, CA  
>  
>  
> Hi Ed,  
>  
> Donna, my supervisor looked over the closure and thought closure may be  
> warranted. I was inputting the closure into the new format when I had to  
> answer a question regarding impact to surface water. Investigations  
> conducted to date have not addressed potential impact the plume may have  
> to  
> surface water or may migrate via subsurface conduits (natural or  
> man-made).  
> Further investigation reveals that Temescal Creek is very near if not  
> under  
> the site. I need an evaluation that the creek will not be impacted by the  
> plume. Can you or your firm do that?  
>  
>  
> evachu  
>  
> Alameda County Environmental Health  
> 1131 Harbor Bay Parkway  
> Alameda, CA 94502  
> (510) 567-6762  
> (510) 337-9335 fax  
>  
>

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



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

RO0000075

September 17, 2001

Mr. Larry Brown  
Interstate Brands Corp.  
1324 Arden Way  
Sacramento, CA 95815

**SUBJECT: INTENT TO MAKE A DETERMINATION THAT NO FURTHER ACTION IS REQUIRED  
OR ISSUE A CLOSURE LETTER FOR 945 53<sup>RD</sup> STREET, OAKLAND, CA**

Dear Mr. Brown:

This letter is to inform you that Alameda County Environmental Protection (LOP) intends to make a determination that no further action is required at the above site or to issue a closure letter. Please notify this agency of any input and recommendations you may have on these proposed actions within 20 days of the date of this letter.

In accordance with section 25297.15 of Ch. 6.7 of the Health & Safety Code, you must provide certification to the local agency that all of the current record fee title owners have been informed of the proposed action. Please provide this certification to this office within 20 days of the date of this letter.

If you have any questions about these proposed actions, please contact me at (510) 567-6762.

Sincerely,

eva chu  
Hazardous Materials Specialist

c: Chuck Headlee, RWQCB  
Leroy Griffin, Oakland Fire Department



COPY

3330 Cameron Park Drive, Ste 550  
Cameron Park, California 95682  
(530) 676-6004 ~ Fax: (530) 676-6005

July 31, 2001

Susan Hugo  
Hazardous Materials Specialist  
Alameda County Health Care Services  
Environmental Health Services  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

**SENT RETURN RECEIPT REQUESTED**

**RE:** Interstate Brands Corporation Facility, 945 53<sup>rd</sup> Street, Oakland, CA 94609  
(STID # 3928)

Dear Ms Hugo:

I am writing to you in regard to the above-referenced site and our report entitled "*Human Health Risk Analysis to Support a Risk-Based Corrective Action and Site Closure*" submitted to you by us on December 01, 2000. Consistent with your letter of October 28, 1999, our report used the approach described in the American Society of Testing and Materials (ASTM) Standard Guide for Risk-Based Corrective Action (RBCA) E1739-95. As you know, our report concludes that the site is a low risk soil and groundwater case and therefore the site requires no further action and should be closed.

On June 11<sup>th</sup>, 2001, you indicated to Mike Blankinship of our office that your review had been completed and that you required some additional time to refamiliarize yourself with the site prior to discussing the status of the site in detail. Subsequently, calls were placed to you on June 22<sup>nd</sup>, July 5<sup>th</sup>, and today, and were not returned.

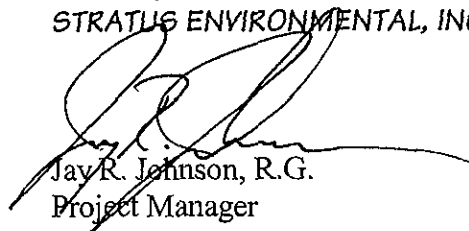
I understand that there has been an increase in workload and demand placed on the regulatory agencies today to address the added sites and supply wells that have been impacted by MTBE; however, it is important that communication with your office be re-established so that we can promptly proceed with actions necessary to accomplish site closure.

Please call Mike Blankinship at (530) 757-0941 at your earliest possible convenience to discuss your schedule and availability so that we may address any remaining issues that exist so that site closure can be achieved. Alternatively, if another staff member is available to complete a review of the site, please have this individual call Mr. Blankinship as soon as possible.

If you have any questions, please call me at (530) 676-6000.

Sincerely,

STRATUS ENVIRONMENTAL, INC.

A handwritten signature in black ink, appearing to read "Jay R. Johnson". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Jay R. Johnson, R.G.  
Project Manager

cc: Travis Bryant, Interstate Brands Corporation  
Ariu Levi, Alameda County Health Care Services  
Michael Blankinship





3330 Cameron Park Drive, Ste 550  
Cameron Park, California 95682  
(530) 676-6004 ~ Fax: (530) 676-6005

July 31, 2001

Susan Hugo  
Hazardous Materials Specialist  
Alameda County Health Care Services  
Environmental Health Services  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

AUG 05 2001  
RKH AS  
STID 3928

**SENT RETURN RECEIPT REQUESTED**

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(STID # 3928)

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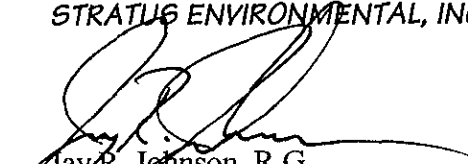
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If you have any questions, please call me at (530) 676-6000.

Sincerely,

*STRATUS ENVIRONMENTAL, INC.*



Jay R. Johnson, R.G.  
Project Manager

cc: Travis Bryant, Interstate Brands Corporation  
Ariu Levi, Alameda County Health Care Services  
Michael Blankinship

**FAX TRANSMITTAL****URS Greiner Woodward Clyde**

DATE: July 21, 1999

500 12th STREET

SUITE 200

OAKLAND, CA 94607

TEL: (510) 893-3600 FAX: (510) 874-3268

PAGE 1 OF: 3

TO: Susan Hugo

FROM: Al Ridley

FIRM: Alameda County Health Care Services

FAX NO: (510) 337-9335

CC: Larry Brown  
(916) 929-9010

Subject: Soil and Groundwater Sampling at the Former Continental Baking Co. 945 53rd Street, Oakland, CA

**MEMO:**

Per your request during your phone conversation with Larry Brown yesterday, please find attached the revised table incorporating the 1999 groundwater monitoring data. Please note that this table is a modification of a previous table prepared by EMCON (1998) for this site, and the site address has been changed to 945 53rd Street, Oakland. Please call me at (510) 874-3125 should you have questions regarding closure of this case.

Table 1

Groundwater Monitoring Data  
 Interstate Brands Corporation  
 945 53rd Street  
 Oakland, California

Well	Date	Top of Casing Elevation (feet)	Depth to Water (feet)	Groundwater Elevation (feet MSL*)	TPH		Benzene (µg/L)	Toluene (µg/L)	Ethylbenzene (µg/L)	Total Xylenes (µg/L)	Total Oil & Grease (mg/L)	MTBE (µg/L)		
					Diesel (µg/L)	Gasoline (µg/L)								
MW-1	05/26/94	61.84	9.27	52.57	1,300	12,000	57	340	378	3,100	<5.0	NA		
MW-1	07/29/94	61.84	9.81	52.03	NA	NA	NA	NA	NA	NA	NA	NA		
MW-1	08/26/94	61.84	9.87	51.97	510/650 [1]	6,700/8,400	22/35	71/97	310/410	1,000/1,400	<5.0/<5.0	NA		
MW-1	10/04/94	61.84	9.89	51.95	NA	NA	NA	NA	NA	NA	NA	NA		
MW-1	10/27/94	61.84	9.94	51.90	NA	NA	NA	NA	NA	NA	NA	NA		
MW-1	11/30/94	61.84	8.92	52.92	1,300	29,000	480	1,100	1,200	5,300	<5.0	NA		
MW-1	01/03/95	61.84	8.79	53.05	NA	NA	NA	NA	NA	NA	NA	NA		
MW-1	01/31/95	61.84	8.33	53.51	NA	NA	NA	NA	NA	NA	NA	NA		
MW-1	03/16/95	61.84	8.07	53.77	1,900	29,000	140	1,400	1,800	9,700	<5.0	NA		
MW-1	06/12/95	61.84	9.02	52.82	810/540 [1]	3,900/11,000	23/280	57/610	200/400	680/2,000	<5.0/<5.0	NA		
MW-1	08/30/95	61.84	9.44	52.40	350 [1]	3,300	26	36	250	490	<5.0	NA		
MW-1	11/29/95	61.84	9.93	51.91	270	1,700	20	21	110	210	<5.0	NA		
MW-1	03/06/96	61.84	8.37	53.47	2,500/2,400 [1]	39,000/38,000	690/1,000	1,800/2,000	2,300/2,300	14,000/15,000	5.9	NA		
MW-1	07/08/96	61.84	9.10	52.74	670/580 [1]	3,000/2,600	89/9.5	79/85	140/120	350/270	NA	NA		
MW-1	04/04/97	61.84	9.14	52.70	1,400	3,500	13	27	190	410	NA	<30 [5]		
MW-1	09/23/97	61.84	9.15	52.69	260	2,100	13	11	200	220	NA	<5		
MW-1	03/30/98	61.84	8.73	53.11	-----Well inaccessible for sampling-----									
MW-1	09/02/98	61.84	9.20	52.64	280	1,400	7	7	90	120	NA	<12		
MW-1	03/23/99	61.84	8.63	53.21	<50	9,800	58	130	810	2,900	NA	<250		
MW-2	05/26/94	63.10	9.30	53.80	<50/<50	<50/<50	<0.5/<0.5	<0.5/<0.5	<0.5/<0.5	<0.5/<0.5	<5.0	NA		
MW-2	07/29/94	63.10	9.70	53.40	NA	NA	NA	NA	NA	NA	NA	NA		
MW-2	08/26/94	63.10	9.89	53.21	<50	<50	<0.5	<0.5	<0.5	<0.5	<5.0	NA		
MW-2	10/04/94	63.10	9.86	53.24	NA	NA	NA	NA	NA	NA	NA	NA		
MW-2	10/27/94	63.10	9.96	53.14	NA	NA	NA	NA	NA	NA	NA	NA		
MW-2	11/30/94	63.10	8.95	54.15	<50	<50	<0.5	<0.5	<0.5	<0.5	<5.0	NA		
MW-2	01/03/95	63.10	8.15	54.95	NA	NA	NA	NA	NA	NA	NA	NA		
MW-2	01/31/95	63.10	6.96*	56.14	NA	NA	NA	NA	NA	NA	NA	NA		
MW-2	03/16/95	63.10	6.37*	56.73	<50/<50	<50/<50	<0.5/<0.5	<0.5/<0.5	<0.5/<0.5	<0.5/<0.5	<5.0	NA		
MW-2	06/12/95	63.10	9.07	54.03	<50	<50	<0.5	<0.5	<0.5	<0.5	<5.0	NA		
MW-2	08/30/95	63.10	9.53	53.57	52 [3]	<50	<0.5	<0.5	<0.5	<0.5	<5.0	NA		
MW-2	11/29/95	63.10	9.74	53.36	<50	<50	<0.5	<0.5	<0.5	<0.5	<5.0	NA		
MW-2	03/06/96	63.10	7.23	55.87	68 [4]	<50	<0.5	<0.5	<0.5	<0.5	<5.0	NA		
MW-2	07/08/96	63.10	8.84	54.26	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	NA		
MW-2	04/04/97	63.10	8.70	54.40	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	<3		

929-9010  
 Jimmy Brown

Table 1

**Groundwater Monitoring Data  
Interstate Brands Corporation  
945 53rd Street  
Oakland, California**

Well	Date	Top of Casing Elevation (feet)	Depth to Water (feet)	Groundwater Elevation (feet MSL*)	TPH Diesel (µg/L)	TPH Gasoline (µg/L)	Benzene (µg/L)	Toluene (µg/L)	Ethylbenzene (µg/L)	Total Xylenes (µg/L)	Total Oil & Grease (mg/L)	MTBE (µg/L)
MW-2	09/23/97	63.10	9.18	53.92	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	<5
MW-2	03/30/98	63.10	7.14	55.96	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	<5
MW-2	09/02/98	63.10	9.37	53.73	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	<5
MW-2	03/23/99	63.10	8.12	54.98	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	<5
MW-3	05/26/94	62.51	12.88	49.63	99	<50	<0.5	<0.5	<0.5	1.7	<5.0	NA
MW-3	07/29/94	62.51	13.61	48.90	NA	NA	NA	NA	NA	NA	NA	NA
MW-3	08/26/94	62.51	13.71	48.80	66 [2]	<50	<0.5	<0.5	<0.5	<0.5	<5.0	NA
MW-3	10/04/94	62.51	13.74	48.77	NA	NA	NA	NA	NA	NA	NA	NA
MW-3	10/27/94	62.51	13.77	48.74	NA	NA	NA	NA	NA	NA	NA	NA
MW-3	11/30/94	62.51	11.85	50.66	78/85	100/100	<0.5/1.9	<0.5/0.5	<0.5/1.0	2.1/4.3	<5.0	NA
MW-3	01/03/95	62.51	12.09	50.42	NA	NA	NA	NA	NA	NA	NA	NA
MW-3	01/31/95	62.51	10.64	51.87	NA	NA	NA	NA	NA	NA	NA	NA
MW-3	03/16/95	62.51	10.79	51.72	<50	<50	<0.5	<0.5	<0.5	<0.5	<5.0	NA
MW-3	06/12/95	62.51	12.05	50.46	120 [2]	<50	<0.5	<0.5	<0.5	<0.5	<5.0	NA
MW-3	08/30/95	62.51	13.54	48.97	88/57 [3]	<50/<50	<0.5/<0.5	<0.5/<0.5	<0.5/<0.5	<0.5/<0.5	<5.0/<5.0	NA
MW-3	11/29/95	62.51	13.72	48.79	<50	<50	<0.5	<0.5	<0.5	<0.5	<5.0	NA
MW-3	03/06/96	62.51	10.78	51.73	140 [3]	<50	<0.5	<0.5	<0.5	<0.5	<5.0	NA
MW-3	07/08/96	62.51	13.39	49.12	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	NA
MW-3	04/04/97	62.51	13.23	49.28	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	<3
MW-3	09/23/97	62.51	13.35	49.16	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	<5
MW-3	03/30/98	62.51	12.16	50.35	75	<50	<0.5	<0.5	<0.5	0.64	NA	<5
MW-3	09/02/98	62.51	13.19	49.32	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	<3
MW-3	03/23/99	62.51	11.23	51.28	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	<5

ALAMEDA COUNTY  
**HEALTH CARE SERVICES**

AGENCY  
DAVID J. KEARS, Agency Director



---

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

May 18, 1999

STID 3928

Interstate Brands Corporation  
Attn: Mr. Larry Brown  
1324 Arden Way  
Sacramento, CA 95815

**RE: Interstate Brands Corporation - 945 53<sup>rd</sup> Street, Oakland, CA 94609**

**LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS**

Dear Mr. Brown:

This letter is to inform you of new legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

For purposes of implementing these sections, you have been identified as the primary or active responsible party. Please provide to this agency, within twenty (20) calendar days of receipt of this notice, a complete mailing list of all current record owners of fee title to the site. You may use the enclosed "list of landowners" form (sample letter 2) as a template to comply with this requirement. If the list of current record owners of fee title to the site changes, you must notify the local agency of the change within 20 calendar days from when you are notified of the change.

If you are the sole landowner, please indicate that on the landowner list form. The following notice requirements do not apply to responsible parties who are the sole landowner for the site.

LANDOWNER NOTIFICATION

Re: 945 53<sup>rd</sup> Street, Oakland

May 18, 1999

Page 2 of 2


In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

- 1) consider a cleanup proposal (corrective action plan)
- 2) consider a site closure proposal
- 3) make a determination that no further action is required
- 4) issue a closure letter

You may use the enclosed "notice of proposed action" form (sample letter 3) as a template to comply with this requirement. Before approving a cleanup proposal or site closure proposal, determining that no further action is required, or issuing a closure letter, the local agency will take all reasonable steps necessary to accommodate responsible landowner participation in the cleanup and site closure process and will consider all input and recommendations from any responsible landowner.

Please call me at (510) 567-6780 should you have any questions about the content of this letter.

Sincerely,



Susan L. Hugo  
Hazardous Materials Specialist

Attachments

cc: Chuck Headlee, RWQCB  
SH / files

SAMPLE LETTER (2): LIST OF LANDOWNERS FORM

---

Name of local agency  
Street address  
City

SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR (*Site Name and Address*)

(Note: Fill out item 1 if there are multiple site landowners. If you are the sole site landowner, skip item 1 and fill out item 2.)

1. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:
  
2. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I am the sole landowner for the above site.

Sincerely,

Signature of primary responsible party

Name of primary responsible party



SAMPLE LETTER 3: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY

---

Name of local agency  
Street address  
City

SUBJECT: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY FOR  
*(Site Name and Address)*

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, *(name of primary responsible party)*, certify that I have notified all responsible landowners of the enclosed proposed action. Check space for applicable proposed action(s):

- cleanup proposal (corrective action plan)
- site closure proposal
- local agency intention to make a determination that no further action is required
- local agency intention to issue a closure letter

Sincerely,

Signature of primary responsible party

Name of primary responsible party

cc: Names and addresses of all record fee title owners

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



March 4, 1999

Mr. Larry Brown  
Interstate Brands Corporation  
1324 Arden Way  
Sacramento, California 95815

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

**Subject: Interstate Brands Corporation Facility – 945 53<sup>rd</sup> Street, Oakland, CA 94608-  
(STID # 3928)**

Dear Mr. Brown:

This agency has reviewed the Proposal for Groundwater Sampling, dated February 18, 1999, prepared and submitted (via fax) by URS Greiner Woodward Clyde for the above referenced site.


As you know, further subsurface characterization is required to evaluate the subject site as a low risk soil and groundwater case for closure. The proposed scope of work is acceptable provided the following issues are addressed:

- 1) At a minimum, one soil sample should be collected from each boring preferably at the soil / water interface and submitted for laboratory analyses.
- 2) Soil and groundwater samples must be analyzed for Total Petroleum Hydrocarbon (TPH) as gasoline, TPH as diesel, benzene, toluene, ethyl benzene, xylene and methyl tertiary butyl ether.
- 3) Groundwater flow direction should be established for the site.

Field activities are tentatively scheduled for March 9, 1999. Please notify this office of any change in schedule.

If you have any question regarding this letter or the subject site, please call me at (510) 567-6780.

Sincerely,

  
Susan L. Hugo  
Hazardous Materials Specialist

c: Chuck Headlee, San Francisco Bay RWQCB  
Al Ridley / Xinggang Tong, URS Greiner WWC, 500 12<sup>th</sup> St., Suite 200, Oakland, CA 94607  
SH / files



# Pinnacle Environmental Solutions

A Division of EMCON

144A Mayhew Way

Walnut Creek, California 94596

PHONE: 510/977-9090

FAX: 510/977-5030

## TELEFAX TRANSMITTAL

DATE: 5/5/98 RE: IBC, Oakland  
 TO: Susan Hugo, ACEND  
 FAX #: 337 9335  
 FROM: Colen VanderVeen

**NOTE:** Unless otherwise indicated or obvious from the nature of the transmittal, the information contained in this facsimile message is confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us at the telephone number listed above.

### COMMENTS:

Per our conversation last week, I am sending data regarding Interstate Brands Corporation at 1010 46th Street, Oakland. Please review and let me know if you believe this may be a candidate for risk based closure. As we discussed, I would be willing to meet you at the site.

GV

NUMBER OF PAGES 4 (PLUS COVER SHEET)

**Table 1**  
**Groundwater Monitoring Data**  
**Interstate Brands Corporation**  
**1010 46th Street**  
**Oakland, California**

Well	Date	Top of Casing Elevation (feet)	Depth to Water (feet)	Groundwater Elevation (feet MSL*)	TPH diesel µg/L	TPH gasoline µg/L	Benzene µg/L	Toluene µg/L	Ethylbenzene µg/L	Total Xylenes µg/L	Total Oil & Grease mg/L	MTBE µg/L
MW-1	05/26/94	61.84	9.27	52.57	1300	12000	57	340	370	3100	<5.0	NA
MW-1	07/29/94	61.84	9.81	52.03	NA	NA	NA	NA	NA	NA	NA	NA
MW-1	08/26/94	61.84	9.87	51.97	510/650 [1]	6700/8400	22/35	71/97	310/410	1000/1400	<5.0/<5.0	NA
MW-1	10/04/94	61.84	9.89	51.95	NA	NA	NA	NA	NA	NA	NA	NA
MW-1	10/27/94	61.84	9.94	51.90	NA	NA	NA	NA	NA	NA	NA	NA
MW-1	11/30/94	61.84	8.92	52.92	1300	29000	480	1100	1200	5300	<5.0	NA
MW-1	01/03/95	61.84	8.79	53.05	NA	NA	NA	NA	NA	NA	NA	NA
MW-1	01/31/95	61.84	8.33	53.51	NA	NA	NA	NA	NA	NA	NA	NA
MW-1	03/16/95	61.84	8.07	53.77	1900	29000	140	1400	1800	9700	<5.0	NA
MW-1	06/12/95	61.84	9.02	52.82	810/540 [1]	3900/11000	23/280	57/610	200/400	680/2000	<5.0/<5.0	NA
MW-1	08/30/95	61.84	9.44	52.40	350 [1]	3300	26	36	250	490	<5.0	NA
MW-1	11/29/95	61.84	9.93	51.91	270	1700	20	21	110	210	<5.0	NA
MW-1	03/06/96	61.84	8.37	53.47	2500/2400 [1]	39000/38000	690/1000	1800/2000	2300/2300	14000/15000	5.9	NA
MW-1	07/08/96	61.84	9.10	52.74	670/580 [1]	3000/2600	89/9.5	79/85	140/120	350/270	NA	NA
MW-1	04/04/97	61.84	9.14	52.70	1400	3500	13	27	190	410	NA	<30 [5]
MW-1	09/23/97	61.84	9.15	52.69	260	2,100	13	11	200	220	NA	<5
MW-2	05/26/94	63.10	9.30	53.80	<50/<50	<50/<50	<0.50/<0.50	<0.50/<0.50	<0.50/<0.50	<0.50/<0.50	<5.0	NA
MW-2	07/29/94	63.10	9.70	53.40	NA	NA	NA	NA	NA	NA	NA	NA
MW-2	08/26/94	63.10	9.89	53.21	<50	<50	<0.50	<0.50	<0.50	<0.50	<5.0	NA
MW-2	10/04/94	63.10	9.86	53.24	NA	NA	NA	NA	NA	NA	NA	NA
MW-2	10/27/94	63.10	9.96	53.14	NA	NA	NA	NA	NA	NA	NA	NA
MW-2	11/30/94	63.10	8.95	54.15	<50	<50	<0.50	<0.50	<0.50	<0.50	<5.0	NA

05/05/1998 14:04  
 5109779030  
 EMCON  
 PAGE 03

Table 1

**Groundwater Monitoring Data  
Interstate Brands Corporation  
1010 46th Street  
Oakland, California**

Well	Date	Top of Casing Elevation (feet)	Depth to Water (feet)	Groundwater Elevation (feet MSL*)	TPH diesel µg/L	TPH gasoline µg/L	Benzene µg/L	Toluene µg/L	Ethylbenzene µg/L	Total Xylenes µg/L	Total Oil & Grease mg/L	MTBE µg/L
MW-2	01/03/95	63.10	8.15	54.95	NA	NA	NA	NA	NA	NA	NA	NA
MW-2	01/31/95	63.10	6.96*	56.14	NA	NA	NA	NA	NA	NA	NA	NA
MW-2	03/16/95	63.10	6.37*	56.73	<50/<50	<50/<50	<0.50/<0.50	<0.50/<0.50	<0.50/<0.50	<0.50/<0.50	<5.0	NA
MW-2	06/12/95	63.10	9.07	54.03	<50	<50	<0.50	<0.50	<0.50	<0.50	<5.0	NA
MW-2	08/30/95	63.10	9.53	53.57	52 [3]	<50	<0.50	<0.50	<0.50	<0.50	<5.0	NA
MW-2	11/29/95	63.10	9.74	53.36	<50	<50	<0.50	<0.50	<0.50	<0.50	<5.0	NA
MW-2	03/06/96	63.10	7.23	55.87	68 [4]	<50	<0.50	<0.50	<0.50	<0.50	<5.0	NA
MW-2	07/08/96	63.10	8.84	54.26	<50	<50	<0.50	<0.50	<0.50	<0.50	NA	NA
MW-2	04/04/97	63.10	8.70	54.40	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	<5
MW-2	09/23/97	63.10	9.18	53.92	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	<5
MW-3	05/26/94	62.51	12.88	49.63	99	<50	<0.50	<0.50	<0.50	1.7	<5.0	NA
MW-3	07/29/94	62.51	13.61	48.90	NA	NA	NA	NA	NA	NA	NA	NA
MW-3	08/26/94	62.51	13.71	48.80	66 [2]	<50	<0.50	<0.50	<0.50	<0.50	<5.0	NA
MW-3	10/04/94	62.51	13.74	48.77	NA	NA	NA	NA	NA	NA	NA	NA
MW-3	10/27/94	62.51	13.77	48.74	NA	NA	NA	NA	NA	NA	NA	NA
MW-3	11/30/94	62.51	11.85	50.66	78/85	100/100	<0.50/1.9	<0.50/<0.50	<0.50/1.0	2.1/4.3	<5.0	NA
MW-3	01/03/95	62.51	12.09	50.42	NA	NA	NA	NA	NA	NA	NA	NA
MW-3	01/31/95	62.51	10.64	51.87	NA	NA	NA	NA	NA	NA	NA	NA
MW-3	03/16/95	62.51	10.79	51.72	<50	<50	<0.50	<0.50	<0.50	<0.50	<5.0	NA
MW-3	06/12/95	62.51	12.05	50.46	120 [2]	<50	<0.50	<0.50	<0.50	<0.50	<5.0	NA
MW-3	08/30/95	62.51	13.54	48.97	88/57 [3]	<50/<50	<0.50/<0.50	<0.50/<0.50	<0.50/<0.50	<0.50/<0.50	<5.0/<5.0	NA
MW-3	11/29/95	62.51	13.72	48.79	<50	<50	<0.50	<0.50	<0.50	<0.50	<5.0	NA

**Table 1**  
**Groundwater Monitoring Data**  
**Interstate Brands Corporation**  
**1010 46th Street**  
**Oakland, California**

Well	Date	Top of Casing Elevation (feet)	Depth to Water (feet)	Groundwater Elevation (feet MSL*)	TPH diesel µg/L	TPH gasoline µg/L	Benzene µg/L	Toluene µg/L	Ethylbenzene µg/L	Total Xylenes µg/L	Total Oil & Grease mg/L	MTBE µg/L
MW-3	03/06/96	62.51	10.78	51.73	140 [3]	<50	<0.50	<0.50	<0.50	<0.50	<5.0	NA
MW-3	07/08/96	62.51	13.39	49.12	<50	<50	<0.50	<0.50	<0.50	<0.50	NA	NA
MW-3	04/04/97	62.51	13.23	49.28	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	<3
MW-3	09/23/97	62.51	13.35	49.16	<50	<50	<0.5	<0.5	<0.5	<0.5	NA	<5

MSL = Mean sea level.

\* Noted to be under pressure when opened.

µg/L = micrograms per liter.

mg/L = milligrams per liter.

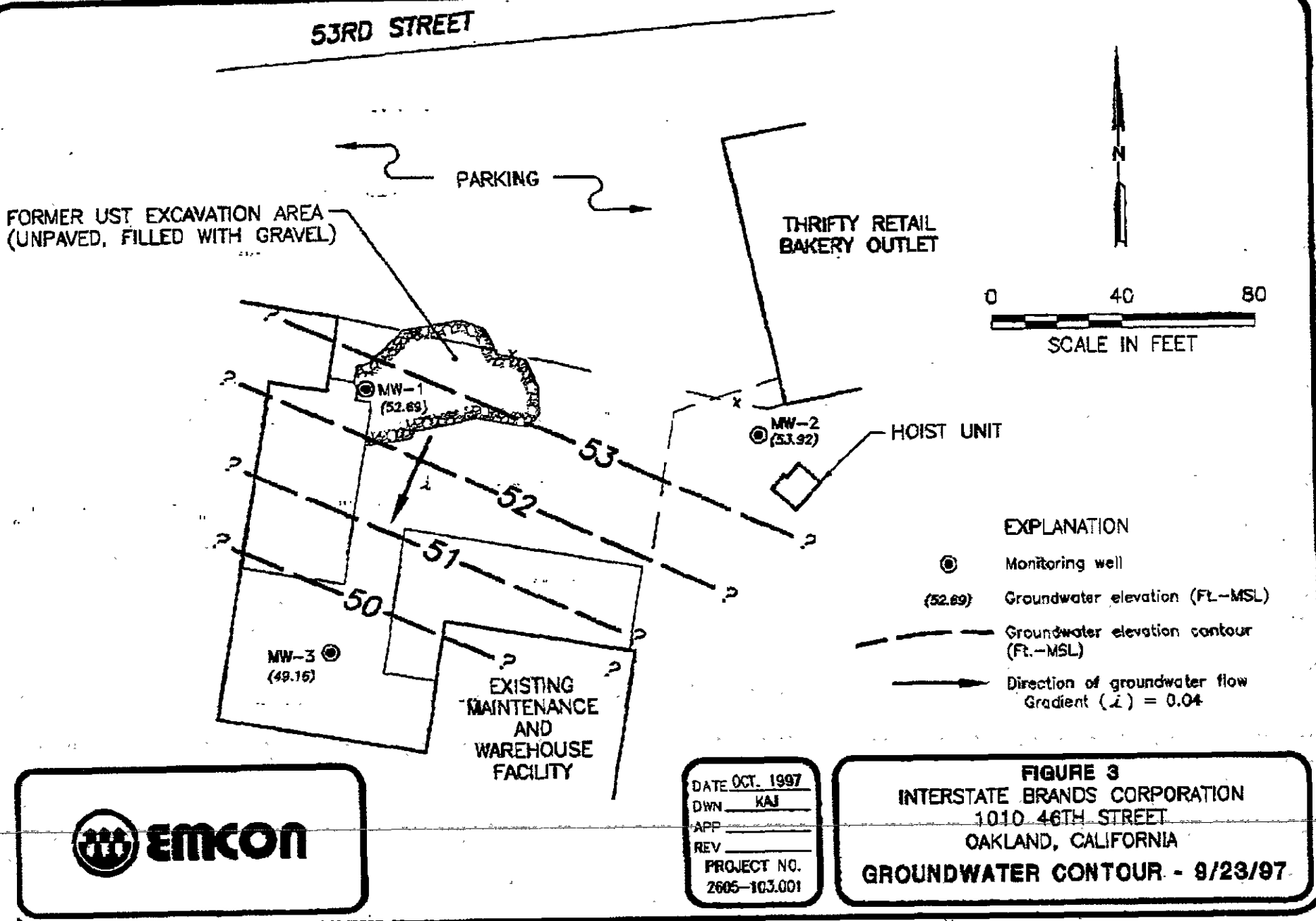
TPH = Total petroleum hydrocarbon.

MTBE = Methyl-tert-butylether.

NA = Not analyzed.

Results of duplicate sample analyses are shown by a slash ("/").

- [1] Primarily due to lighter petroleum product of hydrocarbon range C6-C12, possibly gasoline (data obtained from and references made by the Woodward-Clyde report dated 9/24/96).
- [2] Primarily due to heavier petroleum product of hydrocarbon range C18-C36 (data obtained from and references made by the Woodward-Clyde report dated 9/24/96).
- [3] Due to a combination of diesel and a discrete peak not indicative of diesel fuel (data obtained from and references made by the Woodward-Clyde report dated 9/24/96).
- [4] Due to the presence of discrete peaks not indicative of diesel fuel (data obtained from and references made by the Woodward-Clyde report dated 9/24/96).
- [5] The MRL was elevated due to high analyte concentration requiring sample dilution.





EA-SACRAMENTO/CAD: F:\DWG\22605\103\SUBSP01.dwg Xrefs: BX11P  
 Scale: 1 = 1.00 DimScale: 1 = 1.00 Date: 5/19/97 Time: 10:20 AM Operator: AVK

BASE MAP FROM U.S.G.S 7.5 MINUTE SERIES  
 QUADRANGLE: OAKLAND EAST, CALIFORNIA

SCALE: 0 2000 4000 FEET



DATE 5/13/97  
 DWN AVK  
 APP \_\_\_\_\_  
 REV \_\_\_\_\_  
 PROJECT NO.  
 22605-103.001

**FIGURE 1**  
 INTERSTATE BRANDS CORPORATION  
 1010 46TH STREET  
 OAKLAND, CALIFORNIA  
**SITE LOCATION MAP**



ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

March 15, 1994

STID # 3928

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

Mr. Fred Dannecker  
Continental Baking Company  
1525 Bryant Street  
San Francisco, CA 94103

**RE: Preliminary Site Assessment Workplan  
Continental Baking Company  
1010 46th Street, Oakland, CA 94609**

Dear Mr. Fred Dannecker:

This office has completed review of the Preliminary Site Assessment Workplan dated February 10, 1994, prepared and submitted by Woodward-Clyde Consultants for the referenced site.

The workplan is comprehensive and includes the major components for site investigation of pollution conditions in soil and groundwater resulting from leaking underground storage tanks. Based on this review, the work plan is acceptable with the following minor modifications:

- 1) During borehole advancement, soil samples should be collected at a minimum of every five feet in the unsaturated zone, significant changes in lithology, and where field screening identifies the presence of contaminants. The selection of samples chosen for laboratory analysis should be based primarily on field evidence. At least one of the samples submitted for analysis from each boring must be from the saturated/unsaturated zone interface.
- 2) Wells should be surveyed to an accuracy of 0.01 foot and referenced to mean sea level (MSL).

The work plan must be implemented **within 60 days** of the date of this letter. A report must be submitted **within 45 days** after completion of this investigation. Until cleanup is complete, you will need to submit reports to this office every three months or at a more frequent interval, if specified at any time. In addition, the following items must be incorporated in your future reports or workplans:

- a cover letter from the responsible party or tank owner stating the accuracy of the report and whether he/she concurs with the conclusions and recommendations in the report or work plan

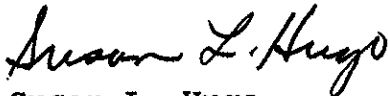
Mr. Fred Dannecker  
RE: 1010 46th St., Oakland, CA  
March 15, 1994  
Page 2 of 2

- site map delineating contamination contours for soil and groundwater based on recent data should be included and the status of the investigation and cleanup must be identified
- proposed continuing or next phase of investigation / cleanup activities must be included to inform this department of the responsible party or tank owner's intention
- any changes in the groundwater flow direction and gradient based on the measured data since the last sampling event must be explained
- historical records of groundwater level in each well must be tabulated to indicate the fluctuation in water levels
- tabulate analytical results from all previous sampling events; provide laboratory reports (including quality control/quality assurance) and chain of custody documentation

Please notify this office at least 48 hours in advance for the start up of work plan implementation so a site visit can be arranged by a representative from this office.

Should you have any questions concerning this letter, please contact me at (510) 271-4530.

Sincerely,



Susan L. Hugo  
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health  
Rich Hiett, San Francisco Bay RWQCB  
Edgar B. Howell, Chief, Hazardous Materials Division - files  
Jo Beth Folger, Woodward-Clyde Consultants,  
500 12th Street, Oakland, CA 94607-4014

**Woodward-Clyde**  
**Consultants**

Engineering &amp; sciences applied to the earth &amp; its environment

**FAX TRANSMITTAL***Schedule**moved to 2:00 PM*

TO: Susan Hugo  
FIRM: Alameda County Health Agency  
FAX #: 569-4757  
DATE: 1/6/94 TOTAL NUMBER OF PAGES 2

FROM: **Jo Beth Folger**  
TEL.#: **(510) 874-3138**

**MESSAGE:**

Thanks for agreeing to meet with me regarding my client, Continental Baking Company's site at 1018 46th Street, Oakland.

I am currently preparing a workplan and information regarding the depth to groundwater and groundwater gradient would be helpful.

I have identified the attached list of sites with leaking USTs, and some of them may have monitoring wells. If so, I would like to look at the files. Also, do you have any other information which would be helpful to us as we get started on this investigation? Thanks for your help. I'm looking forward to working with you and hope you're feeling better soon!

DATE 1/6/94PROJECT NO. 92CB040PAGE NO. \_\_\_\_\_ OF \_\_\_\_\_ BY JBF

1010 46th Street, Oakland  
LUST sites within 1/4 mile

STID 3928

		Wells?
32	Red Top Electric, Inc. 4377 Adeline, Emeryville	No
34	Oakland National Engravers 1001 42nd St, Oakland	Yes
✓ 27	Damele Property 4401 Market St, Oakland	No Gasoline, soil
50	Berkeley Farms 4550 San Pablo, Emeryville	No Misc Fuel, soil
53	AC Transit 1140 45th St, Emeryville	No Gasoline, G.W., characterization, excavated
✓ 49	City of Emeryville 4300 San Pablo, Emeryville	Yes Gasoline, G.W., P.S.A.
31	California Linen Rental 989 41st Street, Oakland	Yes Gasoline, G.W., P.S.A.

Tuesday 10:30am 1/11/94 mtg. @ Alameda County 50/Susana H. 10:55

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

December 16, 1993  
STID# 3928

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

Mr. Fred Dannecker  
Continental Baking Company  
1525 Bryant Street  
San Francisco, CA 94103

**RE: Underground Storage Tanks Removal at Continental Baking  
Company - 1010 46th Street, Oakland, CA 94609**

Dear Mr. Dannecker:

The Alameda County Department of Environmental Health, Hazardous Materials Division has reviewed the files concerning the removal of four underground storage tanks in December 22, 1992 at the referenced site. We are in receipt of the following reports:

- \* Analytical Report (3/11/93) prepared and submitted by Woodward Clyde Consultants
- \* Underground Storage Tank Unauthorized Release (Leak)/ Contamination Site Report (9/24/93)
- \* Underground Storage Tank Closure Report (October 11, 1993) prepared and submitted by Woodward-Clyde

Soil samples collected beneath the tank excavation where the three underground storage tanks were removed showed elevated levels of TPH as kerosene (120 ppm) and TPH as oil (58 ppm). Soil sample collected underneath the dispenser at four feet depth exhibited 790 ppm TPH diesel. The groundwater sample collected from the excavation pit of the former cluster tanks had significant levels of the following contaminants: 2.9 ppm TPH gasoline, 0.54 ppm benzene, 0.42 ppm toluene, 0.02 ppm ethyl benzene, and 0.22 ppm xylene.

Because of the degree of contamination found at the site which exceeded regulatory threshold levels, further environmental assessment is required. This office will be the lead agency overseeing the environmental investigation and cleanup activities at the site.

A preliminary assessment should be conducted to determine the extent of soil and/or groundwater contamination that has resulted from the former leaking tanks. The information gathered by this investigation will be used to assess the need for additional actions at the site. The preliminary assessment should be designed to provide all of the information in the format shown in the

Mr. Fred Dannecker  
RE: 1010 46th Street, Oakland, CA 94609  
December 16, 1993  
Page 2 of 2

attachment at the end of this letter, which is based on the RWQCB's guidelines. You should be prepared to install at a minimum, three monitoring wells to establish gradient direction of the groundwater at the site. One of the wells should be installed within 10 feet downgradient of the former tank location. Monthly water elevation reading for twelve months is necessary to determine groundwater flow direction and quarterly sampling must occur to determine extent of the groundwater contamination.

Until cleanup is complete, you will need to submit reports to this office every three months (or at a more frequent interval, if specified at any time by this agency). This reports must include information pertaining to further investigative results; the methods of cleanup actions implemented to date; and the method and disposal of any contaminated material. Copies of manifests for such disposal must be sent to this office. Stockpiled soil from pit may not be used to backfill these holes without authorization from this office. Only clean fill can be used to backfill the excavation pit. Please provide our office with documentation of the stockpiled soil disposal.

Your work plan must be submitted to this office no later than **February 11, 1994**. All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project.

Because we are overseeing this site under the designated authority of the Regional Water Quality Control Board, this letter constitutes a formal requests for technical reports pursuant to California Water Code Section 13267(b). Any extensions of stated deadlines or changes in the workplan must be confirmed in writing and approved by this agency.

Please contact me at (510) 271-4530 if you have any questions regarding this letter.

Sincerely,



Susan L. Hugo  
Senior Hazardous Materials Specialist

Attachment

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health  
Rich Hiett, San Francisco Bay RWQCB  
Gil Jensen, Alameda County District Attorney's Office  
Edgar B. Howell, Chief, Hazardous Materials Division / file

# 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 HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOW ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
REPORT DATE 01 9 24 09 3		CASE #		SIGNED: <i>Susan Hugo</i> 10/13/93 DATE	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Fred Dannecker		PHONE (415) 552-0950		SIGNATURE <i>Fred Dannecker</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 Continental Baking Company (CBC)		
	ADDRESS 1525 Bryant STREET San Francisco CITY CA STATE 94103 ZIP				
RESPONSIBLE PARTY	NAME <i>Same</i> <input checked="" type="checkbox"/> UNKNOWN		CONTACT PERSON		PHONE ( )
	ADDRESS				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) CBC		OPERATOR CBC		PHONE ( )
	ADDRESS 1010 46th Street STREET Oakland CITY Alameda COUNTY ZIP 94609				
	CROSS STREET Adeline				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Health Agency		CONTACT PERSON Susan Hugo		PHONE (510) 271-4530
	REGIONAL BOARD RWQCB, Oakland, CA		PHONE ( )		
SUBSTANCES INVOLVED	(1) NAME Diesel Fuel		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2)		<input type="checkbox"/> UNKNOWN		
DISCOVERY/BATEMENT	DATE DISCOVERED 1 2 2 09 2		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"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1 2 2 09 2				
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <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"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)				
COMMENTS	COMMENTS				
	COMMENTS				

# Woodward-Clyde Consultants

Engineering & sciences applied to the earth & its environment

93 SEP 30 AM 11:51

September 29, 1993

Ms. Susan L. Hugo  
Alameda County Health Agency  
Division of Hazardous Materials  
Department of Environmental Health  
80 Swan Way, Room 350  
Oakland, CA 94621

Subject: Underground Storage Tank Unauthorized Release Reports for Continental Baking Sites:

**1010 46th Street, Oakland, CA 94609**

**6841 Village Parkway, Dublin, CA 94568**

Dear Ms. Hugo:

Attached are Underground Storage Tank Unauthorized Release Reports for the above two sites. These are being filed by Continental Baking Company after the removal of underground tanks at both sites. Woodward-Clyde is providing environmental engineering consulting services to Continental Baking.

If report forms have already been submitted by your agency for these sites, would you please advise us, and send me a copy of the forms?

Please feel free to phone me at (510) 874-3138 with any questions. I look forward to working with you and thank you for your assistance.

Sincerely,



Jo Beth Folger

#### Attachments

cc: RWQCB, San Francisco Bay Region  
Fred Dannecker, CBC  
Charles Gjersvik, CBC-SL  
Jim Hummert, WCC-SL





**Woodward-Clyde  
Consultants**



Engineering & sciences applied to the earth & its environment

**FAX TRANSMITTAL**

DATE: 9 March, 1993

TIME: \_\_\_\_\_, am/pm

TO: BRIAN OLIVA  
FIRM: ALBERT CO. HEALTH AGENCY - DEPT. OF ENVIRONMENTAL HEALTH  
FAX NUMBER: (510) 510-4757 - 2766  
FROM: ANITA YAN (510) 874-3268

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 2

MESSAGE: MR. OLIVA -

I WILL CALL YOU ON THURSDAY, 11 MARCH 93  
FOR COMMENTS.

*Anita Yan*



Should you have any questions/problems with this transmittal,

Please Contact: \_\_\_\_\_ or \_\_\_\_\_  
Phone Numbers: (510) \_\_\_\_\_ (510) \_\_\_\_\_

OUR FAX NUMBER IS (510) 874-3268.

500 12th Street, Suite 100 • Oakland, CA 94607-4014 • (510) 893-3500 • Fax (510) 874-3268

# Woodward-Clyde Consultants



Engineering & sciences applied to the earth & its environment

8 March 1993

Brian P. Oliva  
Alameda County Health Agency  
80 Swan Way, Room 200  
Oakland, California 94621

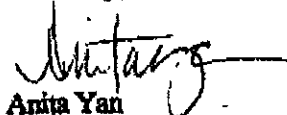
Regarding: Continental Baking Company  
1010 46th Street  
Oakland, California

Dear Mr. Oliva:

On behalf of Continental Baking Company (CBC), I writing to inform you and to solicit your comments, if any, of CBC's intent to backfill the excavation at the above-referenced site with "clean," imported fill material and to proceed with site restoration. Although the excavation is fenced, due to health and safety concerns, CBC would like to proceed with backfilling and site restoration as soon as possible. CBC is aware that, depending upon the findings, additional investigation and/or remediation may be necessary at the site. A report of tank removal activities with analytical results is being prepared. This report will include information regarding stockpiled soil disposal and site restoration. As a result, this report will be submitted after site restoration has been completed.

Should you have any comments or questions, please do not hesitate to contact me at my direct number, (510) 874 3081. Unless I hear from you before Friday, March 12, 1993, Fred Dannecker of CBC and I will assume that you no comments or objections to CBC's plans to restore the site.

Sincerely,



Anita Yan

cc: Fred Dannecker  
RWQCB, San Francisco Bay Region  
Casey Duna, PEI

# Woodward-Clyde Consultants

Engineering & sciences applied to the earth & its environment

8 March 1993

Brian P. Oliva  
Alameda County Health Agency  
80 Swan Way, Room 200  
Oakland, California 94621

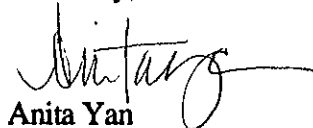
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Sincerely,



Anita Yan

cc: Fred Dannecker  
RWQCB, San Francisco Bay Region  
Casey Duna, PEI

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

1 of 3

II, III

Site ID # \_\_\_\_\_ Site Name Continental Bakery Today's Date 12-22-92

II.A BUSINESS PLANS (Title 19)

- \_\_\_ 1. Immediate Reporting 2703
- \_\_\_ 2. Bus Plan Sids. 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

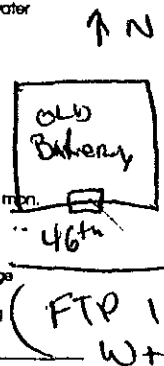
- \_\_\_ 10. Registration Form Filed 25533(a)
- \_\_\_ 11. Form Complete 25533(b)
- \_\_\_ 12. RMPP Contents 25534(c)
- \_\_\_ 13. Implement Sch. Req'd? (Y/N)
- \_\_\_ 14. OffSite Conseq. Assess. 25524(c)
- \_\_\_ 15. Probable Risk Assessment 25534(d)
- \_\_\_ 16. Persons Responsible 25534(a)
- \_\_\_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

III. UNDERGROUND TANKS (Title 23)

- General
- \_\_\_ 1. Permit Application 25284 (H&S)
  - \_\_\_ 2. Pipeline Leak Detection 25292 (H&S)
  - \_\_\_ 3. Records Maintenance 2712
  - \_\_\_ 4. Release Report 2651
  - \_\_\_ 5. Closure Plans 2670
6. Method
- 1) Monthly Test
  - 2) Daily Vadose Semi-annual groundwater One time sols
  - 3) Daily Vadose One time sols Annual tank test
  - 4) Monthly Groundwater One time sols
  - 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. Precls 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

Monitoring for Existing Tanks



Site Address 1010 46th St  
 City Oakland Zip 94 Phone \_\_\_\_\_

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

Inspection Categories:  
 \_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER  
 \_\_\_ II. Business Plans, Acute Hazardous Materials  
 III. Underground Tanks removal of 4 USTs

\* Calif. Administration Code (CAC) or the Health & Safety Code (H&S)

Comments: all tanks needed with dry ice on site for removal of 4 USTs

at facility. The first tank removed is a 10,000 gal. diesel. det = 0 O<sub>2</sub> = +10%. The tank is in good shape - Cathodically protected, no apparent holes, no odor / Samples at either end of UST to be taken. analyzed for BTEX, TPH-D sample taken at 14 feet. No water observed

Sample 1 in pit area - Area has Cyclone here to prevent unauthorized entry - note

Sample 2

Note There are 2 different pits at site pit 1 on 46th St, pit 2 on 53rd St

Note 3 tanks (at 53 + address) used for servicing truck fleet  
 1 tank used for boilers at site in old bakery building.

Contact: X Chris Franchetti  
 Title: X Foreman  
 Signature: [Signature]

Inspector: Bruce Alvia  
 Signature: \_\_\_\_\_

II, III

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 *page 2 of 3*

II, III

Site ID # \_\_\_\_\_ Site Name Continental Baking Today's Date 12/22/92

Site Address Adeline + 53<sup>rd</sup>  
City Oakland Zip 94608 Phone \_\_\_\_\_

II.A BUSINESS PLANS (Title 19)

- \_\_\_ 1. Immediate Reporting 2703
- \_\_\_ 2. Bus. Plan Sids. 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. 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(h)
- \_\_\_ 18. Exemption Request? (Y/N) 25536(b)
- \_\_\_ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

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

- 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 test
  - 6) Daily Inventory Annual tank test
  - 7) Weekly Tank Groundwater Annual tank test
  - 8) Annual Tank Test Daily/Weekly
  - 9) Other

- \_\_\_ 7. Precip 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: 2631
  - \_\_\_ 14. As Built Date: 2635

Rev 6/88

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

Inspection Categories:

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

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

Comments:

*rel*  
2<sup>nd</sup> tank is 8,000 Diesel (in front of Bakery Thrift Shop)  
Del 2.1 O<sub>2</sub> 10% and falling (see Page 3)  
samples taken at ~ 11 feet (TP-4 and 5 wc)  
2<sup>nd</sup> TANK IS 10,000 gal Gasoline tank (fiberglass)  
Del 2.5 O<sub>2</sub> 10% and falling following 2522 lbs removal, no holes in tank observed no odor or stain in soil observed - small amount of water observed in pit samples @ 11.5 feet. TP1  
Del 5 13" west side  
4<sup>th</sup> Tank is 200 gallon waste oil. no hole observed  
due to holes made in back hoe. (Stained)  
Soil observed at N end of tank - at ~ 2-3 feet  
1 Sample at (N) field and taken ~ 8 feet

Required actions

- ① Submit analysis results within 30 days to this office of soil samples and from stock piled soil
- ② Provide adequate protection to the site so as to prevent unauthorized entry
- ③ Provide water sample from the 2<sup>nd</sup> well - BTEX TPH-G, D

II, III

Contact: Chris Franchetti

Title: Foreman

Signature: \_\_\_\_\_

Inspector: Bruce P. Olson

Signature: \_\_\_\_\_

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 Division Inspection Form

3 of 3

Site ID# \_\_\_\_\_ Site Name Continental Baking Co Today's Date 12/22/92  
 Site Address 53rd + Adeline EPA ID# \_\_\_\_\_  
 City Oakland Zip 94 Phone \_\_\_\_\_

MAX Amt. Stored > 500lbs/55g/200cf? Y N  
 Hazardous Waste generated per month?  
 \_\_\_\_\_

- Inspection Categories:**  
 I. Haz. Mat/Waste GENERATOR/TRANSPORTER  
 II. Business Plans, Acute Hazardous Materials  
 III. Underground Tanks ust removal

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

- I.A GENERATOR (Title 22)**
- \_\_\_ 1. Waste ID \* 66471
  - \_\_\_ 2. EPA ID 66472
  - \_\_\_ 3. > 90 days 66508
  - \_\_\_ 4. Label dates 66508
  - \_\_\_ 5. Biennial 66493
- 
- Manifest**
- \_\_\_ 6. Records 66492
  - \_\_\_ 7. Correct 66494
  - \_\_\_ 8. Copy sent 66492
  - \_\_\_ 9. Exception 66484
  - \_\_\_ 10. Copies Rec'd 66492
- 
- Misc.**
- \_\_\_ 11. Treatment 66371
  - \_\_\_ 12. On-site Disp. (H.S.&C.) 26189.5
  - \_\_\_ 13. Ex Haz. Waste 66570
- 
- Prevention**
- \_\_\_ 14. Communications 6712
  - \_\_\_ 15. Aisle Space 67124
  - \_\_\_ 16. Local Authority 67124
  - \_\_\_ 17. Maintenance 67120
  - \_\_\_ 18. Training 67105
- 
- Contingency**
- \_\_\_ 19. Prepared 67140
  - \_\_\_ 20. Name List 67141
  - \_\_\_ 21. Copies 67141
  - \_\_\_ 22. Emg. Coord. Trng. 67144
- 
- Containers, Tanks**
- \_\_\_ 23. Condition 67241
  - \_\_\_ 24. Compatibility 67242
  - \_\_\_ 25. Maintenance 67243
  - \_\_\_ 26. Inspection 67244
  - \_\_\_ 27. Buffer Zone 67246
  - \_\_\_ 28. Tank Inspection 67259
  - \_\_\_ 29. Containment 67245
  - \_\_\_ 30. Safe Storage 67261
  - \_\_\_ 31. Freeboard 67257

- I.B TRANSPORTER (Title 22)**
- \_\_\_ 32. Applica./Insurance 66428
  - \_\_\_ 33. Comp. Cert./CHP Insp. 66448
  - \_\_\_ 34. Containers 66465
- 
- Manifest**
- \_\_\_ 35. Vehicles 66465
  - \_\_\_ 36. EPA ID #s 66531
  - \_\_\_ 37. Correct 66541
  - \_\_\_ 38. HW Delivery 66543
  - \_\_\_ 39. Records 66544
- 
- Cont'rs**
- \_\_\_ 40. Name/ Covers 66545
  - \_\_\_ 41. Recyclables 66800

**Comments:** Several photographs taken of both pots  
 notes on removed ust # 3 (8 m diesel)  
 there is a strong odor of old diesel oil  
 of the removed tank. - there appears to be  
 stained soil in the pot under the former  
 tank. The overfill end is the West side  
 No apparent hollow tank, however tank is actually  
 wrapped with tar paper wrap. - stained soil  
 Note strong odor has from soil under (E) and (B) feet  
Required actions (Continued from page 2)  
 (4) Provide sample for underseam  
 removed dispensers - there is an amount of fuel  
 under the dispensers (diesel)  
 (5) Submit unauthorized release form (URF)  
 to the office, within 3 days  
 (6) Provide a manifest for associated papers  
 removed from site and disposed of as hazardous waste  
 (7) do not dispose of stockpile soil  
 until characterized.  
 manifest #  
 92080968  
 92080986  
 Note 330 units from OFP  
 on scene recorded. List for  
 findings - 1

Rev 6/88  
 Contact: Chris Frankel  
 Title: Foreman  
 Signature: [Signature]

Inspector: Bruce P. Oliver  
 Signature: \_\_\_\_\_

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 HAZARDOUS MATERIALS DIVISION

80 SWAN WAY, ROOM 200

OAKLAND, CA 94621

PHONE NO. 510-271-4320

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH  
 470 - 27th Street, Third Floor  
 Oakland, CA 94612  
 Telephone: (415) 974-7237

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 proposed herein is now released for issuance of any required building permits for construction. One copy of these accepted plans must be on the job site available to all contractors and craftsmen involved in the removal.

Any change or alterations of these plans and specifications must be submitted to this Department and to 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 the following required inspections:

- Removal of Tent 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.

*① Piping sampled every 2 lined feet*  
*(Note) ② Change on Page 4 & 5 in Red ink*

*③ Health & Safety Plan must adhere to 29 CFR 1910-120*  
*12A (92) BFO*

UNDERGROUND TANK CLOSURE PLAN

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

1. Business Name CONTINENTAL BAKING CO  
 Business Owner CONTINENTAL BAKING CO
2. Site Address BETWEEN 53RD ST AND ADELINE ST  
 City OAKLAND CA Zip 94609 Phone 510 685 7986
3. Mailing Address CONTINENTAL BAKING CO, 1010 46TH ST  
 City EMERYVILLE CA Zip 94662 Phone 510 685 7986
4. Land Owner CONTINENTAL BAKING CO 1525 BRYANT ST  
 Address SAN FRANCISCO City, State CA Zip 94103
5. Generator name under which tank will be manifested CONTINENTAL BAKING CO  
 EPA I.D. No. under which tank will be manifested CAL000013321

6. Contractor PETROLEUM ENGINEERING INC  
Address 11 W. 9TH ST  
City SANTA ROSA CA 95401 Phone 707 545 0360  
License Type \*a,b,SC61,SC10,SC21,D23 ID# 224358

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

7. Consultant WOODWARD & CLYDE  
Address 500 12TH ST SUITE 100  
City OAKLAND, CA 94607 Phone 510 874 3081

8. Contact Person for Investigation  
Name HAROLD DYE Title OPERATIONS  
Phone 707 545 0360

9. Number of tanks being closed under this plan (FOUR)  
Length of piping being removed under this plan UNKNOWN  
Total number of tanks at facility FOUR

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name ERICKSON INC EPA I.D. No. CAD009466392  
Hauler License No. 0019 License Exp. Date CURRENT  
Address 255 PARR BLVD  
City RICHMOND State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name ERICKSON INC EPA I.D. No. CAD009466392  
Address 255 PARR BLVD  
City RICHMOND State CA Zip 94801



c) Tank and Piping Transporter

Name ERICKSON INC EPA I.D. No. CAD009466392  
Hauler License No. 0019 License Exp. Date CURRENT  
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. Experienced Sample Collector

Name WOODWARD & CLYDE  
Company WOODWARD & CLYDE  
Address 500 12TH ST SUITE 100  
City OAKLAND State CA Zip 94607 Phone 510 874 3081

12. Laboratory

Name MID PACIFIC  
Address 625 B CLYDE AVE  
City MOUNTAIN VIEW State CA Zip 94043  
State Certification No. 1206

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

If yes, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Describe methods to be used for rendering tank inert

TANK TO PUMPED FREE OF PRODUCT, 30LBS OF DRY ICE TO BE USED FOR EACH 1000GAL OF CAPACITY.

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
10000	UNLEADED GAS	TPH C BTX & E TPH & BTX & E	IF DRY, COLLECT SAMPLES AT BOTH ENDS IN NATIVE SOIL
5000 8000 - 1	DIESEL DIESEL	TPHD BTX & E TPH & BTX & E	IF WATER IS PRESENT, COLLECT 1 OR 2 SAMPLES USING A BAILER.  OK
200	WASTE OIL	TPHG TPH D TPH & BTX & E  CL HC.	

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) 30YARDS EA	Sampling Plan  A DISCRETE SAMPLE TO BE TAKEN EVERY 20 YARDS.

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
IN UNLEADED TANK TPH G BTX & E	GCFID 8020 OR 8240,8260	5030	2 SOIL SAMPLES COLLECTED/TANK
IN DIESEL TANK TPH D BTX & E TPH & BTK & E	GCFID 8020 OR 8240,8260	3550	STOCKPILE SAMPLE WILL BE COLLECTED FROM 4 LOCATIONS EVERY 20 YARDS
IN WASTE OIL TANK TPH G TPH D	GCFID GCFID	5030 3550	
<p><i>Note unlead. 8010. Tank for Solvents GC Hal</i></p>			

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

NOV 30 '92 16:02

P.2

18. Submit Worker's Compensation Certificate copy

Name of Insurer FAIRMONT INSURANCE CO

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

Signature of Contractor

Name (please type) PETROLEUM ENGINEERING INC

Signature [Handwritten Signature]

Date 11-30-92

Signature of Site Owner or Operator

Name (please type) CONTINENTAL BAKING CO

Signature [Handwritten Signature]

Date 12-1-92

## INSTRUCTIONS

### General Instructions

- \* Three (3) copies of this plan plus attachments and 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.

### 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 Health Services, 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) Page for employees to sign indicating 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 tanks and piping in addition to the ones being pulled.

20. DEPOSIT

A deposit, payable to 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 our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). 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) Description of sampling methods;
- 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 "TSD" to "Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Tabulation of the volume and final destination of all non-manifested contaminated soil hauled offsite.





**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 extractible, 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

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.

10. 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.

11. 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.

12. 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.



*Building Quality*



# HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: DAVID LEWIS LAMPI

License No.: 224358

Namestyle: PETROLEUM ENGINEERING INC

WITNESS my hand and official seal this  
24th day of DECEMBER 1991

*David R. Phillips*  
Registrar of Contractors

CH. 36 (2/91)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A 4308



State of California  
CONTRACTORS STATE LICENSE BOARD



License Number

224353

Entity

CORP

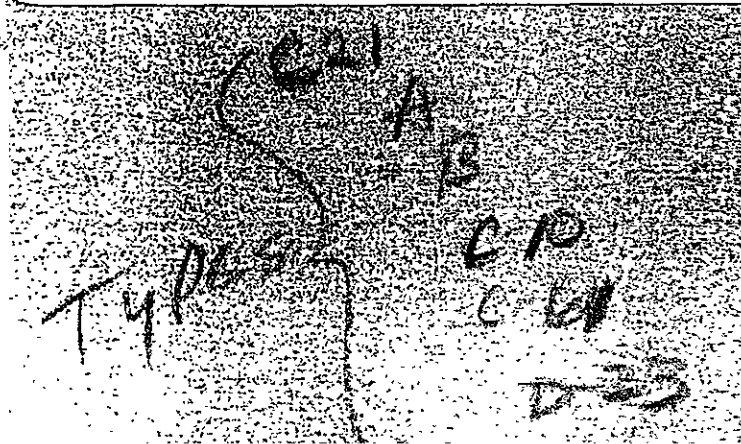
Business Name

PETROLEUM ENGINEERING INC

Classification

Expiration Date

06/30/94



ANNUAL  
**PERMIT**

Permit Issued To  
 (Insert Employer's Name, Address and Telephone No.)

Petroleum Engineering, Inc.  
 11 West Ninth Street  
 Santa Rosa CA 95401

No. \_\_\_\_\_  
 Date January 14, 1992  
 Region 1 - San Francisco  
 District 5 - Santa Rosa  
 Tel. \_\_\_\_\_

Type of Permit Trenching and Excavation

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

State Contractor's License Number <b>224358</b>		Permit Valid through <b>December 31, 1992</b>		
Description of Project	Location Address	City and County	Anticipated Dates	
			Starting	Completion
various	various	various	various	various

This Permit is issued upon the following conditions:

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

Received From <b>Dye</b>	Received By <b>Bethel</b>
<input type="checkbox"/> Cash	Amount
<input checked="" type="checkbox"/> Check	<b>100</b>
	Date <b>1-14-92</b>

Investigated by \_\_\_\_\_  
 Safety Engr. \_\_\_\_\_ Date \_\_\_\_\_  
 Approved by Paul S. Buta 1/14/92  
 Dist. Manager \_\_\_\_\_ Date \_\_\_\_\_

GENERAL CONTRACTORS      LICENSE NO. 224358      PHONE (707) 545-0360  
11 WEST NINTH STREET      SANTA ROSA, CA. 95401      FAX (707) 545-7068

DATE	12 2 92	JOB NO.	B4991
ATTENTION	BRIAN OLIVIA		
RE:	TANK CLOSURE PERMIT		
SITE: CONTENTAL BAKING CO			
1010 46TH ST			
(NEAR 53RD AND ADALINE)			
OAKLAND CA 94609			

TO ~~ALAMEDA COUNTY HEALTH~~  
~~DEPARTMENT OF ENVIRONMENTAL HEALTH~~  
~~80 SWAY WAY ROOM 200~~  
~~OAKLAND CA 94621~~

WE ARE SENDING YOU  Attached  Under separate cover via \_\_\_\_\_ the following items:

- Shop drawings       Prints       Plans       Samples       Specifications  
 Copy of letter       Change order       \_\_\_\_\_

COPIES	DATE	NO.	DESCRIPTION
3			HEALTH CLOSURE PLAN
1			CHECK FOR REMOVAL FOR 1137.00 FEE      4 TANKS
1			WATER RESOURCES FORM A AND 4 FORM B ORIGINALS
3			HEALTH AND SAFETY PLANS, INCLUDES PLOT PLANS, EMPLOYEE OSHA TRAINING DOCUMENTATION.
1			WORKMANS COMP. HAZARDOUS SUBSTANCE REMOVAL CERTIFICATES CONTRACTORS LICENSE, OSHA ANNUAL PERMIT.

THESE ARE TRANSMITTED as checked below:

- For approval       Approved as submitted       Resubmit \_\_\_\_\_ copies for approval  
 For your use       Approved as noted       Submit \_\_\_\_\_ copies for distribution  
 As requested       Returned for corrections       Return \_\_\_\_\_ corrected prints  
 For review and comment       \_\_\_\_\_  
 FOR BIDS DUE \_\_\_\_\_ 19 \_\_\_\_\_       PRINTS RETURNED AFTER LOAN TO US

REMARKS \_\_\_\_\_  
 PLEASE VIEW FOR APPROVAL AT YOUR EARLIEST CONVIENCE. SHOULD THERE  
 BE ANY QUESTIONS PLEASE CALL ME. CALL ME WHEN PERMIT HAS BEEN  
 APPROVED AND ILL COME BY TO PICK UP AT THE COUNTER.

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

SIGNED:

HAROLD DYE

*Harold Dye*

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
01/07/92

**PRODUCER**  
Woodruff-Sawyer & Co.  
220 Bush Street  
7th Floor  
San Francisco, CA 94104

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** Fairmont Insurance Co.
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**INSURED**  
F2  
Petroleum Engineering, Inc.  
11 West 9th Street  
Santa Rosa, CA 95401

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
<b>A</b>	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>WCP80563920</b>	<b>01/01/92</b>	<b>01/01/93</b>	STATUTORY LIMITS EACH ACCIDENT \$ <b>1,000,000</b> DISEASE—POLICY LIMIT \$ <b>1,000,000</b> DISEASE—EACH EMPLOYEE \$ <b>1,000,000</b>
	<b>OTHER</b>				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
As respects: All California Operations

**CERTIFICATE HOLDER**  
County of Alameda  
30 Swan Way  
Oakland, CA 94621

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

AUTHORIZED REPRESENTATIVE



ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
Declaration of Site Account Refund Recipient

SITE OWNER FILLS OUT PER SITE  
-- OPTIONAL --

The property owner will use this form to designate someone other than him- or her- self to receive any refund due at the completion of all deposit/refund projects at the site listed below. In the absence of this form, the property owner will receive any refund. Only one person at any one time may be designated to receive any refund.

SITE NUMBER/ADDRESS:

PROPERTY OWNER

Site Number

CONTINENTAL BAKING CO

Company Name

CONTINENTAL BAKING CO

Owner's Name

1010 46TH ST

Street Address

1525 BRYANT ST

Owner's Address

(SITE IS BETWEEN 53RD ST AND ADELINE ST  
EMERYVILLE CA OAKLAND)

94662

City

Zip Code

SAN FRANCISCO CA 94103

Owner's City

State

Zip

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

PETROLEUM ENGINEERING INC

Name

11 W. 9TH ST

Street Address

SANTA ROSA CA 95401

City / Zip

*Continental Baking Co*  
Property Owner Signature

*12-5-92*  
Date

CONTINENTAL BAKING CO

Property Owner Name

RETURN FORM TO: Alameda County, Hazardous Materials Div.  
80 Swan Way, Rm 200  
Oakland, CA 94621-1439  
Phone: (510) 271-4320

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
Acknowledgement of Refund Recipient for Site Account

DEPOSITOR FILLS OUT PER SITE

-- REQUIRED --

The depositor will use this form to acknowledge that the property owner or his or her designee will receive any refund due at the completion of all deposit/refund projects at the site listed below.

SITE NUMBER/ADDRESS:

REFUND RECIPIENT-PROPERTY OWNER

_____ Site Number		_____		
_____ Company Name		_____ Owner's Name		
_____ Street Address		_____ Owner's Address		
_____ City	_____ Zip Code	_____ Owner's City	_____ State	_____ Zip

I have read the description of the project Deposit/Refund Procedure, and have had an opportunity to ask questions about it. I understand that regardless of who deposits money into the site account, any deposit money remaining at the completion of all projects being conducted at this site will be refunded solely to the property owner or his or her designee.

_____ Signature of Depositor	_____ Date
_____ Depositor Name	
_____ Company Name	
_____ Street Address	
_____ City / Zip	

RETURN FORM TO: Alameda County, Hazardous Materials Div.  
80 Swan Way, Rm 200  
Oakland, CA 94621-1439  
Phone: (510) 271-4320

GENERAL CONTRACTORS      LICENSE NO. 224358      PHONE (707) 545-0360  
11 WEST NINTH STREET      SANTA ROSA, CA. 95401      FAX (707) 545-7068

TO CONTINENTAL BAKING CO  
1525 BRYANT ST  
SAN FRANCISCO CA 94103

DATE	12 4 92	JOB NO.	B4991/3
ATTENTION	FRED DANNECKER		
RE:	COUNTY HAZARDOUS MATERIALS		
	DECLARATION OF REFUND		
	RECIPIENT FORMS		

WE ARE SENDING YOU  Attached  Under separate cover via \_\_\_\_\_ the following items:

- Shop drawings       Prints       Plans       Samples       Specifications  
 Copy of letter       Change order       \_\_\_\_\_

COPIES	DATE	NO.	DESCRIPTION
2			FORMS FOR REFUND DESIGNATION FORMS
			FOR ALAMEDA COUNTY SITES., DUBLIN AND OAKLAND.

THESE ARE TRANSMITTED as checked below:

- For approval       Approved as submitted       Resubmit \_\_\_\_\_ copies for approval  
 For your use       Approved as noted       Submit \_\_\_\_\_ copies for distribution  
 As requested       Returned for corrections       Return \_\_\_\_\_ corrected prints  
 For review and comment       \_\_\_\_\_  
 FOR BIDS DUE \_\_\_\_\_ 19 \_\_\_\_\_       PRINTS RETURNED AFTER LOAN TO US

REMARKS FRED, WE AS THE CONTRACTOR ARE OBLIGATED TO SECURE PERMITS FOR  
BOTH SITE IN ALAMEDA COUNTY. THEIR FEES ARE SET UP BASED ON THE  
AMOUNT OF TANKS TO BE REMOVED. THIS IS A FORM THAT I HAVE TO HAVE  
COMPLETED IN ORDER SHOULD THERE BE ANY REFUND FOR OVERPAYMENT IT WOULD  
DESIGNATE WE THE CONTRACTOR WHO PAID THE ORGINAL FEE WOULD BE THE  
RECIPIENT.

PLEASE SIGN AND FORWARD TO ALAMEDA COUNTY HEALTH, OAKLAND.

ANY QUESTIONS PLEASE CALL ME

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

SIGNED: Harold Dye

LOP RECORD CHANGE REQUEST FORM

printed:  
12/02/93

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

AGENCY # : 10000      SOURCE OF FUNDS: F      SUBSTANCE: 8008206  
 StID : 3928  
 SITE NAME: Continental Baking Co.      DATE REPORTED : 03/11/93  
 ADDRESS : 1010 -0 46th St      DATE CONFIRMED: 03/11/93  
 CITY/ZIP : Oakland      94609      MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S      CONTRACT STATUS: 3      EMERGENCY RESP: -0-  
 RP SEARCH: S      DATE COMPLETED: 04/01/93  
 PRELIMINARY ASMNT: -      DATE UNDERWAY: -0-      DATE COMPLETED: -0-  
 REM INVESTIGATION: -      DATE UNDERWAY: -0-      DATE COMPLETED: -0-  
 REMEDIAL ACTION: -      DATE UNDERWAY: -0-      DATE COMPLETED: -0-  
 POST REMED ACT MON:-      DATE UNDERWAY: -0-      DATE COMPLETED: -0-

ENFORCEMENT ACTION TYPE: 1      DATE ENFORCEMENT ACTION TAKEN: 04/01/93  
 LUFT FIELD MANUAL CONSID: -0-  
 CASE CLOSED: -      DATE CASE CLOSED: -0-  
 DATE EXCAVATION STARTED : -0-      REMEDIAL ACTIONS TAKEN: -0-

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Mr. Fred Dannecker  
 COMPANY NAME: Continental Baking Company  
 ADDRESS: 1525 Bryant Street  
 CITY/STATE: San Francisco, Ca 94103

*new RP address.*

INSPECTOR VERIFICATION:

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATA ENTRY INPUT:

Name/Address Changes Only

Case Progress Changes

ANNPGMS \_\_\_\_\_ LOP \_\_\_\_\_ DATE \_\_\_\_\_

LOP \_\_\_\_\_ DATE \_\_\_\_\_

*Lori,  
 Here's the new information  
 for this site.*

*Susan  
 12/2/93*

R.P. Continental Baking Co  
1525 Bryant Street  
San Francisco, CA 94103

STID 3928

DATE: 3/29/93

TO : Local Oversight Program

FROM: SUSAN

SUBJ: Transfer of Eligible Local Oversight Case

FRED DANNECKER

CONTINENTAL BAKING CO.  
Continental Baking.

Site name: \_\_\_\_\_  
Address: 1010 46th ST city Oakland zip 94612

TO BE ELIGIBLE FOR LOP A CASE MUST MEET 3 QUALIFICATIONS:

1. Number of Tanks: 4 removed? Y N Date of removal 12/12/98
2. Samples received?  Y N Contamination level: 790  
(ppm and type of test)

Contamination should be over 100 ppm TPH to qualify for LOP

3. Petroleum  Y N Types: Avgas Jet leaded unleaded Diesel  
fuel oil waste oil kerosene solvents unknown Hydro Carbon
- DepRef remaining \$ 200.25 Closed with Candace/Leslie?  Y N  
(If no explain why?)

IF YOUR SITE MEETS ALL OF THE ABOVE QUALIFICATIONS YOU SHOULD DO THE FOLLOWING TO TRANSFER THE SITE:

1. YOU MUST CLOSE THE DEPOSIT REFUND CASE AT THIS TIME. YOU MUST ACCOUNT FOR ALL TIME YOU HAVE SPENT ON THE CASE AND TURN IN THE ACCOUNT SHEET TO LESLIE. IF THERE ARE FUNDS STILL REMAINING IT IS STILL BETTER TO TRANSFER THE CASE TO LOP AS THE RATE FOR LOP ALLOWS THE ADDITION OF MANAGEMENT AND CLERICAL TIME. DO NOT ATTEMPT TO CONTINUE TO OVERSEE THE SITE SIMPLY BECAUSE THERE ARE FUNDS REMAINING!
2. COMPLETE THE A AND B PERMIT APPLICATION FORMS AND GIVE TO CONNIE/ELAINE
3. GIVE THE ENTIRE CASE TO THE PROPER LOP STAFF UPSTAIRS FOR THEM TO DO THE REST OF THE TRANSFER AND YOU ARE DONE!

5710 6400

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 checked="" 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>CONTINENTAL BAKING CO</b>		NAME OF OPERATOR <b>FRED DANNECKER</b>		
ADDRESS <b>1010 46TH ST</b>		NEAREST CROSS STREET <b>53RD ST</b>	PARCEL # (OPTIONAL)	
CITY NAME <b>EMERYVILLE</b>		STATE <b>CA</b>	ZIP CODE <b>94662</b>	SITE PHONE # WITH AREA CODE <b>510 658 7986</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				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input checked="" type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
<input type="checkbox"/> 3 FARM		<input type="checkbox"/> 4 PROCESSOR		<input type="checkbox"/> 5 OTHER
		# OF TANKS AT SITE <b>4</b>	E. P. A. I. D. # (optional) <b>CAL000013321</b>	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <b>DANNECKER, FRED</b>	PHONE # WITH AREA CODE <b>415 552 0950</b>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <b>dannecker, FRED</b>	PHONE # WITH AREA CODE <b>415 552 0950</b>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <b>CONTINENTAL BAKING CO</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>1525 BRYANT ST</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>SAN FRANCISCO</b>		STATE <b>CA</b>	ZIP CODE <b>94103</b>	PHONE # WITH AREA CODE <b>415 552 0950</b>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <b>CONTINENTAL BAKING CO</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>1525 BRYANT ST</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>SAN FRANCISCO</b>		STATE <b>CA</b>	ZIP CODE <b>94103</b>	PHONE # WITH AREA CODE <b>415 552 0950</b>

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

TY (TK) HQ **44-029688**

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 checked="" 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. <input type="checkbox"/>	II. <input checked="" 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

APPLICANT'S NAME (PRINTED & SIGNATURE) <b>HAROLD DYE</b> <i>Harold Dye</i>	APPLICANT'S TITLE <b>AGENT FOR CONTINENTAL</b>	DATE MONTH/DAY/YEAR <b>11 30 92</b>
LOCAL AGENCY USE ONLY <b>BAKING</b>		

COUNTY # <b>01</b>	JURISDICTION # <b>000</b>	FACILITY # <b>036651</b>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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 checked="" 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: CONTINENTAL BAKING CO  
1010 46TH ST, EMERYVILLE CA 94662

<b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>ONE</u>	B. MANUFACTURED BY: <u>UNKN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>JAN 1985</u>	D. TANK CAPACITY IN GALLONS: <u>10000</u>

<b>II. TANK CONTENTS</b> 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"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input type="checkbox"/> 6 AVIATION GAS
			<input type="checkbox"/> 7 METHANOL
			<input type="checkbox"/> 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 type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" 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 checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 7 ALUMINUM
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<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	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 5 ALUMINUM	A U 6 CONCRETE	A U 4 FIBERGLASS PIPE
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 8 100% METHANOL COMPATIBLE W/FRP
			A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING
			<input type="checkbox"/> 99 OTHER

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

<b>VI. TANK CLOSURE INFORMATION</b>		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNKN</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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) <u>HAROLD DYE</u> <i>Harold Dye</i>	DATE <u>11 30 92</u>
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<b>LOCAL AGENCY USE ONLY</b> THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW			
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #
<u>1</u>	<u>01</u>	<u>000</u>	<u>036651</u>
			TANK #
			<u>000001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE	

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 checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **CONTINENTAL BAKING CO  
1010 46TH ST., EMERYVILLE CA 94662**

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

A. OWNER'S TANK I.D. # <b>TWO</b>	B. MANUFACTURED BY: <b>UNKN</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>UNKN.</b>	D. TANK CAPACITY IN GALLONS: <b>5000</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 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 type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" 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 checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	A U 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	<input checked="" type="checkbox"/> 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <b>UNKN.</b>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <b>0</b> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <b>HAROLD DYE</b> <i>Harold Dye</i>	DATE <b>11 30 92</b>
--	-------------------------

**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>036651</b>	<b>000902</b>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	



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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **CONTINENTAL BAKING CO**  
**1010 46TH ST., EMERYVILLE, CAL 94662**

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <b>THREE</b>	B. MANUFACTURED BY: <b>UNKN 10,000</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>UNKN</b>	D. TANK CAPACITY IN GALLONS: <b>2000</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 type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input checked="" type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input type="checkbox"/> 6 AVIATION GAS
			<input type="checkbox"/> 7 METHANOL
			<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C. A. S #

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E			
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" 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 checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <b>UNKN.</b>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <b>(0)</b> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>HAROLD DYE</b> <i>Harold Dye</i>	DATE <b>11 30 92</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>036651</b>	<b>002003</b>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **CONTINENTAL BAKING, 1010 46TH ST., EMERYVILLE, CA 94662**

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <b>FOUR</b>	B. MANUFACTURED BY: <b>UNKN</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>UNKN</b>	D. TANK CAPACITY IN GALLONS: <b>20000</b>

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E			
A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input checked="" 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <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 ___ NO ___			
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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____			

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE					
A. SYSTEM TYPE	A U 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 type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER	

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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <b>UNKN</b>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <b>0</b> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>HAROLD DYE</b>	DATE <b>11 30 92</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 # <b>01</b>	JURISDICTION # <b>000</b>	FACILITY # <b>034651</b>	TANK # <b>00004</b>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		