

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

Insp: DH

AGENCY # : 10000 SOURCE OF FUNDS: S SUBSTANCE: 12034
 StID : 4158 LOC:
 SITE NAME: Earl Shenk Residence DATE REPORTED : 04/14/92
 ADDRESS : 6159 Acacia Ave DATE CONFIRMED: 05/13/92
 CITY/ZIP : Oakland 94618 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S CONTRACT STATUS: 4 PRIOR CODE: EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 05/15/92
 PRELIMINARY ASMNT: DATE UNDERWAY: DATE COMPLETED:
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 05/15/92
 LUFT FIELD MANUAL CONSID: 2
 CASE CLOSED: DATE CASE CLOSED:
 DATE EXCAVATION STARTED : 04/14/92 REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Ms. Priscilla Shenk
 COMPANY NAME:
 ADDRESS: 674 Victoria Court
 CITY/STATE: San Leandro, C A 94577

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. GHAIHID, Assistant Agency Director

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

May 18, 1992

Ms. Catrina Gjura
Underground Storage Tanks
State Water Resources Control Board
P.O. Box 944212
Sacramento, CA 94244-2120

Re: Eligibility of 6159 Acacia Ave., Oakland 94618, for State LOP Funding.

Dear Ms. Gjura:

This letter recounts the conversation we had today regarding the eligibility of the above site for State LOP funding. To recap, this site is a residence which removed a 500 gallon home heating fuel tank in the Oakland hills. Soil samples taken by the contractor, Scott Co., indicate diesel fuel contamination to an extent of 1400 parts per million. The tank had apparent holes on its bottom. The tank was used exclusively for the storage of heating fuel for this home only and for non-agricultural purposes. You stated that this site is eligible for State LOP funding and the site has been transferred and is identified as STID # 4158.

Please contact me at (510) 271-4320 should you have any questions.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist

cc: Mr. E. Shank, 674 Victoria Court, San Leandro, CA 94577

LOP-6159Acacia

| | | |
|--|-----------------------|--------------|
| Post-It™ brand fax transmittal memo 7871 | | # of pages + |
| To: Barney Chan | From: Catrina Gjura | |
| On: Alameda Co. | Co: SWRCB | |
| Dept: Haz. Mat. | Phone: (916) 789-4325 | |
| Fax: (510) 569-4767 | Fax: | |

OK Catrina 6/1/92

Remember 300 State Funding \$ 5 in database

END

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

May 18, 1992

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Ms. Catrina Gjura
Underground Storage Tanks
State Water Resources Control Board
P.O. Box 944212
Sacramento, CA 94244-2120

Re: Eligibility of 6159 Acacia Ave., Oakland 94618, for State LOP
Funding.

Dear Ms. Gjura:

This letter recounts the conversation we had today regarding the eligibility of the above site for State LOP funding. To recap, this site is a residence which removed a 500 gallon home heating fuel tank in the Oakland hills. Soil samples taken by the contractor, Scott Co., indicate diesel fuel contamination to an extent of 1400 parts per million. The tank had apparent holes on its bottom. The tank was used exclusively for the storage of heating fuel for this home only and for non-agricultural purposes. You stated that this site is eligible for State LOP funding and the site has been transferred and is identified as STID # 4158.

Please contact me at (510) 271-4320 should you have any questions.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist

cc: Mr. E. Shenk, 674 Victoria Court, San Leandro, CA 94577

LOP-6159Acacia

DATE: 5/13/92
TO : Local Oversight Program
FROM: BC
SUBJ: Transfer of Eligible Oversight Case

R/P
contact
prop owner

Date rep: 5/13/92
Sub: ~~Earl Shank~~ Priscilla Shank TR
674 Victoria Court
San Leandro CA 94577

Site name: Earl Shank
Address: 6159 Acacia city Oak zip 94618
Closure plan attached? Y N DepRef remaining \$ 0
DepRef Project # 604832 STID #(if any) 4158
Number of Tanks: 1 removed? Y N Date of removal 4/14/92
Samples received? Y N Contamination: diesel
Petroleum Y N Types: Avgas Jet leaded unleaded Diesel
fuel oil waste oil kerosene solvents
Monitoring wells on site 0 Monitoring schedule? Y N
LUFT category 1 2 3 * H S C A R W G O
Briefly describe the following:
Preliminary Assessment _____
Remedial Action _____
Post Remedial Action Monitoring _____
Enforcement Action _____

A 500 gal home heating fuel tank removed from this residential home in Oakland Hills. Holes noticed in bottom of tank. Soil from (under tank had 7900ppm TPHd, over + stockpile combined) excavated to 5' from initial 3'-3 1/2' depth showed 1400 ppm TPHd. Need to continue excavation & either install MW or borelog or grid boring data showing GW depth. E. Shank is son who is acting in behalf of mother (prop owner) B. Francis Elder. Contractor for new home.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

April 22, 1992

Mr. Earl Shank
674 Victoria Court
San Leandro CA 94577

Re: Closure of Home Heating Fuel Tank at 6159 Acacia, Oakland
Hills, CA 94618

Dear Mr. Shank:

This letter is to inform you of your options regarding the removal of the home heating fuel tank at the above residence. Presently home heating fuel tanks are exempted from permit requirements. As such, these tanks are not under the County's regulatory guidance. Our role at this time remains unclear and the Regional Water Quality Control Board (RWQCB) has yet to clarify their position in this matter. Clearly though, the removal of your home heating fuel tank and proper disposal of the tank and all contaminated soils is necessary and all documentation should be kept.

Upon inspection at the tank removal, it was noticed that the tank had several holes on its bottom. In addition, there was some fuel odor in the soil underneath the tank. Our office requests the overexcavation of the soils underneath the tank to a depth of one to two feet and the sampling of the soil underneath. The soil sample should be analyzed for Total Petroleum Hydrocarbons as diesel (TPHD) and Benzene, Toluene, Ethyl Benzene and Xylenes, (BTEX). Should you desire to receive County guidance and sight clearance you may submit the results to our office and obtain our recommendations. Such actions, currently not required, will be necessary to prove no environmental impact to any future buyer of this property. Significant cost savings would be gained by sampling now as opposed to in the future.

You may contact me at (510) 271-4320, should you have any questions.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist

Project Specialist (print) DORIS L. HALL

ALABAMA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

ACCEPTED

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

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction.

One copy of these accepted plans must be on file and available to all contractors and craftsmen involved with the removal.

Any change or variations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following mandatory inspections:

- Removal of Tank and Piping
- Sampling
- Final Inspection

Issuance of a permit to operate is dependent on completion of accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT COMPLYING WITH THESE REGULATIONS.

Please note changes made on page 4, 5 & Site Safety Plan
Shank & Hugo
3/31/92

UNDERGROUND TANK CLOSURE PLAN

*** * * Complete according to attached instructions * * ***

1. Business Name Private residence/Home destroyed in fire
Business Owner (Home owner) Earl Shank
 2. Site Address 6159 Acacia
City Oakland Hills, CA Zip 94618 Phone NONE
 3. Mailing Address 674 Victoria Court
City San Leandro Zip 94577 Phone (510)339-8666
 4. Land Owner Earl Shank
Address _____ City, State _____ Zip _____
 5. Generator name under which tank will be manifested Earl Shank
- EPA I.D. No. under which tank will be manifested CAC-000665-472

6. Contractor Scott Co. of California
Address 1919 Market Street
City Oakland, CA 94607 Phone 510-834-2333
License Type A, General Engineering ID# 184480

7. Consultant Scott Co. of California
Address Same as above
City _____ Phone _____

8. Contact Person for Investigation
Name Paul Ferreira Title Estimator
Phone 510-834-2333, X: 3379

9. Number of tanks being closed under this plan One
Length of piping being removed under this plan Less than 10 feet
Total number of tanks at facility One

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name Erickson Inc. EPA I.D. No. CAD-009466392
Hauler License No. 019 License Exp. Date May '92
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson Inc. EPA I.D. No. CAD-009466392
Address Same as above
City _____ State _____ Zip _____

c) Tank and Piping Transporter

Name Erickson Inc. EPA I.D. No. CAD-009466392
Hauler License No. 019 License Exp. Date May '92
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Same as above EPA I.D. No. _____
Address Same as above
City _____ State _____ Zip _____

11. Experienced Sample Collector

Name A representative from Western Labs will do the sampling.
Company Western Environmental & Science Technology
Address 1046 Olive Drive, Suite 3
City Davis State CA Zip 95616 Phone (916)753-9500

12. Laboratory

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

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

~~If yes, describe.~~ The tank is a residential fuel oil tank.

14. Describe method to be used for rendering tank inert

The tank will be rendered inert by the addition of dry ice (15 lbs. dry ice per 1000 gallons).

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

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

15. Tank History and Sampling Information

| Tank | | Material to be sampled (tank contents, soil, ground-water, etc.) | Location and Depth of Samples |
|-------------|--------------------------------|--|---|
| Capacity | Use History (see instructions) | | |
| 500 gallons | Fuel Oil Tank | Soil samples <i>& groundwater if present</i> | Below tank bottom <i>One sample collected from each end of the tank, no deeper than 2 ft at tank bottom.</i> |

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

| Excavated/Stockpiled Soil | |
|---|--|
| Stockpiled Soil Volume (Estimated) 5 yards | Sampling Plan <i>Stockpiled soil must be characterized depending on disposal method.</i> Composite |

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

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

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

| Contaminant Sought | EPA, DHS, or Other Sample Preparation Method Number | EPA, DHS, or Other Analysis Method Number | Method Detection Limit |
|--------------------|---|---|------------------------------------|
| <i>BTEX,E</i> | <i>BTEX-5030-820 (824)</i> | BTEX 8030 | BTEX .005 ppm (<i>Soil</i>) |
| <i>TPH diesel</i> | TPH 3550 | TPH 8015 modified <i>GC-FID</i> | TPH <i>160</i> ppm (<i>Soil</i>) |

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer Argonaut Insurance Co.

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

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

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

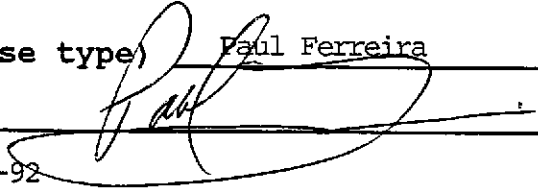
I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

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

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

Signature of Contractor

Name (please type) Paul Ferreira

Signature 

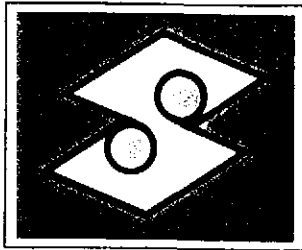
Date 3-5-92

Signature of Site Owner or Operator

Name (please type) For Priscilla Shenk

Signature 

Date 3-5-92



SCOTT CO.

MECHANICAL CONTRACTORS
1919 Market Street
P.O. Box 12954
Oakland, California 94604
(510) 834-2333

Contractors License No. 184480

SAFETY PLAN

TANK REMOVAL AT:

6159 Acacia
Oakland Hills
Oakland, CA 94618

GENERAL CONTRACTOR: Scott Co. of California
1919 Market Street
Oakland, California 94607

PROJECT MANAGER: Paul Ferreira

SITE SAFETY COORDINATOR: Ray Rodda

ALTERNATES: Bill McCarthy; Tony Fontana

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

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

The explosion meter that can detect the level of oxygen and hydrocarbon will be supplied by the contractor and operated by Mr. Rodda. Fifteen pounds of dry ice per 1,000 gallons of tank capacity will be applied to render the tank inert.

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

Site Safety Coordinator: Ray Rodda
Nearest Hospital Alta Bates
Emergency phone number 411

SAFETY PLAN

(Continued)

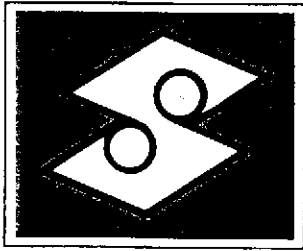
Scott Co. has a policy in which all State certified Environmental personnel are required to have annual physicals to certify them for use of respirators. These records are maintained in our office.

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

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

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

If any questions should arise in reference to this safety plan, please contact Paul Ferreira at (510) 834-2333, extension 3379.



SCOTT CO.

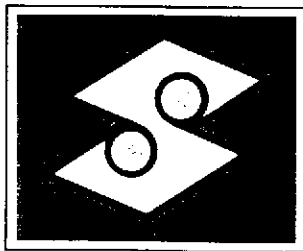
MECHANICAL CONTRACTORS
1919 Market Street
P.O. Box 12954
Oakland, California 94604
(415) 834-2333

Contractors License No. 184480

SCOTT CO.
SAFETY & HEALTH RISK ANALYSIS

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

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



SCOTT CO.

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

Contractors License No. 184480

MECHANICAL HAZARDS

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

TEMPERATURE HAZARDS

Heat Stress

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

Cold Stress

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

ACOUSTICAL HAZARDS

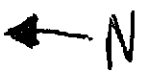
- Use earplugs or earmuffs when noise level prevents conversation in normal voice at distance of three feet.

O₂ DEFICIENCY - CONFINED SPACE HAZARDS

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

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

ACACIA ST.



SIDEWALK

SIDEWALK

6159 Acacia

RETAINING WALL

PROPERTY LINE

PROPERTY LINE

APPROXIMATE
LOCATION OF
(1) ONE 500
GALLON FUEL OIL
TANK.

NO HOMES ARE PRESENT ON ANY OF THE ADJACENT LOTS.

ACORD® CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
5/1/91

PRODUCER XXXX XXX BROKER RB
 Corroon & Black
 50 California Street
 San Francisco, CA 94111
 Tel: (415) 981-0600

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

COMPANIES AFFORDING COVERAGE

| | | |
|----------------|---|--|
| COMPANY LETTER | A | Certain Insurance Companies, per slip attached |
| COMPANY LETTER | B | Argonaut |
| COMPANY LETTER | C | |
| COMPANY LETTER | D | |
| COMPANY LETTER | E | |

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

COVERAGES

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

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIABILITY LIMITS IN THOUSANDS | | |
|----------------------------|---|---------------------|----------------------------------|-----------------------------------|-------------------------------|-------------------------|----|
| | | | | | EACH OCCURRENCE | AGGREGATE | |
| A | GENERAL LIABILITY | COY 4227 | 5/1/91 | 5/1/92 | BODILY INJURY | \$ | \$ |
| | COMPREHENSIVE FORM | | | | | | |
| | PREMISES OPERATIONS | | | | | | |
| | UNDERGROUND EXPLOSION & COLLAPSE HAZARD | | | | | | |
| | PRODUCTS COMPLETED OPERATIONS | | | | | | |
| | CONTRACTUAL | | | | \$ 1,000 | \$ 1,000 | |
| | INDEPENDENT CONTRACTORS | | | | | | |
| BROAD FORM PROPERTY DAMAGE | | | | | | | |
| PERSONAL INJURY BLANKET | | | | | | \$ 1,000 | |
| B | AUTOMOBILE LIABILITY | CA 76 514 210970 | 5/1/91 | 5/1/92 | BODILY INJURY (PER PERSON) | \$ | |
| | ANY AUTO | | | | | | |
| | ALL OWNED AUTOS (PRIV. PASS.) | | | | | | |
| | ALL OWNED AUTOS (OTHER THAN PRIV. PASS.) | | | | | | |
| | HIRED AUTOS | | | | | | |
| NON-OWNED AUTOS | | | | | | | |
| GARAGE LIABILITY | | | | | | | |
| PROPERTY DAMAGE | \$ | | | | | | |
| BI & PD COMBINED | \$ 1,000 | | | | | | |
| EXCESS LIABILITY | | | | | | | |
| UMBRELLA FORM | | | | | | | |
| OTHER THAN UMBRELLA FORM | | | | | | | |
| B | WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY | CA WC 76 514 210968 | 5/1/91 | 5/1/92 | STATUTORY | | |
| | | | | | \$ 1,000 | (EACH ACCIDENT) | |
| | | | | | \$ 1,000 | (DISEASE-POLICY LIMIT) | |
| | | | | | \$ 1,000 | (DISEASE-EACH EMPLOYEE) | |
| OTHER | | | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 General Liability - The Certificate Holder is an Additional Insured solely as respects work performed by or for the Named Insured in connection with 5600 Shellmound St., Emeryville, CA 94608, provided, however, that a written contract requiring that the Certificate Holder be an Additional Insured exists.

CERTIFICATE HOLDER
 Alameda County Dept. of Environmental Health Hazardous Materials Division
 80 Swan Way Rm #20
 Oakland, CA 94621

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



ASHBY AVE 13

ALTA-BATES HOSPITAL

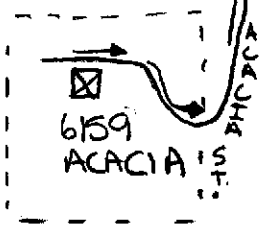
1400 GARDEN ST

UPPER MERIDIAN

BROADWAY TERRACE

Golden Gate Ave

UPPER RD.



EMERGENCY SITE MAP



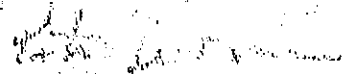
CERTIFICATE of TRAINING

This is to certify that
Raymond Rodda
has successfully completed the 40 hour

HAZARDOUS SUBSTANCES/WASTE HEALTH and SAFETY TRAINING

conducted by
Harding Lawson Associates

in Oakland, CA on April 6, 7, 13, 14/90



HLA Authorized Instructor
Director I/H & Safety 4/14/90

Title

Date



CERTIFICATE of TRAINING

*This is to certify that
Bill McCarthy
has successfully completed the 40 hour*

HAZARDOUS SUBSTANCES/WASTE HEALTH and SAFETY TRAINING

conducted by
Harding Lawson Associates

in Oakland, CA on April 6, 7, 13, 14/90

Pat B. Rein

HLA Authorized Instructor

Director I/II & Safety 4/14/90

Title

Date



CERTIFICATE of TRAINING

This is to certify that

Paul Ferreira

has successfully completed the 40 hour

HAZARDOUS SUBSTANCES/WASTE HEALTH and SAFETY TRAINING

conducted by

Harding Lawson Associates

in Oakland, CA on April 12, 13, 14/90

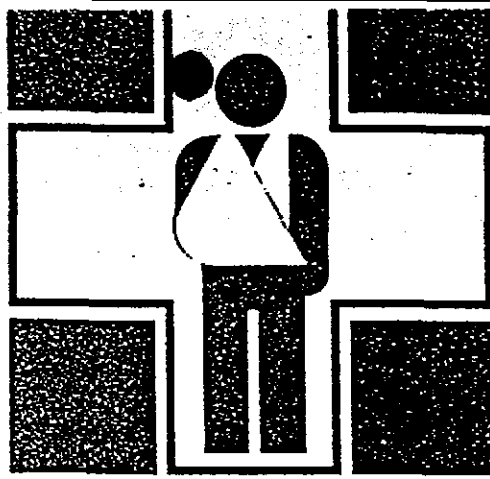
HLA Authorized Instructor

Director, H/II & Safety 4/14/90

Title

Date

BERKELEY/EMERYVILLE



Work
Injury Occurs . . .

... you're automatically protected by workers' compensation insurance. California law provides certain benefits to employees who are injured or become ill because of the job.

Workers'
Compensation
Benefits
Include . . .

- **Medical Care.** All medical treatment required to cure the injury or illness—without deductible or dollar limit. You should never see a bill, since all costs are paid directly by your employer's insurance company.
Your employer will arrange for medical care, usually by a specialist for the particular injury. If you want to change doctors, please ask your supervisor. (In addition, 30 days after reporting the injury you can be treated by a doctor of your choice. Or you can be treated by your own personal physician if you've notified your employer in writing *before* the injury. For further information, please contact your supervisor).
- **Rehabilitation.** If the injury or illness prevents returning to your usual job, you may be eligible for vocational rehabilitation. If so, all costs are paid by your employer's insurance company.
- **Payment for Lost Wages.** Employees disabled by job injuries or illnesses receive tax-free income while unable to work. The payments are two-thirds of your average weekly pay, up to a maximum set by State law. (Payments are not made for the first three days, however, unless you're hospitalized or unable to work more than 21 days.)
Additional payments also will be made after recovery if the injury or illness results in a permanent handicap. If the injury or illness results in death, benefits will be paid to surviving dependents.

The Event
A
Work Injury . . .

1. Be sure first aid is given.
2. See that the injured employee is taken to a doctor or hospital, if necessary.
3. Report every injury IMMEDIATELY to your supervisor. Any delay in reporting an accident may delay workers' compensation benefits.
4. If you have any questions about workers' compensation, please see your supervisor.

Emergency
Telephone
Numbers

Doctor OCCUPATIONAL HEALTH SVCS, 2001 BRIGHT WAY 540-4455

Doctor READI-CARE, 1350 OCEAN AVE., 415-652-5800

HOSPITAL ALTA BATES 3001 COLBY ST., 415-540-0337

Workers'
Compensation
Provided By

ARGONAUT INSURANCE COMPANY
 P.O. BOX 90610
 SAN JOSE, CA 95109-3610
 (408) 297-2747

POLICE, FIRE, AMBULANCE -
 #911

(Address & Phone)

IN A CONSPICUOUS PLACE
as required by Sec. 3713 California Labor Code

NOTICE: "Your employer or its insurance carrier may not be liable for the payment of workers' compensation benefits for any injury which arises out of an employee's voluntary participation in any off-duty recreational, social, or athletic activity which is not a part of the employee's work related duties."

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