

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

OAKLAND, CA 94621
PHONE NO. 415/271-4320

ACCEPTED

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

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction. A copy of these accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.
Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:
Removal of Tank and Piping
Sampling
Final Inspection
Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.
THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Sydney Chapman
3/4/91

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

- Business Name Elliott and Elliott
Business Owner Robert Elliott
- Site Address 745 Kevin Court
City Oakland Zip 94621 Phone (415)444-7270
- Mailing Address 745 Kevin Court
City Oakland Zip 94621 Phone (415)444-7270
- Land Owner Robert Elliott
Address 745 Kevin Court City, State Oakland, CA. Zip 94621
- EPA I.D. No. CAC-000569488
- Contractor Scott Company of California
Address 1919 Market Street
City Oakland Phone (415)834-2333
License Type A-Gen. Eng. ID# 148840
- Consultant N/A
Address N/A
City N/A Phone N/A

592348
37500
3/1/90

8. Contact Person for Investigation

Name Robert Elliott Title President

Phone (415) 444-7270

*Jay Bron, Scott Company
834-2333 ext 3379*

9. Total No. of Tanks at facility 1

10. Have permit applications for all tanks been submitted to this office? Yes No

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name N/A EPA I.D. No. N/A

Address N/A

City N/A State N/A Zip N/A

b) Rinsate Transporter

Name Hydro Chem EPA I.D. No. DOSH #1208

Address Hunters Point Shipyard

City San Francisco State CA. Zip 94124

c) Tank Transporter

Name H&H Environmental Services EPA I.D. No. CAD-004771168

Address 220 China Basin Street

City San Francisco State CA. Zip 94107

d) Tank Disposal Site

Name H&H Environmental Services EPA I.D. No. CAD-004771168

Address 220 China Basin Street

City San Francisco State CA. Zip 94107

e) Contaminated Soil Transporter

Name N/A EPA I.D. No. N/A

Address N/A

City N/A State N/A Zip N/A

12. Sample Collector

Name Representative from West Labs
Company Western Environmental Science & Technology
Address 1046 Olive Drive, Suite 3
City Davis **State** CA. **Zip** 95616 **Phone** (916)753-9500

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
1,000 g.	Gasoline	Soil	Below tank: 1 sample at each end of the tank and trench sampling if needed.

14. Have tanks or pipes leaked in the past? Yes [] No [X]

If yes, describe. _____

 N/A

15. NFPA methods used for rendering tank inert? Yes [X] No []

If yes, describe. Triple rinse with 15% dry ice. (15 lbs./1,000 gals.)
Explosion meter on site.

An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name Western Environmental Science and Technology
Address 1046 Olive Drive, Suite 3
City Davis **State** CA. **Zip** 95616
State Certification No. 340

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
Gasoline	BTX & E EPA Method 8020 or 8240 TPH-G GCFID per DHS Method as described in Regional Board LUFT Manuel	EPA 80-15g. Modified an. 80-20

18. Submit Site Safety Plan

19. Workman's Compensation: Yes [X] No []

 Copy of Certificate enclosed? Yes [XX] No []

 Name of Insurer Argonaut Insurance Company

20. Plot Plan submitted? Yes [X] No []

21. Deposit enclosed? Yes [XX] No []

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

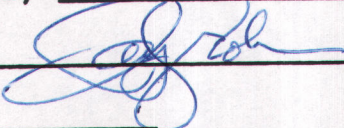
I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Signature of Contractor

Name (please type) Jay Groh

Signature 

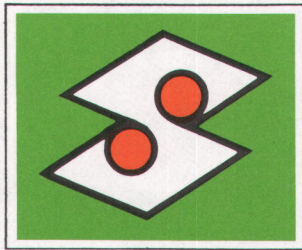
Date 2-25-91

Signature of Site Owner or Operator

Name (please type) Robert Elliot

Signature 

Date 2-25-91



SCOTT CO.

MECHANICAL CONTRACTORS
1919 Market Street
P.O. Box 12954
Oakland, California 94604

~~(415) 834-2333~~

895-2333

Contractors License No. 184480

SAFETY PLAN

TANK REMOVAL AT:

Elliot and Elliot
745 Kevin Court
Oakland, CA 94621

GENERAL CONTRACTOR:

Scott Co. of California
1919 Market Street
Oakland, California 94607

PROJECT MANAGER:

Jay Groh

SITE SAFETY COORDINATOR:

Ray Rodda

ALTERNATES:

Bill McCarthy; Tony Gabrielli

Mr. Rodda will have in his possession two A:B:C: rated fire extinguishers and Type C protective clothing. Also, he will have a first aid kit and telephone numbers of nearest medical facilities. Scott Co. personnel will have respirators on site should an emergency occur.

Upon arrival at the site, Scott Co. personnel will set up physical barriers around the trench. Fire extinguishers and first aid kit will be set out in an appropriate, accessible spot.

The explosive meter that can detect the level of oxygen and hydrocarbon will be supplied by the contractor and operated by Mr. Rodda. After the tank has been triple rinsed, 15 pounds of dry ice per 1,000 gallons of tank capacity will be applied.

All Scott Co. Environmental personnel have received 40 hours of OSHA Training, thus providing them with the knowledge and skills necessary to perform hazardous waste operations with minimal risk to their safety and health.

TECHNACLEAR
25% COTTON

SAFETY PLAN

(Continued)

Scott Co. has a policy in which all State certified Environmental personnel are required to have annual physicals to certify them for use of respirators. These records are maintained in our office.

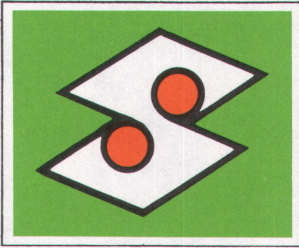
The site will be controlled to reduce the possibility of environmental incidents involving hazardous substances by:

- Setting up security and physical barriers to exclude unnecessary personnel from the general area, and
- minimizing the number of personnel and equipment on-site consistent with effective operations.

All tools used at the underground storage tank removal are cleaned on site by tapping and/or scraping excess dirt and/or petroleum product onto the spoils pile.

If any questions should arise in reference to this safety plan, please contact Jay Groh at (415) 834-2333, extension 3379.

*include phone #s of emergency contacts
and directions to the hospital nearest the site*



SCOTT CO.

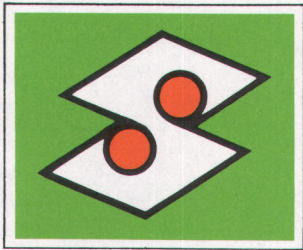
MECHANICAL CONTRACTORS
1919 Market Street
P.O. Box 12954
Oakland, California 94604
(415) 834-2333

Contractors License No. 184480

SCOTT CO.
SAFETY & HEALTH RISK ANALYSIS

Mechanical Hazards	<u> X </u>
Electrical Hazards	<u> </u>
Chemical Hazards	<u> </u>
Temperature Hazards	<u> X </u>
Acoustical Hazards	<u> X </u>
Confined Space Hazards	<u> X </u>
Radiation Hazards	<u> </u>
Bio Hazards	<u> </u>

Should any of the above hazards exist, the following procedures to mitigate hazards will take effect.



SCOTT CO.

MECHANICAL CONTRACTORS
1919 Market Street
P.O. Box 12954
Oakland, California 94604
(415) 834-2333

Contractors License No. 184480

MECHANICAL HAZARDS

- Do not stand near backhoe buckets and earth moving equipment.
- Verify that all equipment is in good condition.
- Do not stand or walk under elevated loads of ladders.
- Do not stand near unguarded excavation and trenches.
- Do not enter excavation or trenches over 5 feet deep that are not properly guarded, shored, or sloped.
- Consult DHSO if other mechanical hazards exist.

TEMPERATURE HAZARDS

Heat Stress

- When temperature exceeds 70°F, take frequent breaks in shaded area. Unzip or remove coveralls during breaks. Have cool water or electrolyte replenishment solution available. Drink small amounts frequently to avoid dehydration. Count the pulse rate for 30 seconds as early as possible in the rest period. If the pulse rate exceeds 110 beats per minute at the beginning of the rest period, shorten the work cycle by one-third.

Cold Stress

- Wear multilayer cold weather outfits. The outer layer should be of wind resistant fabric.
- 0° to -30°F total work time is 4 hours. Alternate 1 hour in and 1 hour out of the low-temperature area. Below -30°F, consult industrial hygienist.
- Drink warm fluid. Provide warm shelter for resting. Use buddy system. Avoid heavy sweating.

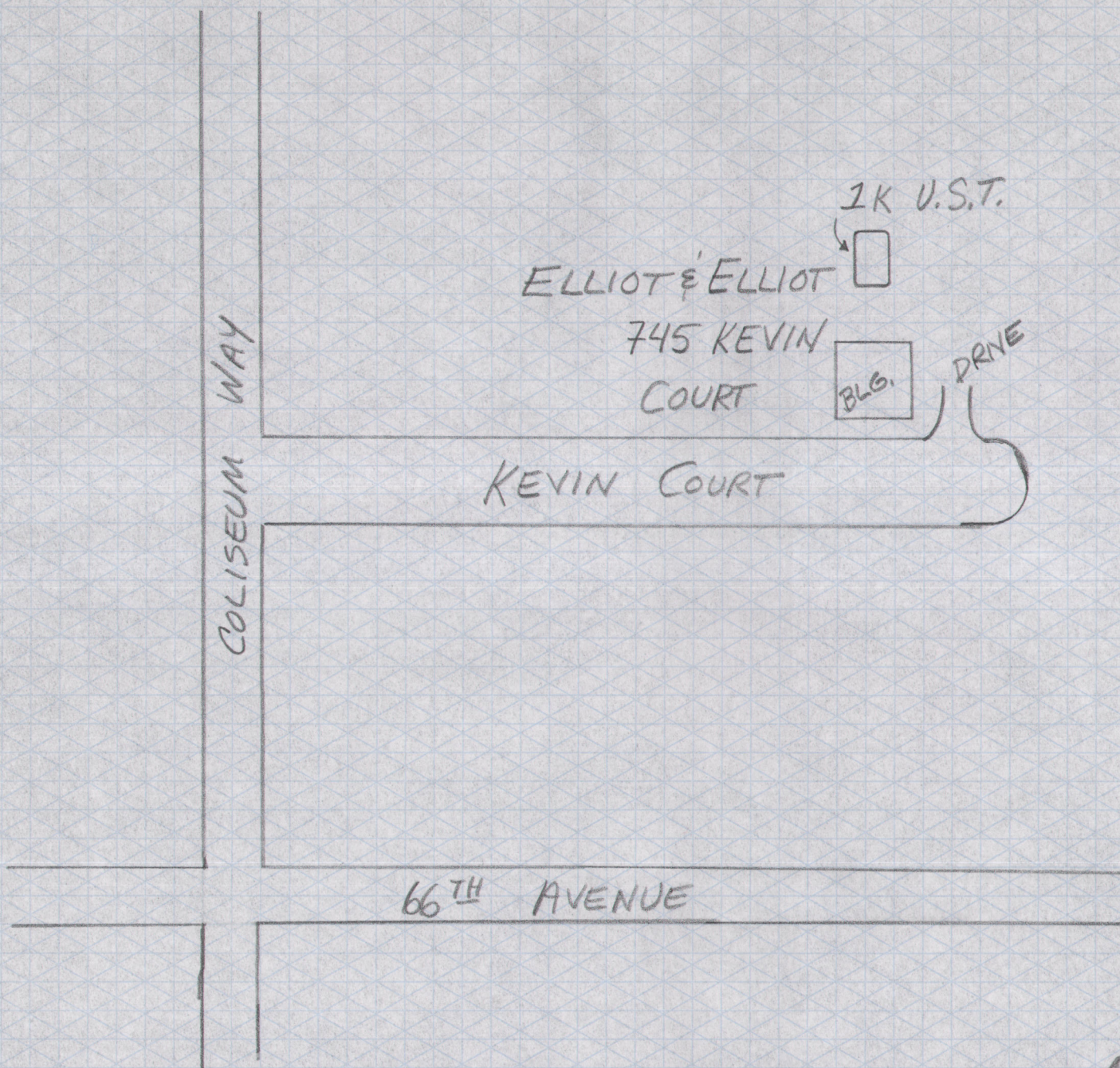
ACOUSTICAL HAZARDS

- Use earplugs or earmuffs when noise level prevents conversation in normal voice at distance of three feet.

O₂ DEFICIENCY - CONFINED SPACE HAZARDS

Confined spaces include trenches, pits, sumps, elevator shafts, tunnels, or any other area where circulation of fresh air is restricted or ability to readily escape from the area is restricted. Consult DHSO and Corporate Health and Safety Policy prior to entering confined space.

- Obtain permit for confined space entry.
- At least one person must be on standby outside the confined space who is capable of pulling workers from confined space in an emergency.
- Work involving the use of flame, arc, spark, or other source of ignition is prohibited within a confined space.



NOT TO SCALE
2-25-91

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
5/17/90

AGENCY BROKER

isc

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

CORROON & BLACK
50 CALIFORNIA STREET
SAN FRANCISCO, CA 94111
TEL: (415) 981-0600

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	Argonaut Insurance Company
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

CODE SUB-CODE

INSURED
The Scott Companies, Inc.
Scott Company of California
1919 Market Street
Oakland, CA 94607

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
GENERAL LIABILITY				GENERAL AGGREGATE	\$ 2,000
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$ 2,000
CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	LC 76-502 210969	5/1/90	5/1/91	PERSONAL & ADVERTISING INJURY	\$ 2,000
OWNER'S & CONTRACTORS PROT.				EACH OCCURRENCE	\$ 1,000
				FIRE DAMAGE (Any one fire)	\$ 50
				MEDICAL EXPENSE (Any one person)	\$ 5
AUTOMOBILE LIABILITY				CSL	\$ 1,000
<input checked="" type="checkbox"/> ANY AUTO	CA 76-502 210970	5/1/90	5/1/91	BODILY INJURY (Per person)	\$
ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
SCHEDULED AUTOS				PROPERTY DAMAGE	\$
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
GARAGE LIABILITY					
EXCESS LIABILITY				EACH OCCURRENCE	AGGREGATE
OTHER THAN UMBRELLA FORM					
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 76-502 210968	5/1/90	5/1/91	STATUTORY CA	
				\$ 1,000	(EACH ACCIDENT)
				\$ 1,000	(DISEASE-POLICY LIMIT)
				\$ 1,000	(DISEASE-EACH EMPLOYEE)
OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS
All Operations performed by or for the Named Insured for the Certificate Holder

CERTIFICATE HOLDER
Alameda County Health Dept.
80 Swan Way Room 200
Oakland, CA 94621

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

AUTHORIZED REPRESENTATIVE OF CORROON & BLACK
J. G. Gately