

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

RO0000081

December 13, 2002

Mr. William Sheehan
1236 Bay Street
Alameda, CA 94501

RE: Quarterly Groundwater Monitoring for 845 Pacific Avenue, Alameda, CA

Dear Mr. Sheehan:

I have completed review of Advanced Assessment and Remediation Services' December 2002 *Additional Site Investigation* report prepared for the above referenced site. Three groundwater monitoring wells and one temporary well were installed at the site. Groundwater from well MW-2 contained 4,490 part per billion total petroleum hydrocarbons as diesel.

At this time, please continue with quarterly groundwater monitoring at the site. Groundwater should be analyzed for TPHg, TPHd, BTEX, and MTBE. Please have the laboratory perform a silica gel cleanup preparation for TPHd analysis.

Starting in January 2003, the new case worker for LOP cases in the City of Alameda will be Mr. Amir Gholami. He can be reached at (510) 567-6876

eva chu
Hazardous Materials Specialist

email: Tridib Guha (AARS)

845Pacific-2

RO-081



ADVANCED ASSESSMENT AND REMEDIAL SERVICES (AARS)

2380 SALVIO STREET, SUITE 202
CONCORD, CALIFORNIA 94520-2137
TEL: (925) 363-1999 FAX: (925) 363-1998
e-mail: aars@ccnet.com

July 24, 2002

Ms. eva chu
Alameda County Health Agency, Environmental Health Services
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

JUL 26 2002

RE: Revised Work Plan for Sheehan Property at 845 Pacific Avenue, Alameda, CA
Your File # RO0000081

Dear Ms. chu:

Per our telephone conversation on July 23, 2002, with referenced to the Work Plan for Additional Site Investigation at 845 Pacific Avenue, Alameda, the following changes were made:

- Selected soil samples from each boring will be submitted for laboratory analysis for TPHd only.
- All groundwater samples will be submitted for laboratory analysis for TPHd, TPHg, BTEX and MtBE.
- All soil borings will be continuously logged.
- Since soil parameter analysis was conducted in the previous study; therefore, this tusk will not be repeated.

Please call me at (925) 363-1999 if you have any questions

Sincerely,

Advanced Assessment and Remediation Services

Tridib K. Guha, R.G., R.E.A.
Principal

CC: Mr. William Sheehan, Alameda, CA

TG/SHNWPRVSD

ALAMEDA COUNTY
HEALTH CARE SERVICES

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ENVIRONMENTAL PROTECTION
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(510) 567-6700
FAX (510) 337-9335

RO0000081

July 23, 2002

Mr. William Sheehan
1236 Bay Street
Alameda, CA 94501

RE: Work Plan Approval for 845 Pacific Avenue, Alameda, CA

Dear Mr. Sheehan:

I have completed review of Advanced Assessment and Remediation Services' July 2002 *Work Plan for Additional Investigations* prepared for the above referenced site. The proposal to install three groundwater monitoring wells and one temporary well is acceptable with the following additions/changes:

- Soil samples from 5, 10, 15, and possibly 20 feet bgs should be submitted for laboratory analysis to delineate the vertical extent of soil contamination.
- Soil and groundwater samples should also be quantified for MtBE using Method 8020. All samples should be analyzed for TPHd, TPHg, and BTEX.
- All borings should be continuously logged.
- A "clean" soil sample from the vadose zone (about 3 to 5 feet bgs) should be collected for soil parameters bulk density, total organic carbon content, soil porosity, and water content. The site specific soil values can be used if a risk assessment is warranted.

The work plan should be implemented within 60 days of the date of the letter, **or by September 30, 2002**. Please provide 72 hours advance notice of field activities. If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

email: Tridib Guha (AARS)

1236 Bay St.
Alameda, CA 94501
24 January 2002

JAN 28 2002

Alameda County Health Care Services Agency
Environmental Protection
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

Reference: R00000081

Dear Ms. Chu,

In response to your letter of Nov. 30, 2001, I am requesting a 60 day extension for submission of a work plan for monitoring the soil and water condition at 845 Pacific Ave., Alameda.

Within this time, I will engage a qualified company to provide the required services.

Yours,


William J. Sheehan



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

RO0000081

November 30, 2001

Mr. William Sheehan
1236 Bay Street
Alameda, CA 94501

SECOND NOTICE OF VIOLATION

Dear Mr. Sheehan:

On December 14, 1998 and again on March 1, 2000, the Alameda County Department of Environmental Health, Hazardous Materials Division, sent you letters (see enclosures) requesting a workplan to determine the extent of soil and water contamination onsite due to the unauthorized release of fuel products at **845 Pacific Avenue, Alameda, CA**. As of the date of this letter, however, we have not received any communication from you on this matter. Therefore, this letter constitutes a **Second Notice** that you are in violation of specific laws and that the technical report is due.

According to Section 25298 of the California Health and Safety Code, underground storage tank closure is incomplete until the responsible party characterizes and remediates the contamination resulting from product discharge. Therefore, you, as the responsible party are in violation of this section of the Code, for which Section 25299 specifies civil penalties of up to \$5,000, for each day of violation. Also, failure to furnish technical reports regarding documented or potential groundwater contamination violates Section 13267(b) of the California Water Code. The Regional Water Quality Control Board (RWQCB) can impose civil penalties of up to \$1,000 per day that such a violation continues.

You are required to submit the technical report for the site to this office **within 45 days** from the date of this letter, or by **January 18, 2002**. **Failure to respond may result in referral of this case to the RWQCB or Alameda County District Attorney to consider for enforcement action. Modification of required tasks or extensions of stated deadlines must be confirmed in writing by either this agency or the RWQCB.**

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

A handwritten signature in black ink, appearing to read 'eva chu'.

eva chu
Hazardous Materials Specialist

enclosures

845Pacific-1



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

March 1, 2000

Mr. William Sheehan
1236 Bay Street
Alameda, CA 94501
STID 6063

RE: 845 Pacific Avenue, Alameda, CA 94501

LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

Dear Mr. Sheehan:

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

Mr. William Sheehan
1236 Bay Street
Alameda, CA 94501
March 1, 2000
Page 2 of 4

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) 567-6774 should you have any questions about the content of this letter.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Attachments

cc: Chuck Headlee, RWQCB

Mr. William Sheehan
1236 Bay Street
Alameda, CA 94501
March 1, 2000
Page 3 of 4

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

Mr. William Sheehan
1236 Bay Street
Alameda, CA 94501
March 1, 2000
Page 4 of 4

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 1, 2000

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

Mr. William Sheehan
1236 Bay Street
Alameda, CA 94501
STID 6063

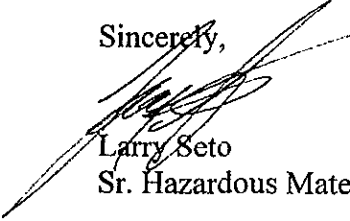
RE: 845 Pacific Avenue, Alameda, CA 94501

Dear Mr. Sheehan:

A letter dated December 14, 1998 was sent to you requesting a subsurface workplan to define the limits of hydrocarbon contamination. This contamination was discovered during the removal of two underground storage tanks from the property in September 1996. As of this date, this office has not received your workplan. To assist me in preparing your site for site closure, please submit this workplan for review and approval.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Files

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)

December 14, 1998

Mr. William Sheehan
1236 Bay Street
Alameda, CA

RE: 845 Pacific Avenue, Alameda, CA 94501

Dear Mr. Sheehan:

I have reviewed the Site Characterization Report dated September 1997 that was prepared by HK2, Inc./SEMCO. This report identified a 750 gallon heating oil and a 120 gallon gasoline underground tank were from the site on September 18, 1996 and September 25, 1996 respectively. The concentration of total petroleum hydrocarbons (TPH-g) and benzene, toluene, ethylbenzene, and total xylenes (BTEX) in the soil sample collected beneath the former gasoline tank was below the laboratory reporting limit. However, soil samples collected beneath the former heating oil tank contained up to 800 ppm diesel, 3.6 ppm benzene, 2.5 ppm toluene, 2.0 ppm ethylbenzene, and 13 ppm total xylenes.

On May 13 and 14, 1997, five 2-inch diameter percussion borings (B-1 through B-5) were advanced to evaluate the extent of hydrocarbons encountered beneath the heating oil underground tank. The soil samples collected during this investigation contained up to 9,200 ppm TPH(d), 12 ppm TPH(g), 0.008 ppm toluene, 0.025 ppm ethylbenzene, and 0.045 total xylenes.

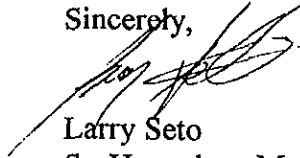
The groundwater samples contained up to 430,000 ppb TPH(d), 6,100 ppb TPH(g), 35 ppb benzene, 2.0 ppb toluene, 27 ppb ethylbenzene and 160 ppb total xylenes.

This office concurs with your consultant that the lateral and vertical extent of diesel-affected soil has not been adequately assessed west, northwest, and northeast of the former heating oil tank. In addition, the lateral extent of the dissolved-phase benzene and TPH(d) has not been adequately assessed northwest and northeast of the former heating oil tank.

Before site closure can be obtained for this site, the contamination on-site must be adequately characterized. Please submit another workplan that will define the limits of the on-site subsurface contamination.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Deno Milano, HK2, Inc./Semco, 1751 Leslie Street, San Mateo, CA 944402
Files

LOP RECORD CHANGE REQUEST FORM

printed:
08/29/97

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

Insp: LS

AGENCY # : 10000 SOURCE OF FUNDS: S SUBSTANCE: 12034
 StID : 6063 LOC:
 SITE NAME: Residential DATE REPORTED : 09/21/96
 ADDRESS : 845 Pacific Ave DATE CONFIRMED: 09/21/96
 CITY/ZIP : Alameda 94501 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: S CONTRACT STATUS: 4 PRIOR CODE:1B5 EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 09/30/96
 PRELIMINARY ASMNT: DATE UNDERWAY: DATE COMPLETED:
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:
 ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 09/30/96
 LUFT FIELD MANUAL CONSID: 2HSCA
 CASE CLOSED: DATE CASE CLOSED:
 DATE EXCAVATION STARTED : REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: William & Ed Sheehan
 COMPANY NAME: N A
 ADDRESS: 1236 Bay Street
 CITY/STATE: Alameda, Ca 94501

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANPPGMS _____ LOP _____ DATE _____ || LOP _____ DATE _____



EMCON ASSOCIATES

WATER SAMPLE FIELD DATA SHEET

Rev. 2, 5/91

PROJECT NO: 0G70-007, 01

SAMPLE ID: MW-9(19)

PURGED BY: K REICHELDERFER

CLIENT NAME: ARCO 601

SAMPLED BY: ↓

LOCATION: 712 LEWELLING BLVD., SAN LEANDRO, CA

TYPE: Ground Water Surface Water Treatment Effluent Other

CASING DIAMETER (inches): 2 3 4 4.5 6 Other

CASING ELEVATION (feet/MSL): <u>NR</u>	VOLUME IN CASING (gal.): <u>1.69</u>
DEPTH TO WATER (feet): <u>8.86</u>	CALCULATED PURGE (gal.): <u>5.07</u>
DEPTH OF WELL (feet): <u>19.2</u>	ACTUAL PURGE VOL. (gal.): <u>5.50</u>

DATE PURGED: <u>11-8-93</u>	Start (2400 Hr) <u>1245</u>	End (2400 Hr) <u>1251</u>
DATE SAMPLED: <u>11-8-93</u>	Start (2400 Hr) <u>1252</u>	End (2400 Hr) <u>1254</u>

TIME (2400 Hr)	VOLUME (gal)	pH (units)	E.C. (µmhos/cm @ 25° C)	TEMPERATURE (°F)	COLOR (visual)	TURBIDITY (visual)
<u>1247</u>	<u>2.00</u>	<u>7.15</u>	<u>1204</u>	<u>69.8</u>	<u>BROWN</u>	<u>HEAVY</u>
<u>1249</u>	<u>4.00</u>	<u>7.19</u>	<u>1201</u>	<u>69.6</u>	<u>↓</u>	<u>↓</u>
<u>1251</u>	<u>5.50</u>	<u>7.25</u>	<u>1201</u>	<u>69.1</u>	<u>↓</u>	<u>↓</u>

D. O. (ppm): NR ODOR: NONE COLOR: NR (COBALT 0 - 100) TURBIDITY: NR (NTU 0 - 200)

FIELD QC SAMPLES COLLECTED AT THIS WELL (i.e. FB-1, XDUP-1): NR

PURGING EQUIPMENT

SAMPLING EQUIPMENT

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 2" Bladder Pump | <input type="checkbox"/> Bailor (Teflon®) | <input type="checkbox"/> 2" Bladder Pump | <input checked="" type="checkbox"/> Bailor (Teflon®) |
| <input type="checkbox"/> Centrifugal Pump | <input checked="" type="checkbox"/> Bailor (PVC) | <input type="checkbox"/> DDL Sampler | <input type="checkbox"/> Bailor (Stainless Steel) |
| <input type="checkbox"/> Submersible Pump | <input type="checkbox"/> Bailor (Stainless Steel) | <input type="checkbox"/> Dipper | <input type="checkbox"/> Submersible Pump |
| <input type="checkbox"/> Well Wizard™ | <input type="checkbox"/> Dedicated | <input type="checkbox"/> Well Wizard™ | <input type="checkbox"/> Dedicated |
| Other: _____ | | Other: _____ | |

WELL INTEGRITY: OK LOCK #: DOLPHIN (3259)

REMARKS: INSTALLED 3259 LOCK

Meter Calibration: Date: 11-8-93 Time: 1227 Meter Serial #: 9203 Temperature °F: _____

(EC 1000 _____ / _____) (DI _____) (pH 7 _____ / _____) (pH 10 _____ / _____) (pH 4 _____ / _____)

Location of previous calibration: MW-10

Signature: Kevin Reichelderfer Reviewed By: JTB Page 9 of 15

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



March 27, 1997

Mr. William & Ed Sheehan
1236 Bay St.
Alameda, CA 94501

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

STID 6063

Re: Workplan for investigations at 845 Pacific Avenue, Alameda, California 94501

Dear William & Ed Sheehan,

This office has reviewed SEMCO/HK₂, Inc.'s (SEMCO) workplan, dated March 21, 1997, for the above site. This workplan is acceptable to this office. Please be reminded that if sampling of the proposed borings does not adequately characterize the extent of the contamination or determine whether the plume is still migrating, per the attached Regional Water Quality Control Board's interim guidelines, further characterization, possibly involving the installation of permanent monitoring wells, will be required. Any subsequent investigations may also involve a well survey for potential drinking water wells and a human health risk assessment.

Per the workplan, field work shall commence within 30 days of the date of this letter. A report documenting the work should be submitted to this office within 45 days after completion of field activities.

If you have any questions or comments, please contact me at (510) 567-6763.

Sincerely,



Juliet Shin

Senior Hazardous Materials Specialist

ATTACHMENT

cc: Deno G. Milano
SEMCO/HK₂, Inc.
1751 Leslie Street
San Mateo, CA 94402

Acting Chief

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



October 10, 1996

Ms. Lori Casias
State Water Resources Control Board
P.O. Box 944212
Sacramento, CA 94244-2120

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

Re: State funding for two heating oil tank sites

Dear Ms. Casias,

Recent removals of two residential heating oil underground storage tanks, one at 510 Lincoln Avenue, Alameda, and one at 845 Pacific Avenue, Alameda, identified elevated levels of TPHd and/or BTEX and further investigations are needed. This office is requesting that State funding be provided for these investigations.

Sincerely,

Juliet Shin
Senior Hazardous Materials Specialist, ACDEH

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



October 1, 1996

William & Ed Sheehan
1236 Bay St.
Alameda, CA 94501

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

STID 6063

Re: Investigations at 845 Pacific Avenue, Alameda, California 94501

Dear William & Ed Sheehan,

In September 1996, two underground storage tanks (USTs) were removed from the above site: one 750-gallon heating oil UST and one 120-gallon gasoline UST. The one soil sample collected from beneath the gasoline UST was analyzed for Total Petroleum Hydrocarbons as gasoline (TPHg), total lead, and benzene, toluene, ethylbenzene, and total xylenes (BTEX). The two soil samples collected from beneath the heating oil UST were analyzed for TPH as diesel (TPHd), BTEX, and heavy metals. Analysis of the soil sample collected from beneath the gasoline UST only identified lead at 25 parts per million (ppm) which is below human health protective threshold levels. Analysis of soil samples collected from beneath the heating oil UST identified up to 800 ppm TPHd, 3.6ppm benzene, 2.5ppm toluene, 2.0ppm ethylbenzene, and 13ppm total xylenes. The metal concentrations identified in these samples were all below human health protective threshold levels.

The elevated levels of BTEX identified in the soil samples collected from the 750-gallon heating oil UST pit are generally not associated with heating oil, and raises some questions as to whether the 750-gallon UST may have been used for other purposes, such as the storage of gasoline. Additionally, the levels of benzene identified in the soil samples collected from the 750-gallon UST pit exceed the human health protective levels listed in the Tier 1 table of the American Society for Testing and Materials' Risk-Based Corrective Action guidelines (ASTM RBCA; Designation: E 1739-95).

Based on the above information, additional soil and groundwater investigations will be required at this site, per Article 11, Title 23 California Code of Regulations, and the attached Regional Water Quality Control Board (RWQCB) interim guidelines. This office is requesting that you submit a workplan addressing the delineation of the extent and severity of the observed soil contamination, and investigations to determine whether groundwater beneath the site has been impacted. Based on the results of further characterization of soil and groundwater contamination at the site, and on any potential remediation employed at the site, this office may be requesting that a risk assessment be conducted to determine whether any remaining soil or groundwater contaminant concentrations may pose a risk to human health. The workplan should

William & Ed Sheehan
Re: 845 Pacific Ave.
October 1, 1996
Page 2 of 3

be submitted to this office **within 60 days of the date of this letter (i.e., by November 27, 1996).**

This Department will oversee the assessment and remediation of your site. Our oversight will include the review of and comment on work proposals and technical guidance on appropriate investigative approaches and monitoring schedules. The issuance of well drilling permits, however, will be through the Alameda County Flood Control and Water Conservation District, Zone 7, in Pleasanton. The RWQCB may choose to take over as lead agency if it is determined, following the completion of the initial assessment, that there has been a substantial impact to ground water.

In order to properly conduct a site investigation, you are required to obtain professional services of a reputable environmental consultant. All reports and proposals must be submitted under seal of a California-Registered Geologist, -Certified Engineering Geologist, or -Registered Civil Engineer.

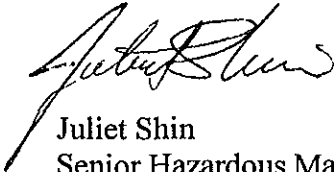
Per our earlier conversations, the State Water Resources Control Board has a Petroleum Underground Storage Tank Cleanup Fund available to sites to assist in investigations and cleanup. This office encourages you to look into applying to this fund. The address and phone number of the trust fund is:

State Water Resources Control Board
Division of Clean Water Programs
UST Cleanup Fund Program
2014 T Street, Ste 130
P.O. Box 944212
Sacramento, CA 94244-2120
(916) 227-4307

Any questions regarding the State Trust Fund should be directed to Cheryl Gordon at (916) 227-4539. You can contact me with any other questions at (510) 567-6763.

William & Ed Sheehan
Re: 845 Pacific Ave.
October 1, 1996
Page 3 of 3

Sincerely,



Juliet Shin
Senior Hazardous Materials Specialist

ATTACHMENT

cc: Mark Dysert
HK2, Inc./SEMCO
1751 Leslie St.
San Mateo, CA 94402

Acting Chief

Transfer of Eligible Local Oversight Case

STID 6063 Date of input/By: BJH 9/30/96

Date: 9/27/96 From: Juliet Shin

Site Name: Sheehan Residence

Address: 845 Pacific Ave City: Alameda Zip: 94501

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

1. N Tanks Removed? # of removed? 2 Date removed: 9/18/96 + 9/25/96
2. N Samples received? Contamination level: 3.6 ppm Benzene
 Type of test SPW
 Contamination should be over 100 ppm TPH to qualify for LOP
3. N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
 • diesel • waste oil • kerosene • solvents

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

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

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

Remaining DepRef \$'s: _____
 DepRef Case Closed with Candyce/Leslie? **Y N** (If no, explain why below.)

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

UG# file

ALAMEDA COUNTY - ENVIRONMENTAL HEALTH

Transfer of Eligible Local Oversight Case

STID 6063 Date of input/By: BJA 9/30/96

Date: 9/27/96 From: Juliet Shin

Site Name: Sheehan Residence

Address: 845 Pacific Ave City: Alameda Zip: 94501

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

1. N Tanks Removed? # of removed? 2 Date removed: 9/18/96 + 9/25/96
2. N Samples received? Contamination level: 3.6 ppm Benzene
Type of test SPW
Contamination should be over 100 ppm TPH to qualify for LOP
3. N Petroleum? Circle Type(s): • Avgas • diesel • leaded • unleaded • fuel oil • jet • waste oil • kerosene • solvents

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

1. a. Close the deposit refund case.
 - b. Account for ALL time you have spent on the case.
 - c. Turn in account sheet to Leslie.
- If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. DO NOT attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: _____
DepRef Case Closed with Candyce/Leslie? Y N (If no, explain why below.)

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

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 SHOWN ON THE INSTALLED SIGN SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 09/30/96		CASE # #96-0236		SIGNED: <i>Juliet Shin</i> DATE: 10/1/96		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Mark Dyser		PHONE (415) 572-8033		SIGNATURE <i>Mark Dyser</i>	
	REPRESENTING <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER <u>contractor</u>		COMPANY OR AGENCY NAME SEMCO/HK2, Inc.			
	ADDRESS 1751 Leslie St STREET San Mateo CITY California STATE 94402 ZIP					
RESPONSIBLE PARTY	NAME William Sheehan <input type="checkbox"/> UNKNOWN		CONTACT PERSON SAME		PHONE (510) 522-0978	
	ADDRESS 1236 Bay St. STREET Alameda CITY California STATE 94501 ZIP					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Residence		OPERATOR N/A		PHONE () N/A	
	ADDRESS 845 Pacific Ave STREET Alameda CITY Alameda COUNTY					
	CROSS STREET Ninth St.					
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Department of Environmental Health		AGENCY NAME Alameda County Department of Environmental Health		CONTACT PERSON Juliet Shin	
	REGIONAL BOARD Regional Water Quality Board		CONTACT PERSON Diane Mims		PHONE (510) 567-6163 (510) 286-1255	
SUBSTANCES INVOLVED	(1) NAME Home Heating Oil				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) <input type="checkbox"/> UNKNOWN					
DISCOVERY/ABATEMENT	DATE DISCOVERED 09/18/96		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <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					
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			
	CASE TYPE <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 checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input 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 type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT) <u>NO ACTION TAKEN</u>					
COMMENTS	COMMENTS					

INSTRUCTIONS

EMERGENCY

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

LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety Code Section 25180.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY

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

RESPONSIBLE PARTY

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

SITE LOCATION

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

IMPLEMENTING AGENCIES

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

SUBSTANCES INVOLVED

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

DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

CASE TYPE

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

CURRENT STATUS

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

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.
Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.
Preliminary Site Assessment Underway - implementation of workplan.
Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.
Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.
Cleanup Underway - implementation of remediation plan.
Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.
Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

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

REMEDIAL ACTION

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

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

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

SIGNATURE - Sign the form in the space provided.

DISTRIBUTION

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

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Clean Water Programs, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244-2120
3. Regional Water Quality Control Board
4. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
5. Owner/responsible party.

6667
RL

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 SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 09/30/96		CASE # #96-0236		SIGNED: <i>[Signature]</i> DATE: 10/1/96		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Mark Dyser		PHONE (415) 572-8033		SIGNATURE <i>[Signature]</i>	
	REPRESENTING <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER <i>contractor</i>		COMPANY OR AGENCY NAME SENCOR/HK2, Inc.			
	ADDRESS 1751 Leslie St STREET San Mateo CITY California STATE 94402 ZIP					
RESPONSIBLE PARTY	NAME William Sheehan <input type="checkbox"/> UNKNOWN		CONTACT PERSON SAME		PHONE (510) 522-0978	
	ADDRESS 1236 Bay St. STREET Alameda CITY California STATE 94501 ZIP					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Residence		OPERATOR N/A		PHONE () N/A	
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SUBSTANCES INVOLVED	(1) NAME Home Heating Oil		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2) 		<input type="checkbox"/> UNKNOWN			
DISCOVERY/BATEMENT	DATE DISCOVERED 09/16/96		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL		<input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS	
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SIGNATURE - Sign the form in the space provided.

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2. State Water Resources Control Board, Division of Clean Water Programs, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244-2120
3. Regional Water Quality Control Board
4. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
5. Owner/responsible party.

ALAMEDA COUNTY, DEPARTMENT OF
 ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

white -env.health
 yellow -facility
 pink -files

II, III

Site ID # 6063 Site Name Residence Today's Date 9/25/96

Site Address 845 Pacific Ave
 City Alameda Zip 94501 Phone _____

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

Inspection Categories:

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

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

Comments:

Came out to site to witness removal of 120-gallon gas UST. (~1:00pm). Steve McKinley, Alameda Fire Dept., was out at site. Tank corroded w/ no tar wrapping. Large holes, (upto ~2 inches diameter), were noted in bottom of tank (below south end of UST). Tank was installed in June 1926. The seams along the north face of UST were cracked. Tank was dry upon discovery. The tank has been out of service for at least 18 years, per property owner MRS Sheehan. Soil sample collected from beneath the tank was sandy soil w/ no odor or stains. This sample was collected from ~6 1/2' deep. The backhoe explored pit in other areas & no odor or stains were noted. One composite sample collected from excavated soil.

Manifest # 95269999

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'L S

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

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 soils
- 3) Daily Vadose
- One time soils
- Annual tank test
- 4) Monthly Gndwater
- One time soils
- 5) Daily Inventory
- Annual tank testing
- Cont pipe leak det
- Vadose/gndwater mon.
- 6) Daily Inventory
- Annual tank testing
- Cont pipe leak det
- 7) Weekly Tank Gauge
- Annual tank testing
- 8) Annual Tank Testing
- Daily inventory
- 9) Other _____
- ___ 7. Precip Tank Test 2643
- Date: _____
- ___ 8. Inventory Rec. 2644
- ___ 9. Soil Testing . 2646
- ___ 10. Ground Water. 2647
- New Tanks**
- ___ 11 Monitor Plan 2632
- ___ 12 Access. Secure 2634
- ___ 13 Plans Submit 2711
- Date: _____
- ___ 14. As Built 2635
- Date: _____

Contact: Mark Dyser
 Title: _____
 Signature: Mark Dyser

Inspector: Juliet Shim
 Signature: Juliet Shim

II, III

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy.
Suite 250
Alameda, CA 94502-6577
(510) 567-6700

Hazardous Materials Inspection Form

II, III

Site ID # 6063 Site Name Residence Today's Date 9/25/96

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)

Site Address 845 Pacific Ave
City Alameda Zip 94501 Phone _____

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

Inspection Categories:

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

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
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- 13. Implement Sch. Req'd? (Y/N)
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- 17. Certification 25534(h)
- 18. Exemption Request? (Y/N) 25534(b)
- 19. Trade Secret Requested? 25538

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

Comments:

Came out to site to witness removal of 120-gallon gas UST. (~1:00pm). Steve McKeuley, Alameda Fire Dept., was out at site. Tank covered w/ no tar wrapping. Large holes (upto ~2 inches diameter), were noted in bottom of tank (below south end of UST). Tank was installed in June 1926. The seams along the north face of UST were cracked. Tank was dry upon discovery. The tank has been out of service for at least 18 years, per property owner Mr. Sheehan. Soil sample collected from beneath the tank was sandy soil w/ no odor or stains. This sample was collected from ~6 1/2' bgs. The backhoe explored pits in other areas & no odor or stains were noted. One composite sample collected from excavated soil.

Manifest # 95269979

III. UNDERGROUND TANKS (Title 23)

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

Contact: Mark Dyser
Title: _____
Signature: Mark Dyser

Inspector: Juliet Shim
Signature: Juliet Shim

II, III



2081
78 copper

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

printed 09/20/96

SITE INFORMATION

Residential
845 Pacific Ave
Alameda 94501
Site Contact: William Sheehan
Site Phone : 522-0978

ENVIRONMENTAL HEALTH
ADMINISTRATION
SUID: 6063 Site#: 4766
PROJECT#: 4766A
PROJECT TYPE: *** R ***
INSP: Juliet M Shin
ACCT. SHEET PG #: _____

96 SEP 31 AM 8:37

PROPERTY OWNER INFORMATION

Owner Contact:
Owner Phone :

PAYOR INFORMATION

Semco
1741 Leslie St
San Mateo CA 94402 #299
Payor Contact: Mr. Chuck Kiper
Payor Phone : 415-572-8033

Date	Action Taken	Time		Hours Spent/ Depstd	Hour Balance	Money Spent/ Depositd	Money Balance
		In	Out				
	Balance from Prev. Page
	Rcpt# 778966						
09/19/96	Deposit of \$630.00 @ \$94/hour			+6.7		+\$630.00	
9/20/96	Reviewed Tank Removal Plans			1	6.7	94 ⁰⁰	536 ⁰⁰
9/25/96	Tank removal oversight			1.5	4.2	141 ⁰⁰	395 ⁰⁰
9/27/96	eva due to Juliet Shin discussed sample results			0.4	3.8	37 ⁶⁰	357 ⁴⁰
9/27/96	Spoke to Reviewed analysis results, spoke to Rhonda (logged)			0.3	3.5	28 ²⁰	329 ²⁰
	Case Closed. Transferred to LOP						
9/96	Case Closed & Transfer to LOP						

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : Juliet Shin ATTACH: State Forms A, B & C Billing Adjustment*
DATE OF COMPLETION : 9/27/96 DATE SENT TO BILLING: 9/27/96
TOTAL COST OF PROJECT: \$300⁸⁰ REFUND AMOUNT: \$329²⁰ Rev. 5/96

* Billing adjustment forms needed when site is in our UST program.

REPORT: WrkShtD (ongoing Deposit)

DEBITS VERIFIED \$ 8/18/97 A.M.I.A.
All ACCOUNTED FOR ALREADY!

Stid # 6063

-1-UST Removed 9/25/96 overseen by JShin

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD



UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A

COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 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 <i>Residence</i>		NAME OF OPERATOR		
ADDRESS <i>845 Pacific Ave.</i>		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME <i>Alameda</i>		STATE <i>CA</i>	ZIP CODE <i>94501</i>	SITE PHONE # WITH AREA CODE
<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> CORPORATION	<input checked="" 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 type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 4 PROCESSOR
<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS		# OF TANKS AT SITE <i>1</i>	E. P. A. I. D. # (optional) <i>CAC001061448</i>

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Sheehan, William</i>	PHONE # WITH AREA CODE <i>510-522-0978</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>Same</i>	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>William Sheehan</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>1236 Bay St.</i>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME <i>Alameda</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE AGENCY
STATE <i>CA</i>	ZIP CODE <i>94501</i>	<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> FEDERAL AGENCY	PHONE # WITH AREA CODE <i>510-522-0978</i>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>William Sheehan</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>1236 Bay St.</i>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME <i>Alameda</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE AGENCY
STATE <i>CA</i>	ZIP CODE <i>94501</i>	<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> FEDERAL AGENCY	PHONE # WITH AREA CODE <i>510-522-0978</i>

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 739-2582 if questions arise.

TY (TK) HQ -

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>Shonda James-Hines</i>	APPLICANT'S TITLE <i>Operations Manager</i>	DATE MONTH/DAY/YEAR <i>9-19-96</i>
---	--	---------------------------------------

LOCAL AGENCY USE ONLY

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

INSTRUCTIONS FOR COMPLETING FORM "A"

GENERAL INSTRUCTIONS:

1. One FORM "A" shall be completed for all **NEW PERMITS, PERMIT CHANGES** or any **FACILITY/SITE INFORMATION CHANGES**.
2. **SUBMIT ONLY ONE (1) FORM "A"** for a Facility/Site, regardless of the number of tanks located at the site.
3. This form should be completed by either the **PERMIT APPLICANT** or the **LOCAL AGENCY UNDERGROUND TANK INSPECTOR**.
4. Please type or print clearly all requested information.
5. Use a hard point writing instrument, you are making 3 copies.

TOP OF FORM: "MARK ONLY ONE ITEM"

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

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

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

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

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

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

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

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED)

Enter your Board of Equalization (BOE) UST storage fee account number which is required before your permit application can be processed. (Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the \$0.006 (6 mills) per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at 916-739-2582 or write to the BOE at the following address: Board of Equalization, Environmental Fees Unit, P.O. Box 942879, Sacramento, CA 94279-0001.

V. LEGAL NOTIFICATION AND BILLING ADDRESS

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

APPLICANT MUST SIGN AND DATE THIS FORM AS INDICATED.

INSTRUCTION FOR THE LOCAL AGENCIES

The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)739-2421. The facility number may be assigned by the local agency; however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the facility number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT FILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(S) TO THE FOLLOWING ADDRESS.

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input 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: 845 Pacific

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>120</u>

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E			
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<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	<input checked="" type="checkbox"/> 1 SUCTION	<input type="checkbox"/> 2 PRESSURE	<input type="checkbox"/> 3 GRAVITY	<input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	<input checked="" type="checkbox"/> 1 SINGLE WALL	<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 3 LINED TRENCH	<input type="checkbox"/> 95 UNKNOWN
				<input type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> 4 FIBERGLASS PIPE
	<input type="checkbox"/> 5 ALUMINUM	<input type="checkbox"/> 6 CONCRETE	<input type="checkbox"/> 7 STEEL W/ COATING	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 GALVANIZED STEEL	<input type="checkbox"/> 10 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 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 checked="" type="checkbox"/> 99 OTHER <u>UNK</u>

V. TANK LEAK DETECTION				
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input checked="" 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)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Shonda James-Kiper DATE 9-19-96

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

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS:

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

TOP OF FORM: "MARK ONLY ONE ITEM"

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

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

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

II. TANK CONTENTS

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

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

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

IV. PIPING INFORMATION

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

V. TANK LEAK DETECTION

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

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.

INSTRUCTION FOR THE LOCAL AGENCIES

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

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

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

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

Juliet Shih
 Project Specialist

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

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destruction.
 One copy of the corrected plans must be on the job and available to all contractors and trainees involved with the removal.
 Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of laws and local laws.
 Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
 - Sampling
 - Final Inspection
- ISSUANCE of a permit to operate, b) permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.
- *THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:**
- Contact Specialist

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business Residential
 Business Owner or Contact Person (PRINT) William Sheehan

2. Site Address 845 Pacific Avenue
 City Alameda Zip 94501 Phone

3. Mailing Address 1236 Bay Street
 City Alameda Zip 94501 Phone 510-522-0978

4. Property Owner William Sheehan
 Business Name (if applicable)
 Address 1236 Bay Street
 City, State Alameda, CA Zip 94501

5. Generator name under which tank will be manifested
William Sheehan

EPA ID# under which tank will be manifested CA C001061448

6. Contractor HK2, INC / SEMCO
Address 1751 Leslie Street
City San Mateo, CA 94402 Phone 415-572-8033
License Type* A, B, C61/D40, C57, HAZ ID# 719103

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

7. Consultant (if applicable) N/A
Address _____
City, State _____ Phone _____

8. Main Contact Person for Investigation (if applicable)
Name Chuck Kiew Title President
Company HK2, INC / SEMCO
Phone 415-572-8033

9. Number of underground tanks being closed with this plan 1
Length of piping being removed under this plan unk.
Total number of underground tanks at this facility (**confirmed with owner or operator) 1

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name Evergreen Environmental EPA I.D. No. CAD980695761
Hauler License No. 0242 License Exp. Date 7/97
Address 6880 Smith Avenue
City Newark State CA Zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site
Name Evergreen Environmental EPA ID# CAD980695761
Address 6880 Smith Ave.
City Newark State CA Zip 94560

c) Tank and Piping Transporter

Name Dexanna, LTD EPA I.D. No. CA0982438566
Hauler License No. 2883 License Exp. Date 4/97
Address 3104 Athens Ct.
City Concord State CA Zip 94519

d) Tank and Piping Disposal Site

Name Ericsson, cnc EPA I.D. No. CA0009466392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

11. Sample Collector

Name Chuck Kaper or Mark Rupert
Company HKa, INC / SEMCO
Address 1751 Diesel St.
City San Mateo State CA Zip 94402 Phone 415-572-8033

12. Laboratory

Name North State Environmental
Address 90 S. Spruce
City So. San Francisco State CA Zip _____
State Certification No. 1753

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

If yes, describe. _____

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

*High pressure hot water detergent wash,
20 lbs dry ice, per 1000 gallons*

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
<i>120</i>	<i>gasoline</i>	<i>Soil and or water</i>	<i>2 foot below end of tank into Native Soil - or at soil/water interface</i>

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

Excavated/Stockpiled Soil

Stockpiled Soil Volume (estimated)

Est

5 yards

*One soil sample per every 20 yd³ if
Discreet
to be reused on site.*

Sampling Plan

Soil Samples Taken from tank excavation will be collected, placed in brass tubes, sealed with Teflon Tape, caps and placed on ice, transported to a State Certified lab under chain of custody and analyzed for the constituents of the tank.

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

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

If yes, explain reasoning _____

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

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

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

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Leaded Gas	TPH G	GCFID(5030)	TPH G
	BTX&E	8020 OR 8240	BTX&E
	TPH AND BTX&E	8260	TOTAL LEAD AA
	TOTAL LEAD AA		
	-----Optional-----		
	TEL	DHS-LUFT	TEL
	EDB	DHS-AB1803	EDB
			DHS-LUFT
			DHS-AB1803
	<i>MTBE</i>		

18. Submit Worker's Compensation Certificate copy

Name of Insurer CAH Comp

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

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business HKA, INC / SEMCO

Name of Individual Rhonda Reames-Kiper

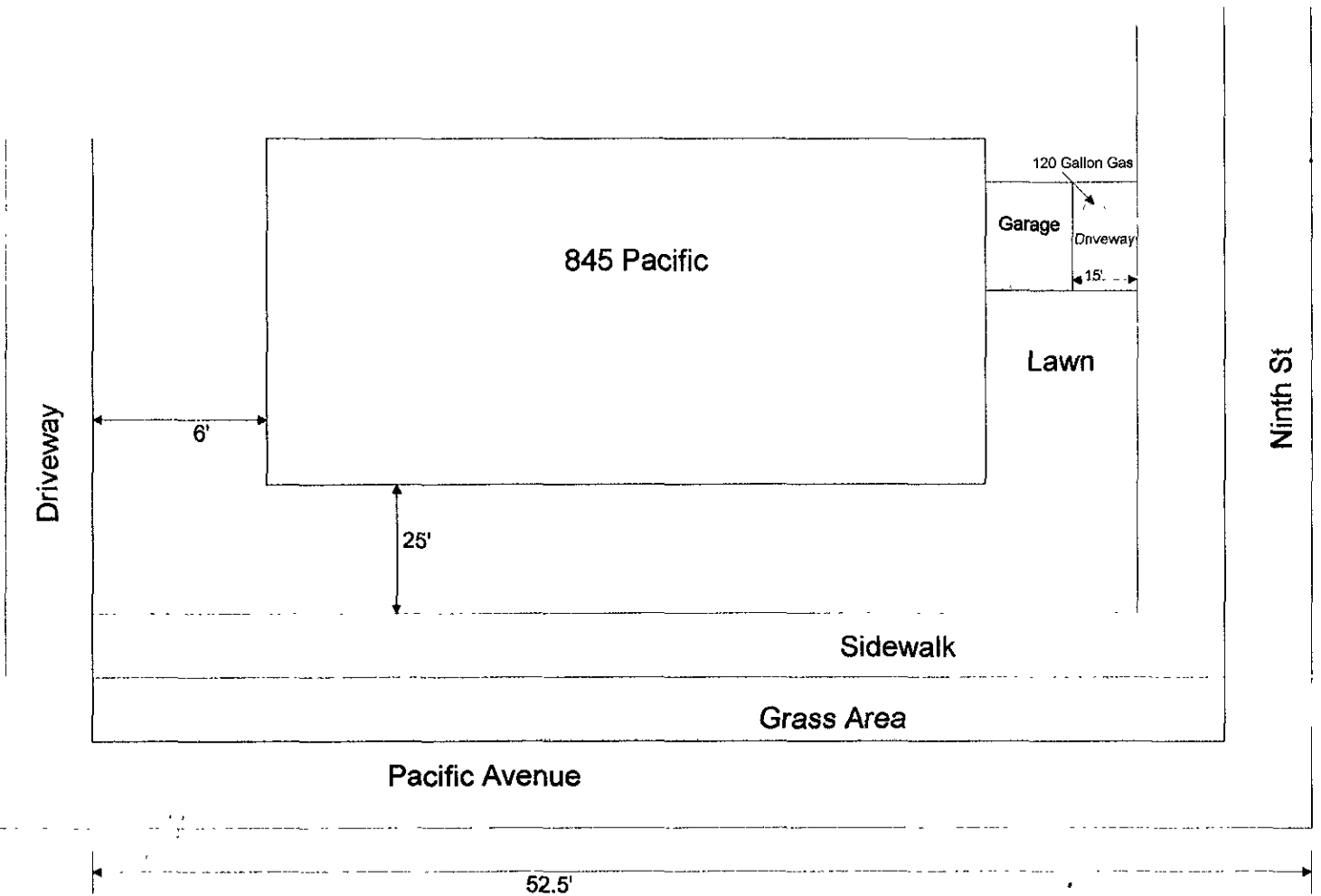
Signature Rhonda Reames-Kiper Date 9-19-96

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business _____

Name of Individual William Sheehan

Signature William Sheehan Date 9-19-96
by Rhonda Reames-Kiper



Not To Scale

HK2, INC./ SEMCO
 1751 Leslie Street
 San Mateo, California
 94402

William Sheehan
 845 Pacific Avenue
 Alameda, California