

HOCSERVICES MARKETPLACE

BASELINE

ENVIRONMENTAL CONSULTING

TRANSMITTAL

TO: City of Oakland
Attn: Mark Gomez
Public Works Agency
250 Frank H. Ogawa Plaza, Suite 5301
Oakland, CA 94612

Date: 12 July 2002

Project No: Y1334-01

SUBJECT: Underground Tank Removal Report, 801 Clay Street, Oakland, California

ENCLOSED:

No. of copies	Description:
1	Final report

COMMENTS:

cc: Leroy Griffen, OFD (w/1 enclosure)
~~Barney Chan, Alameda County (w/1 enclosure)~~

Disposition:

- As requested
- For signature
- For review and comment
- Returned after loan to us

Via:

- Mail
- Overnight
- UPS ground
- Courier

TRANSMITTED BY:

Bruce Abell-Amen

Bruce Abell-Amen, Senior Hydrogeologist

Ro 114

BASELINE

ENVIRONMENTAL CONSULTING

12 July 2002
Y1334-01

City of Oakland
Public Works Agency
250 Frank H. Ogawa Plaza, Suite 5301
Oakland CA 94612
Attention: Mr. Mark Gomez

Subject: Underground Tank Removal Report, 801 Clay Street, Oakland, California

Dear Mark:

This report documents recent underground tank removal activities at 801 Clay Street in Oakland.

Sincerely,



Bruce Abelli-Amen
Senior Hydrogeologist



Yane Nordhav
Principal
Reg. Geologist No. 4009

BAA:YN:km
Enclosure

cc: Leroy Griffen, OFD
Barney Chan, Alameda County Health Services Agency

Y1334 rpt wpd-7 12.02

UNDERGROUND TANK REMOVAL REPORT

JULY 2002

801 Clay Street
Oakland, California

For:
City of Oakland
Oakland, California

Y1334-01

BASELINE Environmental Consulting
5900 Hollis Street, Suite D • Emeryville, CA 94608
(510) 420-8686

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UNDERGROUND TANK REMOVAL REPORT

801 Clay Street, Oakland, California

INTRODUCTION

This report documents the removal of one 575-gallon underground storage tank (UST) located at 801 Clay Street, Oakland, California (site) (Figure 1). BASELINE was retained by the City of Oakland Public Works Agency, Environmental Services Division to observe tank removal activities, collect soil samples for analysis, and document UST removal activities.

Permits to remove the UST were obtained by the tank removal contractor, Controlled Environmental Services (CES) of Oakley. Copies of the Excavation Permit from the City of Oakland, Office of Planning and Building, Tank Removal Permit from City of Oakland Fire Prevention Bureau, and notification to Bay Area Air Quality Management District are included in Appendix A.

BACKGROUND

The presence of the UST was discovered during recent demolition activities at the site. The date the UST was installed is unknown. Based on inspection of the tank system and residual fuel in the tank, ~~it was determined that the tank was used to store fuel oil or heating oil.~~

FIELD ACTIVITIES

UST Removal

On 1 April 2002, CES began UST removal activities by removing portions of the overlying concrete sidewalk (Figure 2). The tank was unearthed by excavating around the sides of the tank with a backhoe bucket.

The atmosphere within the UST was inerted with dry ice. Lower explosive limit and oxygen levels within the UST were measured to ensure that they were at acceptable levels to allow removal of the UST. The UST was removed from the excavation in the presence of Mr. Leroy Griffin, Assistant Fire Marshal with the Fire Prevention Bureau (part of the Oakland Fire Department). The UST was triple-rinsed prior to removal. ~~Approximately 75 gallons of residual oil and water (which included the rinsate) were pumped out of the UST by Clearwater Environmental and transported to Alviso Independent Oil of Alviso for off site disposal/recycling.~~ The manifest for the fuel/water mixture is included in Appendix A.

The UST excavation was approximately 5.5 feet wide, 9.0 feet long, and 7.0 feet deep (Figure 2). Approximately 3.5 cubic yards of soil were excavated during the UST removal and stockpiled on-site (designated Stockpile "A"). The stockpile was underlain and covered in plastic. Photographs of the UST, excavation, and soil stockpiles are included in Figure 3. The UST was constructed of

single-walled steel with riveted joints and was approximately 3.5 feet in diameter and eight feet long. The top of the UST was originally approximately 3.5 feet below the ground surface (bgs).

No holes or advanced corrosion were observed on the UST. However, upon lifting the tank out of the excavation, approximately four gallons of sludge and rinsate water were released into the bottom of the excavation from a port located at the bottom of the tank. The soil affected by the release from the bottom of the tank was promptly removed from the bottom of the excavation with the backhoe. The soil affected by the release was stockpiled on plastic and designated Stockpile "B".

No vent lines or product piping associated with the UST was observed. The UST was transported off-site, under hazardous waste manifest, by Ecology Control Industries of Richmond. A copy of the hazardous waste manifest is included in Appendix A.

Soil Sampling

On 1 April 2002, following UST removal, two soil samples were collected by a BASELINE field geologist. One soil sample was collected from the bottom of the excavation (at a depth of approximately 7.0 feet) in the center of the former tank location (directly under the location of the sludge and water release, which occurred during UST removal). The second soil sample, consisted of a four-point field composite from Stockpile "A". On 16 April 2002, an additional soil sample was collected by CES from Stockpile "B".

All samples were collected by manually driving pre-cleaned brass sampling tubes into the soil. The tubes were sealed with teflon film, plastic caps, and silicone tape, labeled, placed in plastic bags, and stored in a cooled container. The samples were then transported, under chain-of-custody procedures, to McCampbell Analytical of Pacheco, a California-certified analytical laboratory. The samples collected by BASELINE were analyzed for TPH as diesel, TPH as motor oil, benzene, toluene, ethylbenzene, and xylenes (BTEX), and methyl tertiary butyl ether (MTBE). The sample collected by CES was analyzed for TPH as fuel oil and total lead.

Soil Management and Excavation Backfilling

~~The soil from both Stockpiles "A" and "B" (12-19 tons) were transported off site for disposal at Republic Services Vasco Road, LLC disposal facility in Livermore; the weight tickets are included in Appendix A. The excavation will be backfilled as part of the ongoing site grading activities.~~

Subsurface Conditions

Excavated soils, and native soils observed in the excavation sidewalls, were clayey sand with silt and silty sand with clay to a depth of 7.0 feet bgs. No discoloring or staining of the soils was observed on the sidewalls or base of excavation. Water was not present in the excavation.

ANALYTICAL RESULTS

Analytical results from soil samples collected at the site are summarized in Table 1. A copy of the laboratory report is provided in Appendix B. The soil sample collected from UST excavation did not contain any of the analyzed compounds above laboratory reporting limits.

The composite sample collected from Stockpile "A" was reported to contain 18 mg/kg of TPH as diesel and 20 mg/kg of TPH as motor oil. The sample did not contain MTBE above laboratory reporting limits. The sample collected from Stockpile "B" was reported to contain 670 mg/kg of TPH as fuel oil and 12 mg/kg of total lead.

CONCLUSIONS AND RECOMMENDATIONS

- The UST was observed to be in good condition and did not contain any visible holes or show signs of advanced corrosion. Groundwater was not encountered in the excavation.
- Based on analytical results of soil sampling, operation of the UST did not appear to have adversely affected soil quality in the vicinity of the tank.
- No further investigation of the former UST area appears warranted. The site should be considered for closure.

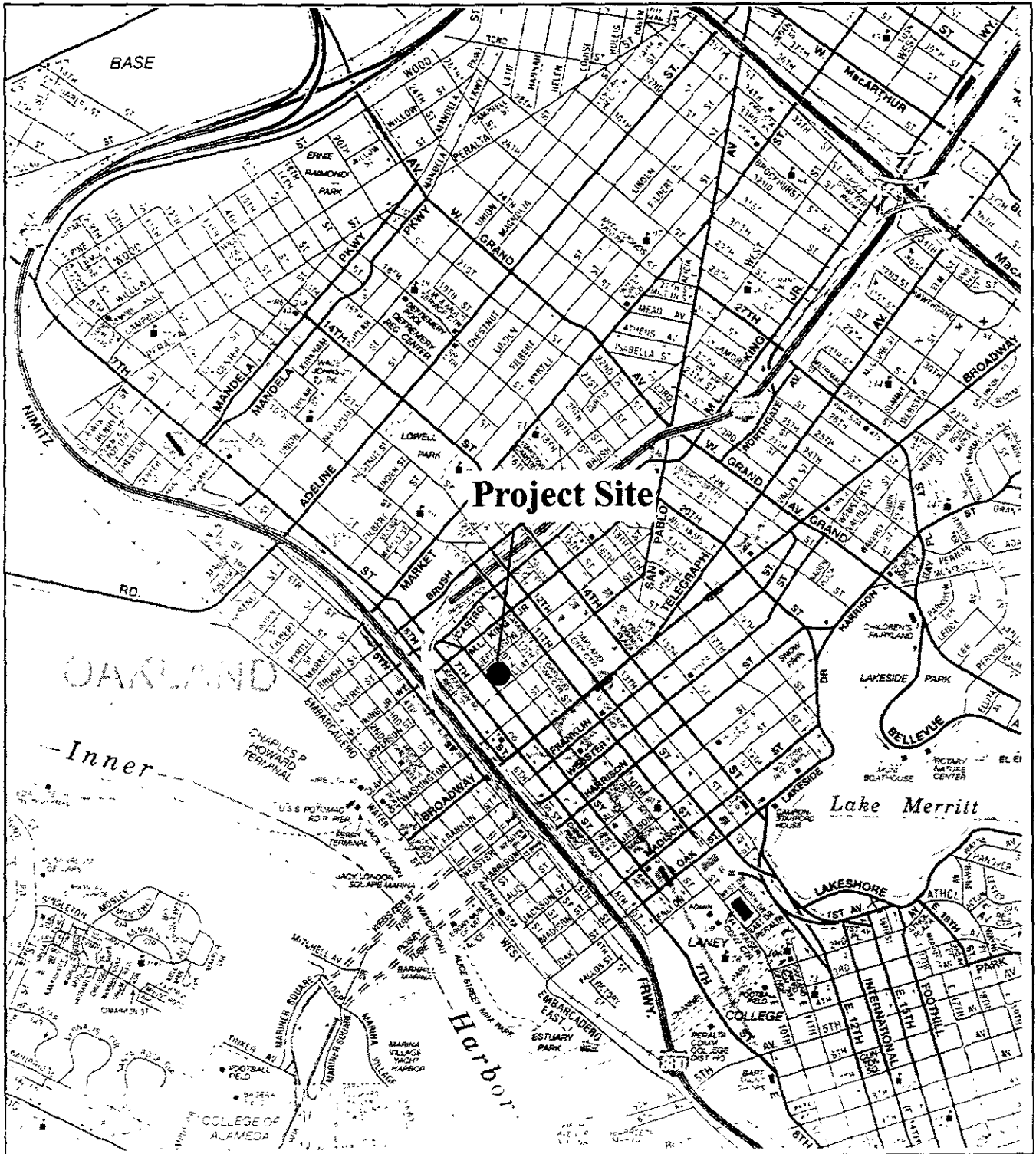
LIMITATIONS

The conclusions presented in this report are professional opinions based on the indicated data described in this report. They are intended only for the purpose, site, and project indicated. Opinions and recommendations presented herein apply to site conditions existing at the time of our study. Changes in the conditions of the subject property can occur with time, because of natural processes or the works of man, on the subject sites or on adjacent properties. Changes in applicable standards can also occur as the result of legislation or from the broadening of knowledge. Accordingly, the findings of this report may be invalidated, wholly or in part, by changes beyond our control.

FIGURES

REGIONAL LOCATION

Figure 1



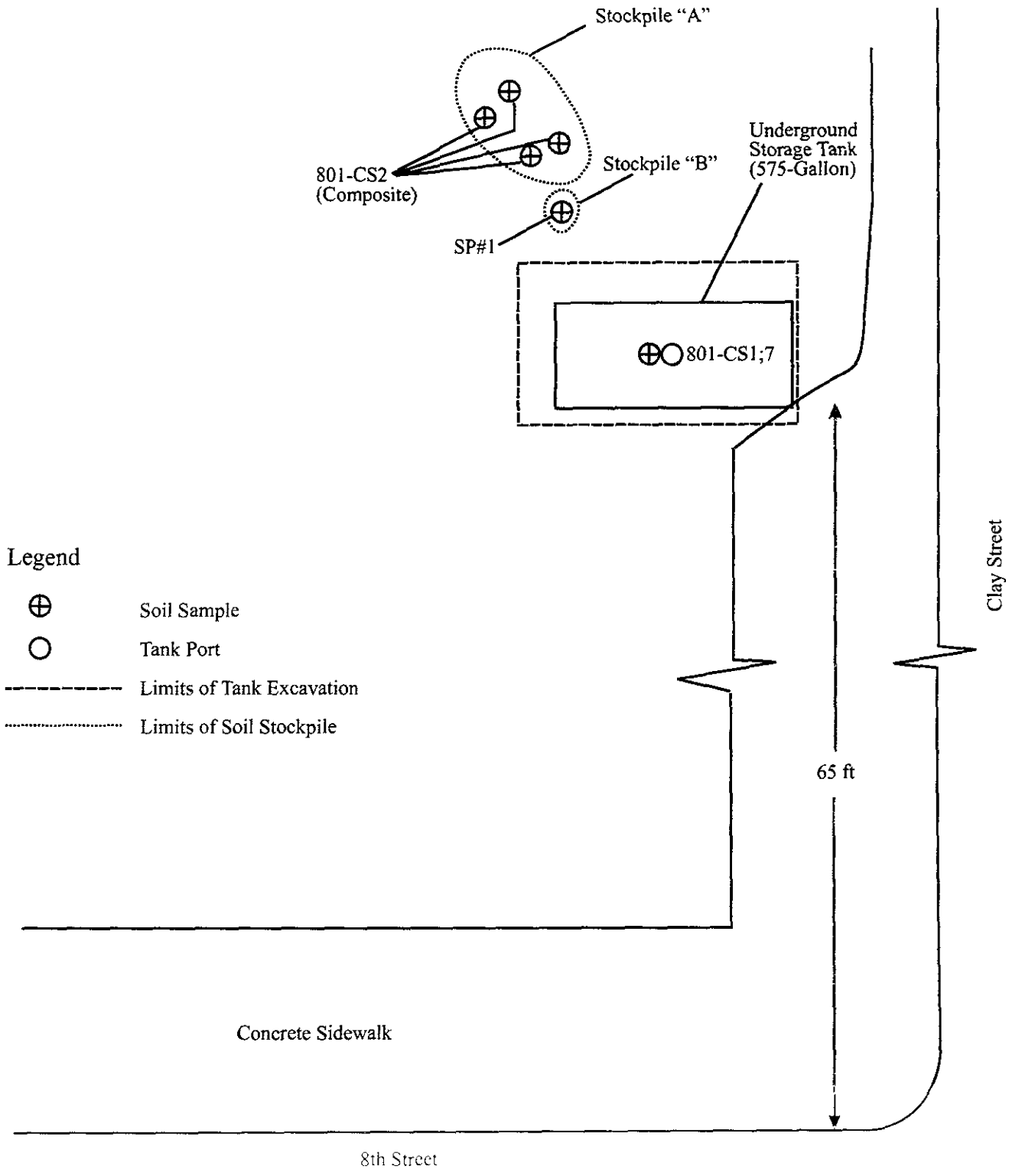
801 Clay Street
Oakland, California

D Graphics v1334-01 Fig 1 RL cdr 4 29 02



SITE PLAN

Figure 2



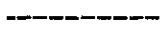
Legend



Soil Sample



Tank Port



Limits of Tank Excavation



Limits of Soil Stockpile

801 Clay Street
Oakland, California



BASELINE

PHOTOGRAPHS

Figure 3

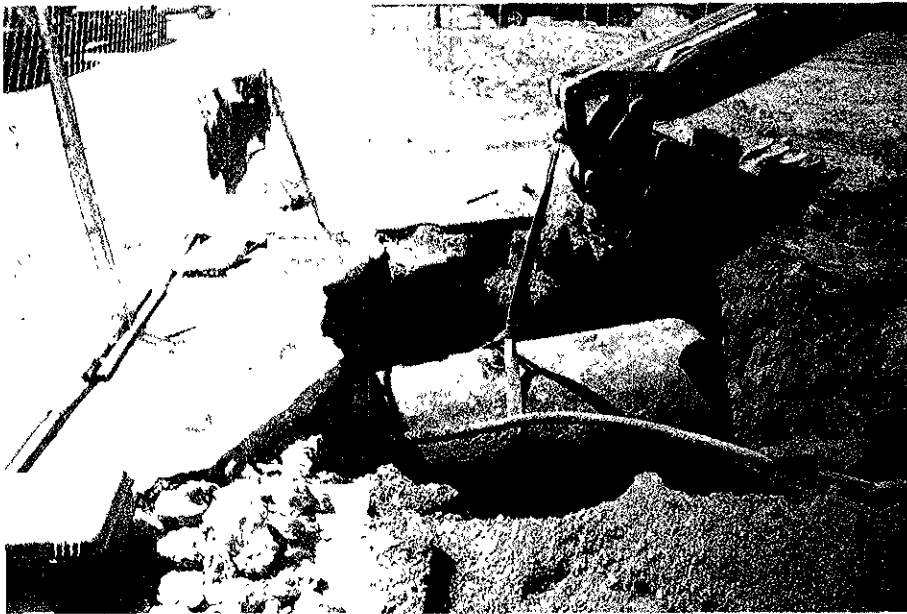


Photo 1: UST prior to removal.



Photo 2: UST after removal.



Photo 3: Stockpile "A" right side of photo (uncovered), stockpile "B" left side of photo, (being covered).

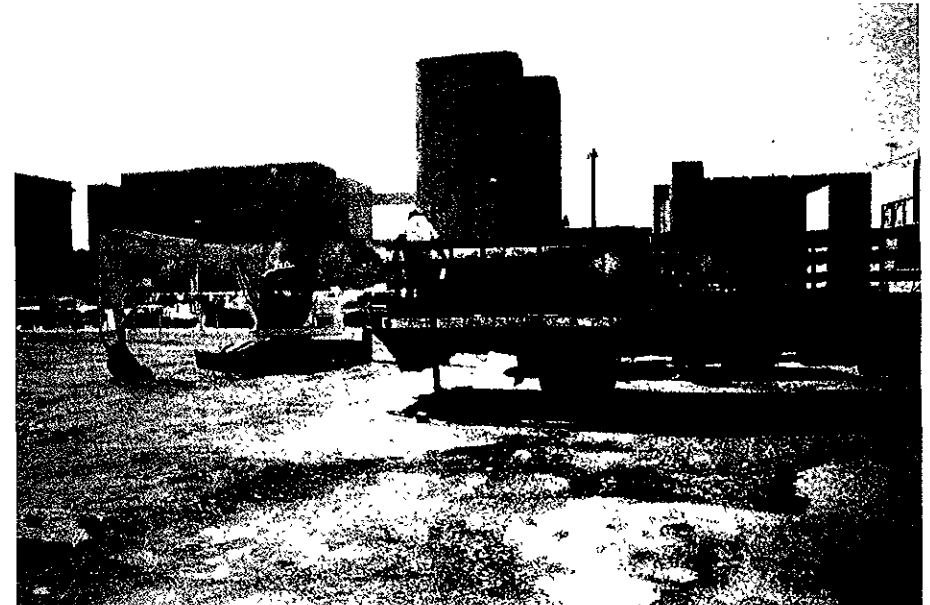


Photo 4: UST loaded onto truck for transportation and disposal off-site.

TABLE

TABLE 1: Summary of Analytical Results, 801 Clay Street, Oakland California, (mg/kg)

Sample ID	Sample Depth (feet)	Date Collected	TPH as Diesel ¹	TPH as Motor Oil ²	TPH as Fuel Oil ²	Lead ³	MTBE ⁴	BTEX ⁴
Soil								
<u>UST Excavation</u>								
801-CS1;7	7	04/01/02	<1	<5	--	--	<0.005	<0.005
<u>UST Excavation Stockpile A</u>								
801-CS2 (Composite)	NA	04/01/02	18 ⁵	20	--	--	<0.005	<0.005
<u>UST Excavation Stockpile B</u>								
SP#1	NA	04/16/02			670	12	--	--

Notes: <x.x = Compound not detected above laboratory reporting limit of x.x.
 x.x = Compound detected at indicated concentration.
 NA = Not applicable.
 BTEX = benzene, toluene, ethylbenze, xylenes
 MTBE = methyl tert butyl ether
 -- = Not analyzed.
 Laboratory reports are included in Appendix B.

¹ Analyzed using EPA Method 8015C
² Analyzed using EPA Method 8015C.
³ Analyzed using EPA Method 6010/200.7, 239.2
⁴ Analyzed using EPA Method 8260B
⁵ Laboratory reported that diesel-range compounds, (C10-C23), are significant; no recognizable pattern and oil-range compounds (C18+) are significant.

APPENDIX A

PERMITS AND MANIFESTS



EXCAVATION PERMIT

TO EXCAVATE IN STREETS OR OTHER SPECIFIED WORK

CIVIL ENGINEERING

PAGE 2 of 2

PERMIT NUMBER X0000257		SITE ADDRESS/LOCATION 801-CLAY ST.	
APPROX. START DATE ASAP	APPROX. END DATE 1-week	24-HOUR EMERGENCY PHONE NUMBER (Permit not valid without 24-Hour number) 925-625-1736	
CONTRACTOR'S LICENSE # AND CLASS LIC# 720852 CLASS A-HAZ		CITY BUSINESS TAX # 1739646	

ATTENTION:

- 1) State law requires that the contractor/owner call *Underground Service Alert (USA)* two working days before excavating. This permit is not valid unless applicant has secured an inquiry identification number issued by USA. The USA telephone number is 1 (800) 642-2444. UNDERGROUND SERVICE ALERT (USA) #: _____
- 2) **48 hours prior to starting work, YOU MUST CALL (510) 238-3651 TO SCHEDULE AN INSPECTION.**

OWNER/BUILDER

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5 Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License law Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professions Code, or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than \$500):

- I, as an owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).
- I, as owner of the property, am exempt from the sale requirements of the above due to: (1) I am improving my principal place of residence or appurtenances thereto, (2) the work will be performed prior to sale, (3) I have resided in the residence for the 12 months prior to completion of the work, and (4) I have not claimed exemption on this subdivision on more than two structures more than once during any three-year period. (Sec. 7044 Business and Professions Code).
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project, (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License law).
- I am exempt under Sec. _____, B&PC for this reason _____

WORKER'S COMPENSATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3700, Labor Code).
Policy # 153-3446-01 Company Name STATE FUND

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California (not required for work valued at one hundred dollars (\$100) or less).

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked. This permit is issued pursuant to all provisions of Title 12 Chapter 12.12 of the Oakland Municipal Code. It is granted upon the express condition that the permittee shall be responsible for all claims and liabilities arising out of work performed under the permit or arising out of permittee's failure to perform the obligations with respect to street maintenance. The permittee shall, and by acceptance of the permit agrees to defend, indemnify, save and hold harmless the City, its officers and employees, from and against any and all suits, claims, or actions brought by any person for or on account of any bodily injuries, disease or illness or damage to persons and/or property sustained or arising in the construction of the work performed under the permit or in consequence of permittee's failure to perform the obligations with respect to street maintenance. This permit is void 90 days from the date of issuance unless an extension is granted by the Director of the Office of Planning and Building.

I hereby affirm that I am licensed under provisions of Chapter 9 of Division 3 of the Business and Professions Code and my license is in full force and effect (if contractor), that I have read this permit and agree to its requirements, and that the above information is true and correct under penalty of law

Signature of Permittee [Signature] Agent for Contractor Owner Date 3-6-02

DATE STREET LAST RESURFACED	SPECIAL PAVING DETAIL REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOLIDAY RESTRICTION? (NOV 1 - JAN 1) <input type="checkbox"/> YES <input type="checkbox"/> NO	LIMITED OPERATION AREA? (7AM-9AM & 4PM-6PM) <input type="checkbox"/> YES <input type="checkbox"/> NO
ISSUED BY		DATE ISSUED	

UNDERGROUND STORAGE TANKS - FACILITY

(one page per site) Page 1 of 1

TYPE OF ACTION (Check one item only)

1. NEW SITE PERMIT 3. RENEWAL PERMIT 5. CHANGE OF INFORMATION 7. PERMANENTLY CLOSED SITE

4. AMENDED PERMIT 6. TEMPORARY SITE CLOSURE 8. TANK REMOVED

specify change local use only _____

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Housewives MARKET BLOCK FACILITY ID# _____

NEAREST CROSS STREET 801 CLAY ST. OAKLAND CA FACILITY OWNER TYPE 4. LOCAL AGENCY/DISTRICT* 5. COUNTY AGENCY* 6. STATE AGENCY* 7. FEDERAL AGENCY*

BUSINESS TYPE 1. GAS STATION 2. DISTRIBUTOR 3. FARM 4. PROCESSOR 5. COMMERCIAL 6. OTHER 2. INDIVIDUAL 3. PARTNERSHIP

TOTAL NUMBER OF TANKS REMAINING AT SITE 1 Is facility on Indian Reservation or trustlands? Yes No *If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.) MARK GOMEZ 510-238-7314

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME OAKLAND Redevelopment Agency PHONE 510-238-7314

MAILING OR STREET ADDRESS 250 FRANK OGAWA PLAZA Suite 5301

CITY OAKLAND STATE CA ZIP CODE 94612

PROPERTY OWNER TYPE 1. CORPORATION 2. INDIVIDUAL 4. LOCAL AGENCY / DISTRICT 5. COUNTY AGENCY 6. STATE AGENCY 7. FEDERAL AGENCY 3. PARTNERSHIP

III. TANK OWNER INFORMATION

TANK OWNER NAME SAME AS Above PHONE _____

MAILING OR STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TANK OWNER TYPE 1. CORPORATION 2. INDIVIDUAL 4. LOCAL AGENCY / DISTRICT 5. COUNTY AGENCY 6. STATE AGENCY 7. FEDERAL AGENCY 3. PARTNERSHIP

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- _____ Call (916) 322-9669 if questions arise

V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(S) 1. SELF-INSURED 2. GUARANTEE 3. INSURANCE 4. SURETY BOND 5. LETTER OF CREDIT 6. EXEMPTION 7. STATE FUND 8. STATE FUND & CFO LETTER 9. STATE FUND & CD 10. LOCAL GOVT MECHANISM 99. OTHER: _____

VI. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.

1 FACILITY 2. PROPERTY OWNER 3 TANK OWNER

VII. APPLICANT SIGNATURE

Certification - I certify that the information provided herein is true and accurate to the best of my knowledge

SIGNATURE OF APPLICANT Mark Gomez DATE 3/7/02 PHONE 510-238-7314

NAME OF APPLICANT (print) Mark Gomez TITLE OF APPLICANT Env'l Program Specialist

STATE UST FACILITY NUMBER (For local use only) _____ 1998 UPGRADE CERTIFICATE NUMBER (For local use only) _____

UST - Facility

Formerly SWRCB Form A.

Complete the UST - Facility page for all new permits, permit changes or any facility information changes. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes.

Submit one UST - Facility page per facility, regardless of the number of tanks located at the site. This form is completed by either the permit applicant or the local agency underground tank inspector. As part of the application, the tank owner must submit a scaled facility plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [23 CCR 2711 (a)(8)], a description of the tank and piping leak detection monitoring program [23 CCR 2711 (a)(9)], and, for tanks containing petroleum, documentation showing compliance with state financial responsibility requirements [23 CCR 2711 (a)(11)].

Refer to 23 CCR 2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
400. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.
401. NEAREST CROSS STREET - Enter the name of the cross street nearest to the site of the tank.
402. FACILITY OWNER TYPE - Check the type of business ownership.
403. BUSINESS TYPE - Check the type of business.
404. TOTAL NUMBER OF TANKS REMAINING AT SITE - Indicate the number of tanks remaining on the site after the requested action.
405. INDIAN OR TRUST LAND - Check whether or not the facility is located on an Indian reservation or other trust lands.
406. PUBLIC AGENCY SUPERVISOR NAME - If the facility owner is a public agency, enter the name of the supervisor for the division, section or office which operates the UST. This person must have access to the tank records.
407. PROPERTY OWNER NAME - Complete items 407- 412 for the property owner, unless all items are the same as the Owner Information (Items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" in this section.
408. PROPERTY OWNER PHONE
409. PROPERTY OWNER MAILING OR STREET ADDRESS
410. PROPERTY OWNER CITY
411. PROPERTY OWNER STATE
412. PROPERTY OWNER ZIP CODE
413. PROPERTY OWNER TYPE - Check the type of property ownership.
414. TANK OWNER NAME - Complete items 414- 419 for the tank owner, unless all items are the same as the Owner Information (Items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" in this section.
415. TANK OWNER PHONE
416. TANK OWNER MAILING OR STREET ADDRESS
417. TANK OWNER CITY
418. TANK OWNER STATE
419. TANK OWNER ZIP CODE
420. TANK OWNER TYPE - Check the type of tank ownership.
421. BOE NUMBER - Enter your Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products. This is required before your permit application can be processed. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at (916) 322-9669 or write to the BOE at: Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0030.
422. PETROLEUM UST FINANCIAL RESPONSIBILITY CODE - Check the method(s) used by the owner and/or operator in meeting the Federal and State financial responsibility requirements. CHECK ALL THAT APPLY. If the method is not listed, check "others" and enter the method(s). USTs owned by any Federal or State agency and non-petroleum USTs are exempt from this requirement.
423. LEGAL NOTIFICATION AND MAILING ADDRESS - Indicate the address to which legal notifications and mailings should be sent. The legal notifications and mailings will be sent to the tank owner unless the facility (box 1) or the property owner (box 2) is checked.
- SIGNATURE OF APPLICANT - The business owner/operator of the tank facility, or officially designated representative of the owner/operator, shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is accurate and complete.
424. DATE CERTIFIED - Enter the date that the page was signed.
425. APPLICANT PHONE - Enter the phone number of the applicant (person certifying).
426. APPLICANT NAME - Enter the full printed name of the person signing the page.
427. APPLICANT TITLE - Enter the title of the person signing the page.
428. STATE UST FACILITY NUMBER - Leave this blank. This number is assigned by the CUPA as follows: the number is composed of the two digit county number, the three digit jurisdiction number, and a six digit facility number. The facility number must be the same as shown in item 1.
429. 1998 UPGRADE CERTIFICATE NUMBER - Leave this blank. This number is assigned by the CUPA.

UNDERGROUND STORAGE TANKS - TANK PAGE 1

(two pages per tank) Page ___ of ___

TYPE OF ACTION 1 NEW SITE PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY SITE CLOSURE
 (Check one item only) 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED

3 RENEWAL PERMIT (Specify reason - for local use only) (Specify reason - for local use only)

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Housewives Market Block FACILITY ID: 3

LOCATION WITHIN SITE (Optional) Under The Sidewalk on the East Side of Lot

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # 432 TANK MANUFACTURER UNKNOWN COMPARTMENTALIZED TANK Yes No Unknown
 DATE INSTALLED (YEAR/MO) UNKNOWN TANK CAPACITY IN GALLONS EST 500 NUMBER OF COMPARTMENTS UNKNOWN

ADDITIONAL DESCRIPTION (For local use only) NONE / fuel oil 4" to 6"

II. TANK CONTENTS

TANK USE 1. MOTOR VEHICLE FUEL 2. NON-FUEL PETROLEUM 3. CHEMICAL PRODUCT 4. HAZARDOUS WASTE 95. UNKNOWN

PETROLEUM TYPE 1a. REGULAR UNLEADED 2. LEADED 5. JET FUEL 6. AVIATION FUEL 99. OTHER Fuel oil

COMMON NAME (from Hazardous Materials Inventory page) 441 CAS# (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK 1. SINGLE WALL 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 95. UNKNOWN

TANK MATERIAL - primary tank 1. BARE STEEL 3. FIBERGLASS/PLASTIC 5. CONCRETE 95. UNKNOWN

TANK MATERIAL - secondary tank 1. BARE STEEL 3. FIBERGLASS/PLASTIC 5. CONCRETE 95. UNKNOWN

TANK INTERIOR LINING 1. RUBBER LINED 3. EPOXY LINING 5. GLASS LINING 95. UNKNOWN

OR COATING 2. ALKYD LINING 4. PHENOLIC LINING 6. UNLINED 99. OTHER

OTHER CORROSION PROTECTION 1. MANUFACTURED CATHODIC 3. FIBERGLASS REINFORCED PLASTIC 95. UNKNOWN

PROTECTION IF APPLICABLE 2. SACRIFICIAL ANODE 4. IMPRESSED CURRENT 99. OTHER

SPILL AND OVERFILL YEAR INSTALLED 430 TYPE (local use only) 431 OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 432

1 SPILL CONTAINMENT 2 DROP TUBE 3 STRIKER PLATE

1 ALARM 2 BALL FLOAT 3 FILL TUBE SHUT OFF VALVE 4 EXEMPT

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency)

IF SINGLE WALL TANK (Check all that apply) 433 IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 434

1 VISUAL (EXPOSED PORTION ONLY) 2 AUTOMATIC TANK GAUGING (ATG) 3 CONTINUOUS ATG 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING

5 MANUAL TANK GAUGING (MTG) 6 VADOSE ZONE 7 GROUNDWATER 8 TANK TESTING 99. OTHER UNK

1 VISUAL (SINGLE WALL IN VAULT ONLY) 2 CONTINUOUS INTERSTITIAL MONITORING 3 MANUAL MONITORING

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 435 ESTIMATED QUANTITY OF SUBSTANCE REMAINING 50 gallons 436 TANK FILLED WITH INERT MATERIAL? Yes No 437

UST - Tank Page 1

Formerly SWRCB Form B

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CFR §2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CFR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

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1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
430. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner's tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.
439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check Aother= and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check Aother= and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check Aother= and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check Aother= and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check Aother= and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY:
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check Aother= and enter system.
454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons)
457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure

ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks
2. Provide a description of the monitoring program

UNDERGROUND STORAGE TANKS - TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page of

UNDERGROUND PIPING				ABOVEGROUND PIPING					
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459	
CONSTRUCTION	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462	
MANUFACTURER	<input type="checkbox"/> 2. DOUBLE WALL	<input checked="" type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER			
MANUFACTURER -----				461	MANUFACTURER -----				463
<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL	<input checked="" type="checkbox"/> Unknown			<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL			
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL	<input type="checkbox"/> 99. Other			<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL			
<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS					<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER		
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)				<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. CATHODIC PROTECTION			
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION	464			<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 95. UNKNOWN		465	

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency)

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SINGLE WALL PIPING		SINGLE WALL PIPING	
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):	
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	<i>UNKNOWN</i> 466	<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	467
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST		<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)	
CONVENTIONAL SUCTION SYSTEMS		CONVENTIONAL SUCTION SYSTEMS (Check all that apply)	
<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)	<i>UNKNOWN</i>	<input type="checkbox"/> 4. DAILY VISUAL CHECK	
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):		SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):	
<input type="checkbox"/> 7. SELF MONITORING		<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM	
GRAVITY FLOW		GRAVITY FLOW (Check all that apply):	
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)	
SECONDARILY CONTAINED PIPING		SECONDARILY CONTAINED PIPING	
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):	
10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)	<i>UNKNOWN</i>	10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)	
<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS		<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	
<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION		<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF		<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	
<input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION		<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR	
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	
SUCTION/GRAVITY SYSTEM		SUCTION/GRAVITY SYSTEM	
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	
EMERGENCY GENERATORS ONLY (Check all that apply)		EMERGENCY GENERATORS ONLY (Check all that apply)	
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS	
<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION		<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)	
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)	
<input type="checkbox"/> 17. DAILY VISUAL CHECK		<input type="checkbox"/> 17. DAILY VISUAL CHECK	

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED 468	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
-----	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input checked="" type="checkbox"/> 6. NONE 469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge

SIGNATURE OF OWNER/OPERATOR	DATE
<i>Mark Gomez</i>	3/07/02
NAME OF OWNER/OPERATOR (Print)	TITLE OF OWNER/OPERATOR
Mark Gomez	Env'l Program Specialist
Permit Number (For local use only) 473	Permit Expiration Date (For local use only) 475

Formerly SWRCB Form B

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the tank=s piping system

459. PIPING SYSTEM TYPE (ABOVEGROUND) information. CHECK ALL THAT APPLY.

460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank=s piping construction information. CHECK ALL THAT APPLY.

461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.

462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank=s piping construction information. CHECK ALL THAT APPLY.

463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.

464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - For items 464 and 465, check the
465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND) tank=s piping material and corrosion protection.

466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the leak detection system(s) used

467. PIPING LEAK DETECTION (ABOVEGROUND) to comply with the monitoring requirements for the piping.

468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.

469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.

SIGNATURE OF OWNER/OPERATOR - The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

470. DATE CERTIFIED - Enter the date the page was signed.

471. OWNER/ OPERATOR NAME - Print the name of signatory.

472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.

474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.

475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA.

38. 7758

CITY OF OAKLAND
FIRE PREVENTION BUREAU
250 Frank Ogawa Plaza, Ste. 3341
OAKLAND, CALIFORNIA 94612-2032
(510) 238-3851

APPLICATION for PERMIT to INSTALL, REMOVE or REPAIR TANKS
In the CITY OF OAKLAND

Request Submittal Date: 3-6-02

PLEASE CIRCLE APPROPRIATE ACTIONS: Application is hereby made for permit to:

(a) Remove (b) Install (c) Repair (d) Modify (e) Abandon/Close in Place A

(a) Gasoline (b) Fuel oil (c) Diesel (d) Fuel oil tank(s) and excavate, commencing:

(a) four feet inside the curb line*; (b) inside the property line; (c) aboveground; (d) underground tank(s)
*inside curb line, please attach copy of sidewalk/excavation permit from PLANNING AND BUILDING

on the West side of CLAY ST (S) Ave. 75 feet N. of 7th (S) Ave.

Site Address: 801-CLAY ST Present storage Fuel oil

Owner: OAKLAND Redevelopment Agency Address 250 FRANK OGAWA PLAZA ^{Suite 531} Phone 510-238-7314
OAKLAND CA

Applicant: CES-CONTROLLED ENV SVS Address P.O. Box 401 Phone 925-625-1736
OAKLAND CA 94561

Sidewalk surface to be disturbed 6 x 8 Number of Tanks 1 Capacity 500 Gallons ea.

Remarks PEAK ENGINEERING INC. Will Remove AND REPLACE CONCRETE

Signature

PLEASE ATTACH/SUBMIT: (All applicants must have a City Business License Permit)

- (2) Copies of Closure Plans for underground tank removal(s)
- (2) Sets of plans and (1) copy of specifications for above ground tank removal
- (2) Sets of plans and (2) sets of application packets for underground tank installation/modifications
- (2) Sets of plans for aboveground tank installation and specifications
- copy or prepare to show Planning and Building approval for aboveground tank removal and tank repair

NOTE: FOR TANK INSTALLATION PLEASE SUBMIT THIS APPLICATION FORM ALONG WITH A APPLICATION FOR PERMIT TO OPERATE, MAINTAIN OR STORE

FOR OFFICE USE ONLY

Permit No. _____ Amt. Recv'd _____ Date Issued: _____
 Copies to: Electrical Inspection Ck# _____ Cash _____
 Receipt# _____ Recv'd by: _____

City of Oakland, Fire Department, Office of Emergency Services
 Hazardous Materials Program
 APPLICATION FOR UNDERGROUND TANK REMOVAL

F A C I L I T Y	Project Contact & Phone # <i>MARK GOMEZ - CITY OF OAKLAND 510-238-7311</i>			
	Facility Name <i>Housewives MARKET BLOCK</i>		Phone# <i>510-238-7314</i>	
	Address <i>801 CLAY ST OAKLAND CA 94607</i>			
	Cross Street <i>8TH St.</i>			
	Owner/Operator <i>OAKLAND Redevelopment Agency</i>		Phone# <i>510-238-7311</i>	
C O N T R A C T O R	Contractor Name <i>CES - Controlled Environmental Services</i>		Phone# <i>925-625-173</i>	
	Contractor Address <i>P.O. Box 401</i>	CA License # <i>720852</i>	Class <i>A-HAZ</i>	
	Hazardous Waste Certified: (Qualifying license category <u><i>HAZ</i></u>) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Workers Comp# <i>1533446-01</i>	
	City of Oakland Business Tax License # <i>1739646</i>		Permit #	
	Does this site have a leaking UST (or did it have a leaking tank system?) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	State Tank ID#	Tank Size	Material That Was Stored	Proposed Removal Date
	<i>39- 1</i>	<i>500 GAL</i>	<i>Fuel oil</i>	<i>ASAP</i>
<i>39-</i>				
<i>39-</i>				
<i>39-</i>				
<i>39-</i>				
<i>39-</i>				
P L A N	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED WITH CONDITION(S) <input type="checkbox"/> DISAPPROVED			
	PLAN REVIEWER'S SIGNATURE <i>[Signature]</i>		DATE OF APPROVAL <i>3/2/11</i>	

APPLICANT MUST PERFORM ALL WORK IN ACCORDANCE WITH CITY OF OAKLAND ORDINANCES, STATE LAWS, AND RULES AND REGULATIONS OF THE CITY OF OAKLAND FIRE SERVICES AGENCY. OWNER OR LICENSED AGENT'S SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL NOT EMPLOY ANY PERSON IN SUCH A MANNER AS TO BECOME SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA. CONTRACTOR'S HIRING OR SUBCONTRACTING SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL EMPLOY PERSONS SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA.

APPLICANT'S SIGNATURE

TITLE:

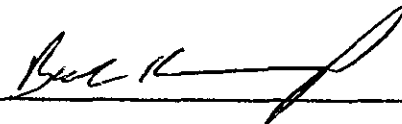
DATE:

INDICATE THE RESPONSIBLE PARTY TO BE BILLED FOR ADDITIONAL FSA/OES STAFF TIME EXPENDED BEYOND THE HOURS COVERED BY THE INITIAL DEPOSIT AMOUNT. THE PARTY MUST ACKNOWLEDGE THIS RESPONSIBILITY FOR THE ADDITIONAL BILLING BY SIGNATURE AND DATE BELOW.

NAME CES- Controlled ENVIRONMENTAL Services

MAILING ADDRESS P.O. Box 401- OAKLEY CA 94561
STREET CITY, STATE, ZIP

DAY PHONE NUMBER 925-625-1736
area code phone #

SIGNATURE 

DATE 3-6-02

CITY OF OAKLAND
Fire Department
Fire Prevention Bureau
Hazardous Materials Program
250 Frank H. Ogawa Plaza, Ste. 3341
Oakland, CA 94612-2032

UNDERGROUND TANK CLOSURE PLAN

(Complete according to instructions)

- 1) Name of Business Housewives Market Block
Business Owner or Contact Person (PRINT) OAKLAND Redevelopment Agency
ATTN MR MARK Gomez
- 2) Site Address 801 CLAY ST
City OAKLAND Zip 94607 Phone 97 510-238-7314
- 3) Mailing Address 250 FRANK OGAWA PLAZA Suite 5301
City OAKLAND Zip 94607 Phone 510-238-7314
- 4) Property Owner OAKLAND Redevelopment Agency
Business Name (if applicable) N/A
Address 250 - FRANK OGAWA PLAZA Suite 5301
City, State OAKLAND CA Zip 94607
- 5) Generator name under which tank will be manifested
OAKLAND Redevelopment Agency
- EPA ID Under which tank will be manifested CA C002469775

6) Contractor CES- Controlled ENVIRONMENTAL Services
Address P.O. Box 401
City OAKLEY Phone 925-625-1736
License Type A-HAZ IDS _____

Effective January 1, 1992, Business and Professional Code Section 7058.7 require contractors to also hold Hazardous Waste certification issued by the State Contractor License Board

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

8) Main Contact Person for Investigation (if applicable)
Name MARK Gomez Title CITY OF OAKLAND
Company CITY OF OAKLAND
Phone 510-238-7314

9) Number of underground tanks being closed with this plan 1 (Confirmed with owner operator)

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name CLEARWATER EPA I.D. NO. CA000007013
Hauler License No. 03515 License Exp. Date 12-31-02
Address P.O. Box 2407
City UNION CITY State CA Zip 94587

b) Product/Residual Sludge/Rinsate Disposal Site
Name ALVISO OIL EPA ID No. CA000161743
Address 5002 ARCHER ST
City ALVISO State CA Zip 95002

c) Tank and Piping Transporter

Name ECI EPA I.D. No. CAD 982030173

c) Hauler License No. 1533 License Exp. Date 3-02

Address 955 PARR BLVD

City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name ECI EPA I.D. No. CAD009466392

Address 955 - PARR BLVD

City RICHMOND State CA Zip 94801

11) Sample Collector

Name BOB Kemp - Lee DAVIS

Company CES - CONTROLLED ENVIRONMENTAL SERVICES

Address P.O. BOX 401

City OAKLEY State CA Zip 94561

Phone 925-625-1736

12) Laboratory

Name McCAMPBELL ANALYTICAL

Address _____

City PACHECO State CA Zip _____

State Certification No. _____

13) Have tanks or pipes leaked in the past Yes No Unknown

If yes, describe _____

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

Pump out tank & add dry ice 3#s per 100 gallon tank capacity.

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

The Bay Area Air Quality Management District, 415/771-6000 must also be contacted for tank removal permit. The use of a combustible gas indicator to verify tank inertness is required. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert. Note: you may be required to recalibrate the combustible gas indicator on site, to show that it is working properly.

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
500 GALLON	UNKNOWN	SOIL UNDER TANK AND EXCAVATED SOIL.	Stockpiled Soil AND 2' into NATIVE SOIL AS REQUIRED BY the INSPECTOR

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

EXCAVATED/STOCKPILED SOIL

Stockpiled Soil volume (estimated) <p align="center" style="font-size: 1.2em;">5-CY</p>	Sampling Plan 1-SOIL SAMPLE UNDER TANK 1-SOIL SAMPLE OF STOCKPILE
--	---

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

Will the excavated soil be returned to the excavation immediately after tank removal?

yes
 No
 unknown

If yes, explain reasoning N/A

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Fire Services Agency, Office of Emergency Services. This means that the contractor, consultant, or responsible party must communicate with the Hazardous Materials Inspector **IN ADVANCE** of backfilling operations.

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

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

See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
fuel oil	EPA 3550 SOIL	EPA 8015 MOD	1-MG/KG
fuel oil	EPA 3550 WATER	EPA 8015 MOD	50 UG/L

18. Submit Workers Compensation Certificate copy

Name of Insurer STATE FUND

19. Submit Plot Plan ~~***~~(Be Instructions)~~***~~

20. Enclose Permit fee (See Instructions)

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

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

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

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

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

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

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

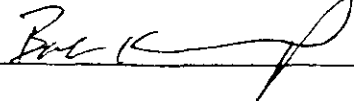
I understand that all work performed during this project will be done in compliance with all applicable OSHA. (Occupational Safety and health Administration) requirements concerning; personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner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

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

CONTRACTOR INFORMATION

Name of Business CES - CONTROLLED ENVIRONMENTAL SERVICES

Name of Individual Bob Kemp

Signature  Date 3-6-02

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business OAKLAND Redevelopment AGENCY

Name of Individual MARK Gomez

Signature Mark Gomez Date 3/7/02

General Instructions

- Three (3) copies of this plan plus attachments and permit must be submitted to this Department.
- Any cutting into tanks requires Fire Services Agency 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 submit to this office One Form A per site, one Form B for each removed tank.

Line 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 Toxic Substances Control, 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 trig } 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;

City Of Oakland
FIRE PREVENTION BUREAU
250 Frank Ogawa Plaza, Ste. 3341
Oakland California 94612-2032
510-238-3851



*Permit To Excavate And Instau, Repair,
Or Remove Inflammable Liquid Tanks*

Oakland, California

Tank Permit Number:

Permission Is Hereby Granted To:

Tank And Excavate Commencing: Feet Inside: Line.

On The:

Site Address:

Present Storage:

Owner:

Address:

Phone:

Applicant:

Address:

Phone:

Dimensions Of Street (sidewalk) Surface To Be Disturbed : X No. Of Tanks Capacity Gallons, Each

Remarks

This Permit Is Granted In Accordance With Existing City Ordinances. Owner Hereby Agrees To Remove Tanks On Discontinuance Of Use Or When Notified By The City Authorities When Installing, Removing Or Repairing Tanks, No Open Flame To Be On Or Near Premises.

CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

Type Of Inspection: Removal

Inspected And Passed On: 4/1/02

By: CGM/FIA

UST/AST Installations/modifications:

Pressure Test: Inspected By: _____ Date: _____

Primary Piping Test: Inspected By: _____ Date: _____

Secondary Containment & Sump Testing:

Inspected By: _____ Date: _____

Final: Inspected By: _____ Date: _____

Approved: _____

Fire Marshal

Inspection Fee Paid: \$ _____

Received By: _____

Before Covering Tanks, Above Certification Must Be Signed When Ready For Inspection Notify Fire Prevention Bureau 238-3851

THIS PERMIT MUST BE LEFT ON THE WORK SITE AS AUTHORITY THEREFORE

REGULATION 8, RULE 40 NOTIFICATION FORM



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

Check

Removal or Replacement of Tanks

Excavation of Contaminated Soil

SITE INFORMATION

Site Address 801-CAY ST
City, State OAKLAND CA Zip 94612
Owner Name OAKLAND Redevelopment Agency

Specific location of project

Tank Removal

Scheduled startup date 3-29-02 - 4-5-02

Vapors removed by:

- Water wash
- Vapor freeing (CO²)
- Ventilation

Indicate below if an A/C was obtained for tank replacement:

Yes _____ No _____ If yes, A/C or P/O # _____

Contaminated Soil Excavation

Scheduled Startup Date _____

Stockpiles will be covered? Yes _____ No _____

Indicate below the method used to comply with Regulation 8, Rule 40, Section 402.4:

Check () 8-40-301 8-40-302 (permit required)

A/C or P/O # _____

A/C = Authority to Construct P/O = Permit to Operate

What other public agency have you notified (e.g., Fire District, Hazardous Materials Department, City or County)?

Agency _____ Contact _____ Phone # () _____

BAAQMD # _____ CONTRACTOR INFORMATION

Name CES Contact B. Kemp
Address P.O. Box 401 Phone (925) 625-1736
City, State, Zip OAKLEY CA 94561

CONSULTANT INFORMATION (if applicable)

Name Baseline Contact Bruce Abelli Amen
Address H-ST Phone (707) 762-5233
City, State, Zip Petaluma CA

FOR OFFICE USE ONLY

Date Received Fax:	Date Postmarked:
Inspector No:	Date: _____ By: _____
Update: Contact Name	Date: _____ By: _____
Update: Contact Name	Date: _____ By: _____

See reverse for instructions

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802 WITHIN CALIFORNIA, CALL 1-800-852-7350
 GENERATOR
 TRANSPORTER
 FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No	Manifest Document No	2 Page 1	Information in the shaded area is not required by Federal law
3 Generator's Name and Mailing Address <i>Oakland Redevelopment Agency 250 Frank Ogawa Plaza S. 5th Fl Oakland, CA 94612</i>		1 <i>CAK100124619177K</i>		A State Manifest Document Number <i>21080341</i>	
4 Generator's Phone <i>7314</i>		6 US EPA ID Number <i>140992600170</i>		B State Generator's ID	
5 Transporter 1 Company Name		8 US EPA ID Number		C State Transporter's ID [Reserved]	
7 Transporter 2 Company Name		10 US EPA ID Number		D Transporter's Phone <i>510 238 7514</i>	
9 Designated Facility Name and Site Address		12 Containers No Type		E State Transporter's ID [Reserved]	
		13 Total Quantity		F Transporter's Phone	
		14 Unit Wt/Vol		G State Facility's ID	
		1 Waste Number		H Facility's Phone	
11 US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)					
a				State EPA/Other	
b				State EPA/Other	
c				State EPA/Other	
d				State EPA/Other	
J Additional Descriptions for Materials Listed Above <i>29669</i>		K Handling Codes for Wastes Listed Above			
15 Special Handling Instructions and Additional Information <i>MASK SYMBOL (510) 238 7514</i>		a		b	
		c		d	
16 GENERATOR'S CERTIFICATION. I hereby declare that the contents of this 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 international and national government regulations.					
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		Signature		Month Day Year	
<i>[Signature]</i>		<i>[Signature]</i>		<i>1/14/91</i>	
17 Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
<i>[Signature]</i>		<i>[Signature]</i>		<i>1/14/91</i>	
18 Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
<i>[Signature]</i>		<i>[Signature]</i>		<i>1/14/91</i>	

DO NOT WRITE BELOW THIS LINE

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		Generator's US EPA ID No <i>CA00024169774581414315</i>	Manifest Document No <i>21084480</i>	2 Page 1 of 1	Information in the shaded areas is not required by Federal law
3 Generator's Name and Mailing Address <i>STATE OF CALIFORNIA DEPARTMENT OF TOXIC SUBSTANCES CONTROL 1201 FA BUNK WOODLAND AREA SITE 530 WOODLAND, CALIFORNIA 95692</i>		A State Manifest Document Number 21084480		B State Generator's ID FILE	
4 Generator's Phone (510) 745-1740		C State Transporter's ID (Reserved) 1887		D Transporter's Phone (510) 476-1740	
5 Transporter 1 Company Name <i>CLARIFIED ENVIRONMENTAL</i>		6 US EPA ID Number CA00000007013		E State Transporter's ID (Reserved)	
7 Transporter 2 Company Name		8 US EPA ID Number		F Transporter's Phone	
9 Designated Facility Name and Site Address <i>WOODLAND AREA SITE 530</i>		10 US EPA ID Number CA00000761743		G State Facility's ID CA00000761743	
				H Facility's Phone (510) 475-1740	
11 US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers No. Type		13 Total Quantity	14 Unit Wt/Vol
a <i>1</i> <i>60 Gallons Plastic Liquid</i>		6 0 1 T T		<i>60</i>	<i>G</i>
b					Waste Number State <i>223</i> EPA/Other <i>None</i>
c					State EPA/Other
d					State EPA/Other
J Additional Descriptions for Materials Listed Above		K Handling Codes for Wastes Listed Above			
		a		b	
		c		d	
15 Special Handling Instructions and Additional Information <i>Site: 801 Clark St. Woodland, CA Invoice # 52962</i>					
16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this 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 international and national government regulations. 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 <i>Clark</i>		Signature <i>[Signature]</i>		Month <i>7</i>	Day <i>8</i>
17 Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month <i>7</i>	Day <i>8</i>
Printed/Typed Name <i>[Name]</i>		Signature <i>[Signature]</i>		Month <i>7</i>	Day <i>8</i>
18 Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day
Printed/Typed Name		Signature		Month	Day
19 Discrepancy Indication Section					
20 Facility Certification					
Printed/Typed Name		Signature		Month	Day

DO NOT WRITE BELOW THIS LINE

OAKLAND FIRE DEPARTMENT, OES UNDERGROUND STORAGE TANK CLOSURE/REMOVAL FIELD INSPECTION REPORT

Site Address: 801 Clay St	Name of Facility: S... ..
Inspector: J... ..	Contact on site:
Date and Time of Arrival: 11/16/11 11:00	Contractor/Consultant: C... ..

General Requirements	Yes	No	N/A
Approved closure plan on site.	✓		
Changes to approved plan noted.			✓
Residuals properly stored/transported.			
Receipt for adequate dry ice noted.			

General Requirements	Yes	No	N/A
Site Safety Plan properly signed.	✓		
40B:C fire extinguisher on site.	✓		
"No Smoking" signs posted.	✓		
Gas detector challenged by inspector.	✓		

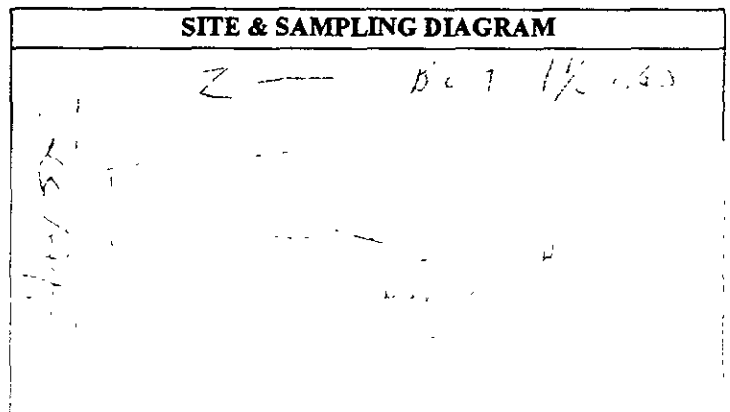
Tank Observations	T #1	T #2	T #3	T #4
Tank Capacity (gallons)	500			
Material last stored	H C			
Dry ice used (pounds)				
Combustible gas concentration as %LEL. (Note time & sampling point)				
(1) 10:00 AM	0			
(2) 10:15 AM				
(3) 10:30 AM				
Oxygen concentration as % volume. (Note time & sampling point.)				
(1) 10:00 AM	10			
(2) 10:15 AM				
(3) 10:30 AM				
Tank Material	Steel			
Wrapping/Coating, if any	None			
Obvious holes?	No			

Tank Observations	T #1	T #2	T #3	T #4
Obvious corrosion?	No			
Obvious odors from tank?	No			
Seams intact?	Yes			
Tank bed backfill material	None			
Obvious discoloration?	No			
Obvious odors ex tank bed?	No			
Water in excavation?	No			
Sheen/product on water?	No			
Tank tagged by transporter?	Yes			
Tank wrapped for transport?	Yes			
Tank plugged w/ vent cap?	Yes			
Date/time tank hauled off?	11/16/11			
No. of soil samples taken?	2			
Depth of soil samples (ft. bgs)	7			

Piping Removal	Yes	No	N/A
All piping removed hauled off w/ tanks?	X		
Obvious holes on pipes?		X	
Obvious odors from pipes?		X	
Obvious soil discoloration in piping trench?		X	
Obvious odors from piping trench?		X	
Water in piping trench?		X	
Number & depth of soil samples from piping trench?		1 / 1 BGS	
Number & depth of water samples from piping trench?		2 / 4	

General Observations	Yes	No	N/A
Leak from any tank suspected?		✓	
"Leak Report" form given to the operator?			
Obviously contaminated soil excavated?		✓	
Soil stockpile sampled?	✓		
Stockpile lined AND covered?	✓		
Water in excavation sampled?		✓	
Number/depth of water samples taken?	2		
All samples properly preserved for transport?			

Additional Observations	Yes	No	N/A
Soil/water sampling protocols acceptable?	X		
Sampling "chain of custody" noted?	X		
Tank pit filled in or covered?			
Tank pit fenced or barricaded?	X		
Transporter a registered HW hauler?	X		
Uniform HW Manifest completed?			
Contractor/Consultant reminded of complete UST Removal Report due within 30 days?	X		
Date Time removal/closure operations completed?			
OT hours or additional charges due from contractor?			



Notes/Comments: _____



REPUBLIC SERVICES VASCO ROAD, LLC

4001 N. Vasco Road, Livermore, California 94550 • (925) 447-0491

TICKET: 286866
CUSTOMER: CES / CES CONTROLLED ENVIRONMENTAL
TRUCK: 001 P.O. :
ACCT#: 5021000
PROFILE #: 1001713

DATE: 07/03/2002

TIME: 11:09 - 11:33

GENERATOR: 1001713 / OAKLAND REDEVE
ORIGIN: 8 / OAKLAND
LICENSE:
COMMENT:

GROSS: 21460 LBS
TARE: 9520 LBS
NET: 11940 LBS

WASTE	QUANTITY	UNIT
SOIL / SOIL - ADC	5.97	T

I certify that I have not disposed
of any liquid or hazardous waste

Weighmaster: RAYMOND Y.

DRIVER

DRIVER

All children must remain in vehicles.
Absolutely no salvaging allowed.

WARNING: Transporting any unauthorized
hazardous waste to this facility for disposal is
prohibited by law. Persons violating this prohibition
are subject to civil and criminal prosecution.

HHH
HHH
HHH



REPUBLIC SERVICES VASCO ROAD, LLC

4001 N. Vasco Road, Livermore, California 94550 • (925) 447-0491

TICKET: 286971
CUSTOMER: CES / CES CONTROLLED ENVIRONMENTAL
TRUCK: 001 P. O. :
ACCT#: 5021000
PROFILE #: 1001713

DATE: 07/03/2002

TIME: 14:03 - 14:04

GENERATOR: 1001713 / OAKLAND REDEVE
ORIGIN: B / OAKLAND
LICENSE:
COMMENT:

GROSS: 21960 LBS
TARE: 9520 LBS Manual
NET: 12440 LBS

WASTE	QUANTITY	UNIT
SOIL / SOIL - ADC	6.22	T

I certify that I have not disposed
of any liquid or hazardous waste

Weighmaster: RAYMOND Y.

DRIVER

DRIVER

All children must remain in vehicles.
Absolutely no salvaging allowed.

WARNING: Transporting any unauthorized
hazardous waste to this facility for disposal is
prohibited by law. Persons violating this prohibition
are subject to civil and criminal prosecution.

MHI
MHI
MHI

APPENDIX B

LABORATORY REPORTS

**Quality Control Checklist
for Review of Laboratory Report**

Job No.: Y1334-01
 Laboratory: McCampbell Analytical
 Report Date: 4-8-02

Site: 801 clay Street
 Laboratory Report No: 0204011
 BASELINE Review By: WKS

	Yes	No	NA
GENERAL QUESTIONS (Describe "no" responses below in "comments" section. Contact the laboratory, as required, for further explanation or action on "no" responses; document discussion in comments section.)			
1a. Does the report include a case narrative? (A case narrative <i>MUST</i> be prepared by the lab for all analytical work requested by BASELINE)	✓		X
1b. Is the number of pages for the lab report as indicated on the case narrative/lab transmittal consistent with the number of pages that are included in report?		✓	X
1c. Does the case narrative indicate which samples were analyzed by a subcontractor and the subcontractor's name?			✓
1d. Does the case narrative summarize subsequent requests not shown on the chain-of-custody (e.g., additional analyses requested, release of "hold" samples)?		✓	
1e. Does the case narrative explain why requested analyses could not be performed by laboratory (e.g., insufficient sample)?			✓
1f. Does the case narrative explain all problems with the QA/QC data as identified in the checklist (as applicable)?			✓
2a. Is the laboratory report format consistent and legible throughout the report?	✓		X
2b. Are the sample and reported dates shown in the laboratory report correct?	✓		X
3a. Does the lab report include the original chain-of-custody form?		✓	X
3b. Were all samples appropriately analyzed as requested on the chain-of-custody form?	✓		X
4. Was the lab report signed and dated as being reviewed by the laboratory director, QA manager, or other appropriate personnel? (Some lab reports have signature spaces for each page). (This requirement also applies to any analyses subcontracted out by the laboratory)	✓		X
5a. Are preparation methods, cleanup methods (if applicable), and laboratory methods indicated for all analyses?	✓		X
5b. If additional analytes were requested as part of the reporting of the data for an analytical method, were these included in the lab report?			✓
6. Are the units in the lab report provided for each analysis consistent throughout the report?	✓		X
7. Are the detection limits (DL) appropriate based on the intended use of the data? (e.g. DL below applicable MCLs for water quality issues?)	✓		X
8a. Are detection limits appropriate based on the analysis performed? (i.e. not elevated due to dilution effects)	✓		X
8b. If no, is an explanation provided by the laboratory?			✓
9a. Were the samples analyzed within the appropriate holding time? (generally 2 weeks for volatiles, and up to 6 months for total metals)	✓		X

Laboratory Quality Control Checklist

Page 2

	Yes	No	NA
9b. If no, was it flagged in the report?			✓
10. If samples were composited prior to analysis, does the lab report indicate which samples were composited for each analysis?			✓
11a. Do the chromatograms confirm quantitative laboratory results? (petroleum hydrocarbons)	✓		
11b. Is a standard chromatogram(s) included in the laboratory report?		✓	
11c. Do the chromatograms confirm laboratory notes, if present (e.g., sample exhibits lighter hydrocarbon than standard)			✓
12. Are the results consistent with previous analytical results from the site? (If no, contact the lab and request review/reanalysis of data, as appropriate)			✓
13a. REVISED LAB REPORTS ONLY. Is the revised lab report or revised pages to a lab report signed and dated as being reviewed by the laboratory director, QA manager, or other appropriate personnel?			✓
13b. REVISED LAB REPORTS ONLY. Does the case narrative indicate the date of revision and provide an explanation for the revision?			✓
13c. REVISED LAB REPORTS ONLY. Does the revised lab report adequately address the problem(s) which triggered the need for a revision?			✓
13d. REVISED LAB REPORTS ONLY. Are the data included in the revised report the same as data reported in the original report, except where the report was revised to correct incorrectly reported data?			✓
QA/QC Questions			
Field/Laboratory Quality Control - Groundwater Analyses			
14. Are field blanks reported as "ND"? (groundwater samples) <i>A field blank is a sample of DI water which is prepared in the field using the same collection and handling procedures as the other samples collected, and used to demonstrate that the sampling procedure has not contaminated the sample.</i>			✓
15. Are trip blanks reported as "ND"? (groundwater samples/volatile analyses) <i>A trip blank is a sample of contaminant-free matrix placed in an appropriate container by the lab and transported with the field samples collected. Provides information regarding positive interference introduced during sample transport, storage, preservation, and analysis. The sample is NOT opened in the field.</i>			✓
16. Are duplicate sample results consistent with the original sample? (groundwater samples) <i>Field duplicates consist of two independent samples collected at the same sampling location during a single sampling event. Used to evaluate precision of the analytical data and sampling technique (Differences between the duplicate and sample results may also be attributed to environmental variability.)</i>			✓

Laboratory Quality Control Checklist

	Yes	No	NA
<p>Batch Quality Control (Samples are batched together by matrix [soil, water] and analyses requested. A batch generally consists of 20 or fewer samples of the same matrix type, and is prepared using the same reagents, standards, procedures, and time frame as the samples. QC samples are run with each batch to assess performance of the entire measurement process.)</p>			
17. Do the sample batch numbers and corresponding laboratory QA/QC batch numbers match?		✓*	
18a. Are method blanks (MB) for the analytical method(s) below the laboratory reporting limits? <i>Used to assess lab contamination and prevent false positive results. MBs should be "ND."</i>	✓		
18b. If no, is an explanation provided in the case narrative to validate the data?			✓
18c. Are analytes which may be considered laboratory contaminants reported below the laboratory reporting limit? <i>Common lab contaminants include acetone, methylene chloride, diethylhexyl phthalate, and di-n-octyl phthalate.</i>	✓		
18d. If no, was the laboratory contacted to determine whether reported analyte could be a potential laboratory contaminant and was an explanation included in the case narrative?			✓
19. Are laboratory control samples (LCS) and LCS duplicate (LCSD) [a.k.a., Blank Spike (BS) and BS duplicates (BSD)] within laboratory reporting limits? Limits should be provided on the report. <i>LCS is a reagent blank spike with a representative selection of target analyte(s) and prepared in the same manner as the samples analyzed. The LCS should be spiked with the same analytes as the matrix spike (below). The LCS is free from interferences from the sample matrix and demonstrates the ability of the lab instruments to recover the target analytes. Accuracy (recovery information) is generally reported as % spike recovery; precision (reproducibility of results) between the LCS and LCSD is generally reported as the relative percent difference (RPD). LCS/LCSD can be run in addition to or in lieu of, matrix QC data.</i>	✓		
20a. Are the Matrix QC data (i.e., MS/MSD) within laboratory limits? Limits should be provided on the lab report. <i>The lab selects a sample from the batch and analyzes a spike and a spike duplicate of that sample. Matrix QC data is used to obtain precision and accuracy information and is reported in the same manner as LCS/LCSD. If the MS/MSD fails, the results may still be considered valid if the MB and either the LCS/LCSD or BS/BSD is within the lab's limits (failure is probably due to matrix interference).</i>	✓		
20b. If no, is the MB and either LCS/LCSD or BS/BSD within lab limits to validate the data?			✓

* Batch numbers are not indicated on Lab reports. The sample ID for QA sample has same as date in which the sample was analyzed

Laboratory Quality Control Checklist

Page 4

	Yes	No	NA
Sample Quality Control			
21a. Are the surrogate spikes reported within the lab's acceptable recovery limits? <i>A surrogate is a non-target analyte, which is similar in chemical structure to the analyte(s) being analyzed for, and which is not commonly found in environmental samples. A known concentration of the surrogate is spike into the sample or QA "sample" prior to extraction or sample preparation. Results are usually reported as % recovery of the spike. Failure to meet lab's limits for primary and secondary surrogates results in rebatching and reanalysis of the sample; failure of only the primary or the secondary surrogate may be acceptable under certain circumstances. Failure generally is due to coelution with the sample matrix.</i>	✓		
21b. If no, is an explanation given in the case narrative to validate the data?			✓

Comments:



McCAMPBELL ANALYTICAL INC.

110 2nd Avenue South, #D7, Pacheco, CA 94553-5560
Telephone 925-798-1620 Fax 925-798-1622
<http://www.mccampbell.com> E-mail: main@mccampbell.com

Baseline 101 H Street, Suite C Petaluma, CA 94952	Client Project ID: #Y1334-01	Date Sampled: 04/01/02
		Date Received: 04/01/02
	Client Contact: Bill Scott	Date Extracted: 04/01/02
	Client P.O:	Date Analyzed: 04/01/02

04/08/02

Dear Bill:

Enclosed are:

- 1). the results of 2 samples from your #Y1334-01 project,
- 2). a QC report for the above samples
- 3). a copy of the chain of custody, and
- 4). a bill for analytical services.

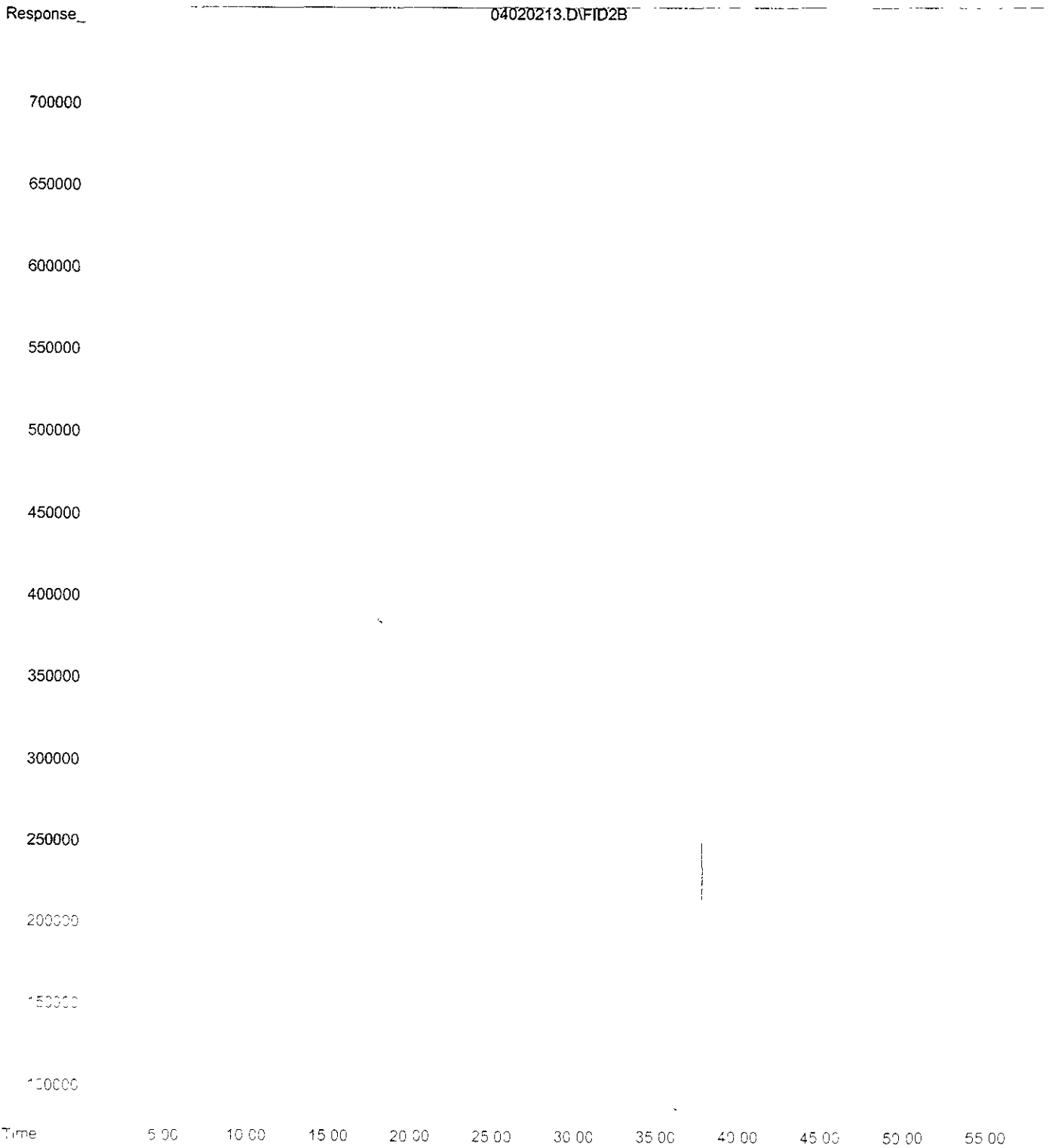
RECEIVED
APR 19 2002
BASELINE

All analyses were completed satisfactorily and all QC samples were found to be within our control limits. If you have any questions please contact me. McCampbell Analytical Laboratories strives for excellence in quality, service and cost. Thank you for your business and I look forward to working with you again.

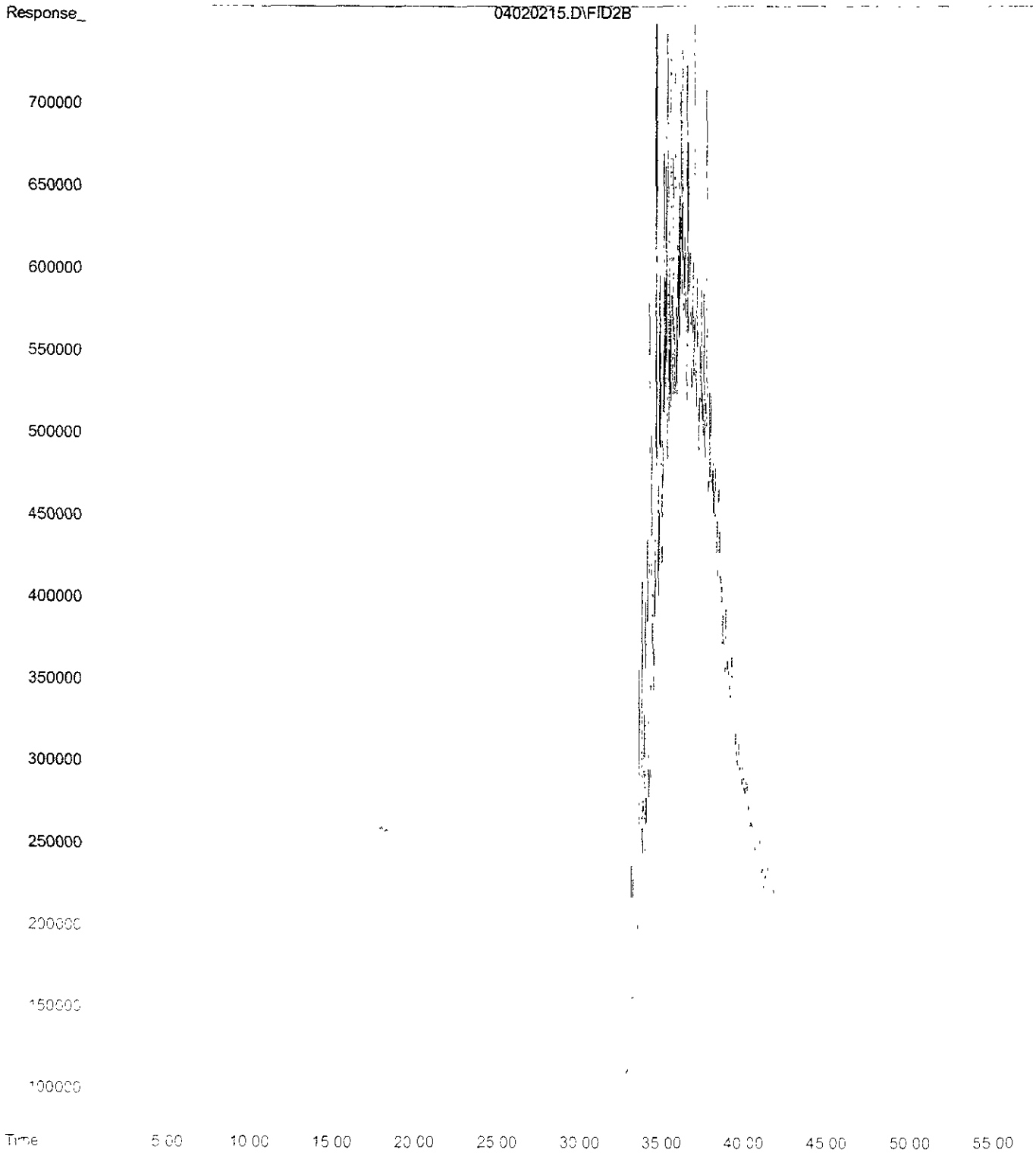
Yours truly,

Edward Hamilton, Lab Director

File : D:\HPCHEM\1\DATAB\04020213.D
Operator : Thu
Acquired : 2 Apr 0202 9:00 pm using AcqMethod GC11AK.M
Instrument : GC-11
Sample Name: 0204011-001A S
Misc Info : TPH(DMO)_S
Vial Number: 57



File : D:\HPCHEM\1\DATAB\04020215.D
Operator : Thu
Acquired : 2 Apr 0202 10:08 pm using AcqMethod GC11AK.M
Instrument : GC-11
Sample Name: 0204011-002A S
Misc Info : TPH(DMO)_S
Vial Number: 58





McCAMPBELL ANALYTICAL INC.

110 2nd Avenue South, #D7, Pacheco, CA 94553-5560
 Telephone: 925-798-1620 Fax: 925-798-1622
<http://www.mccampbell.com> E-mail: main@mccampbell.com

QC REPORT

EPA 8015C

Date: 04/02/02

Extraction: EPA 5030

Matrix: Soil

Compound	Sample	Concentration: mg/kg			%Recovery		RPD
		MS	MSD	Amount Spiked	MS	MSD	
	SampleID: 40202				Instrument	GC-6 A	
Surrogate1	ND	105.000	104.000	100.00	105	104	1.0
TPH (diesel)	ND	175.000	176.000	150.00	117	117	0.6

$$\% \text{ Recovery} = \frac{(MS - \text{Sample})}{\text{Amount Spiked}} \times 100$$

$$\text{RPD} = \frac{(MS - \text{MSD})}{(MS + \text{MSD})} \times 100$$

RPD means Relative Percent Deviation



McCAMPBELL ANALYTICAL INC.

110 2nd Ave. South, #D7, Pacheco, CA 94553-5560

Telephone : 925-798-1620 Fax : 925-798-1622

<http://www.mccampbell.com> E-mail: main@mccampbell.com

QC REPORT

VOCs (EPA 8240/8260)

Date: 04/07/02

Extraction: EPA 5030

Matrix: Soil

Compound	Concentration: ug/kg			%Recovery		RPD	
	Sample	MS	MSD	MS	MSD		
<u>SampleID:</u> 40702		<u>Instrument</u> GC-10					
Surrogate	ND	96.0	96.0	100.00	96	96	0.0
Methyl tert-Butyl Ether	ND	53.5	52.5	50.00	107	105	1.9

$$\% \text{ Recovery} = \frac{(MS - Sample)}{Amount\ Spiked} \times 100$$

$$RPD = \frac{(MS - MSD)}{(MS + MSD)} \times 200$$

RPD means Relative Percent Deviation

McC Campbell Analytical Inc.

110 Second Avenue, South - D
Pacheco, CA 94553-5800
925-835-1600

CHAIN-OF-CUSTODY RECORD

WorkOrder: 0204011

Client

Baseline Environmental
5900 Hollis Street, Ste D
Emeryville, CA 94608

TEL:
FAX:
ProjectNo: #Y1334-01
PO

01-Apr-02

Sample ID	ClientSampID	Matrix	Collection Date	Bottle	Requested Tests	
					SW8015C	SW8260B
0204011 001	801 CS 1 / 0	Soil	4/1/02 11:36:00 AM		A	A
0204011 002	801 CS 2	Soil	4/1/02 11:45:00 AM		A	A

Comments:

Date/Time

Date/Time

Relinquished by:

Received by:

Relinquished by:


Received by:

Relinquished by:

Received by:

NOTICE: Solid samples are discarded after 60 days and Non-Solid samples are discarded after 30 days unless other arrangements are made. Hazardous samples will be returned to client or disposed of at client expense.

Bottle Type: L-Liter V-Voa B-Soil Jar O-Orbo T-Tedlar B-Brass P-Plastic OT-Other

 <p>McCAMPBELL ANALYTICAL INC.</p>	<p>110 2nd Ave South, #D7, Pacheco, CA 94553-5560 Telephone : 925-798-1620 Fax : 925-798-1622 http://www.mccampbell.com E-mail: main@mccampbell.com</p>
---	--

Date: 05/30/02

ATTN: Bill Scott Bruce

Message: Btex by 8260 added on 05/28/02.
results for #Y1334-01

FROM: Suyen Le

Number of pages faxed including this one 4

CAUTION: CONFIDENTIAL!
 THE DOCUMENT BEING TELECOPIED TO YOU MAY CONTAIN INFORMATION PROTECTED BY THE SENDER AND/OR CLIENT. It is intended only for the use of the person to whom it is addressed. If you are not the intended recipient or an authorized representative, then this is notice to you that dissemination, distribution or copying of this document is prohibited. If this was received in error, please call us at once and destroy the document.

2610

BASFLIN E

5900 Hollis Street, Suite D
Emeryville, CA 94608
Tel (510) 420 8686 Fax (510) 420-1707

CHAIN OF CUSTODY RECORD

0204011

Turn-around Time

Lab

BASFLINE Contact Person

Bill Teal

Project No		Project Name and Location:										Remarks/ Composite
Samplers (Signature)		Containers										
Sample ID No. Station	Date:	Time:	Media	No.	Type	None	HCl	NO ₂	SO ₄	Other:		
0204011	4-1-02	11:36	1	1	SS	X						TEK 8260 STEX by 8260 5/21/02
0204011	4-1-02	11:45	1	1	SS	X						
<p>ICCP/0 ✓ GOOD CONDITION ✓ HEAD SPACE ABSENT ✓</p> <p>VOAS LOGS 10/21/02</p> <p>✓ PRESERVATION APPROPRIATE CONTAINERS ✓</p>												
Relinquished by (Signature)		Date/Time	Received by: (Signature)		Date/Time	Conditions of Samples Upon Arrival at Laboratory.						
[Signature]		4/1/02 11:45	[Signature]		4-1-02 11:45							
Relinquished by (Signature)		Date/Time	Received by: (Signature)		Date/Time	Remarks:						
[Signature]		4/1/02 11:45	[Signature]		4/01/02							
Relinquished by (Signature)		Date/Time	Received by: (Signature)		Date/Time							

1343 (Revised) Chain of Custody Records (Master) - 01/01/00

L V M



McCAMPBELL ANALYTICAL INC.

110 2nd Avenue South, #D7, Pacheco, CA 94553-5560
Telephone 925-798-1620 Fax 925-798-1622
[http: www.mccampbell.com](http://www.mccampbell.com) E-mail: main@mccampbell.com

Baseline 5900 Hollis Street. Ste D Emeryville, CA 94608	Client Project ID: #Y1334-01: 801 Clay Street, Oakland CA	Date Sampled: 04/01/02
		Date Received: 04/01/02
	Client Contact: Bill Scott	Date Extracted: 04/01/02
	Client P.O:	Date Analyzed: 04/01/02

04/08/02

Dear Bill:

Enclosed are:

- 1). the results of 2 samples from your #Y1334-01 project.
- 2). a QC report for the above samples
- 3). a copy of the chain of custody, and
- 4). a bill for analytical services.

All analyses were completed satisfactorily and all QC samples were found to be within our control limits. If you have any questions please contact me. McCampbell Analytical Laboratories strives for excellence in quality, service and cost. Thank you for your business and I look forward to working with you again.

Yours truly,

Edward Hamilton, Lab Director



McCAMPBELL ANALYTICAL INC.

110 2nd Avenue South, #D7, Pacheco, CA 94553-5560
 Telephone : 925-798-1620 Fax : 925-798-1622
 http://www.mccampbell.com E-mail: main@mccampbell.com

Baseline 5900 Hollis Street, Ste D Emeryville, CA 94608	Client Project ID: #Y1334-01; 801 Clay Street, Oakland CA	Date Sampled: 04/01/02
	Client Contact: Bill Scott	Date Received: 04/01/02
	Client P.O:	Date Analyzed: 04/07/02
		Date Extracted: 04/01/02

Volatile Organics By GC/MS

EPA method 8260

Lab ID	0204011-001
Client ID	801-CS-1 7.0
Matrix	S

Compound	Concentration*	Reporting Limit		Compound	Concentration*	Reporting Limit	
		W	S			W	S
Acetone ^(b)	---	5.0	25	trans-1,3-Dichloropropene	---	1.0	5.0
Benzene	ND	1.0	5.0	Ethylene dibromide	---	1.0	5.0
Bromobenzene	---	1.0	5.0	Ethylbenzene	ND	1.0	5.0
Bromochloromethane	---	1.0	5.0	Hexachlorobutadiene	---	5.0	25
Bromodichloromethane	---	1.0	5.0	Iodomethane	---	1.0	5.0
Bromoform	---	1.0	5.0	Isopropylbenzene	---	1.0	5.0
Bromomethane	---	1.0	5.0	p-Isopropyl toluene	---	1.0	5.0
n-Butyl benzene	---	1.0	5.0	Methyl butyl ketone ^(d)	---	1.0	5.0
sec-Butyl benzene	---	1.0	5.0	Methylene Chloride ^(e)	---	1.0	5.0
tert-Butyl benzene	---	1.0	5.0	Methyl ethyl ketone ^(f)	---	2.0	10
Carbon Disulfide	---	1.0	5.0	Methyl isobutyl ketone ^(g)	---	1.0	5.0
Carbon Tetrachloride	---	1.0	5.0	Methyl tert-Butyl Ether (MTBE)	---	1.0	5.0
Chlorobenzene	---	1.0	5.0	Naphthalene	---	5.0	5.0
Chloroethane	---	1.0	5.0	n-Propyl benzene	---	1.0	5.0
2-Chloroethyl Vinyl Ether ^(h)	---	1.0	5.0	Styrene ^(k)	---	1.0	5.0
Chloroform	---	1.0	5.0	1,1,1,2-Tetrachloroethane	---	1.0	5.0
Chloromethane	---	1.0	5.0	1,1,2,2-Tetrachloroethane	---	1.0	5.0
2-Chlorotoluene	---	1.0	5.0	Tetrachloroethene	---	1.0	5.0
4-Chlorotoluene	---	1.0	5.0	Toluene ^(l)	ND	1.0	5.0
Dibromochloromethane	---	1.0	5.0	1,2,3-Trichlorobenzene	---	5.0	25
1,2-Dibromo-3-chloropropane	---	2.0	10	1,2,4-Trichlorobenzene	---	5.0	25
Dibromomethane	---	1.0	5.0	1,1,1-Trichloroethane	---	1.0	5.0
1,2-Dichlorobenzene	---	1.0	5.0	1,1,2-Trichloroethane	---	1.0	5.0
1,3-Dichlorobenzene	---	1.0	5.0	Trichloroethene	---	1.0	5.0
1,4-Dichlorobenzene	---	1.0	5.0	Trichlorofluoromethane	---	1.0	5.0
Dichlorodifluoromethane	---	1.0	5.0	1,2,3-Trichloropropane	---	1.0	5.0
1,1-Dichloroethane	---	1.0	5.0	1,2,4-Trimethylbenzene	---	1.0	5.0
1,2-Dichloroethane	---	1.0	5.0	1,3,5-Trimethylbenzene	---	1.0	5.0
1,1-Dichloroethene	---	1.0	5.0	Vinyl Acetate ^(m)	---	5.0	25
cis-1,2-Dichloroethene	---	1.0	5.0	Vinyl Chloride ⁽ⁿ⁾	---	1.0	5.0
trans-1,2-Dichloroethene	---	1.0	5.0	Xylenes, total ^(o)	ND	1.0	5.0
1,2-Dichloropropane	---	1.0	5.0	Comments:			
1,3-Dichloropropane	---	1.0	5.0	Surrogate Recoveries (%)			
2,2-Dichloropropane	---	1.0	5.0	Dibromofluoromethane		99	
1,1-Dichloropropene	---	1.0	5.0	Toluene-c8		105	
cis-1,3-Dichloropropene	---	1.0	5.0	4-Bromofluorobenzene		121	

* Vapor and vapor samples are reported in ug/L soil and sludge samples in ug/kg, wipes in ug/wipe and all TCEP/SPI P extracts in ug/l
 ND means not detected above the reporting limit. N/A means analyte not applicable to this analysis.

(b) 2-pentanone (c) dimethyl ketone (d) 1,2-dichloroethoxy ethene (e) 2-hexanone (f) dichloromethane (g) 2-butanone (h) 4-methyl-2-pentanone or isopropyl acetone (i) lighter than water immiscible sheen is present. (j) liquid sample that contains greater than 5 vol % sediment. (k) sample diluted due to high organic content (l) ethylbenzene, (m) methylbenzene (n) acetic acid ethyl ester (o) chlorobenzene, total methylbenzenes

DHS Certification No 1644

Edward Hamilton, Lab Director



McCAMPBELL ANALYTICAL INC.

110 2nd Avenue South, #D7, Pacheco, CA 94553-5560
 Telephone: 925-798-1620 Fax: 925-798-1622
 http://www.mccampbell.com E-mail: main@mccampbell.com

Baseline 5900 Hollis Street, Ste D Emeryville, CA 94608	Client Project ID: #Y1334-01; 801 Clay Street, Oakland CA	Date Sampled: 04/01/02
	Client Contact: Bill Scott	Date Received: 04/01/02
	Client P.O.:	Date Analyzed: 04/07/02
		Date Extracted: 04/01/02

Volatile Organics By GC/MS

EPA method 8260

Lab ID	0204011-002
Client ID	801-CS-2
Matrix	S

Compound	Concentration*	Reporting Limit		Compound	Concentration*	Reporting Limit	
		W	S			W	S
Acetone ^(b)	---	5.0	25	trans-1,3-Dichloropropene	---	1.0	5.0
Benzene	ND	1.0	5.0	Ethylene dibromide	---	1.0	5.0
Bromobenzene	---	1.0	5.0	Ethylbenzene	ND	1.0	5.0
Bromochloromethane	---	1.0	5.0	Hexachlorobutadiene	---	5.0	25
Bromodichloromethane	---	1.0	5.0	Iodomethane	---	1.0	5.0
Bromoform	---	1.0	5.0	Isopropylbenzene	---	1.0	5.0
Bromomethane	---	1.0	5.0	p-Isopropyl toluene	---	1.0	5.0
n-Butyl benzene	---	1.0	5.0	Methyl butyl ketone ^(d)	---	1.0	5.0
sec-Butyl benzene	---	1.0	5.0	Methylene Chloride ^(e)	---	1.0	5.0
tert-Butyl benzene	---	1.0	5.0	Methyl ethyl ketone ^(f)	---	2.0	10
Carbon Disulfide	---	1.0	5.0	Methyl isobutyl ketone ^(g)	---	1.0	5.0
Carbon Tetrachloride	---	1.0	5.0	Methyl tert-Butyl Ether (MTBE)	---	1.0	5.0
Chlorobenzene	---	1.0	5.0	Naphthalene	---	5.0	5.0
Chloroethane	---	1.0	5.0	n-Propyl benzene	---	1.0	5.0
2-Chloroethyl Vinyl Ether ^(h)	---	1.0	5.0	Styrene ^(k)	---	1.0	5.0
Chloroform	---	1.0	5.0	1,1,1,2-Tetrachloroethane	---	1.0	5.0
Chloromethane	---	1.0	5.0	1,1,2,2-Tetrachloroethane	---	1.0	5.0
2-Chlorotoluene	---	1.0	5.0	Tetrachloroethene	---	1.0	5.0
4-Chlorotoluene	---	1.0	5.0	Toluene ^(l)	ND	1.0	5.0
Dibromochloromethane	---	1.0	5.0	1,2,3-Trichlorobenzene	---	5.0	25
1,2-Dibromo-3-chloropropane	---	2.0	10	1,2,4-Trichlorobenzene	---	5.0	25
Dibromomethane	---	1.0	5.0	1,1,1-Trichloroethane	---	1.0	5.0
1,2-Dichlorobenzene	---	1.0	5.0	1,1,2-Trichloroethane	---	1.0	5.0
1,3-Dichlorobenzene	---	1.0	5.0	Trichloroethene	---	1.0	5.0
1,4-Dichlorobenzene	---	1.0	5.0	Trichlorofluoromethane	---	1.0	5.0
Dichlorodifluoromethane	---	1.0	5.0	1,2,3-Trichloropropane	---	1.0	5.0
1,1-Dichloroethane	---	1.0	5.0	1,2,4-Trimethylbenzene	---	1.0	5.0
1,2-Dichloroethane	---	1.0	5.0	1,3,5-Trimethylbenzene	---	1.0	5.0
1,1-Dichloroethene	---	1.0	5.0	Vinyl Acetate ^(m)	---	5.0	25
cis-1,2-Dichloroethene	---	1.0	5.0	Vinyl Chloride ⁽ⁿ⁾	---	1.0	5.0
trans-1,2-Dichloroethene	---	1.0	5.0	Xylenes, total ^(o)	ND	1.0	5.0
1,2-Dichloropropane	---	1.0	5.0	Comments:			
1,3-Dichloropropane	---	1.0	5.0	Surrogate Recoveries (%)			
2,2-Dichloropropane	---	1.0	5.0	Dibromo fluoromethane		100	
1,1-Dichloropropene	---	1.0	5.0	Toluene-d8		105	
cis-1,3-Dichloropropene	---	1.0	5.0	4-Bromofluorobenzene		118	

*Water and vapor samples are reported in ug/L, soil and sludge samples in ug/kg, wipes in ug/wipe and air (CLP - SPLP) extracts in ug/L

ND means not detected above the reporting limit. N/A means analyte not applicable to this analysis

(b) 2-propanone (c) dimethyl ketone (d) (2-chloroethoxy) ethane (e) 2-hexanone (f) dichloromethane (g) 2-butanone (h) 4-methyl-2-pentanone (i) isopropyl acetone (j) lighter than water immiscible sheen is present (k) field sample that contains greater than 45 vol % sediment (l) sample diluted due to high organic content (m) ethylbenzene (n) methyl benzene (o) acetic acid ethenyl ester (p) chloroethene (q) methylbenzenes

DHS Certification No. 1644

Edward Hamilton, Lab Director



McCAMPBELL ANALYTICAL INC.

110 2nd Avenue South, #D7, Pacheco, CA 94553-5560
Telephone : 925-798-1620 Fax : 925-798-1622
<http://www.mccampbell.com> E-mail: main@mccampbell.com

QC REPORT

VOCs (EPA 8240/8260)

Date: 05/07/02

Extraction: EPA 5030

Matrix: Soil

Compound	Concentration: ug/kg				%Recovery		RPD
	Sample	MS	MSD	Amount Spiked	MS	MSD	
<u>SampleID:</u> 50702					<u>Instrument</u> GC-10		
Surrogate	ND	102.0	101.0	100.00	102	101	1.0
Methyl tert-Butyl Ether	ND	52.5	52.5	50.00	105	105	0.0
Toluene	ND	53.0	52.5	50.00	106	105	0.9
Benzene	ND	50.0	49.5	50.00	100	99	1.0
Chlorobenzene	ND	49.0	50.0	50.00	98	100	2.0
Trichloroethene	ND	49.5	54.5	50.00	99	109	9.6
1,1-Dichloroethene	ND	54.5	54.0	50.00	109	108	0.9

$$\% \text{ Recovery} = \frac{(MS - Sample)}{AmountSpiked} \cdot 100$$

$$RPD = \frac{(MS - MSD)}{(MS + MSD)} \cdot 2100$$

RPD means Relative Percent Deviation

BASELINE

5900 Hollis Street, Suite D
Emeryville, CA 94608
Tel (510) 420 8686 Fax (510) 420-1707

CHAIN OF CUSTODY RECORD

0204011

Turn-around Time

Lab

BASELINE Contact Person

Standard

Bill Scott

2610

Project No		Project Name and Location:										TEH 8015.0 INDE 8040 STEX by 8260 5/27/02		Remarks/ Composite					
Samplers (Signature)				Containers						No.	Type					Preservative			
Sample ID No. Station	Date:	Time:	Media	None	HCl	NO ₃	SO ₄	Other:											
201-02-10	11-02	11:36	S	1	SS	X					X	X	X						
201-02-11	11-02	11:45	S	1	SS	X					X	X	X				contaminated		
VOASHI ORG/ETN/01/01/01																			
ICE/CHECKED CONDITION HEAD SPACE ABSENT		PRESERVATION APPROPRIATE CONTAINERS																	

Relinquished by (Signature)	Date/Time	Received by (Signature)	Date/Time	Conditions of Samples Upon Arrival at Laboratory.
<u>[Signature]</u>	4/1/02 11:48	<u>[Signature]</u>	4-1-02 11:48	
Relinquished by (Signature)	Date/Time	Received by (Signature)	Date/Time	Remarks:
<u>William Callaway</u>	4/1/02 12:26	<u>Maria Valeros</u>	4/01/02	
Relinquished by (Signature)	Date/Time	Received by (Signature)	Date/Time	

L.V.M.



McC Campbell Analytical Inc.

110 2nd Avenue South, #D7, Pacheco, CA 94553-5560
Telephone 925-798-1620 Fax 925-798-1622
<http://www.mcccampbell.com> E-mail man@mcccampbell.com

Controlled Env. Svcs. (CES) P.O. Box 401 Oakley, CA 94561	Client Project ID: #1882	Date Sampled: 04/16/02
		Date Received: 04/16/02
	Client Contact: Mike Pedersen/ Bob Kemp	Date Reported: 04/23/02
	Client P.O.:	Date Completed: 05/08/02

May 08, 2002

Dear Mike:

Enclosed are:

- 1). the results of 1 samples from your #1882 project,
- 2). a QC report for the above samples
- 3). a copy of the chain of custody, and
- 4). a bill for analytical services.

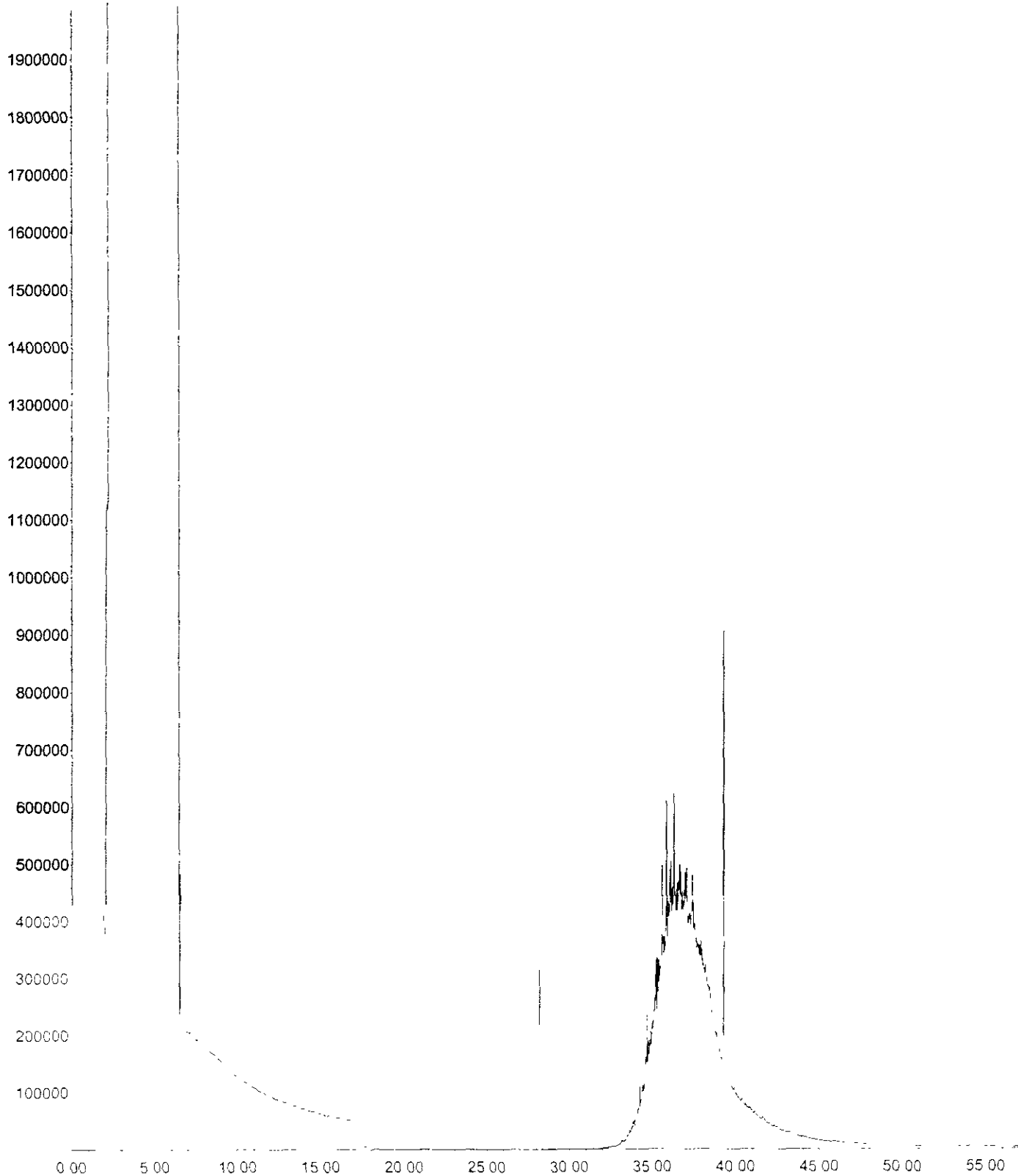
All analyses were completed satisfactorily and all QC samples were found to be within our control limits. If you have any questions please contact me. McC Campbell Analytical Laboratories strives for excellence in quality, service and cost. Thank you for your business and I look forward to working with you again.

Yours truly,

Angela Rydelius, Lab Manager

File : D:\HPCHEM\2\DATAB\04160211.D
Operator : Thu
Acquired : 16 Apr 2002 9:40 pm using AcqMethod GC6ANEWK.M
Instrument : GC-6
Sample Name: 0204283-001A S
Misc Info : TPH(MO)_S
Vial Number: 56

04160211.D\FID2B





MCCAMPBELL ANALYTICAL INC.

110 2nd Avenue South, #D7, Pacheco, CA 94553-5560
 Telephone : 925-798-1620 Fax : 925-798-1622
<http://www.mccampbell.com> E-mail: main@mccampbell.com

Controlled Environmental Services 3900-B Main St., Oakley, CA 94561	Client Project ID: #1882; Peak Engin	Date Sampled: 04/16/02
	Client Contact: Bob Kemp	Date Received: 04/16/02
	Client P.O:	Date Extracted: 04/16/02
		Date Analyzed: 04/16/02

Lead*

EPA analytical methods 6010/200.7, 239.2*

Lab ID	Client ID	Matrix	Extraction °	Lead*	% Recovery Surrogate
0204283-001	SP#1	S	TTLIC	12	99
Reporting Limit unless otherwise stated; ND means not detected above the reporting limit	S	TTLIC	3.0 mg/kg		
	W	TTLIC	0.005 mg/L		
	---	STLC, TCLP	0.2 mg/L		

* soil and sludge samples are reported in mg/kg, wipe samples in ug/wipe and water samples and all STLC, SPLP, TCLP extracts in mg/L
 Lead is analysed using EPA method 6010 (ICP) for soils, sludges, STLC & TCLP extracts and method 239.2 (AA Furnace) for water samples
 DISTIC extractions are performed using STLC methodology except that deionized water is substituted for citric acid buffer as the extraction fluid. DISTIC results are not applicable to STLC regulatory limits
 EPA extraction methods 1311 (ICLP), 3010, 3020 (water FTIC), 3040 (organic matrices FTIC), 3050 (soils FTIC), STLC - CA Title 22
 ° surrogate diluted out of range N/A means surrogate not applicable to this analysis
 * reporting limit raised due matrix interference
 1) liquid sample that contains greater than ~2 vol % sediment; this sediment is extracted with the liquid in accordance with EPA methodologies and can significantly effect reported metal concentrations

McC Campbell Analytical Inc.

130 Second Avenue South
 Pacheco, CA 94530
 (925) 798-4612

CHAIN OF-CUSTODY RECORD

WorkOrder: 0204283

Client

Controlled Env Svcs (CES)
 P O Box 401
 Oakley, CA 94561

TEL: (925) 625-1736
 FAX: (925) 679-1128
 ProjectNo #1882, Peak Eng
 PO:

16-Apr-02

Sample ID	ClientSampleID	Matrix	Collection Date	Bottle	6010C	SW8015C	Requested Tests
0204283-001	SP#1	Soil	4/16/02 3:00:00 PM	A	A		

Comments:

	Date/Time		Date/Time
Relinquished by:		Received by:	
Relinquished by:		Received by:	
Relinquished by:		Received by:	

NOTE: Samples are discarded 60 days after results are reported unless other arrangements are made. Hazardous samples will be returned to client or disposed of at client expense

Bottle Type L-Liter V-Voa S-Soil Jar O-Orbo T-Tedlar B-Brass P-Plastic OT-Other

3Y: McCampbell Analytical, Inc.; 1 925 798 4612; Apr-23-02 11:05AM; Page 6/6

zcon-67.d

2016/04/02

McCAMPBELL ANALYTICAL INC

110 2nd AVENUE SOUTH, #D7
PACHECO, CA 94553 5560

Telephone (925) 798-1620

Fax (925) 798-1622

CHAIN OF CUSTODY RECORD

TURN AROUND TIME

RUSH 24 HOUR 48 HOUR 5 DAY

Report To: Mike Pedersen / Bob Kemp Bill To: CES
 Company: Controlled Environmental Services
 P.O. Box 401
 Oakley, CA 94561
 Tele: (925) 625-1736 Fax: (925) 625-2618
 Project # 1882
 Project Location 8th Street Oakley
 Sampler Signature [Signature]

Analysis Request

Other

Comments

SAMPLE ID	LOCATION	SAMPLING		# Containers	Type Containers	MATRIX					METHOD PRESERVED			BTEX & TPH as Gas (602/8020 - 8015) MTBE TPH as Diesel (8015) Fuel Oil Total Petroleum Oil & Grease (5520 E&F B&F) Total Petroleum Hydrocarbons (418.1) EPA 601 / 8010 BTEX ONLY (EPA 602 / 8020) EPA 608 / 8080 EPA 608 / 8080 PCR'S ONLY EPA 624 / 8240 / 8260 EPA 625 / 8270 PAH'S / PNA'S by EPA 625 / 8270 / 8310 CAM-17 Metals LUFT 5 Metals Lead (7240/7421/239 26010) RCI	Other	Comments	
		Date	Time			Water	Soil	Air	Sludge	Other	Ice	HCl	HNO ₃				Other
SP#-1	SP	4/16	15:00	1	BT												

Relinquished By	Date	Time	Received By
[Signature]	4/16	15:25	[Signature]
Relinquished By	Date	Time	Received By
Relinquished By	Date	Time	Received By

Remarks

MEASUREMENT COLLECTION ALL SPACE PRESENT
 PRESERVATION APPROPRIATE CONTAINERS
 VOA | O&G METALS | OTHER

TB.W