

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)

August 26, 1999

Mr. Abdo Hussein
C/o Ronald Matlin, CPA
Merchants Bookkeeping & Tax Service
1880 Pleasant Valley Ave.
Oakland, CA 94611

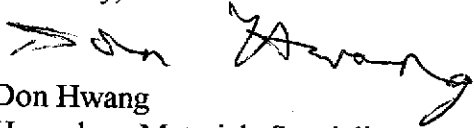
RE: Gateway Liquors – 5944 San Pablo Avenue, Oakland, CA 94608;
StID 4897

Dear Mr. Hussein:

Your Leaking Underground Fuel Storage Tank Oversight Program case is ready to be referred to the Regional Water Quality Control Board for review for closure. However, before this can be done, current record fee title owners must be notified of the local agency's intention to issue a closure letter. You were previously requested to provide a list of current record fee title owners or certify that you are the sole landowner for the above site. If you are not the sole landowner, you must certify that you have notified all responsible landowners of the local agency's intention to issue a closure letter.

To date we have not received the information requested. A closure letter will not be issued until we receive notification from you of all fee title owners of the site. If you need another set of sample letters, I may be reached at (510) 567-6746.

Sincerely,


Don Hwang
Hazardous Materials Specialist

C: file

LOP - RECORD CHANGE REQUEST FORM

printed:
08/17/1999

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

Insp: DH

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8008206
 StID : 4897 LOC: -0-
 SITE NAME: Gateway Liquors DATE REPORTED : 12/15/1994
 ADDRESS : 5944 -0 San Pablo Ave DATE CONFIRMED: 12/15/1994
 CITY/ZIP : Oakland 94608 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: S CONTRACT STATUS: 4 PRIOR CODE:3A2 EMERGENCY RESP: -0-
 RP SEARCH: S DATE COMPLETED: 12/27/1994
 PRELIMINARY ASMNT: U DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REM INVESTIGATION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REMEDIAL ACTION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 POST REMED ACT MON: - DATE UNDERWAY: -0- DATE COMPLETED: -0-

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 12/28/1994
 LUFT FIELD MANUAL CONSID: 2HSCA
 CASE CLOSED: - DATE CASE CLOSED: -0-
 DATE EXCAVATION STARTED : 06/29/1994 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Abdo Hussein
 COMPANY NAME: Gateway Liquors
 ADDRESS: 5944 San Pablo Avenue
 CITY/STATE: Oakland, California 94608

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only

Case Progress Changes

ANNPMS _____ LOP _____ DATE _____

LOP _____ DATE _____

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)

June 9, 1999

Ronald Matlin, CPA
Merchants Bookkeeping & Tax Service
1880 Pleasant Valley Ave.
Oakland, CA 94611

RE: Gateway Liquors – 5944 San Pablo Avenue, Oakland, CA 94608;
StID 4897

Dear Mr. Matlin:

Previously, a work plan to determine the extent of the groundwater contamination at the subject site was requested from Abdo Hussein. You indicated in your letter of April 20, 1999, that Mr. Hussein is out of the country for an extended period of time. As requested, copies of the January 7, 1999 letter were mailed and faxed to your office. As that letter and the letter of March 25, 1999, stated, the extent of the groundwater contamination needs to be delineated. The latest report of subsurface investigation at the site, "Report of the Soil Boring Investigation... May 21, 1997", prepared by Century West Engineering Corp. indicated that soil and groundwater contamination was present. However, the extent of the groundwater contamination was not delineated.

Thus far, we have not heard from Mr. Hussein or you. Again, Mr. Hussein needs to submit a work plan to determine the extent of the groundwater contamination. The work plan is requested within 30 days.

Failure to comply with the request will result in referral of this case to the Alameda County District Attorney's Office. This letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b) and Health and Safety Code Section 25299.37 and 25299.7. Also, failure to comply may result in penalties of up to \$5000 per tank per day.

I may be reached at (510) 567-6746.

Sincerely,

Don Hwang
Hazardous Materials Specialist

C: **file**
Enclosure

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)

June 9, 1999

Mr. Abdo Hussein
C/o Ronald Matlin, CPA
Merchants Bookkeeping & Tax Service
1880 Pleasant Valley Ave.
Oakland, CA 94611

RE: Gateway Liquors – 5944 San Pablo Avenue, Oakland, CA 94608;
StID 4897

Dear Mr. Hussein:

Previously, a work plan to determine the extent of the groundwater contamination at the subject site was requested from you. As this letter and the letter of March 25, 1999, stated, the extent of the groundwater contamination needs to be delineated. The latest report of subsurface investigation at the site, "Report of the Soil Boring Investigation... May 21, 1997", prepared by Century West Engineering Corp. indicated that soil and groundwater contamination was present. However, the extent of the groundwater contamination was not delineated.

Again, you need to submit a work plan to determine the extent of the groundwater contamination. The work plan is requested within 30 days.

You are advised that failure to comply with the request will result in referral of this case to the Alameda County District Attorney's Office. This letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b) and Health and Safety Code Section 25299.37 and 25299.7. You are further advised that failure to comply may subject you to penalties of up to \$5000 per tank per day.

I may be reached at (510) 567-6746.

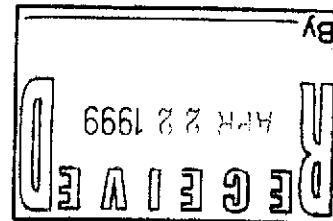
Sincerely,

Don Hwang
Hazardous Materials Specialist

C: file

MERCHANTS
BOOKKEEPING & TAX SERVICE

1880 PLEASANT VALLEY AVENUE
OAKLAND, CA 94611
PHONE: 510-653-9424 415-921-4051
FAX: 510-653-1135



April 20, 1999

Mr. Don Hwang
Hazardous Materials Specialist
Alameda County Health Care Services
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

RE: Gateway Liquors - 5944 San Pablo Ave., Oakland, CA 94608: StID 4897

Dear Mr. Hwang:

I have had the enclosed letter forwarded to me for response and action. Mr. Abdo Hussein, the store owner, is out of the country for an extended period and most likely did not receive the January 7, 1999 letter. Please send us a copy so we may see what action is necessary and why. Two plus years ago, Mr. Hussein had the tanks removed and the groundwater contamination problem was also taken care of. Please tell me what else he is supposed to do. I believe we have all the files and documents from the removal if you require any further information.

Sincerely,

Ronald Matlin, CPA

"SERVING YOU SINCE 1946"

Member: International Society of Certified Public Accountants California Society of Certified Public Accountants
Canadian Institute of Chartered Accountants Association of Chartered Accountants in the United States
American Institute of Certified Public Accountants National Society of Accountants

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION (LOP)
1121 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-8577
TEL: 567-6701
FAX: (510) 337-9035

NOTICE OF VIOLATION

March 25, 1999

Mr. Abdo Hussein
Gateway Liquors
5944 San Pablo Avenue
Oakland, CA 94608

RE: Gateway Liquors – 5944 San Pablo Avenue, Oakland, CA 94608;
StID 4897

Dear Mr. Hussein:

A letter dated January 7, 1999, requesting a work plan to determine the extent of the groundwater contamination, was sent to you. Thus far, we have not heard from you. Again, you are requested to submit a work plan to determine the extent of the groundwater contamination. Please submit a list of your proposed actions and a proposed schedule for implementation to this office within 2 weeks of the date of this letter.

You are advised that failure to comply with the request will result in referral of this case to the Alameda County District Attorney's Office. This letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b) and Health and Safety Code Section 25299.37 and 25299.7. You are further advised that failure to comply may subject you to penalties of up to \$5000 per tank per day.

I may be reached at (510) 567-6746.

Sincerely,

Don Hwang
Hazardous Materials Specialist

C: Larry Blazer, Alameda County District Attorney's Office
Leroy Griffin, City of Oakland Fire Services Agency
Enclosure

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

NOTICE OF VIOLATION

March 25, 1999

Mr. Abdo Hussein
Gateway Liquors
5944 San Pablo Avenue
Oakland, CA 94608

RE: Gateway Liquors – 5944 San Pablo Avenue, Oakland, CA 94608;
StID 4897

Dear Mr. Hussein:

A letter dated January 7, 1999, requesting a work plan to determine the extent of the groundwater contamination, was sent to you. Thus far, we have not heard from you. Again, you are requested to submit a work plan to determine the extent of the groundwater contamination. Please submit a list of your proposed actions and a proposed schedule for implementation to this office within 2 weeks of the date of this letter.

You are advised that failure to comply with the request will result in referral of this case to the Alameda County District Attorney's Office. This letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b) and Health and Safety Code Section 25299.37 and 25299.7. You are further advised that failure to comply may subject you to penalties of up to \$5000 per tank per day.

I may be reached at (510) 567-6746.

Sincerely,


Don Hwang
Hazardous Materials Specialist

C: Larry Blazer, Alameda County District Attorney's Office
Leroy Griffin, City of Oakland Fire Services Agency
Enclosure

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)

January 7, 1999

Mr. Abdo Hussein
5944 San Pablo Avenue
Oakland, CA 94608

RE: Gateway Liquors - 5944 San Pablo Avenue, Oakland, CA 94608; StID 4897

Dear Mr. Hussein:

I'm the new case worker for the above referenced site. I have recently reviewed the case file. The last report submitted to this agency was the Report of the Soil Boring Investigation (May 21, 1997), prepared and submitted by Century West Engineering Corp.


Two underground storage tanks (USTs), a 500-gallon and 200-gallon used to contain heating oil were removed at the site on June 29, 1994. Soil samples collected beneath the tanks showed up to 17 ppm Total Petroleum Hydrocarbon (TPH) diesel, 600 ppm TPH gasoline and 160 ppm TPH kerosene. Benzene, toluene, ethyl benzene and xylene were not detected in the samples.

On May 9, 1997, one boring (1B-1) was drilled. Soil samples collected from the boring at 10 feet below ground surface (bgs) found up to 350 ppm TPH gasoline and 170 ppm TPH kerosene. Methyl tertiary butyl ether (MTBE) was not detected in any of the soil samples. Groundwater sample collected from the boring detected the following contaminants: 33 ug/L MTBE, 580 ug/L TPH gasoline, and 1,900 ug/L TPH kerosene.

Based on this review, the extent of the petroleum hydrocarbon contamination in the groundwater has not been fully defined. You are requested to submit a work plan to determine the extent of the groundwater contamination. Your work plan should be submitted to his office no later than March 7, 1999.

If you have any questions concerning this letter or the subject site, please contact me at (510) 567-6746.

Sincerely,


Don Hwang
Hazardous Materials Specialist

LOP - RECORD CHANGE REQUEST FORM

printed:
10/08/98

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

Insp: ~~CS~~

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8008206
 StID : 4897 LOC: -0-
 SITE NAME: Gateway Liquors DATE REPORTED : 12/15/94
 ADDRESS : 5944 -0 San Pablo Ave DATE CONFIRMED: 12/15/94
 CITY/ZIP : Oakland 94608 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S CONTRACT STATUS: 4 PRIOR CODE:3A2 EMERGENCY RESP: -0-
 RP SEARCH: S DATE COMPLETED: 12/27/94
 PRELIMINARY ASMNT: U DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REM INVESTIGATION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 REMEDIAL ACTION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-
 POST REMED ACT MON:- DATE UNDERWAY: -0- DATE COMPLETED: -0-

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 12/28/94
 LUFT FIELD MANUAL CONSID: 2HSCA
 CASE CLOSED: - DATE CASE CLOSED: -0-
 DATE EXCAVATION STARTED : 06/29/94 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Mr. Abdo Hussein
 COMPANY NAME: Gateway Liquors
 ADDRESS: 5944 San Pablo Avenue
 CITY/STATE: Oakland, California 94608

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only

Case Progress Changes

ANNPMS _____ LOP _____ DATE _____

LOP _____ DATE _____

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

StId 4897/lop

April 30, 1997

ENVIRONMENTAL HEALTH SERVICES

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

Mr. Abdo Hussein
5944 San Pablo Ave
Oakland CA 94608

Subject: 5944 San Pablo Ave., Oakland CA 94608

Dear Mr. Hussein:

This office has received Centurywest's *Work Plan to Perform Soil Boring Investigation*, dated April 9, 1997, and revised site map, dated April 30, 1997, for the subject site. This work plan proposes to install one soil boring west of the former 500-gallon underground storage tank (UST) and to collect soil and groundwater samples. This work plan and revised site map are acceptable with the following comments or additions:

1. The proposed soil boring must be installed on the west side and no more than 10 feet from the former 500-gallon UST. Soil samples shall be collected every five feet, at any change in lithology, at any sign of contamination, and at the capillary fringe. The soil sample collected from the capillary fringe, as well as any samples that exhibit signs of contamination, must be analyzed for **TPH-gasoline, TPH-diesel, TPH-kerosene, BTEX, and Methyl Tertiary butyl Ether (MTBE)**.
2. A "grab" groundwater sample must also be collected and analyzed for the same suite of target compounds indicated above in bold.
3. Documentation and/or manifests regarding the fate of the stockpiled soil generated during tank removal activities that occurred in July 1994, must be included with the final report of this investigation.

Field work is to commence within the next 30 days. Please contact this office at least 72 hours in advance of field work. The final report documenting this investigation is due to this office no later than July 15, 1997. Please contact me at (510)567-6755 if you have questions.

Sincerely,

Amy Leech
Hazardous Materials Specialist

c: Attn: J. Glenn Morelli, Centurywest, 7950 Dublin Blvd, Suite 203, Dublin, CA 94568

Also cc: J. Morelli, 1925 Pleasant Valley Ave., Berkeley, CA 94611



7950 Dublin Boulevard Suite 203
 Dublin, California 94568
 Phone: (510) 551-7774
 Fax: (510) 551-7776

Facsimile Transmittal

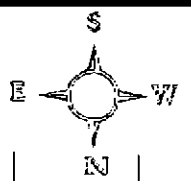
To:	<u>Amy Leech</u>	Time:	<u>10:54</u>
Project No:	_____	Fax #:	<u>510 337 - 9335</u>
Date:	<u>4/30/97</u>	From:	<u>Glenn Morelli</u>

Number of Pages (including this transmittal): 2

Comments: Please find with this transmittal the updated site diagram for Gateway Liquors.

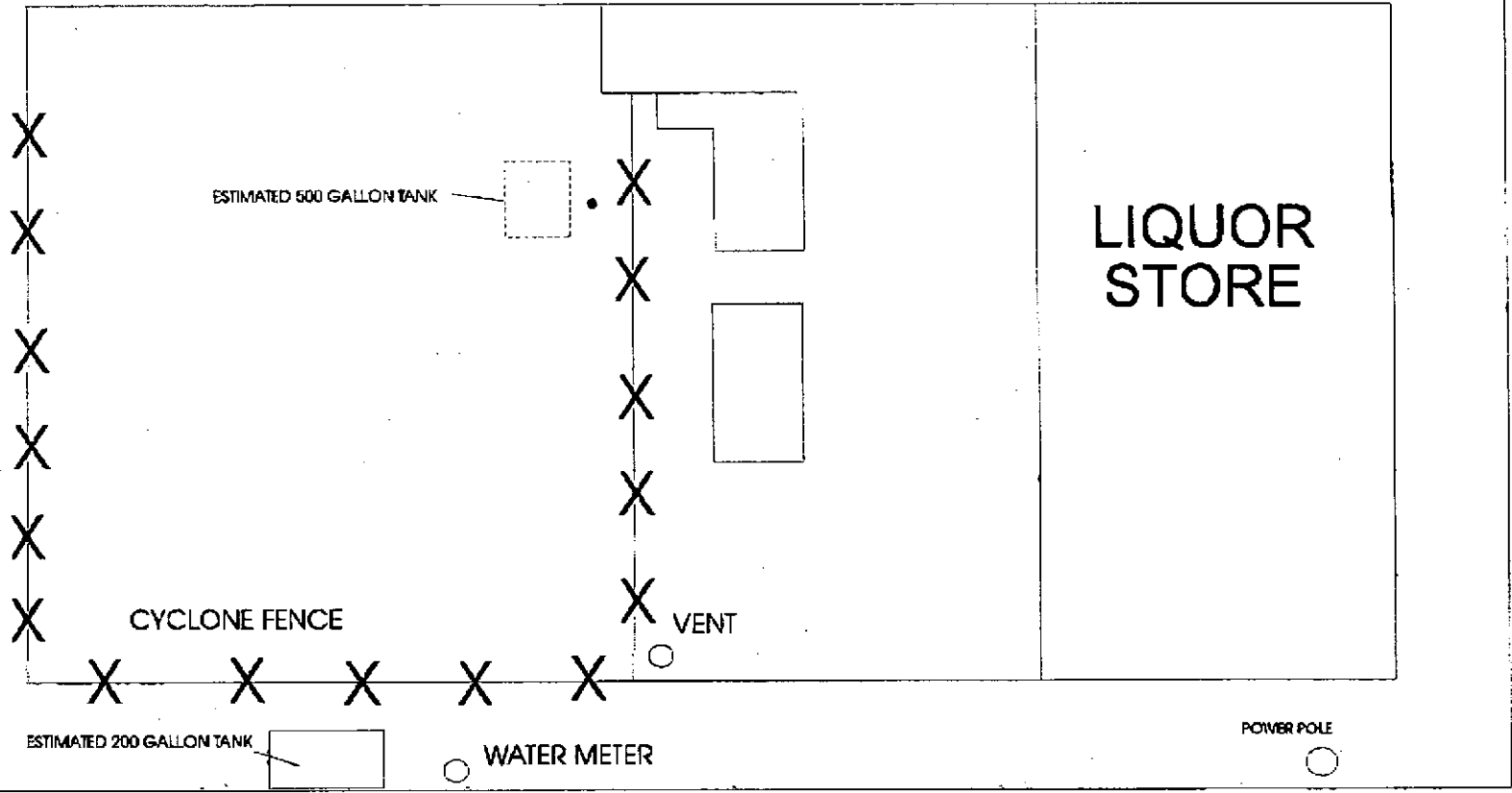
Glenn Morelli

Re: conversation w/ ~~Blom~~ Moelli, this is the correct direction



SAN PABLO AVENUE

LIQUOR STORE



- PROPOSED BORING LOCATION
- ASSUMED SCALE 1 INCH = 20 FEET

NOTE: SOURCE OF SITE DIAGRAM FEATURES AND MEASUREMENTS BASED ON DIAGRAM BY VCI OF CALIFORNIA

DATE: APRIL 1997

centurywest
ENGINEERING CORPORATION

SITE DIAGRAM

GATEWAY LIQUORS
5944 SAN PABLO AVENUE
OAKLAND, CALIFORNIA

FIGURE 1

MERCHANTS
BOOKKEEPING & TAX SERVICE

1880 PLEASANT VALLEY AVENUE
OAKLAND, CA 94611
PHONE: 510-653-9424 415-921-4051
FAX: 510-653-1135

February 14, 1997

Ms. Amy Leech, Hazardous Materials Specialist
Environmental Health Services
1131 Harbor Bay Parkway, Suite 250
Alameda, Ca 94502

Re: Abdo Hussein and Gateway Liquors

Dear Ms. Leech:

Enclosed please find an underground storage tank unauthorized release/contamination site report filled out as best as Mr. Hussein could. Please note that it is being returned by the demand due date of February 14, 1997.

I have reviewed the available information. It would appear that a further soil evaluation is required for the site of the 500 gallon tank to determine if there is a problem that requires correction. Please confirm that this is the next step or advise us what the next step is. Mr. Hussein has no idea what type of organization or company performs soil testing and what credentials they are required to have to satisfy your department. Please provide us with a list of approved vendors or testing agents so that we may get competitive pricing in order to comply with your directed next step.

Mr. Hussein is anxious to do whatever is required to comply with any environmental concerns. The tanks were on the property when he purchased it many years ago and they were never in use during his ownership.

Sincerely,


Ronald Matlin, CA / CPA

"SERVING YOU SINCE 1946"

Member: International Society of Certified Public Accountants California Society of Certified Public Accountants
Canadian Institute of Chartered Accountants Association of Chartered Accountants in the United States
American Institute of Certified Public Accountants National Society of Public Accountants

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 01 2 21 3 9 4 7		CASE # ST10 4897		SIGNED: <i>[Signature]</i> DATE: 7/21/97		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Abdo A. HUSSEIN		PHONE (510) 601-9806		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 GATEWAY LIQUORS			
	ADDRESS 5944 SAN PABLO STREET CITY OAKLAND STATE CA ZIP 94608					
RESPONSIBLE PARTY	NAME Abdo A. HUSSEIN <input type="checkbox"/> UNKNOWN		CONTACT PERSON Abdo A. HUSSEIN		PHONE (510) 601-9806	
	ADDRESS 5944 STREET SAN PABLO AVE CITY OAKLAND STATE CA ZIP 94608					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) GATEWAY LIQUORS		OPERATOR		PHONE ()	
	ADDRESS 5944 STREET SAN PABLO AVE CITY OAKLAND COUNTY ALA ZIP 94608					
	CROSS STREET 60th STREET					
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Env. Health		AGENCY NAME Alameda County Env. Health		CONTACT PERSON Amy Leech	
	REGIONAL BOARD S.E. Regional Water Quality Control Board		AGENCY NAME S.E. Regional Water Quality Control Board		CONTACT PERSON Kevin Graves	
SUBSTANCES INVOLVED	(1) Diesel or Heating Oil		NAME		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2)		NAME		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 01 6 2 9 9 4		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input 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 checked="" type="checkbox"/> OTHER REMOVED TANKS			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 01 6 2 9 9 4					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK OR <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input 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) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)					
	COMMENTS We DO NOT know what to do next.					

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.

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.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

Std 4897
February 3, 1997

Mr. Abdo Hussein
5944 San Pablo Ave
Oakland CA 94608

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

NOTICE OF VIOLATION

Subject: Required investigations at 5944 San Pablo Ave., Oakland CA 94608

Dear Mr. Hussein:

On February 22 and March 16, 1995, the Alameda County Department of Environmental Health sent you letters requiring that you submit a Soil and Groundwater Site Assessment work plan to determine the vertical and lateral extent of soil and ground water contamination from past releases from the former 500-gallon underground storage tank (USTs) at the subject site. Please see attached a copy of those letters. In addition, this office met with you on March 14, 1995, to discuss the need for and direction of future site investigations. To this date, we have not received any communication from you on this matter. Therefore, this letter constitutes a Notice that you are in violation of specific laws to investigate and remediate this site.

Failure to furnish technical reports regarding documented or potential ground water 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 for each day in which this violation occurs.

You are required to submit the required work plan and all other information indicated below **no later than March 17, 1997**. Failure to respond will result in referral of this case to the RWQCB or Alameda County District Attorney's Office to consider for enforcement action. Modifications of required tasks or extensions of stated deadlines must be confirmed in writing by either this agency or RWQCB.

- 1) A Soil and Groundwater Site Assessment work plan to determine the vertical and lateral extent of soil and ground water contamination from past releases from the former 500-gallon underground storage tank.
- 2) Documentation and/or manifests regarding the fate of the stockpiled soil generated for the tank removals.
- 3) An Underground Storage Tank Unauthorized Release (leak)/Contamination Site Report (ULR). Enclosed is a blank ULR which must be completed and submitted to this office **no later than February 14, 1997**.

The review of environmental assessment/investigations for the subject site has been transferred from Susan Hugo to the undersigned of this office. Please call me at (510)567-6755 if you have questions.

Sincerely,

Amy Leech
Hazardous Materials Specialist

ATTACHMENTS

c: Kevin Graves, RWQCB
Gil Jensen, Alameda County District Attorney's Office
ALL-Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

March 16, 1995
STID# 4897

ALAMEDA COUNTY-ENV. HEALTH DEPT.
ENVIRONMENTAL PROTECTION DIV.
1131 HARBOR BAY PKWY., #250
ALAMEDA CA 94502-6577
(510)567-6700

Mr. Abdo Hussein
Gateway Liquors
5944 San Pablo Avenue
Oakland, California 94608

**RE: Removal of Two Underground Storage Tanks
5944 San Pablo Avenue, Oakland, California 94608**

Dear Mr. Hussein:

This letter documents the issues discussed during a meeting last March 14, 1995 with Mr. Hussein, your representative, concerning the removal of the two underground storage tanks at the referenced site.

The threat and /or impact to groundwater from the release associated with the former 500 gallon tank located at the back of the property must be investigated before the case can be closed. A soil boring maybe drilled within ten feet of the former tank excavation in the verified downgradient direction. Soil samples shall be collected every five feet and analyzed for target compounds such as TPH gasoline, TPH diesel, TPH kerosene, and BTEX. At a minimum one soil sample must be collected preferably at the soil/groundwater interface. A groundwater sample shall also be collected and analyzed for the same suite of target compounds.

The stockpiled soil generated from the tanks' removal must be characterized for reuse at the site or off-site disposal. Reuse of the soil must be approved by this agency.

Soil sample (SS-1) collected from the 300 gallon underground storage tank excavation at 8.5 feet depth found 24 ppm TPH kerosene, 4.4 ppm TPH diesel, nd TPH gasoline, and nd BTEX. Based on these results, no further work will be required regarding the 300 gallon tank removal underneath the sidewalk.

Your request for an extension of work plan submittal is approved. A work plan addressing all the items mentioned above must be submitted to this office **no later than May 31, 1995.**

Mr. Abdo Hussein
RE: 5944 San Pablo Avenue, Oakland 94608
March 16, 1995
Page 2 of 2

All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project.

If you have any questions regarding this letter, please contact me at (510) 567- 6780.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Director, Environmental Health
Kevin Graves, San Francisco Bay RWQCB
Gordon Coleman, Acting Chief, Environmental Protection
Division / agency file

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

February 22, 1995
STID# 4897

Alameda County CC4580
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda CA 94502-6577

Mr. Abdo Hussein
Gateway Liquors
5944 San Pablo Avenue
Oakland, California 94608

**RE: Removal of Two Underground Storage Tanks
5944 San Pablo Avenue, Oakland, California 94608**

Dear Mr. Hussein:

The Alameda County Department of Environmental Health, Environmental Protection Division has recently reviewed the case file concerning the removal of two underground storage tanks (1 - 300 gallon and 1 - 500 gallon) on June 29, 1994 at the referenced site. A tank removal report submitted by VCI dated July 24, 1994 states that the former tanks had historically contained heating oil fuels.

A soil sample (SS-1) collected at the bottom of excavation of the 300 gallon tank at approximately 8.5 feet depth found 24 ppm TPH kerosene, 4.4 ppm TPH diesel, nd TPH gasoline, nd for BTEX and 8 ppm TPH (unknown peaks in the gasoline range). The soil sample (SS-2) collected at the bottom of the excavation of the 500 gallon tank at approximately 9.5 feet depth detected 160 ppm TPH kerosene, 17 ppm TPH diesel, nd TPH gasoline, nd BTEX and 600 ppm TPH (unknown peaks in the gasoline range). It appeared that groundwater was present in the two excavation pits. However, no water samples were collected. It was also noted that the former 500 gallon tank had several visible holes.

Based on the review of the data collected to date, the threat and/or impact to groundwater of the former tank release at the site must be investigated before the case can be closed. You may address this issue by advancing a boring within ten feet for each former tank areas in the verified downgradient direction. At a minimum, one soil sample must be collected preferably at the soil / groundwater interface. Additionally, a groundwater sample shall also be collected. Both the soil and groundwater samples must be analyzed for the following target compounds: TPH gasoline, TPH diesel, TPH kerosene, benzene, ethyl benzene and xylene.

A work plan addressing all the items mentioned above must be submitted to this office **no later than April 14, 1995**. The result of this phase of the site investigation will determine if additional work will be required or the site can be recommended for case closure.

Mr. Abdo Hussein
RE: 5944 San Pablo Avenue, Oakland, CA 94608
February 22, 1995
Page 2 of 2

An Underground Storage Tank Unauthorized Release (Leak) / Contamination Site Report (ULR) must be filed for the subject site. Enclosed is a blank ULR which must be completed and submitted to this office within five working days upon receipt of this letter.

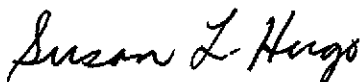
Documentation of the disposal of the stockpiled soil must be provided to this department. Copies of disposal records maybe submitted together with the work plan.

All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project.

Please be aware that this is a formal request for technical reports pursuant to California Water Code Section 13267 (b). Any extensions of stated deadlines or changes in the workplan must be confirmed in writing and approved by this agency.

If you have any questions regarding this letter, please contact me at (510) 567- 6780.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

Enclosure

cc: Rafat A. Shahid, Director, Environmental Health
Kevin Graves, San Francisco Bay RWQCB
Edgar B. Howell, Chief, Environmental Protection Div. / file

Mr. Abdo Hussein
RE: 5944 San Pablo Avenue, Oakland, CA 94608
February 22, 1995
Page 2 of 2

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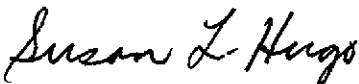
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Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

Enclosure

cc: Rafat A. Shahid, Director, Environmental Health
Kevin Graves, San Francisco Bay RWQCB
Edgar B. Howell, Chief, Environmental Protection Div. / file

VCI of California

Environmental Services • General Engineering Contractor • Hazardous - Lic. #487537

FAX TRANSMITTAL

RE: Gateway Liquors

TO: Brian Oliva

COMPANY: Alameda County Hazardous Mater. Division

FROM: Merlin Bowen

MESSAGE:

DATE: 12-15-94

NUMBER OF PAGES TRANSMITTED: 31

State of California—Environmental Protection Agency
Form Approved OMB No. 2050-0039 (Expires 9-30-94)
Please print or type. Form designed for use on elite (12-pitch) typewriter.

See instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA C 0 0 0 7 3 9 8 4 8 0 0 6 2 3		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Gateway Liquors 5944 San Pablo Ave. - Oakland, California 94608													
4. Generator's Phone (510) 653-8700													
5. Transporter 1 Company Name Dexanna, Ltd.					6. US EPA ID Number CA D 9 8 2 4 3 8 5 6 6								
7. Transporter 2 Company Name													
8. US EPA ID Number													
9. Designated Facility Name and Site Address Erickson, Inc. - 255 Parr Blvd. Richmond, California 94801					10. US EPA ID Number CA D 0 0 9 4 6 6 3 9 2								
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Val			
a. Waste Empty Storage Tank NON-RCRA Hazardous Waste Solid						No. Type 0 0 2 TP		Quantity 20850		Unit P			
b.													
c.													
d.													
15. Special Handling Instructions and Additional Information Keep away from sources of ignition. Always wear hardhats when working around U.S.T.'s. - Site Location: 5944 San Pablo Ave. - Oakland, California 24 Hr. Contact Name: Hussein Ali Hussein - Phone # (510) 653-8700													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name HUSSEIN ALI HUSSEIN				Signature <i>Hussein Ali Hussein</i>				Month 06		Day 29		Year 94	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name James R. Cox				Signature <i>James R. Cox</i>				Month 06		Day 29		Year 94	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature <i>Up</i>				Month		Day		Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name L. A. ...				Signature <i>L. A. ...</i>				Month		Day		Year	

DO NOT WRITE BELOW THIS LINE.

P.03
568 2218
DEC-15-94 THU 10:10 AM VCI OF CAL.

GALLAGHER & BURK, INC.

P.O. BOX 7227

OAKLAND, CALIFORNIA 94601

WEIGHED AT:

635-5200
LEONA QUARRY
7100 MOUNTAIN BLVD.

261-0466
ASPHALT PLANT
344 HIGH STREET

9087 CALIFORNIA

753 PERALTA
SAN LEANDRO CA 94577

PLANT NO.	DATE	TIME OUT	TICKET NO.
12	12/07/94	09:35	103011

JOB NUMBER	CONTRACT NO.	PROJECT NUMBER
9087		

TRUCK NO.	LICENSE NO.	WEIGHING TRUCK TOTAL	RUNNING PRODUCT TOTAL	RUNNING JOB TOTAL	% MOISTURE	COUNTY	PURCHASE ORDER NUMBER
1271	88328X	13.78	13.78	13.78		AL	235
	STEVEN M. ELMS	1	1	1			

QUANTITY	UM	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
13.78	TON	120	BANK RUN FILL		

Gateway Lignover

GROSS WEIGHT	50680
TARE WEIGHT	23120 M
NET WEIGHT	27560

WE WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED BY DELIVERING INSIDE CURB LINE

WEIGHMASTER CERTIFICATE

THIS IS TO CERTIFY that the following described commodity was weighed, measured or counted by a weighmaster, whose signature is on this certificate, who is a recognized authority of accuracy as prescribed by Chapter 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code administered by the Division of Measurement Standards of the California Department of Food and Agriculture.

PRODUCT MAY CONTAIN RECYCLED MATERIALS

[Signature]

WEIGHED BY DEPUTY _____ GROSS & TARE

CUSTOMER AUTHORIZATION _____

SUB TOTAL
HAULING
TAX
TOTAL
AMOUNT PAID

TERMS: NET 10th, PROX.

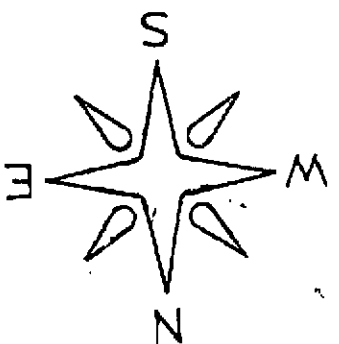
SERVICE CHARGE: 1 1/2% PER MONTH (ANNUAL RATE 18%)

FINANCE CHARGE ON PAST DUE ACCOUNTS (OVER 30 DAYS)

ORIGINAL COPY

CONTROL NUMBER 1067180

REORDER FROM BUCK BUSINESS FORMS (510) 743-9221



PLOT PLAN

DRAWING NUMBER: 261

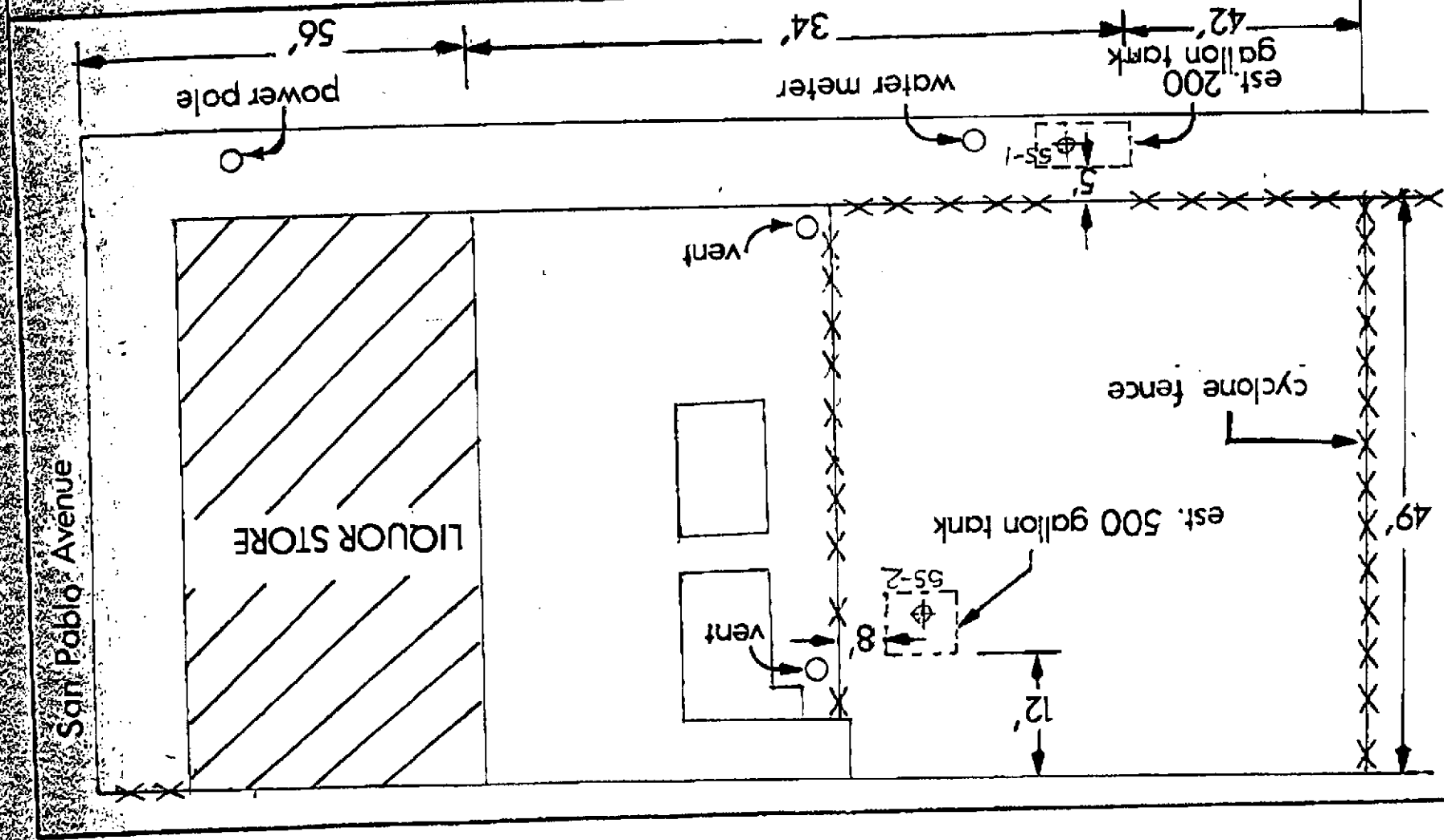
SCALE: 1" = 20'

APPROVED BY: [Signature]

DRAWN BY: [Signature]

REVISIONS: [Table]

GATEWAY LIQUORS
5944 San Pablo Ave., Oakland, CA.



San Pablo Avenue

CHROMALAB, INC.

Environmental Services (SDB)

July 15, 1994

Submission #: 9407010
Revised: July 15, 1994

VCI OF CALIFORNIA

Atten: Merlin Bowen

Project: GATEWAY LIQUORS
Received: June 30, 1994

Project#: 261

re: 2 samples for TEPH analysis

Matrix: SOIL
Sampled: June 29, 1994
Method: 3550/8015

Analyzed: July 7, 1994

Sample #	Client Sample ID	Kerosene (mg/Kg)	Diesel (mg/Kg)
56258	SS-1	24 ^a	4.4
56259	SS-2	160 ^a	17

TEPH
8
600ppm

a - Unknown Hydrocarbon in kerosene range quantified as kerosene.

Blank	N.D.	N.D.
Blank Spike Recovery	--	96%
Reporting Limit	1.0	1.0

ChromaLab, Inc.

Sirirat Chullakorn
Sirirat Chullakorn
Analytical Chemist

Ali Kharrazi
Ali Kharrazi
Organic Manager

gg

CHROMALAB, INC.

Environmental Services (SDB)

July 8, 1994

Submission #: 9407010

VCI OF CALIFORNIA

Atten: Merlin Bowen

Project: GATEWAY LIQUORS
Received: June 30, 1994

Project#: 261

re: 2 samples for Diesel analysis

Matrix: SOIL

Sampled: June 29, 1994

Method: EPA 3550/8015

Analyzed: July 7, 1994

Sample #	Client Sample ID	Diesel (mg/Kg)
56258	SS1	4.4 ^A
56259	SS2	17 ^A

a - Unknown Hydrocarbon in gasoline/kerosene range was also observed in sample.

Blank	N.D.
Blank Spike	96%
Reporting Limit	1.0

ChromaLab, Inc.

*Sirirat Chullakorn*Sirirat Chullakorn
Analytical Chemist*Ali Kharrazi*Ali Kharrazi
Organic Manager

gg

CHROMALAB, INC.

Environmental Services (SDB)

July 11, 1994

Submission #: 9407010

VCI OF CALIFORNIA

Atten:

Project: GATEWAY LIQUORS
Received: June 30, 1994

Project#: 261

re: 2 samples for Gasoline and BTEX analysis.

Matrix: SOIL

Sampled: June 29, 1994

Lab Run#: 3284

Analyzed: July 5, 1994

Method: EPA 5030/8015M/8020

Lab #	SAMPLE ID	Gasoline (mg/Kg)	Benzene (ug/Kg)	Toluene (ug/Kg)	Ethyl Benzene (ug/Kg)	Total Xylenes (ug/Kg)
56258	SS1	N.D.	N.D.	N.D.	N.D.	N.D.
	Unknown profile of peaks in gasoline range.				CONCENTRATION = 8 MG/KG	N.D.
56259	SS2	N.D.	N.D.	N.D.	N.D.	N.D.
	Unknown profile of peaks in gasoline range.				CONCENTRATION = 600 MG/KG	
Reporting Limits		1.0	5.0	5.0	5.0	5.0
Blank Result		N.D.	N.D.	N.D.	N.D.	N.D.
Blank Spike Result (%)		90	104	109	102	108

ChromaLab, Inc.


Billy Thach
Chemist


Ali Kharrazi
Organic Manager

Order # 17073
010/56258-56259

CHAIN-OF-CUSTODY RECORD

SUBM #: 9407010
CLIENT: VCI
DUE: 07/08/94
REF: 17073

SAMPLER (Signature) [Signature] Date Shipped _____ Carrier _____
Phone (510) 568-1234 Airbill No. _____ Cooler No. _____

SHIP TO: V.C.I. OF CALIFORNIA SEND RESULTS TO:
Client Name _____
Company _____
Address _____
Phone _____

ATTENTION: MERLIN
PROJECT NAME GATEWAY LIQUORS PROJECT NO. 261 P.O. NO. _____

Relinquished by: (Signature)	Received by: (Signature)	Date	Time
<u>[Signature]</u>	<u>[Signature]</u>	<u>6/30/94</u>	<u>11:15</u>
Relinquished by: (Signature)	Received by: (Signature)	Date	Time
Relinquished by: (Signature)	Received at lab by: (Signature)	Date	Time
Relinquished from lab by: (Signature)	Received by: (Signature)	Date	Time

ANALYSIS REQUEST

Sample ID Number	Sample Description	Date/Time Sampled	Analysis Requested	Sample Condition Upon Receipt
<u>SS1</u>	<u>SOIL</u>	<u>2:45 6/29/94</u>	<u>OTEX</u>	
<u>SS2</u>	<u>SOIL</u>	<u>2:55 6/29/94</u>	<u>TPH-G</u> <u>TPH-D</u>	

Special Instructions/Comments:

SS1 TANK IN SIDENALK 8'6" DEEP
SS2 TANK IN BACK 9'6" DEEP
5 DAYS TURN-AROUND

SHD 4897

DATE: 12/21/94
TO : Local Oversight Program
FROM: BRIAN
SUBJ: Transfer of Eligible Local Oversight Case

Site name: Gateway Liquors
Address: 5944 San Pablo city Oak zip 608

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

- 1. Number of Tanks: 2 removed? N Date of removal 12/31/94
- 2. Samples received? N Contamination level: 160 -
(ppm and type of test)

Contamination should be over 100 ppm TPH to qualify for LOP

- 3. Petroleum Y N Types: Avgas Jet leaded unleaded Diesel
fuel oil waste oil kerosene solvents

DepRef remaining \$ 0 Closed with Candace/Leslie? N
(If no explain why?)

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

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

MEMORANDUM

DATE: September 22, 1994

TO: file

FROM: Brian

SUBJ: UST removal

I spoke to the consultant today and advised him to submit the results of the tank removal sampling. He related to me that there was a positive result for TPH-kerosene. I told him to submit an Unauthorized Release Form to this office within 48 hours. He said he would, and also submit the final removal report sometime next week.

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

II, III

white -env.health
yellow -facility
pink -files

Site ID # _____ Site Name Adriana's Liquor Today's Date 6/29/94

Site Address 5944 San Pablo Ave

City OrEmery Zip 94 Phone _____

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

Inspection Categories:

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

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

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(i)
- 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 tising |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other |
| New Tanks | <input type="checkbox"/> 7. Precs Tank Test
Date: _____ 2643 |
| | <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 | |
| <input type="checkbox"/> 14. As Built
Date: _____ 2635 | |

Comments:

On site for removal of 2 USTs
 # 1 300 gallon w/ sediment { del. 05
 as per O.P.D., the levels are: 2 and 7%
 # 2 500 gals at S/E corner { del. 8
 of 11%
 removal approved by O.P.D.
 Upon removal of tanks No obvious hole
 in 300 gallon tank - however there
 were obvious holes 2-3 in the 500
 gallon tank. (Several photographs taken)
 In the gravel pit - colors emanated from
 removed soil (300 gallon North end tank)
 Also used removed lined line with
 Sewer det. holes in it. This was put in
 the removed tanks.
 Soil samples in under UST #1 indicated
 stained soil / hydrocarbon oils present
 there was oil on tank leaked water in
 pit #1

Contact: [Signature]
 Title: _____
 Signature: _____

Inspector: Bruce P. Olin
 Signature: _____

II, III

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF
 ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

- II.A BUSINESS PLANS (Title 19)**
- ___ 1. Immediate Reporting 2703
 - ___ 2. Bus. Plan Stds. 25503(b)
 - ___ 3. RR Cars > 30 days 25503.7
 - ___ 4. Inventory Information 25504(a)
 - ___ 5. Inventory Complete 2730
 - ___ 6. Emergency Response 25504(b)
 - ___ 7. Training 25504(c)
 - ___ 8. Deficiency 25505(a)
 - ___ 9. Modification 25505(b)
- II.B ACUTELY HAZ. MATLS**
- ___ 10. Registration Form Filed 25533(a)
 - ___ 11. Form Complete 25533(b)
 - ___ 12. RMPP Contents 25534(c)
 - ___ 13. Implement Sch. Req'd? (Y/N)
 - ___ 14. OffSite Conseq. Assess. 25524(c)
 - ___ 15. Probable Risk Assessment 25534(d)
 - ___ 16. Persons Responsible 25534(g)
 - ___ 17. Certification 25534(f)
 - ___ 18. Exemption Request? (Y/N) 25534(b)
 - ___ 19. Trade Secret Requested? 25538

Site ID # _____ Site Name Gateway Logistics Today's Date 8/29/94
 Site Address 3744 San Pablo
 City Orquella Zip 94608 Phone _____

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

Inspection Categories:

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

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

- III. UNDERGROUND TANKS (Title 23)**
- General**
- ___ 1. Permit Application 25284 (H&S)
 - ___ 2. Pipeline Leak Detection 25292 (H&S)
 - ___ 3. Records Maintenance 2712
 - ___ 4. Release Report 2651
 - ___ 5. Closure Plans 2670
- Monitoring for Existing Tanks**
- ___ 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
Semi-annual groundwater
One time soils
 - 3) Daily Vadose
One time soils
Annual tank test
 - 4) Monthly 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 _____
 - ___ 7. Precs 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: _____

Comments:
 upon review of excavated area (Pit #2)
 shined soil was also observed
 samples depth 8-6" tank #1
 many photographs taken of area
 sample depth at 9-6" in tank #2
 Manifest 93158489
 for CBTS (to Erickson) to Evagman
 700 gallons removed from both tanks
 Regional Agency
 1) Complete and Submit Unauthoriz
 Release form (URF) to the office
 within 48 hours - upon verification of clean
 2) Samples should be analyzed for
 BTEX TPH-D, TPH-G
 3) Sample results to be sent to this
 office within (2) days of the date
 4) TAKE samples of stockpiled soil
 and otherwise characterized prior to
 proper disposal

Rev 6/88

Contact: _____
 Title: [Signature] Inspector: [Signature]
 Signature: _____ Signature: _____

II, III

SUSAN L. HUGO

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

ACCEPTED

Underground Storage Tank Closure Permit Application
Alameda County Division of Hazardous Materials
80 Swan Way, Suite 200,
Oakland, CA 94621
Telephone: (510) 271-4320

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 not intended for issuance of any required building permits for construction or destruction. One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal. Any changes or alterations of these plans must be submitted to this Department and approved by the Health Inspections Department to determine if such changes meet the requirements of State and local laws.

Notify this Department at least 72 hours prior to the following required inspections: Removal of Tent(s) and Piping Sampling Final Inspection
Issuance of a) permit to operate, b) permanent site closure is dependent on compliance with accepted plans and all applicable laws and regulations.

*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist:

Please note changes made on page 4 & 5.

*Susan L. Hugo
C/20/94*

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name GATEWAY LIQUORS ✓
 Business Owner ABDO HUSSEIN ✓
 2. Site Address 5944 SAN PABLO AVENUE
 City OAKLAND Zip 94608 Phone 510-653-8700
 3. Mailing Address 5944 SAN PABLO AVENUE ✓
 City OAKLAND Zip 94608 Phone 510-653-8700
 4. Land Owner MR. ABDO HUSSEIN
 Address 5944 SAN PABLO OAKLAND City, State CALIFORNIA Zip 94608
 5. Generator name under which tank will be manifested _____ ✓
GATEWAY LIQUORS / ABDO HUSSEIN
 EPA I.D. No. under which tank will be manifested CAC000739848

6. Contractor VCI OF CALIFORNIA
Address 753 PERALTA AVENUE
City SAN LEANDRO, CALIFORNIA Phone 510-568-1234
License Type* A,B,C-21,HAZARDOUS ID# 487537

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

7. Consultant V.C.I. OF CALIFORNIA
Address 753 PERALTA AVENUE
City SAN LEANDRO, CA. 94577 Phone 510-568-1234

8. Contact Person for Investigation
Name MR. MERLIN BOWEN Title OPERATION SUPERVISOR
Phone 510-568-1234

9. Number of tanks being closed under this plan 2 ✓
Length of piping being removed under this plan UNKNOWN ✓
Total number of tanks at facility 2

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name ALLIED OIL EPA I.D. No. CAT080014277
Hauler License No. 2477 License Exp. Date 7/31/94
Address P.O. BOX 32128
City SAN JOSE State CA. Zip 95152

b) Product/Residual Sludge/Rinsate Disposal Site
Name PRC DISPOSAL EPA I.D. No. CAD083166728
Address 13331 N. HWY. 33
City PATTERSON State CA. Zip 95363

c) Tank and Piping Transporter

Name DEXANNA LTD. EPA I.D. No. CAD982438566
Hauler License No. 2883 License Exp. Date 6/30/94
Address 3104 ATHENE COURT
City CONCORD State CA. Zip 94519

d) Tank and Piping Disposal Site

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

11. Experienced Sample Collector

Name V.C.I. OF CALIFORNIA
Company V.C.I. OF CALIFORNIA
Address 753 PERALTA AVENUE
City SAN LEANDRO State CA. Zip 94577 Phone 510-568-1234

12. Laboratory

Name CHRO-MO LAB
Address 2239 OMEGA ROAD #1
City SAN RAMON State CA. Zip 94583
State Certification No. 1094

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

If yes, describe. NOT KNOWN

14. Describe methods to be used for rendering tank inert

TANK WILL BE RINSED, RINSATE WILL BE DISPOSED AT A DISPOSAL FACILITY.

TANKS WILL BE INERTED WITH CARBON DIOXIDE SUPPLIMENTED FROM DRY-ICE.

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
estimated 200 GALLON	estimated DIESEL	SOIL and GROUNDWATER if present	2 ft. below tank soil backfill interface into 2' of the native soil.
estimated 500 GALLON	estimated DIESEL	"	"

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

Soil sample must be collected underneath the dispenser

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan
15CYDS.	1 COMPOSITE FROM 4 DISCRETE

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
DIESEL		8015	^{1.0} 10.0 mg/kg
BENZENE		8020	5PPB
TOLUENE		8020	
XYLENE		8020	
ETHYLBENZENE		8020	

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

Stockpiled soil must be characterized for proper disposal.

18. Submit Worker's Compensation Certificate copy

Name of Insurer _____

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

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

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

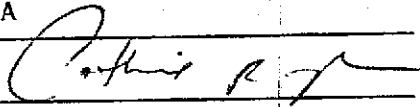
I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

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

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

Signature of Contractor

Name (please type) _____ V.C.I. OF CALIFORNIA

Signature by: Catherine R. Mayer (Sec./Treas.) 

Date 5/26/94

Signature of Site Owner or Operator

Name (please type) MERLIN BOWEN (AGENT)

Signature Merlin Bowen (OPERATOR)

Date 5/26/94

INSTRUCTIONS

General Instructions

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

Item Specific Instructions

2. SITE ADDRESS

Address at which closure is taking place.

5. EPA I.D. NO. under which the tanks will be manifested

EPA I.D. numbers may be obtained from the State Department of Health Services, 916/324-1781.

6. CONTRACTOR

Prime contractor for the project.

10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES

a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.

c) Tanks must be hauled as hazardous waste.

d) This is the place where tanks will be taken for cleaning.

15. TANK HISTORY AND SAMPLING INFORMATION

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

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

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

16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS
See attached Table 2.

17. SITE HEALTH AND SAFETY PLAN

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

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

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

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

19. PLOT PLAN

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

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

20. DEPOSIT

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

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

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

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

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

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

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

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

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

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

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

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

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

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

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

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

EPILOGUE

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

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

POLICY NUMBER: 1340531-94

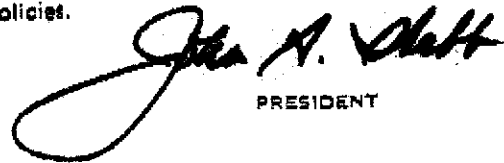
ALAMEDA COUNTY DEPT. OF HEALTH
DIVISION OF HAZARDOUS MATERIALS
80 SWAN WAY - RM-200
OAKLAND, CA 94621

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ten days' advance written notice to the employer.

We will also give you TEN days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.


PRESIDENT

EMPLOYER

VERL'S CONSTRUCTION INC.
DBA: VCI OF CALIFORNIA
753 PERALTA AVE.
SAN LEANDRO, CA 94577



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **487537**

TYPE **CORP**

Business Name **VERL'S CONSTRUCTION INC
DBA V C I OF CALIFORNIA**

Classification **A B HAZ C21**

Expiration Date **02/29/96**



V
C
I

of California

753 Peralta Ave.,
San Leandro, CA. 94577
(510) 568-1234
FAX: 568-2218

FAX TRANSMITTAL

TO: MS. SUSAN HUGO

COMPANY: ALAMEDA COUNTY DEPT. OF HEALTH

FROM: IRENE MAYER

MESSAGE: FOLLOWED BY A MAP OF THE
NEAREST HOSPITAL & PAGE 10
OF SITE SAFETY PLAN.

DATE: 6/21/94

NUMBER OF PAGES TRANSMITTED: 3

and walkways shall be maintained free of oil, grease, or debris, and , where necessary, non-slip material shall be used.

Wire rope, under tension, shall not be guided by the hands or feet. Employees shall avoid standing or passing under suspended loads. Extreme care shall be exercised in the selection, inspection, and use of chains.

Precautions in dealing with wire rope slings:

- Do not use knots to make slings.
- Pad or block sharp corners.
- Do not jerk loads. lift and lower loads slowly.
- Use slings of adequate capacity. Consult the charts.
- Know how much weight you are lifting.

EMERGENCY RESPONSE

In the event of an emergency such as a sickness, injury or fire, the following procedures will be followed:

- Emergency procedures will be initiated by the first person recognizing the emergency situation. This person shall immediately notify the VCI site representative.
 - The designated VCI First Aid/CPR provider and a project member shall provide assistance to any injured or sick employee. In the case of suspected release of toxic material, these personnel shall first don protective suites and self-contained breathing apparatus. The injured employee will first be moved to a safe location, before any attempt at treatment is made.
 - A project member or other responsible person will notify appropriate government agencies or individuals.
1. Police, Fire, or Ambulance emergency: 911
 2. Nearest Emergency Hospital:
 - Alta Bates Hospital (510) 540-0337
 - 3001 Colby Street
 - Berkely, CA. 94705
 3. Nearest Fire Station 911
 - Station #5
 - 934 34th Street, Oakland, California 94608
 4. Alameda County/ Dept. of Public Health (510) 271-4320
 - Hazardous Materials Division
 - 80 Swan Way, Room 200
 - Oakland, Ca. 94621



Job Site

Nearest Hospital

GATEWAY LIQUOR

SCALE:	APPROVED BY:	DRAWN BY:
DATE:		REVISED:
NEAREST HOSPITAL: ALTA BATES HOSPITAL		
3001 COLBY STREET, BERKELEY, CA.		
		DRAWING NUMBER

Removed 2 USTs on 6/29/94 B.O.

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input 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 GATEWAY LIQUOR		NAME OF OPERATOR HUSSEIN ALI HUSSEIN		
ADDRESS 5944 SAN PABLO AVENUE		NEAREST CROSS STREET 60TH STREET	PARCEL # (OPTIONAL)	
CITY NAME OAKLAND		STATE CA	ZIP CODE 94608	SITE PHONE # WITH AREA CODE 510-653-8700
<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 2
				E. P. A. I. D. # (optional) CAC000739848

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) HUSSEIN ALI HUSSEIN	PHONE # WITH AREA CODE 510-653-8700	DAYS: NAME (LAST, FIRST) MERLIN BOWEN	PHONE # WITH AREA CODE 510-569-1234
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME ABDO HUSSEIN		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 5944 SAN PABLO AVENUE		<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME OAKLAND		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
		<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
	STATE CA.	ZIP CODE 94608	PHONE # WITH AREA CODE 510-653-8700	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER ABDO HUSSEIN		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 5944 SAN PABLO AVENUE		<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME OAKLAND		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
		<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
	STATE CA.	ZIP CODE 94608	PHONE # WITH AREA CODE 510-653-8700	

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

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

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

<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input checked="" type="checkbox"/> 99 OTHER	

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) CATHERINE R. MAYER	V. C. I. OF CALIFORNIA	APPLICANT'S TITLE SEC./TREAS.	DATE 5/26/94
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LOCAL AGENCY USE ONLY

COUNTY # [] []	JURISDICTION # [] [] []	FACILITY # [] [] [] [] [] []
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **GATEWAY LIQUORS**

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

A. OWNER'S TANK I. D. #	UNKNOWN	B. MANUFACTURED BY:	UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR)	UNKNOWN	D. TANK CAPACITY IN GALLONS:	200-GAL. (estimated)

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

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

D. IF (A-1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED **estimated DIESEL**

C. A. S. #: **200 6/24/94 BVE**

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 checked="" type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input 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
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ?		<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____	OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN
				A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER
				NONE

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)	UNKNOWN	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	UNKNOWN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL ?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE)	V.C.I. OF CALIFORNIA by: CATHERINE R. MAYER (SEC./TRES.)	DATE	5/26/94
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input checked="" 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: GATEWAY LIQUORS				

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

A. OWNER'S TANK I. D. # UNKNOWN	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN	D. TANK CAPACITY IN GALLONS: 500 GAL. 9es (estimated) <i>500 GRS 6/29/91</i>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input 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 type="checkbox"/> 2 LEADED
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED: estimated DIESEL		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 checked="" type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input 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
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 ___		<input type="checkbox"/> 4 PHENOLIC LINING
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) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A U <input checked="" type="radio"/> 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER NONE

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 type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

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

APPLICANT'S NAME (PRINTED & SIGNATURE) V.C.I. OF CALIFORNIA by: CATHERINE R. MAYER (SEC./TREAS.)	DATE 5/26/94
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	