

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

April 17, 2001
StID # 5943



Mr. Bruce Bauer
West Coast Vending, Inc.
2142 Livingston St.
Oakland CA 94606

Re: Request to Implement Approved Work Plan at West Coast Vending, 2124 Livingston St., Oakland CA 94606

Dear Mr. Bauer:

Our office last wrote to you in my May 4, 2000 letter. In this letter, I approved the April 25, 2000 North State Environmental work plan for site characterization of the former 2,000 gallon gasoline tank. **Nearly one year has passed without any apparent action, therefore, our office requests that you schedule this work within the next 45 days or no later than June 6, 2001.**

Please contact this office at least three working days prior to performing this work. The failure to proceed with this work within the requested time-frame will cause the site to be referred to the Water Board or District Attorney's office for enforcement.

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist

✓ C: B. Chan, files

Mr. Brent Wheeler, North State Environmental, 90 South Spruce Ave., Suite V, South San Francisco, CA 94080

Rqwp2124Livingston

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

May 4, 2000
StID # 5943

Mr. Bruce Bauer
West Coast Vending, Inc.
2142 Livingston St.
Oakland CA 94606

**Re: Work Plan for Site Characterization at West Coast Vending, 2124 Livingston St.,
Oakland CA 94606**

Dear Mr. Bauer:

Our office has received and reviewed the April 25, 2000 North State Environmental (NSE) work plan for site characterization of the above referenced site. This work plan serves to determine the extent of petroleum contamination to soil and groundwater from the former 2,000 gallon gasoline tank, removed on April 1998. It also attempts to determine if there is any contamination from the underground tank removed from 2040 Livingston St., Baker Art Foundry, which may be affecting this site.

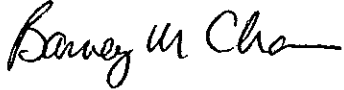
Although the additional analytical data that exists is not clear ie the location of these samples is uncertain, it is believed that these additional samples to the north and west of the former 2,000 gallon tank are those identified as NBN 9' and HBW 9'. These sample results are indicative of a gasoline release, which has been documented at the referenced site. You are reminded that the underground tank removal performed at 2040 Livingston St. was "closed" by our office, therefore, at the time of the removal no further action was requested and the site was deemed a low risk. It is, therefore, unlikely that off-site contamination is affecting your site.

Up to six temporary borings are proposed around and within the former underground tank pit. It is assumed that if contamination is not significant in boring B2 then boring B3 will not be necessary. Although up to three soil samples may be analyzed from each boring, this number should depend on whether there is any indication of contamination by field screening measurements. Only those samples exhibiting contamination in the field need be considered for laboratory analysis. A screened slotted casing will be installed within each borehole to allow groundwater sampling and elevation readings. Prior to taking groundwater elevation reading and sampling, please purge the temporary well of five casing volumes and take pH and temperature readings to insure equilibrium. Boring B1 should not be used in groundwater gradient determination. Soil and groundwater samples will be run for total petroleum hydrocarbons as gasoline, BTEX, MTBE and total lead. MTBE should be analyzed by EPA Method 8020/8021 initially and if detected, the highest sample should be confirmed using EPA Method 8240 or 8260. One groundwater sample will also be analyzed for total dissolved solids to determine water quality.

The work plan is accepted with the aforementioned items. Please contact me at (510) 567-6765 prior to this field work.

Mr. Bruce Bauer
StID # 5943
2142 Livingston St.
May 4, 2000
Page 2.

Sincerely,



Barney M. Chan
Hazardous Materials Specialist

✓ C: B. Chan, files

Mr. Brent Wheeler, North State Environmental, 90 South Spruce Ave., Suite V, South San
Francisco, CA 94080

Wpap2124

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

March 23, 2000
StID # 5943

Mr. Bruce Bauer
West Coast Vending, Inc.
2124 Livingston St.
Oakland CA 94606

Re: Work Plan Extension for 2124 Livingston St., Oakland CA 94606

Dear Mr. Bauer:

This letter acknowledges the receipt and approves of your consultant's request for an extension for the submittal of a work plan to determine the limits of groundwater contamination from the former gasoline tank at the above referenced property. **Your new deadline for work plan submittal is April 20, 2000.** This extension is approved with the condition that this work be performed within 30 days of our office's approval.

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist

C: B. Chan, files

Mr. B. Wheeler, North State Environmental, 90 S. Spruce, Ste V, South San Francisco 94080

Wpext2124



North State Environmental
Laboratory Services • Waste Management • Consulting

ENVIRONMENTAL
PROTECTION

00 MAR 22 AM 9:49

5943

March 20, 2000

Mr. Barney M. Chan
Alameda County Health Care Services Agency
Environmental Health Services
1131 Harbor Parkway
Alameda, CA 94502-6577

**RE: Project Status Report – West Coast Vending & Food Service Inc., 2124
Livingston Street, Oakland, California**

Dear Mr. Chan:

On behalf of Mr. Bruce Bauer and West Coast Vending & Food Service Inc., this correspondence is to update the Alameda County Health Care Services Agency (ACHCSA) on the status of the work plan for proposed site characterization activities at the subject property.

The ACHCSA in letters dated July 16 and November 23, 1999, requested West Coast Vending to submit a work plan to evaluate the extent of hydrocarbon-affected soil and potential impact to groundwater in the vicinity of the former 2,000-gallon underground gasoline storage tank. On March 1, 2000, West Coast Vending contracted North State Environmental (NSE) to prepare this work plan and to conduct a preliminary site reconnaissance to map the site and surrounding land usage. NSE conducted the site reconnaissance on March 7, 2000 and is currently reviewing data from previously submitted reports associated with the UST removal activities and the subsurface investigation conducted in 1994. At this time, NSE requests that the ACHCSA extend the deadline for submittal of the work plan to **April 20, 2000**.

Please notify us of your decision on this issue. Should you have any questions, please contact me at your earliest convenience (Direct Line/650.266.4570). In my absence from the office, I am available by pager (650.317.0153) and cellular (650.867.7274) service.

Sincerely,
North State Environmental

Brent A. Wheeler
Consultant/Project Manager

Cc: Mr. Bruce Bauer

Docs/corr/achcsa.bc.stat



North State Environmental
Laboratory Services • Waste Mgmt • Consulting

Brent A. Wheeler *(for name)*
Consultant / Project Manager *(signature)*

(650) 266-4570
PAGER (650) 317-0153
FAX (650) 266-4560
bwheelerNSE@aol.com

90 So Spruce, Ste. V
South San Francisco, CA 94080

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9432

November 23, 1999
StID # 5943

Mr. Bruce Bauer
West Coast Vending, Inc.
2142 Livingston St.
Oakland CA 94606

FINAL NOTICE OF VIOLATION

**Re: Request for Work Plan for Subsurface Investigation at 2124 Livingston St.,
Oakland CA 94606**

Dear Mr. Bauer:

My last letter, dated July 16, 1999, requested that you submit the previously requested work plan for additional subsurface investigation to follow-up the April 1998 removal of the former 2,000 gallon gasoline tank. This work plan was to be submitted by August 17, 1999 and the work requested to be implemented within 30 days of our office's approval. To date, our office has not received the requested report.

You were also notified on two additional occasions, in my August 13, 1998 and October 22, 1998 letters, of this same request.

Please submit your work plan to our office within 30 days, or no later than December 23, 1999. In addition, this work should be performed no later than January 24, 2000.

The failure to submit the requested report and perform the required investigation will cause this case to be referred to the District Attorney Office for enforcement.

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist

C: B. Chan, files
Mr. Leonard Ratto, 848 Ledd Rd., Modesto, CA 95356
Ms. J. Duerig, Alameda County District Attorney Office
FNOV2124

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)

July 16, 1999
StID # 5943

Mr. Bruce Bauer
West Coast Vending, Inc.
2124 Livingston St.
Oakland, CA 94606

SECOND NOTICE OF VIOLATION

**Re: Request for Work Plan for Subsurface Investigation at 2124 Livingston St.,
Oakland, CA 94606**

Dear Mr. Bauer:

You are requested to submit the previously requested work plan for additional soil and groundwater investigation to office **within 30 days or by August 17, 1999**. **In addition, you should perform the work plan within 30 days of approval**. As you are aware, the work plan is necessary to follow-up the removal of the underground storage tank , which occurred in 1998.

You were notified of this requirement on two separate occasions; in my August 13, 1998 and October 22, 1998 letters, and to date our office has not received any response from you.

The failure to submit the requested reports as required by the California Underground Storage Regulations and the Health and Safety Code, may result in civil liability and the referral to the District Attorney Office for enforcement.

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist

C: B. Chan, files
Mr. Leonard Ratto, 848 Ledd Rd., Modesto, CA 95356
Ms. J. Duerig, Alameda County District Attorney Office
2NOV2124

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

October 22, 1998
StID # 5943

Mr. Bruce Bauer
West Coast Vending, Inc.
2124 Livingston St.
Oakland CA 94606

NOTICE OF VIOLATION

**Re: Request for Work Plan for Subsurface Investigation at 2124 Livingston St.
Oakland CA 94606**

Dear Mr. Bauer:

Our office last wrote to in my August 13, 1998 letter wherein I requested a work plan to delineate the extent of soil and groundwater contamination from the former 2,000 gallon gasoline tank at the above referenced site. This was based upon review of the analytical results from borings advanced by Mr. McNealy around this former tank where it appeared that the extent of petroleum contamination has not yet been determined. Therefore, you were requested to submit an investigative work plan to our office by September 28, 1998. To date, our office has not received the requested report.

Please submit your work plan **within 30 days or by November 24, 1998.**

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist

C: B. Chan, files

Mr. McNely, McNely Construction Co., 2081 Adams Ave., San Leandro, CA 94577

NOV2124

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

August 13, 1998
StID # 5943

Mr. Bruce Bauer
West Coast Vending, Inc.
Oakland CA 94606

Re: Request for Work Plan for Site Characterization at 2124 Livingston St., Oakland 94606

Dear Mr. Bauer:

This letter serves to clarify our office's requirement for the characterization of the above referenced site. We have still not received a complete copy of the requested report of borings advanced by Baker Art around the former tank at 2124 Livingston. My observation during my site visit was that three borings were advanced around the former tank. The information supplied to me by Mr. McNely contained analytical results for four borings plus results for a stockpile composite sample. No site map was provided. Even assuming these results represent the borings and therefore site conditions at the time of the sampling, petroleum contamination was reported as high as 190 ppm total petroleum hydrocarbons as gasoline (TPHg) and 2.1, 3.7, 2.9 and 8.1 ppm benzene, toluene, ethylbenzene and xylenes (BTEX), respectively.

As a requisite for site closure after tank removal, you are required to adequately characterize the site and verify that the site poses no threat to human health or the environment. Upon evaluation of site information, additional investigation will be required to better characterize the site and determine the impact of the fuel release to groundwater. Our office recommends using temporary borings to assess the site. Both soil and groundwater samples should be taken for analysis.

Please submit an appropriate work plan for additional site characterization **within 45 days or by September 28, 1998.**

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist

C:B. Chan, files
B. Wheeler, SEMCO, 70 Chemical Way, Redwood City, CA 94063

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

July 17, 1998
StID #5943

Mr. Bruce Bauer
West Coast Vending, Inc.
Oakland CA 94606

Re: Request for Technical Reports for 2124 Livingston St., Oakland CA 94606

Dear Mr. Bauer:

As you are aware, during the removal of the 2,000 gallon gasoline tank at the above site on April 16, 1998, it was apparent that a release of gasoline had occurred. Our office has received and reviewed the July 1998 HK2, Inc./ SEMCO report. Based upon our review, the stockpile soil generated from the tank removal used to backfill the pit should not present a problem with lead. This is supported by the supplemental SPLP test run on the stockpile sample.

However, the soil sample from the east end of the tank, T1-9, exhibited the elevated gasoline contamination level of 3000 parts per million (ppm). Benzene, toluene, ethylbenzene and xylenes were found at ND, 2, 24, 190 ppm, respectively. Normally, such concentration of gasoline would require additional investigation to determine the extent of this release. In an attempt to determine if further investigation would be necessary, I requested a copy of the results for the borings which had been advanced around this former tank in 1994 by the neighboring property, Baker Art. Unfortunately, the reports which have been sent to our office are incomplete. No site map was provided to identify the location of each boring. Even with this information, it appears that additional work will be required because of the potential threat to groundwater posed by the residual contamination.

Please provide a **complete** copy of the above referenced report regarding the previous borings advanced at this site. You should then seek the advice of a registered environmental professional to review all existing site data and provide either a work plan for groundwater investigation or a rationale for no further work and site closure. Please keep in mind, all conditions for a "low risk" soil or groundwater site must be met in order to recommend site closure.

Please submit the requested technical reports within 30 days or by August 20, 1998. You may contact me at (510) 567-6765 if you have any questions.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist

C. B. Chan, files

B. Wheeler, SEMCO, 70 Chemical Way, Redwood City, CA 94063

HK2, INC./SEMCO

70 CHEMICAL WAY • REDWOOD CITY, CA 94063 • (650) 261-1968 • (650) 261-0735 FAX
GENERAL ENGINEERING & ENVIRONMENTAL CONTRACTORS • LICENSE NO. 719103 (A, B, C57, C61/D40, HAZ, ASB)

ENVIRONMENTAL
PROTECTION

98 JUL 10 PM 3:53

7/13/98

Still waiting for copy of
results to borings advanced by Barber
Art around the former West Coast Vending

July 9, 1998

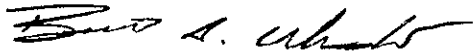
Mr. Barney Chan
Alameda County Health Care Services
Environmental Protection (LOP)
1131 Harbor Bay Parkway, Suite 250
Alameda, California 94502-6577

RE: Gasoline Tank Removal Activities at West Coast Vending, Inc., 2124 Livingston Street,
Oakland, California (HK2 Project 97-0276)

Dear Mr. Chan:

Please find enclosed our report summarizing the underground storage tank removal activities performed at West Coast Vending, Inc. at 2124 Livingston Street in Oakland, California. Please call if you have any questions.

Sincerely,



Brent A. Wheeler
Staff Environmental Scientist

cc: Mr. Bruce Bauer

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 5943 Site Name West Coast Vending Today's Date 6/17/98

Site Address 2124 Livingston

City Oak Zip 94606 Phone _____

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

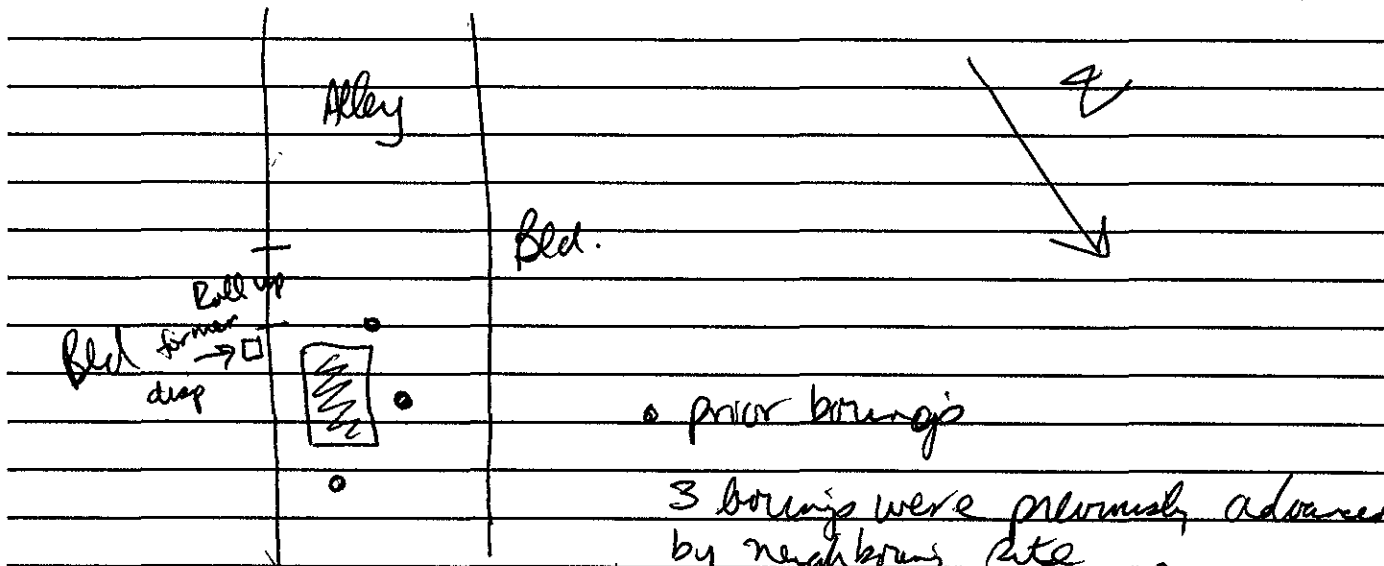
Inspection Categories:

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

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

Comments:

Site visit to see current conditions



• prior borings

3 borings were previously advanced by neighboring site

2040 Livingston (Baker Art Foundry)

Tank pit is backfilled to grade, likely w/ spoils & additional clean fill
Estuary

GW @ 2100 Livingston is encountered @ 14.5-20.5 in a confined condition
GW is from 6.5-9.3' bgs

estuary is approximately 1500' from the site, to the SW.

Contact _____

Title _____

Signature _____

Inspector B. C. Horn

Signature [Signature]

II, III

Transfer of Eligible Local Oversight Case

STID

5943

Date of input/By:

MD 5/1/98

Date:

5-1-98

From:

ROB WESTON / B.C.

Site Name:

WEST COAST VENDING INC

Address:

2124 WINGSTON ST

City:

OAK

Zip:

94606

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

1. N Tanks Removed? # of removed? 1 Date removed: 4-16-98
2. N Samples received? Contamination level: 3100 ppm
Type of test 8015 MOD
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.

STID 5943

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 <i>Robert Weston</i> 4-22-98 SIGNED: _____ DATE: _____
--	--	--

REPORT DATE 04/17/98	CASE #
-------------------------	--------

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <i>Robert J. Cox</i>	PHONE <i>650 261-1968</i>	SIGNATURE <i>John James Lopez</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 <i>HK2, INC. DBA SEMCO</i>	
	ADDRESS <i>70 Chemical Way</i>	<i>Redwood City</i>	<i>CA 94063</i>

RESPONSIBLE PARTY	NAME <i>West Coast Vending Inc.</i>	CONTACT PERSON <i>Bruce Bauer</i>	PHONE <i>510 261-5954</i>
	ADDRESS <i>2124 Livingston Street</i>	<i>Oakland</i>	<i>Calif. 94606</i>

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <i>Same</i>	OPERATOR	PHONE ()
	ADDRESS		
	CROSS STREET		

IMPLEMENTING AGENCIES	LOCAL AGENCY <i>Alameda Co. Env. Health Division</i>	AGENCY NAME	CONTACT PERSON <i>MR. Robert Weston</i>	PHONE <i>(510) 567-6700</i>
	REGIONAL BOARD <i>RWQCB SF BAY REGION</i>		<i>MR. CHUCK HEADLEE</i>	PHONE <i>(510) 286-1255</i>

SUBSTANCES INVOLVED	(1) NAME <i>Leaded/Unleaded Gasoline</i>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 04/16/98	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 checked="" 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
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CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
-----------	--

CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> 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
----------------	--

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input 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 checked="" type="checkbox"/> OTHER (OT) <i>Pending investigation & Lab results</i>
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COMMENTS	
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INSTRUCTIONS

EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Materials 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" 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 Workplace 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

Contaminant 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 dispose in approved site.

Remove Free Product - remove floating product from water table.

Pump and Treat Groundwater - generally employed to remove dissolved contaminants

Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties

Treatment at Hookup - install water treatment devices at each dwelling or other place of use.

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.

STID 5943 R0#88 REAG

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 04/17/98	CASE #	SIGNED <i>[Signature]</i>	DATE 4-22-98
-------------------------	--------	------------------------------	-----------------

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Robert J. Cox	PHONE 650-261-1968	SIGNATURE <i>[Signature]</i>
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME HKO, INC. DBA SEMCO	
	ADDRESS 70 Chemical Way	CITY Redwood City	STATE CA

RESPONSIBLE PARTY	NAME West Coast Vending Inc.	CONTACT PERSON Bruce Bauer	PHONE (510) 261-5954
	ADDRESS 2124 Livingston Street	CITY Oakland	STATE Calif.

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Same	OPERATOR	PHONE
	ADDRESS	CITY	COUNTY
	CROSS STREET	ZIP	

IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda Co. Env. Health Division	AGENCY NAME	CONTACT PERSON Mr. Robert Weston	PHONE (510) 567-6700
	REGIONAL BOARD RWQCB SEBAY REGION		MR. CHUCK HEADLEE	(510) 266-1255

SUBSTANCES INVOLVED	(1) NAME Leaded/Unleaded Gasoline	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 04/16/98	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
	DATE DISCHARGE BEGAN UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE			

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"/> CORROSION <input checked="" type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER
--------------	---	--

CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
-----------	--

CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> POST-CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> CLEANUP UNDERWAY
----------------	--

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input checked="" type="checkbox"/> OTHER (OT) <i>Pending investigation & Labo results</i> <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> ENHANCED BIO-DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VENT SOIL (VS)
-----------------	---

COMMENTS	
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INSTRUCTIONS

EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Materials 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" 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.

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

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- 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.

5943

ENVIRONMENTAL
PROTECTION

98 APR 21 PM 3:47

HK2, INC./SEMCO

70 CHEMICAL WAY • REDWOOD CITY, CA 94063 • (650) 261-1968 • (650) 261-0735 FAX
GENERAL ENGINEERING & ENVIRONMENTAL CONTRACTORS • LICENSE No 719103 (A, B, C57, C61/D40, HAZ, ASB)

April 17, 1998

Mr Robert Weston
Alameda County Health Services Agency
1131 Harbor Bay Parkway, Suite 250 (Second Floor)
Alameda, California 94502

RE: Underground Storage Tank Unauthorized Release (Leak) / Contamination Site Report

Please find enclosed the UST unauthorized leak report that you requested following tank removal activities at 2124 Livingston Street in Oakland, California.

Please call if you have any questions.

Sincerely,

HK2, Inc./SEMCO



Mark Dysert
Staff Environmental Scientist

cc: Mr. Bruce Bauer. West Coast Vending Inc.

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 # 5943 Site Name WEST COAST VENDING Date 4/16/98

Site Address 2124 LIVINGSTON STREET

City OAKLAND Zip 94606 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:

ON-SITE TO OBSERVE
REMOVAL OF SINGLE WRM STEEL
W/TAN WRAP GASOLINE 2000 GALLON.
NO THROUGH GOING HOLES OBSERVED.
HOWEVER SOIL SAMPLE AT FILL END
VERY OBVIOUS ODOR OF GASOLINE.
REQUEST UNAUTHORIZED RELEASE
REPORT BE FILED. SAMPLE T1-9.
STORPILE TO GO BACK INTO HOLE
DUE TO OBVIOUS CONTAMINATION.
ODOR IN SECOND SAMPLE ALSO.
SUBMIT CLOSURE REPORT W/ RODAMS

II.A BUSINESS PLANS (Title 19)

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

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. OnSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- | | |
|--|---|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
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 _____ |
| 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: Jim Lopez Jim
 Title: Senior Project Mgr. SEMCO
 Signature: Jim Lopez

Inspector: ROBERT WESTON
 Signature: Robert Weston

II, III



2124 WINGSTON OAK
NO OBVIOUS HOLES
PW 4-16-98

WEST COAST VENDING



2124 LIVINGSTON OAK
2000G GASOLINE
SW STEEL



2124 WINGSTON OAK
PW 4-16-98 2000G GAS

DRWEWAM



2124 LIVINGSTON OAKLAND
BROKEN SEWER PIPE 4-16-98 PW

REMOVED 4-16-98
 STATE OF CALIFORNIA



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

1. UST Removed 4-16-98, K. Weston
 COMPLETE THIS FORM FOR EACH FACILITY/SITE

11 15943

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>West Coast Vending, Inc</i>		NAME OF OPERATOR <i>Bruce Kauer</i>			
ADDRESS <i>2134 Livingston St.</i>		NEAREST CROSS STREET <i>Collen St.</i>	PARCEL # (OPTIONAL)		
CITY NAME <i>Oakland</i>	STATE <i>CA</i>	ZIP CODE <i>94606</i>	SITE PHONE # WITH AREA CODE <i>(510) 261-5954</i>		
<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 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>CAC001250352</i>	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Bruce Kauer</i>	PHONE # WITH AREA CODE <i>(510) 261-5954</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>Blank</i>	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

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

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

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

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>Shanda Kaur...</i>	APPLICANT'S TITLE <i>Office Manager</i>	DATE <i>9/30/97</i>
---	--	------------------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="text" value="01"/>	JURISDICTION # <input type="text" value="000"/>	FACILITY # <input type="text" value="305943"/>	<i>4/20/98</i>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL	

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

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 status of 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 not available, write "SAME" to proper location.
3. Check the appropriate box for TYPE OF BUSINESS OWNER (CORPORATION, INDIVIDUAL, etc.)
4. Check the appropriate box for TYPE OF TANK.
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 USE STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED)

County or Board of Equalization (BOE) USE 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 USEs. 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 THE 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.R.C.B.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

REMOVED - 16-98 RW



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

5943

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: West Coast Vending, Inc.

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>2,000</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 checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

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

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

A. TYPE OF SYSTEM	<input checked="" type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 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 checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? 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
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>

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

A. SYSTEM TYPE	<u>A</u> <input checked="" type="checkbox"/> 1 SUCTION	<u>A</u> <input type="checkbox"/> 2 PRESSURE	<u>A</u> <input type="checkbox"/> 3 GRAVITY	<u>A</u> <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	<u>A</u> <input type="checkbox"/> 1 SINGLE WALL	<u>A</u> <input checked="" type="checkbox"/> 2 DOUBLE WALL	<u>A</u> <input type="checkbox"/> 3 LINED TRENCH	<u>A</u> <input type="checkbox"/> 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	<u>A</u> <input type="checkbox"/> 1 BARE STEEL	<u>A</u> <input type="checkbox"/> 2 STAINLESS STEEL	<u>A</u> <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	<u>A</u> <input type="checkbox"/> 4 FIBERGLASS PIPE
	<u>A</u> <input type="checkbox"/> 5 ALUMINUM	<u>A</u> <input type="checkbox"/> 6 CONCRETE	<u>A</u> <input type="checkbox"/> 7 STEEL W/ COATING	<u>A</u> <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<u>A</u> <input type="checkbox"/> 9 GALVANIZED STEEL	<u>A</u> <input type="checkbox"/> 10 CATHODIC PROTECTION	<u>A</u> <input checked="" type="checkbox"/> 95 UNKNOWN	<u>A</u> <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 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-Lewis DATE 9-30-97

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

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>000</u>	FACILITY # <u>305943</u>	TANK # <u>000001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE	<u>NO</u> <u>4/20/98</u>	

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"(6) TO THE FOLLOWING ADDRESS.

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

HK₂, Inc.

SEMCO

Environmental Contractors

FAX TRANSMISSION COVER SHEET

DATE: March 11, 1998
FROM: Rhonda Reames-Riper
TO: Don Huang, Alameda County Environmental Health Department
FAX NO.: 510-337-9335
SUBJECT: 2124 Livingston Street, Oakland

*YOU SHOULD RECEIVE 2 PAGE(S), INCLUDING THIS COVER SHEET.
IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (650) 261-1968*

Hi Don:

Well finally we have the BOE number. It sure took a long time.

Anyway the number is TK MT 44-038925

Additionally, the attached sampling plan was the other information you requested. I don't believe there was anything else. If there should be, please call me.

We would like to get the permits started at Oakland Fire and get this project underway.

Thank you for your assistance

Rhonda

Excavated/Stockpiled Soil

Stockpiled Soil Volume (estimated)

5-20405

Sampling Plan

Soil samples taken from tank excavation will be collected, placed in brass tubewells, sealed with Teflon tape, capped and placed on ice, transported to a State Certified lab under chain of custody and analyzed for the constituents of the tank. Samples will be collected from the stockpile per the receiving facilities guidelines, typically a 4 point composite per 100 yards.

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
Unleaded Gas	TPH G BTX&E TPH AND BTX&E	GCFID (5030) 8020 or 8240 8260	TPH G BTX&E GCFID (5030) 602, 624 or 8260
	MTBE LEAD		

West Coast Vending
2124 Livingston, PO 94806

11/21/97

✓ A
need BOE

B
piping metal work

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

Project Specialist

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business West Coast Vending, Inc.
Business Owner or Contact Person (PRINT) Bruce Bauer
2. Site Address 2124 Livingston St.
City Oakland Zip 94606 Phone (510) 261-5954
3. Mailing Address 2124 Livingston St.
City Oakland Zip 94606 Phone 510-261-5954
4. Property Owner West Coast Vending, Inc.
Business Name (if applicable) _____
Address 2124 Livingston St.
City, State Oakland, California Zip 94606
5. Generator name under which tank will be manifested
West Coast Vending, Inc.

EPA ID# under which tank will be manifested CAC001250352

RECEIVED
PROJECTS
4/6/95

1,943

SEMCO
HK2 INC.
70 CHEMICAL WAY
REDWOOD CITY, CA 94063

90-7005/3222
2118200460

2159

DATE 9-30-97

PAY TO THE ORDER OF County of Alameda \$ 630.00
Six hundred Thirty DOLLARS

GLENDALE FEDERAL BANK
MODFSTO OFFICE #211
2929 MC HENRY AVE
MODFSTO, CALIF 95350
1-800-669-6700

MEMO 97-0276

Shonda James-Kiper

⑆322270055⑆2118200460⑆2159

REF./
A/C NO.

COUNTY OF ALAMEDA
OFFICE OF THE AUDITOR-CONTROLLER

DATE: 10/2/97

Tank Closure

MISCELLANEOUS RECEIPT

No 796572

Six hundred Thirty

\$ 630
DOLLARS

RECEIVED FROM: Semco 70 Chemical wy Redwood City 94063
FOR: West Coast Vending Inc
2124 - Livingston st OAK 94606
RECEIVED BY: B. Sniego DEPT. NO.:

CASH PERSONAL/CASHER'S CHECK/M. O. # 2159 OTHER:

170-1 (Rev 10/85) [0134E (08)] 3-Part

Distribution: White - Payor Yellow & Pink - Depart.

97 OCT -2 PM 12:39
PROTECTION