

STID 6399

April 8, 2002

Mr. Clifford Welch
Clyde's Electronic's
15796 E. 14th Street
San Leandro, CA 94578

Re: Required investigations at Clyde's Electronic's, 15796 E. 14th Street, San Leandro, CA 94578

Dear Mr. Welch:

This office sent you a letter and informed you of your legal obligations regarding several Underground Storage Tanks, which were removed in 1999 from the above referenced site. Soil samples were collected from the site. Soil samples were analyzed for Total Petroleum Hydrocarbons as Gasoline (TPHG), Methyl Tertiary Butyle Ether (MTBE), benzene, toluene, ethylbenzene, and total xylenes (BTEX). Analysis results of the soil samples identified up to <0.25 ppm MTBE, 1,300ppm TPHG, and 2.9ppm, 2.9ppm, 22ppm, 130ppm levels of BTEX respectively. Furthermore I informed you of Article 11, Division 3, Chapter 16, Title 23 of the California Code of Regulations, which required you to conduct a Preliminary Site Assessment (PSA) to determine the lateral and vertical extent and severity of soil and groundwater contamination, which has resulted from the release at the site. Subsequent to the previous letter, this office informed you on how to perform the PSA and its components and that you need to seek assistance of a Registered Geologist or a professional engineer.

I further explained to you that this Department would oversee the assessment and remediation of your site. Finally I provided you with information on the State Water Resources Control Board, which manages an Underground Storage Tank Cleanup Fund (Fund) to help eligible Responsible Parties to obtain reimbursement for costs of investigating and remediating releases from petroleum underground storage tanks. This office encouraged you to apply to the fund. However, to this date the PSA proposal, which was due within 60 days of the original letter, has not been received.

Please submit a PSA proposal as directed above and per previous correspondence by this office by May 7, 2002. Please be advised that this is a formal request for a work plan pursuant to Section 2722(c)(d) of Title 23 California Code of Regulations. Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by either this agency or RWQCB.

If you have any questions, please do not hesitate to call me at (510) 567-6876.

Sincerely,

Amir K. Gholami, REHS
Hazardous Materials Specialist

CC: Jim Cox, Semco Environmental Contractors, 3020 Rolison Road, Redwood City, CA 94063
Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

Stid 6399

February 7, 2000

Mr. Clifford Welch
Clyde's Electronic's
15796 E. 14th Street
San Leandro, CA 94578

Re: Property at 15796 E. 14th Street, San Leandro, CA 94578

LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

Dear Mr. Welch:

This letter is to inform you of new legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

For purposes of implementing these sections, you have been identified as the primary or active responsible party. Please provide to this agency, within twenty (20) calendar days of receipt of this notice, a complete mailing list of all current record owners of fee title to the site. You may use the enclosed "list of landowners" form (sample letter 2) as a template to comply with this requirement. If the list of current record owners of fee title to the site changes, you must notify the local agency of the change within 20 calendar days from when you are notified of the change.

If you are the sole landowner, please indicate that on the landowner list form. The following notice requirements do not apply to responsible parties who are the sole landowner for the site.

LANDOWNER NOTIFICATION

Re: 15796 E. 14th Street San Leandro

February 7, 2000

Page 2 of 2

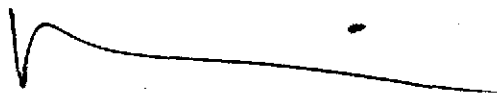
In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

- 1) consider a cleanup proposal (corrective action plan)
- 2) consider a site closure proposal
- 3) make a determination that no further action is required
- 4) issue a closure letter

You may use the enclosed "notice of proposed action" form (sample letter 3) as a template to comply with this requirement. Before approving a cleanup proposal or site closure proposal, determining that no further action is required, or issuing a closure letter, the local agency will take all reasonable steps necessary to accommodate responsible landowner participation in the cleanup and site closure process and will consider all input and recommendations from any responsible landowner.

Please call me at (510) 567-6876 if you have any questions about the content of this letter.

Sincerely,



Amir K. Gholami, REHS
Hazardous Materials Specialist

cc: Chuck Headlee, RWQCB

Attachments: Sample letter 2 and Sample letter 3, which must be filled out by the Responsible Party and mailed to Alameda County.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



1

Stid 6399

February 3, 2000

Mr. Clifford Welch
Clyde's Electronic's
15796 E. 14th Street
San Leandro, CA 94578

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

Re: Required investigations at Clyde's Electronic's, 15796 E. 14th Street, San Leandro, CA 94578

Dear Mr. Welch:

As you are aware, several Underground Storage Tanks were removed in 1999 from the above referenced site. Soil samples were collected from the site. Soil samples were analyzed for Total Petroleum Hydrocarbons as Gasoline (TPHG), Methyl Tertiary Butyle Ether (MTBE), benzene, toluene, ethylbenzene, and total xylenes (BTEX). Analysis results of the soil samples identified up to <0.25 ppm MTBE, 1,300ppm TPHG, and 2.9ppm, 2.9ppm, 22ppm, 130ppm levels of BTEX respectively.

Per Article 11, Division 3, Chapter 16, Title 23 of the California Code of Regulations, you are required to conduct a Preliminary Site Assessment (PSA) to determine the lateral and vertical extent and severity of soil and groundwater contamination, which has resulted from the release at the site. The information gathered by the PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The major elements of such an investigation, include, but are not limited to, the following:

- At least one groundwater monitoring well must be installed within 10 feet of the observed soil contamination, oriented in the confirmed downgradient direction relative to groundwater flow. In the absence of data identifying the local confirmed downgradient direction, a minimum of three wells will be required to verify gradient direction. During the installation of these wells, soil samples are to be collected at five-foot-depth intervals and any significant changes in lithology.
- Subsequent to the installation of the monitoring wells, these wells must be surveyed to an established benchmark (mean sea level, MSL), with an accuracy of 0.01 foot. Groundwater samples are to be collected and analyzed quarterly.

This Department will oversee the assessment and remediation of your site. Our oversight will include the review of and comment on work proposals and technical guidance on appropriate investigative approaches and monitoring schedules. All reports and proposals must be submitted under a seal of a California -Registered Geologist, -Certified Engineering Geologist, or -Registered Civil Engineer.

The PSA proposal is due within 60 days of date of this letter by April 3, 2000. Once the proposal is approved, fieldwork should commence within 60 days. A report must be submitted within 45 days after the completion of this phase of work at the site. Subsequent reports are to be

submitted quarterly until this office approves a change in sampling frequency or the site qualifies for closure. Such quarterly reports are due the first day of the second month of each subsequent quarter.

The referenced initial and quarterly reports must describe the status of the investigation and must include, among others, the following elements:

- Details and results of all work performed during the designated period of time: records of field observations and data, boring and well construction logs, water level data, chain-of-custody forms, laboratory results for all samples collected and analyzed, tabulations of free product thicknesses and dissolved fractions, etc.
- Status of groundwater contamination characterization
- Interpretations of results: water level contour maps showing gradients, free and dissolved product, plume definition maps for each target component, geologic cross sections, etc.
- Recommendations or plans for additional investigative work or remediation

Additionally, you are required to include a well survey and address the known domestic well(s).

The State Water Resources Control Board manages an Underground Storage Tank Cleanup Fund (Fund) to help eligible Responsible Parties to obtain reimbursement for costs of investigating and remediating releases from petroleum underground storage tanks. You are encouraged to apply. To obtain an Application Package, contact the Fund at the following:

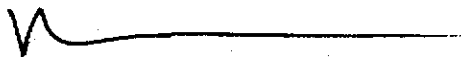
State Water Resources Control Board
Division of Clean Water Programs
UST Cleanup Fund
P.O. Box 944212
Sacramento, CA 944212
Telephone: (916)227-4307

You are also advised to contact Cheryl Gordon at (916)-227-4539 with any questions regarding State Trust fund.

Please be advised that this is a formal request for a work plan pursuant to Section 2722(c)(d) of Title 23 California Code of Regulations. Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by either this agency or RWQCB.

Should you have any questions or comments, please contact me at (510) 567-6876.

Sincerely,



Amir K. Gholami, REHS
Hazardous Materials Specialist

CC: Jim Cox, Semco Environmental Contractors, 3020 Rolison Road, Redwood City, CA 94063
Files

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

LOP - RECORD CHANGE REQUEST FOR ENVIRONMENTAL HEALTH SERVICES

ENVIRONMENTAL PROTECTION LOP 02/03/2000
 LOP Data Entry Suite 250
 Alameda, CA 94502-6577
 (510) 567-6700
 FAX (510) 337-9335
 Insp: RW

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

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 6399 LOC:
 SITE NAME: Clyde's Corner DATE REPORTED : 12/16/1999
 ADDRESS : 15796 E.14th Street DATE CONFIRMED: 01/06/2000
 CITY/ZIP : Oakland 94578 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: U CONTRACT STATUS: 1 PRIOR CODE: EMERGENCY RESP:
 RP SEARCH: s DATE COMPLETED:
 PRELIMINARY ASMNT: DATE UNDERWAY: DATE COMPLETED: 02/03/2000
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: DATE ENFORCEMENT ACTION TAKEN:
 LUFT FIELD MANUAL CONSID:
 CASE CLOSED: DATE CASE CLOSED:
 DATE EXCAVATION STARTED : REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Clyde's Corner
 COMPANY NAME: Clifford C. Welch
 ADDRESS: 15796 E. 14th Street
 CITY/STATE: San Leandro, Ca 94578

INSPECTOR VERIFICATION:

NAME _____	SIGNATURE _____	DATE _____
DATA ENTRY INPUT:		
Name/Address Changes Only		Case Progress Changes
ANNPMS _____	LOP _____	DATE _____
		LOP _____
		DATE _____

Semco

2217 North 4th Street
Modesto, CA 95351
209-524-9653 / Fax 209-524-0503

~ Fax Cover Sheet ~

To: Rob Weston Date: 1/6/00 SCJ-6781
 Company: Alameda County Fax No.: (510) 567-5783 (office)
 From: Chris Voigt J. Cox Subject: 99-5213 & 99-5272
 Copies To: Jim Cox File CHRIS/fik No. of Pages (including this cover) 2

Message: Rob,
U.R.
 Please find attached the "Certificate of Analysis" for the above mentioned
 projects. If you have any additional questions or comments, you can reach me at the
 phone number listed above.

Sincerely,
 Christopher Voigt *Jim Cox*
 Purchasing

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 01/06/00		CASE #		SIGNED: _____ DATE: _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Jim Cox		PHONE (650) 261-1968	SIGNATURE <i>Jim Cox</i>		
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD		COMPANY OR AGENCY NAME Semco Environmental Contractors			
ADDRESS 3020 Rolison Road Redwood City CA 94063						
RESPONSIBLE PARTY	NAME Clifford Welch <input type="checkbox"/> UNKNOWN		CONTACT PERSON Clifford Welch	PHONE 510 266-8739		
	ADDRESS 15796 E. 14th Street		CITY San Leandro	STATE CA	ZIP 94578	
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Chyde's Electronics		OPERATOR Clifford Welch	PHONE 510 266-8739		
	ADDRESS 15796 E. 14th Street		CITY San Leandro	COUNTY Alameda	ZIP 94578	
CROSS STREET THRUSH AVE.						
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda Co. Dept of Env. Health		AGENCY NAME	CONTACT PERSON Robert Weston	PHONE 510 567-6781	
	REGIONAL BOARD				PHONE ()	
SUBSTANCES INVOLVED	(1) NAME Leaded Gasoline			QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2)			<input type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 01/06/00		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER Analysis results	NUISANCE CONDITIONS		
	DATE DISCHARGE BEGAN ____/____/____ <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1/21/00					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CASE TYPE <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)					
COMMENTS	Removed U.S.T.'s last containing Leaded Gasoline installed 6 mil. Visqueen liner prior to filling excavation with import materials. Owner applying to state bond.					



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **449864**

Entity **CORP**

Business Name **JAMES C BATEMAN PETROLEUM
SERVICES INC DBA SEMCO**

Classifications **C61/D40 B A HAZ ASB C57**

Expiration Date **12/31/1999**



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 04/21/1999


PRODUCER BC ENVIRONMENTAL INS BROKERS 4995 GOLDEN FOOTHILL PARKWAY SUITE 5 EL DORADO HILLS, CA 95762	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 A GULF UNDERWRITERS INSURANCE CO. COMPANY B AMERICAN NATIONAL FIRE INS. CO. COMPANY C STATE FUND INSURANCE COMPANY COMPANY D	
INSURED JAMES C. BATEMAN PETROLEUM SERVICES, INC. DBA: SEMCO 1217 SOUTH 7TH STREET MODESTO, CA 95351		

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GU6084750	04/01/99	04-01-02	GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> CONT. POLLUTION				FIRE DAMAGE (Any one fire) \$ 50,000
	<input checked="" type="checkbox"/> PROFESSIONAL				MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY	GU6084750	04/01/99	04/01/02	COMBINED SINGLE LIMIT \$ INC. IN GL
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	046-0007108-99	01/01/99	01/01/00	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$1,000,000
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL				EL EACH ACCIDENT \$
					EL DISEASE - POLICY LIMIT \$
B	OTHER	MAC9024678 IMP9809045	11/30/98 10/07/98	11/30/99 10/07/99	LIMITS: \$100,000/ITEM
	PROP/IN.MARINE INLAND MARINE-				\$200,000 TOTAL SOIL REMEDIATION PLANT ONLY: LIMIT \$508,562

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER - FOR INFORMATION ONLY -	CANCELEGATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> 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 

BUSINESS LICENSE

CITY OF SAN LEANDRO
835 EAST 14th STREET
SAN LEANDRO, CALIFORNIA 94577

FINANCE OFFICE
OFFICE HRS. MON-FRI 8:30-5:00
(510) 577-3381, 577-3378, 577-3392

BUSINESS NAME HK2 INC DBA SEMCO
LOCATED AT 70 CHEMICAL WY
TYPE OF BUSINESS CONTRACTOR
MAIL ADDRESS HK2 INC DBA SEMCO

Expires Dec. 31 1999

RATE CLASS	BUSINESS LICENSE NUMBER
III	18133

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


FINANCE DIRECTOR

BUSINESS LICENSE INFORMATION:

- This form is your San Leandro business license.
- It is not required that this license be posted. However, upon request, a business owner or agent shall display the business license to a City officer or agent of the City or any customer.
- Change of ownership or address will require that a new business license application be completed.
- A separate license must be obtained for every location at which any portion of the business is conducted.
- It is unlawful to distribute or circulate advertising matter without having obtained a permit to do so.
- This license is effective for the calendar year, and shall expire on December 31, of the year issued.
- IF YOU DISCONTINUE DOING BUSINESS IN SAN LEANDRO, you must notify the Finance Office in writing to officially close your license.
- The City is committed to outstanding service in support of the business community. For information or assistance, call the Finance Department at (510) 577-3392, 577-3378 or 577-3381.



CONTRACTORS STATE LICENSE BOARD

No. 449864

Building Quality

ISSUED 12-15-83
CERTIFIED COPY

This license is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. It becomes void if not renewed.

Contractor's License

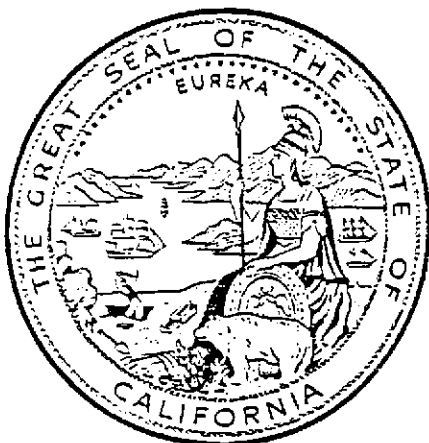
Pursuant to the provisions of Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:

SEMCO*JAMES C BATEMAN PETROLEUM SERVICES INC

to engage in the business or act in the capacity of a contractor in the following classification(s):

- C&I SERVICE STATION EQUIPMENT & MAINTENANCE
- E GENERAL BUILDING CONTRACTOR
- A GENERAL ENGINEERING CONTRACTOR

WITNESS my hand and sealed this
7TH day of AUGUST 1984.



J. K. Mabrey
Registrar of Contractors

Jerry Hamilton President
Signature of Licensee

Jerry Hamilton
Signature of person who qualified
on behalf of the licensee

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS

Transfer of Eligible Local Oversight Case

STID 6399 Date transferred JAN 31 2000

Date: JAN 31 2000 From: ROB WESTON
 Site Name: CLYDE'S CORNER
 Address: 15796 E. 14TH STREET City: SAN LEMAY Zip: 94578

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

1. N Tanks Removed? # of removed? 3 Date removed: 12-16-1999
2. N Samples received? Contamination level: 650 ppm
 Type of test TPH-G
 Contamination should be over 100 ppm TPH to qualify for LOP
3. N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
 • diesel • waste oil • kerosene • solvents

Procedure to follow should your site meet all the above qualifications:

1.
 - a. Close the deposit refund case.
 - b. Account for ALL time you have spent on the case.
 - c. Turn in account sheet ~~to me.~~
 If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. DO NOT attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: _____

DepRef Case Closed with Candace/Leslie? Y N (If no, explain why below.)

2. Submit the completed A and B permit application forms ~~to NORMA.~~
3. Give the entire case to the proper LOP staff.

~~HAZARDOUS WASTE GENERATOR~~ INSPECTION REPORT

STID # 6399 FACILITY NAME CLYDE'S CORNER PG. 1 OF 1

SUPPLEMENTAL FORM 15796 E 14TH STREET SAN LEANDRO

8:45

OTD THE JOB TODAY TO WITNESS TANK
REMOVAL AT A FORMER TERACO GASOLINE STATION

THREE TANKS REMOVED, ALL SINGLE WALL
STEEL. TWO - 2000 GAL, ONE - 285 GAL.
ALL APPEAR TO HAVE FORMERLY HELD
GASOLINE.

VERY STRONG ODORS OF GASOLINE, STANDING.
SAMPLES TAKEN AT H₂O INTERFACE.
MOSTLY AT A DEPTH OF 9.5 FT BGS.

SMALL TANK - 1 HAS THREE GOING
HOLES IN TOP, AND CONNECTED PIPING.
PHOTOS TAKEN.

SOIL TO BE RETURNED TO EXCAVATION PENDING
LAB RESULTS. SITE WILL BE RESTORED TO
GRADE TODAY.

JIM COX WILL FILE UCLR.

PRINT NAME: Steve Horn
SIGNATURE: Steve Horn Semco

INSPECTED BY: Semco Robert W. [Signature]
DATE: 12-16-99

REMOVED 12-16-99 RW

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A
COMPLETE THIS FORM FOR EACH FACILITY/SITE



MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	12-16-99

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME CLIFFORD C. WELCH		NAME OF OPERATOR		
ADDRESS 15796 E. 14 TH STREET		NEAREST CROSS STREET 157 TH AVENUE	PARCEL # (OPTIONAL)	
CITY NAME SAN LEANDRO	STATE CA	ZIP CODE 94578	SITE PHONE # WITH AREA CODE (510) 632-3283	
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY * <input type="checkbox"/> STATE-AGENCY * <input type="checkbox"/> FEDERAL-AGENCY *				
* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST				
TYPE OF BUSINESS		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE	E. P. A. I. D. # (optional)
<input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER			3	CAC 001 475 872

EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY) - optional	
DAYS: NAME (LAST, FIRST) FAPOLI, GENE	PHONE # WITH AREA CODE (510) 632-3283	DAYS: NAME (LAST, FIRST) -	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) FAPOLI, GENE	PHONE # WITH AREA CODE (510) 632-3283	NIGHTS: NAME (LAST, FIRST) -	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME CLIFFORD C. WELCH	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 15796 E. 14 TH STREET	<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME SAN LEANDRO	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
STATE CA	ZIP CODE 94578	PHONE # WITH AREA CODE (510) 632-3283	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER CLIFFORD C. WELCH	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 15796 E. 14 TH STREET	<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME SAN LEANDRO	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
STATE CA	ZIP CODE 94578	PHONE # WITH AREA CODE (510) 632-3283	

IV. BOARD OF EQUALIZATION UST STORAGE-FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

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

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

<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOVT. MECHANISM	<input type="checkbox"/> 99 OTHER			

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

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) CHRISTOPHER E. VOIGT / [Signature]	TANK OWNER'S TITLE AGENT FIRE OWNER	DATE MONTH/DAY/YEAR 12/2/99
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LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 306399
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

INSTRUCTIONS FOR COMPLETING FORM "A"

GENERAL INSTRUCTIONS:

SECTION 2711 OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS AND SECTIONS 25286, 25287, AND 25289 OF CHAPTER 6.7, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE REQUIRE OWNERS TO APPLY FOR AN UST OPERATING PERMIT.

1. One FORM "A" shall be completed for all NEW PERMIT CHANGES or any FACILITY/SITE INFORMATION CHANGES.
2. SUBMIT ONLY ONE (1) FORM "A" for a Facility/Site, regardless of the number of tanks located at the site.
3. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
4. Please type or print clearly all requested information.
5. Use a hard point writing instrument, you are making 3 copies.
6. Tank owner must submit a facility plot plan to the local agency as part of the application showing the location of the USTs with respect to buildings and landmarks [Section 2711 (a)(8), CCR].
7. Tank owner must submit documentation showing compliance with state financial responsibility requirements to the local agency as part of the application for petroleum USTs [Section 2711 (a)(11), CCR].

TOP OF FORM: "MARK ONLY ONE ITEM"

Mark an (X) in the box next to the item that best describes the reason the form is being completed.

I. FACILITY/SITE INFORMATION & ADDRESS (MUST BE COMPLETED)

1. Record name and address (physical location) of the underground tank(s).
NOTE: Address MUST have a valid physical location including city, state, and zip code.
P.O. BOX NUMBERS ARE NOT ACCEPTABLE.
Include nearest cross street and name of the operator.
2. Phone number must have an area code. If the night number is the same, write "SAME" in proper location.
3. Check the appropriate box for TYPE OF BUSINESS OWNERSHIP (ex. CORPORATION, INDIVIDUAL, etc.).
4. Check the appropriate box for TYPE OF BUSINESS.
5. If Facility/Site is located within an Indian reservation or other Indian trust lands, check the box marked "YES".
6. Indicate the NUMBER of TANKS at this SITE.
7. Record the E.P.A. ID # or write "NONE" in the space provided.

II. PROPERTY OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check PROPERTY OWNERSHIP TYPE box.

III. TANK OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check TANK OWNERS TYPE box.

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED. SEE ARTICLE 5, CHAPTER 6.75, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE.)

Enter your Board of Equalization (BOE) UST storage fee account number which is required before your permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at 916-322-9669 or write to the BOE at the following address Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0001.

V. PETROLEUM UST FINANCIAL RESPONSIBILITY (MUST BE COMPLETED FOR PETROLEUM USTs ONLY, SEE SECTIONS 2711 (a)(11) OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.)

Identify the method(s) used by the owner and/or operator, in meeting the Federal and State financial responsibility requirements. USTs owned by any Federal or State agency as well as non-petroleum USTs are exempt from this requirement.

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Check ONE BOX for the address that will be used for BOTH LEGAL AND BILLING NOTIFICATIONS.
TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED. [SEE SECTIONS 2711 (a)(13) OF TITLE 23 CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.]

INSTRUCTION FOR THE LOCAL AGENCIES

The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number may be assigned by the local agency; however, this number must be numerical and cannot contain any alphabetical characters. If the local agency prefers the State Board to assign the facility number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT FILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

REMOVED 12-16-99 RW

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY TANK CLOSURE 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: CLIFFORD C. WELCH

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN
A. OWNER'S TANK I.D.# UNKNOWN B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN D. TANK CAPACITY IN GALLONS: 2000

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.
A. 1 MOTOR VEHICLE FUEL 2 PETROLEUM 3 CHEMICAL PRODUCT 4 OIL 80 EMPTY 95 UNKNOWN
B. 1 PRODUCT 2 WASTE
C. 1a REGULAR UNLEADED 1b PREMIUM UNLEADED 1c MIDGRADE UNLEADED 2 LEADED 3 DIESEL 4 GASAHOL 5 JET FUEL 6 AVIATION GAS 7 METHANOL 8 M85 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E
A. TYPE OF SYSTEM 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 99 OTHER
B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 5 CONCRETE 9 BRONZE 2 STAINLESS STEEL 6 POLYVINYL CHLORIDE 10 GALVANIZED STEEL 3 FIBERGLASS 7 ALUMINUM 95 UNKNOWN 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC 8 100% METHANOL COMPATIBLE W/FRP 99 OTHER
C. INTERIOR LINING OR COATING 1 RUBBER LINED 5 GLASS LINING 2 ALKYD LINING 6 UNLINED 95 UNKNOWN 3 EPOXY LINING 4 PHENOLIC LINING 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___
D. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 5 CATHODIC PROTECTION 2 COATING 91 NONE 3 VINYL WRAP 95 UNKNOWN 4 FIBERGLASS REINFORCED PLASTIC 99 OTHER
E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) UNKNOWN OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) UNKNOWN
DROP TUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE
A. SYSTEM TYPE A(U) 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER
B. CONSTRUCTION A(U) 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION A(U) 1 BARE STEEL A U 5 ALUMINUM A U 9 GALVANIZED STEEL A U 2 STAINLESS STEEL A U 6 CONCRETE A U 10 CATHODIC PROTECTION A U 3 POLYVINYL CHLORIDE (PVC) A U 7 STEEL W/ COATING A U 95 UNKNOWN A U 4 FIBERGLASS PIPE A U 8 100% METHANOL COMPATIBLE W/FRP A U 99 OTHER
D. LEAK DETECTION 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER

V. TANK LEAK DETECTION
 1 VISUAL CHECK 7 CONTINUOUS INTERSTITIAL MONITORING 2 MANUAL INVENTORY RECONCILIATION 8 SIR 3 VADOZE MONITORING 9 WEEKLY MANUAL TANK GAUGING 4 AUTOMATIC TANK GAUGING 10 MONTHLY TANK TESTING 5 GROUND WATER MONITORING 95 UNKNOWN 6 ANNUAL TANK TESTING 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)
1. ESTIMATED DATE LAST USED (MO/DAY/YR) UNKNOWN
2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING UNKNOWN GALLONS
3. WAS TANK FILLED WITH INERT MATERIAL? YES ___ NO ___

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) CHRISTOPHER E. WIGST SA (AGENT FOR OWNER) DATE 12/2/99

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW
STATE I.D.# COUNTY # JURISDICTION # FACILITY # TANK #
01 0100 306399 01
PERMIT NUMBER PERMIT APPROVED BY/DATE PERMIT EXPIRATION DATE

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, California Code of Regulations and sections 25286, 25287, and 25289 of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

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

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

II. TANK CONTENTS

- A. 1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.
2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

IV. PIPING INFORMATION

1. Circle "A" if above ground circle "U" if underground, and circle both if applicable.
2. If UNKNOWN circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88)
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "No".

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED [see section 2711 (a)(13) CCR]

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency, however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

REMOVED 12-16-99 RW

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY TANK CLOSURE 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: CLIFFORD G. WACH

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN
A. OWNER'S TANK I.D.# UNKNOWN B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN D. TANK CAPACITY IN GALLONS: 2000

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.
A. 1 MOTOR VEHICLE FUEL 2 PETROLEUM 3 CHEMICAL PRODUCT 4 OIL 80 EMPTY 95 UNKNOWN
B. 1 PRODUCT 2 WASTE
C. 1a REGULAR UNLEADED 1b PREMIUM UNLEADED 1c MIDGRADE UNLEADED 2 LEADED 3 DIESEL 4 GASAHOL 5 JET FUEL 99 OTHER (DESCRIBE IN ITEM D. BELOW) 6 AVIATION GAS 7 METHANOL 8 M85
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E
A. TYPE OF SYSTEM 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN 99 OTHER
B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 5 CONCRETE 9 BRONZE 2 STAINLESS STEEL 6 POLYVINYL CHLORIDE 10 GALVANIZED STEEL 3 FIBERGLASS 7 ALUMINUM 95 UNKNOWN 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC 8 100% METHANOL COMPATIBLE W/FRP 99 OTHER
C. INTERIOR LINING OR COATING 1 RUBBER LINED 5 GLASS LINING 2 ALKYD LINING 6 UNLINED 95 UNKNOWN 3 EPOXY LINING 4 PHENOLIC LINING 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___
D. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 5 CATHODIC PROTECTION 2 COATING 91 NONE 95 UNKNOWN 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC 99 OTHER
E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) UNKNOWN OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE
A. SYSTEM TYPE A (U) 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER
B. CONSTRUCTION A (U) 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION A (U) 1 BARE STEEL A U 5 ALUMINUM A U 9 GALVANIZED STEEL A U 2 STAINLESS STEEL A U 6 CONCRETE A U 10 CATHODIC PROTECTION A U 3 POLYVINYL CHLORIDE (PVC) A U 7 STEEL W/ COATING A U 95 UNKNOWN A U 4 FIBERGLASS PIPE A U 8 100% METHANOL COMPATIBLE W/FRP A U 99 OTHER
D. LEAK DETECTION 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER

V. TANK LEAK DETECTION
 1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING 7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)
1. ESTIMATED DATE LAST USED (MO/DAY/YR) UNKNOWN 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING UNKNOWN GALLONS 3. WAS TANK FILLED WITH INERT MATERIAL? YES NO

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) CHRISTOPHER E. WIGT DATE 12/2/99

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW
STATE I.D.# 01 000 306399 02
PERMIT NUMBER PERMIT APPROVED BY/DATE PERMIT EXPIRATION DATE

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

REMOVED 12-16-99 (Permit)

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM: 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY TANK CLOSURE 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: CLIFFORD C. WALCH

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN
A. OWNER'S TANK I.D. # UNKNOWN B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN D. TANK CAPACITY IN GALLONS: 250

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.
A. 1 MOTOR VEHICLE FUEL 2 PETROLEUM 3 CHEMICAL PRODUCT 4 OIL 80 EMPTY 95 UNKNOWN
B. 1 PRODUCT 2 WASTE
C. 1a REGULAR UNLEADED 1b PREMIUM UNLEADED 1c MIDGRADE UNLEADED 2 LEADED 3 DIESEL 4 GASAHOL 5 JET FUEL 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ C. A. S. #: _____

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E
A. TYPE OF SYSTEM: 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN 99 OTHER
B. TANK MATERIAL (Primary Tank): 1 BARE STEEL 5 CONCRETE 9 BRONZE 2 STAINLESS STEEL 6 POLYVINYL CHLORIDE 10 GALVANIZED STEEL 3 FIBERGLASS 7 ALUMINUM 85 UNKNOWN 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC 8 100% METHANOL COMPATIBLE W/FRP 99 OTHER
C. INTERIOR LINING OR COATING: 1 RUBBER LINED 5 GLASS LINING 2 ALKYD LINING 6 UNLINED 95 UNKNOWN 3 EPOXY LINING 4 PHENOLIC LINING 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___
D. EXTERIOR CORROSION PROTECTION: 1 POLYETHYLENE WRAP 5 CATHODIC PROTECTION 2 COATING 91 NONE 95 UNKNOWN 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC 99 OTHER
E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) UNKNOWN OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
DROPTUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE
A. SYSTEM TYPE: A U 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER
B. CONSTRUCTION: A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION: A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE W/FRP A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 95 UNKNOWN A U 99 OTHER
D. LEAK DETECTION: 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER

V. TANK LEAK DETECTION
 1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING 7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)
1. ESTIMATED DATE LAST USED (MO/DAY/YR) UNKNOWN 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING UNKNOWN GALLONS 3. WAS TANK FILLED WITH INERT MATERIAL? YES NO

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) CHRISTOPHER E. VIGOR DATE 12/2/99

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW
STATE I.D.# COUNTY # JURISDICTION # FACILITY # TANK #
01 000 30639 9 03
PERMIT NUMBER PERMIT APPROVED BY/DATE PERMIT EXPIRATION DATE

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

Project Specialist

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PARKWAY, RM 250
ALAMEDA, CA 94502-6577
PHONE # 510/567-6700
FAX # 510/337-9335

ACCEPTED

Underground Storage Tank Closure Permit Application
Alameda County Division of Hazardous Materials
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans requested by this Department are to assure compliance with State and local laws. The project proposed herein is now reviewed for issuance of any required building permits for construction/alterations.

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

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspectors Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
- Sampling
- Final Inspection

Issuance of a) permit to operate, b) permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Contact Specialist:

1 Weston

DEC 09 1999

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business CLIFFORD C. WELCH
Business Owner or Contact Person (PRINT) GENE FAPPOLI
2. Site Address 15796 E. 14th STREET
City SAN LEANDRO Zip 94578 Phone (510) 632-3283
3. Mailing Address 15796 E. 14th STREET
City SAN LEANDRO Zip 94578 Phone (510) 632-3283
4. Property Owner CLIFFORD C. WELCH
Business Name (if applicable) _____
Address 15796 E. 14th STREET
City, state SAN LEANDRO, CA Zip 94578
5. Generator name under which tank will be manifested
CLIFFORD C. WELCH

EPA ID# under which tank will be manifested C A C 0 0 1 4 7 5 B 7 2

6. Contractor SEMCO
Address 1217 So. 7th STREET
City MODESTO Phone (209) 524-9653
License Type* HAZARDOUS SUBSTANCES Removal ID# 449864 A, B, C61/D40

*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board.

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

8. Main Contact Person for Investigation (if applicable)
Name CHRIS VOIGT Title AGENT FOR OWNER
Company SEMCO
Phone (209) 524-9653

9. Number of underground tanks being closed with this plan 3
Length of piping being removed under this plan UNKNOWN
Total number of underground tanks at this facility (**confirmed with owner or operator) 3

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. CAL 000 007 013
Hauler License No. 3515 License Exp. Date 11/2000
Address P.O. Box 7420
City FREMONT State CA Zip 94537

b) Product/Residual Sludge/Rinsate Disposal Site
Name ALVISO INDEPENDENT OIL EPA ID# CAL 000 161 743
Address 5002 ARCHER STREET
City ALVISO State CA Zip 95002

c) Tank and Piping Transporter

Name ECI EPA I.D. No. CAD 009 466 392
Hauler License No. 1533 License Exp. Date 6/2000
Address 255 PARR BLVD.
city RICHMOND State CA zip 94801

d) Tank and Piping Disposal Site

Name ECI EPA I.D. No. CAD 009 466 392
Address 255 PARR BLVD.
city RICHMOND State CA zip 94801

11. Sample Collector

Name STEVE HOW
Company SEMCO
Address 1217 So. 7th STREET
city MODESTO State CA zip 95351 Phone (209) 524-9653

12. Laboratory

Name NORTH STATE ENVIRONMENTAL
Address P.O. Box 5624
city So. SAN FRANCISCO State CA zip 94083
State Certification No. 1753

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:

THE TANK + PIPING WILL BE TRIPLE RINSED @ 180° USING A LOW VOLUME, HIGH PRESSURE WASHING. THE FIRST RINSE WILL INCLUDE THE USE OF A BIODEGRADABLE DETERGENT. THE TWO FINAL RINSES WILL BE CLEAN WATER.

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 permanently plugged.

The Bay Area Air Quality Management District, 415/771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert.

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)		
250	GASOLINE (12/20/88)	SOIL	6' @ END OF TANK
2000	GASOLINE (12/20/98)	SOIL	7' @ END OF TANK
2000	GASOLINE (12/20/98)	SOIL	7' @ END OF TANK

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)	Sampling Plan
250 GALLON (APPROX. 5 YARDS)	250 GALLON ((1) @ 6')
2000 GALLON (APPROX. 10 YARDS)	2000 GALLON ((2) @ 7')
2000 GALLON (APPROX. 10 YARDS)	2000 GALLON ((2) @ 7')
(APPROX. 25 YARDS TOTAL)	

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

Will the excavated soil be returned to the excavation immediately after tank removal? yes no unknown

If yes, explain reasoning _____

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling operations.

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

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

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPHG	8015		
TPHD	8015		
BTEX	8020		
MTBE	8260		
LEAD	8620		

18. Submit Worker's Compensation Certificate copy

Name of Insurer _____

19. Submit Plot Plan ***** (See Instructions) *****

20. Enclose Deposit (See Instructions)

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

The 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 provided above, may be needed in order to obtain approval from the Environmental Protection 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 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.

CONTRACTOR INFORMATION

Name of Business Senco

Name of Individual CHRIS VOIGT

Signature [Signature] Date 12/2/99

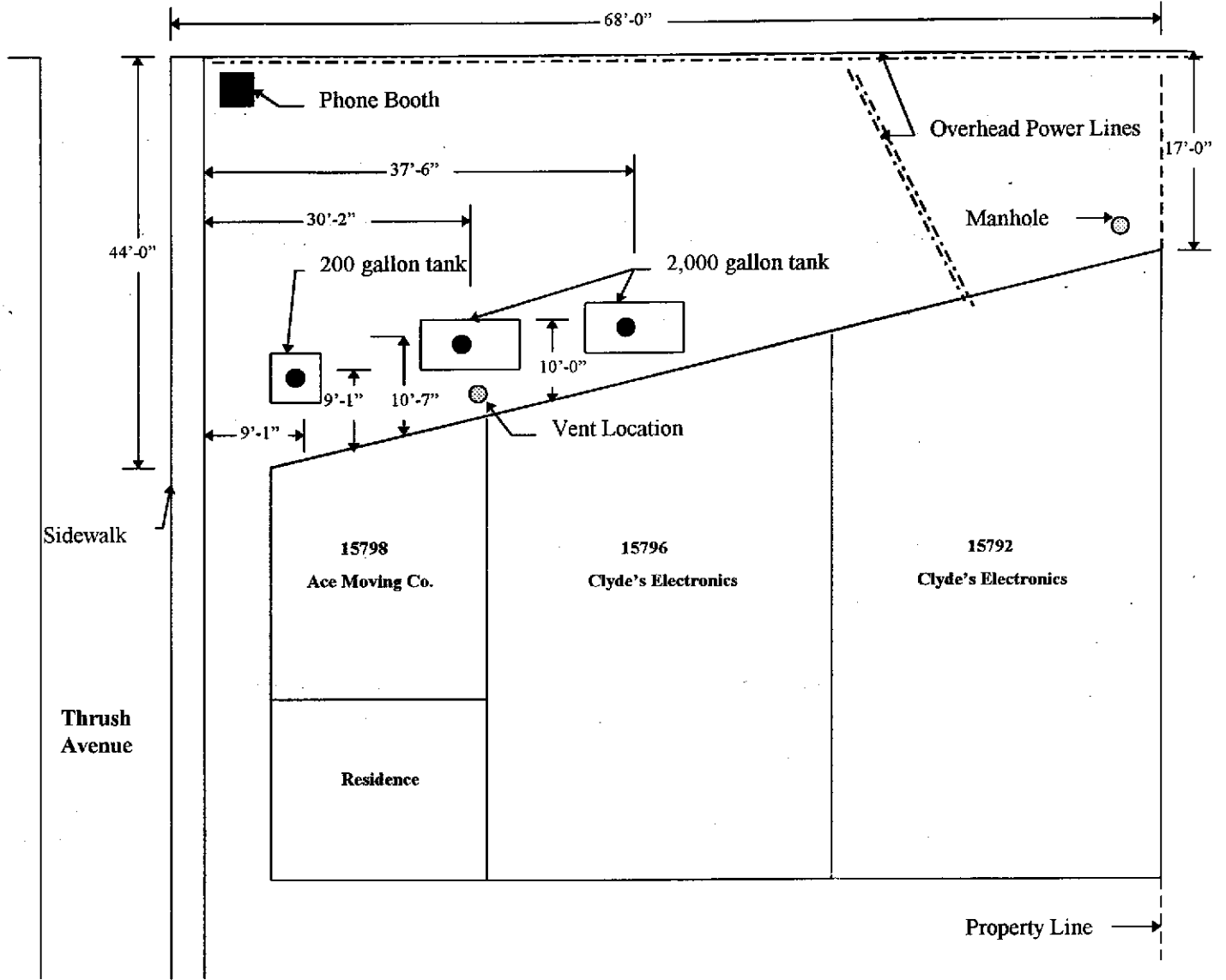
PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business _____

Name of Individual CLIFFORD C. WELCH

Signature [Signature] (AGENT FOR OWNER) Date 12/2/99

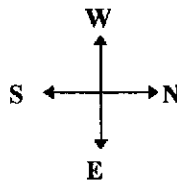
E. 14th Street / San Leandro Blvd.



Scale = N.T.S.

Project No. 99-5213

Semco
1217 South 7th Street
Modesto, CA 95351
(209) 524-9653



Site Map

Clifford C. Welch
15796 E. 14th Street
San Leandro, CA 94578
(510) 632-3283



REALTORS

- SINCE 1947 -

BROKER - GENE FOPPOLI

302 EAST 14TH STREET
SAN LEANDRO, CALIF. 94577

OFFICE: 415-632-3283

6/17/99

ALA. CO. HEALTH CARE SERVICES AGCY.
1131 HARBOR BAY PARKWAY SUITE 250
ALAMEDA, CA. 94502-6577

ATT'N. MR. ROBERT WESTON
DEAR MR. WESTON:

ENCLOSED YOU WILL FIND CHECK
NUMBER DT50, IN THE AMOUNT OF \$1,320.00
REPRESENTING DEPOSIT BY MR. CLIFFORD C. WELCH
FOR THE REMOVAL OF 3 TANKS ON HIS PROPERTY
AT 15796 E. 14TH ST. S. LDO, CA.

PLEASE FORWARD RECEIPT
TO MY OFFICE -

THANK YOU

SINCERELY,

G. W. Foppoli

69 JUN 18 PM 4:45

ENVIRONMENTAL
PROTECTION

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Certified Mailer #: Z 115 363 758

April 14, 1999

Clyde C. Welch
Owner
Clyde's Corner Electronics
15796 E. 14th Street
San Leandro CA 94578

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

NOTICE OF VIOLATION

**RE: Failure to properly close Underground Storage Tanks (USTs)
at Parcel #80-35-101, 15796 E. 14th Street, San Leandro**

Dear Mr. Welch:

This office recently inspected your business for the presence of illegally abandoned underground storage tanks. The visit was prompted by a complaint from an anonymous caller who stated that your business location was a former retail gasoline station. The caller stated that not only was the site a former gasoline station but that the tanks had been removed after the business was closed.

During my visit you and I discussed the presence of the tanks and observed the vent pipes and fill points for the two tanks. You confessed to me that you hoped no one would find out about the tanks so that you didn't have to pay to remove them. However, you shall remove the USTs as soon as possible to determine if the ground water or soil at your property has been contaminated by the contents of the tanks.

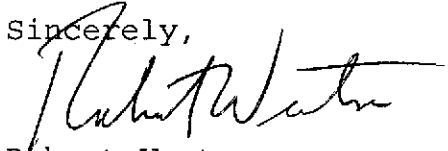
According to the records of the Alameda County Assessor's Office you are the owner of the property and thus responsible for the management of the underground storage tanks.

This letter is a Notice of Violation for failure to properly remove the USTs and a format request for a plan of action to remove the USTs. Enclosed please find an UST removal permit application. This application is to be completed and returned within 30 days of receipt. Failure to properly close the USTs in a timely manner will be grounds for enforcement action. Enforcement includes civil and criminal sanctions. Fines for violations of the UST laws and regulations can reach \$5000 a day per tank per violation. The fines for failure to properly remove the tanks can easily exceed the total cost of timely removal.

Clyde C. Welch
15796 E. 14th Street
San Leandro 94578
page 2 of 2

If you have any questions regarding this process you can contact me at (510) 567-6781.

Sincerely,



Robert Weston
Senior Hazardous Materials Specialist

enclosure

c: Tom Peacock, ACDEP-files
Bob Chambers, Alameda County District Attorney's Office
James Ferdinand, Fire Marshall, Alameda County Fire Department
Paul Smith, Alameda County Public Works, Storm Water Program

Z 115 363 758

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <i>Clyde C Welch</i>	
Street & Number <i>15796 E 14th</i>	
Post Office, State, & ZIP Code <i>San Leandro 94578</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 4.30
Postmark or Date <i>4/14/99</i>	

PS Form 3800, April 1995