

**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**

*SUSAN K. HALL*  
 Project Specialist

**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 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/destruction.

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

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

- Removal of 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

*Susan J. Argo*  
*10/31/95*

**UNDERGROUND TANK CLOSURE PLAN**

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

1. Name of Business Caltrans - Cypress A Project  
 Business Owner or Contact Person (PRINT) Caltrans
2. Site Address 5th and Adeline  
 City Oakland Zip 94607 Phone (510) 286-0670
3. Mailing Address Caltrans Attention: Frank Cannizzoro  
 City 1121 7th Street, Oakland Zip 94607 Phone (510) 286-0670
4. Property Owner Caltrans  
 Business Name (if applicable) Caltrans  
 Address 1121 7th Street  
 City, State Oakland Zip 94607
5. Generator name under which tank will be manifested  
Caltrans - Cypress A  
 EPA ID# under which tank will be manifested C A CAD000000356

6. Contractor Performance Excavators Inc.  
Address 3060 Kerner Blvd., Suite A  
City San Rafael, CA 94901 Phone (415) 257-4640  
License Type\* A-Haz ID# 667433

\*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) Jonas & Associates Inc.  
Address 2815 Mitchell Drive, Suite 209  
City, State Walnut Creek, CA 94598 Phone (510) 933-5360

8. Main Contact Person for Investigation (if applicable)  
Name Mark Warner Title Project Manager  
Company Performance Excavators  
Phone (415) 257-4640

9. Number of underground tanks being closed with this plan 1  
Length of piping being removed under this plan Unknown  
Total number of underground tanks at this facility (\*\*confirmed with owner or operator) 2

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 H&H Environmental EPA I.D. No. CAD004771168  
Hauler License No. 0334 License Exp. Date 1/31/96  
Address Terry A. Francois Blvd.  
City San Francisco State CA Zip 94107-2106

b) Product/Residual Sludge/Rinsate Disposal Site

Name PRC EPA ID# CAD083166728  
Address 13331 N. Highway 33  
City Patterson State CA Zip 95363

c) Tank and Piping Transporter

Name H&H Environmental EPA I.D. No. CAD000471168  
Hauler License No. 0334 License Exp. Date 1/31/96  
Address Terry A. Francois Blvd.  
City San Francisco State CA Zip 95363

d) Tank and Piping Disposal Site

Name H&H Environmental EPA I.D. No. CAD00471168  
Address Terry A. Francois Blvd.  
City San Francisco State CA Zip 95363

11. Experienced Sample Collector

Name Mark Jonas, Ellis Ishaya ✓  
Company Jonas & Associates Inc.  
Address 2815 Mitchell Drive, Suite 209  
City Walnut Creek State CA Zip 94598 Phone (510) 933-5360

12. Laboratory

Name ChromaLab, Inc.  
Address 1220 Quarry Lane  
City Pleasanton State CA Zip 94566-4756  
State Certification No. 1094

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:

Inert each tank with 1.5 pounds of solid carbon dioxide (dry ice)

for each 100 gallons of tank volume.

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)		
1-55 gal	Petroleum Hydrocarbons	Soil	beneath the tank at a maximum of two feet below the native soil/backfill interface.
1-55 gal		Groundwater (if present)	bottom of the excavation pit.
		One soil sample for every 20 ft. of piping that is removed.	

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)**

50 yards

**Sampling Plan**

will collect soil samples from four locations of the stockpile. Combine the samples into one and analyze the composite samples for TPH-g/BTEX; TRPH; Eight RCRA Metals (Total and WET).

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 [x] no [X] 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
TPH-g	GCFID 3550	5030/8015M	1.00 ppm (soil)
TEPH-k,m,o,d	GCFID 3550	8015	1.00 ppm (soil)
BTEX	5030	8020	5.00 ppb (soil)
Lead	3050AM/6010	6010	<del>50.00 ppm (soil)</del>
<i>UHC</i>	<i>8010 028240</i>		

18. Submit Worker's Compensation Certificate copy

Name of Insurer California Comp & Fire

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 Performance Excavators

Name of Individual Mark Warner

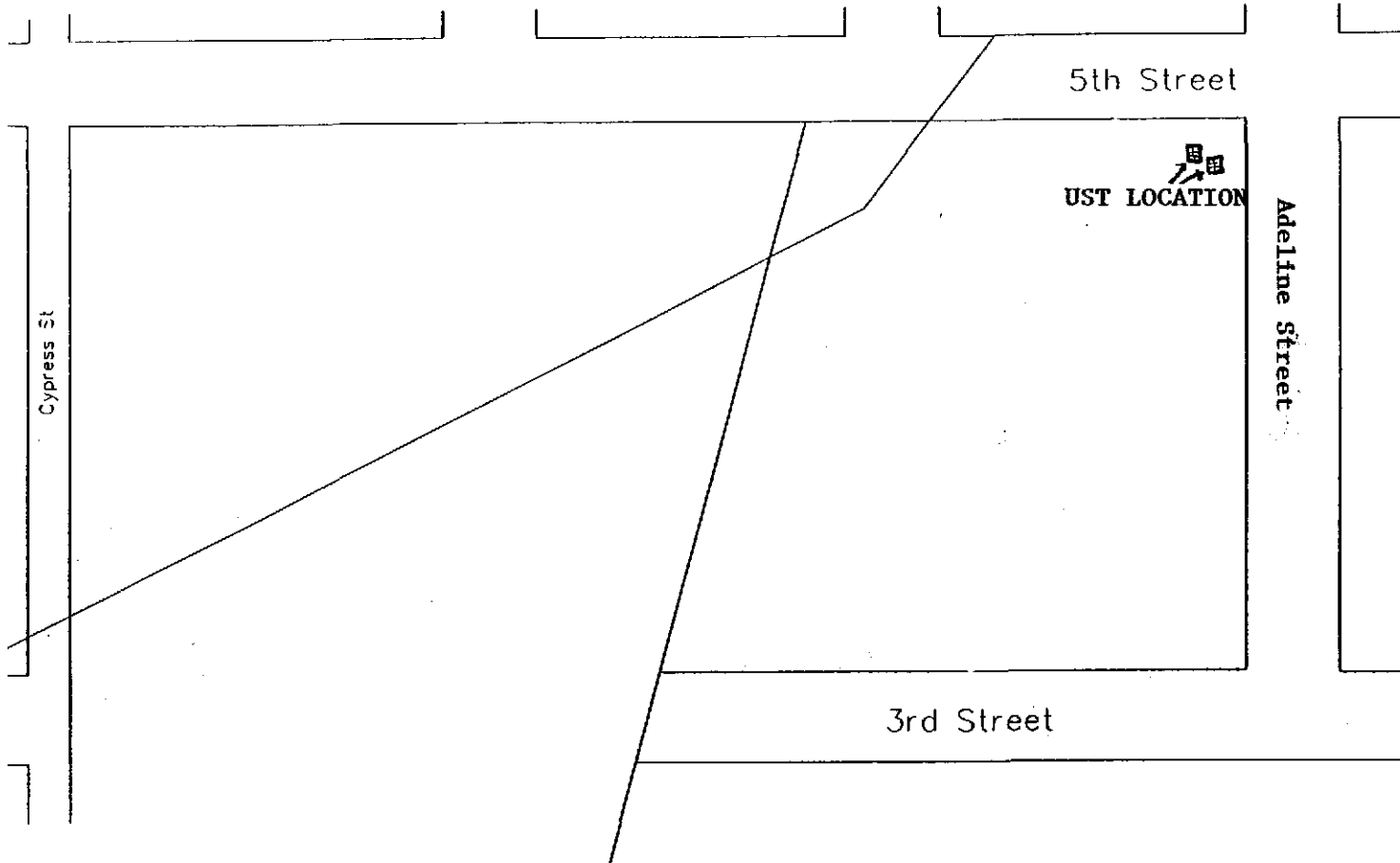
Signature [Signature] Date 10-30-95

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)


Name of Business Caltrans

Name of Individual Frank Cannizzoro

Signature [Signature] Date 10/30/95



**LEGEND:**

 Tank

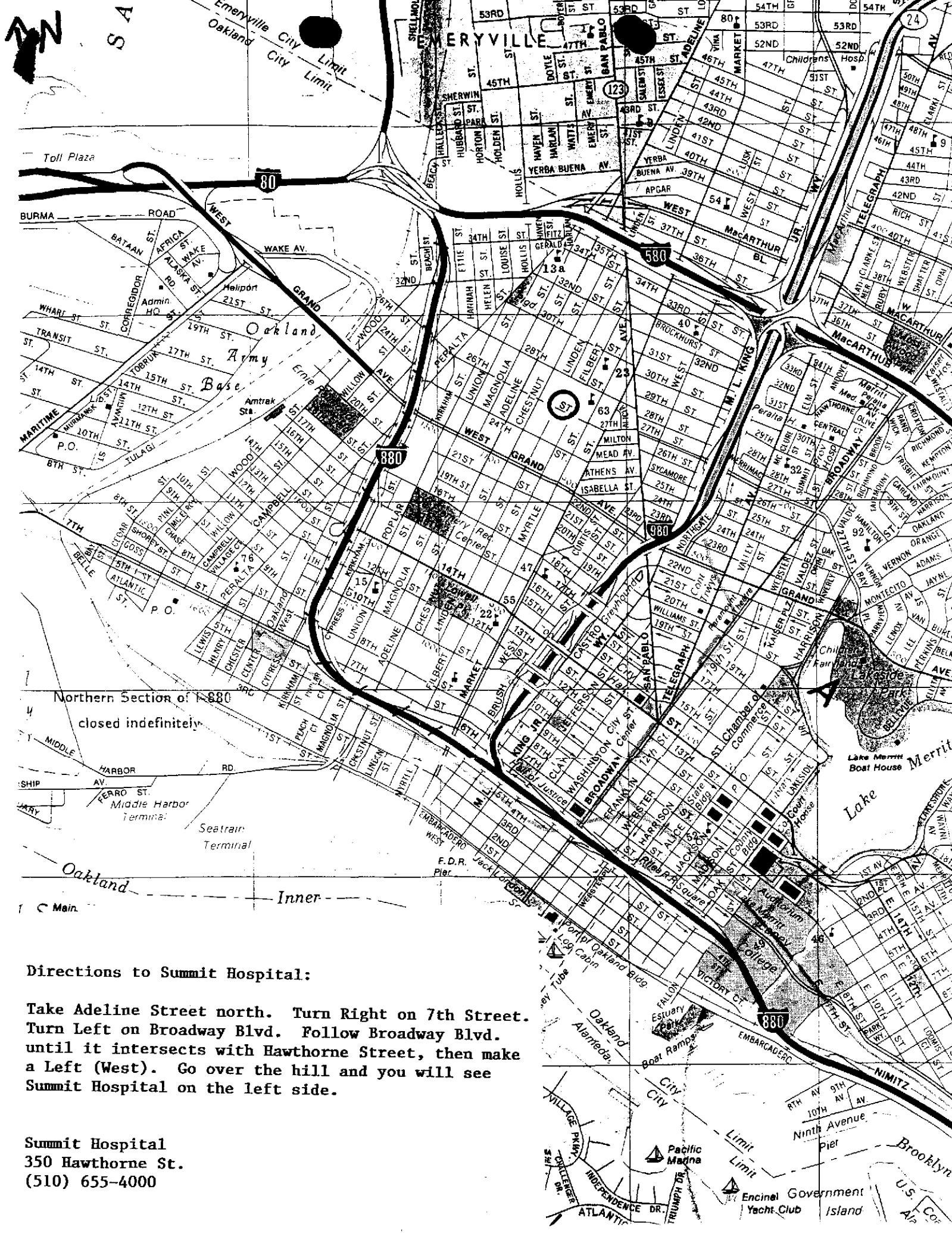
**UST Location**  
**5th & Adeline Streets - Cypress**

Note: Not to Scale

Date: \_\_\_\_\_  
Locations Approx.

**UST**

Drawing Number  
**UST**



**Directions to Summit Hospital:**

Take Adeline Street north. Turn Right on 7th Street. Turn Left on Broadway Blvd. Follow Broadway Blvd. until it intersects with Hawthorne Street, then make a Left (West). Go over the hill and you will see Summit Hospital on the left side.

**Summit Hospital**  
 350 Hawthorne St.  
 (510) 655-4000



Norma,  
Please transfer to LOP.

(No) 11-6-95  
# 5509

DATE: 11/6/95  
TO : Local Oversight Program  
FROM: SUSAN  
SUBJ: Transfer of Eligible Oversight Case

Cal Trans

Site name: Cypress Proj. A  
Address: 5th & Adeline City Oakland Zip 94607  
Closure plan attached?  Y N DepRef remaining \$ \_\_\_\_\_  
DepRef Project # \_\_\_\_\_ STID #(if any) 5509  
Number of Tanks: 2 removed? Y N Date of removal 11/1/95  
Leak Report filed? Y  N Date of Discovery \_\_\_\_\_  
Samples received?  Y N Contamination: \_\_\_\_\_  
Petroleum Y N Types: Avgas Jet leaded unleaded Diesel  
fuel oil waste oil kerosene solvents  
Monitoring wells on site \_\_\_\_\_ 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 \_\_\_\_\_

2 Tanks removed 11/1/95



00181 (03)

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	

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

DBA OR FACILITY NAME <i>Caltrans - Cypress project</i>		NAME OF OPERATOR <i>Caltrans / Cypress A</i>		
ADDRESS <i>5th + Adeline</i>		NEAREST CROSS STREET <i>7th</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Oakland, CA</i>	STATE <i>CA</i>	ZIP CODE <i>94607</i>	SITE PHONE # WITH AREA CODE <i>510-286-0670</i>	
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS* <input type="checkbox"/> COUNTY AGENCY* <input checked="" 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"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE <i>2</i>	E. P. A. I. D. # (optional)	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Warner, Mark</i>	PHONE # WITH AREA CODE <i>415-257-4640</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>Cannizzaro, Frank</i>	PHONE # WITH AREA CODE <i>510-286-0670</i>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>Caltrans</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>1121 7th ST.</i>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <i>Oakland</i>	STATE <i>CA</i>	ZIP CODE <i>94607</i>	PHONE # WITH AREA CODE <i>510-286-0670</i>	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Caltrans</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>1121 7th ST.</i>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <i>Oakland, CA</i>	STATE <i>CA</i>	ZIP CODE <i>94607</i>	PHONE # WITH AREA CODE	

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"/> 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

OWNER'S NAME (PRINTED & SIGNED) <i>MOUSTAFA PRYRUBAND Moustafa Pryruband</i>	OWNER'S TITLE <i>TRANS. ENG. (CALTRANS)</i>	DATE MONTH/DAY/YEAR <i>11/1/95</i>
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LOCAL AGENCY USE ONLY

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

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.  
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

Tank removed 11/1/95



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: CalTrans - Cypress A 5th + Adeline, Oakland, CA

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN 94607

A. OWNER'S TANK I.D.# Down Vertical Tank B. MANUFACTURED BY: Unknown  
C. DATE INSTALLED (MO/DAY/YEAR) Unknown D. TANK CAPACITY IN GALLONS: 55-gallons  
157-gal/lvs

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

A.  1 MOTOR VEHICLE FUEL  4 OIL  1 PRODUCT  2 WASTE  
 2 PETROLEUM  80 EMPTY  1a REGULAR UNLEADED  3 DIESEL  6 AVIATION GAS  
 3 CHEMICAL PRODUCT  95 UNKNOWN  1b PREMIUM UNLEADED  4 GASAHOL  7 METHANOL  
 2 LEADED  5 JET FUEL  99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Assumed To be Petroleum Hydrocarbon 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  3 SINGLE WALL WITH EXTERIOR LINER  95 UNKNOWN  
 2 SINGLE WALL  4 SECONDARY CONTAINMENT (VAULTED TANK)  99 OTHER

B. TANK MATERIAL (Primary Tank)  1 BARE STEEL  2 STAINLESS STEEL  3 FIBERGLASS  4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC  
 5 CONCRETE  6 POLYVINYL CHLORIDE  7 ALUMINUM  8 100% METHANOL COMPATIBLE W/FRP  
 9 BRONZE  10 GALVANIZED STEEL  95 UNKNOWN  99 OTHER Steel

C. INTERIOR LINING  1 RUBBER LINED  2 ALKYD LINING  3 EPOXY LINING  4 PHENOLIC LINING  
 5 GLASS LINING  6 UNLINED  95 UNKNOWN  99 OTHER  
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

D. CORROSION PROTECTION  1 POLYETHYLENE WRAP  2 COATING  3 VINYL WRAP  4 FIBERGLASS REINFORCED PLASTIC  
 5 CATHODIC PROTECTION  91 NONE  95 UNKNOWN  99 OTHER

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) Unknown OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) Unknown

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

A. SYSTEM TYPE A U 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 99 OTHER Unknown

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 unk

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 Unknown

D. LEAK DETECTION  1 AUTOMATIC LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 INTERSTITIAL MONITORING  99 OTHER Unknown

V. TANK LEAK DETECTION

1 VISUAL CHECK  2 INVENTORY RECONCILIATION  3 VADOZE MONITORING  4 AUTOMATIC TANK GAUGING  5 GROUND WATER MONITORING  
 6 TANK TESTING  7 INTERSTITIAL MONITORING  91 NONE  95 UNKNOWN  99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) Unknown 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 55 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

APPLICANT'S NAME (PRINTED & SIGNATURE) MUSTAFA PARIVAND Mustafa Parivand CALTRANS DATE 11/1/95

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #

PERMIT NUMBER \_\_\_\_\_ PERMIT APPROVED BY/DATE \_\_\_\_\_ PERMIT EXPIRATION DATE \_\_\_\_\_

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

Link removed 11/1/95

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Caltrans - Cypress at 5th + Adeline, Oakland, CA 94601

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>	D. TANK CAPACITY IN GALLONS: <u>255-gallons 117-gal.</u>

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

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

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Assumed to be Petroleum Hydrocarbons C.A.S.#:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input checked="" type="checkbox"/> 99 OTHER <u>Steel</u>
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___			
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>Unknown</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>Unknown</u>

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

A. SYSTEM TYPE	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 1 SUCTION	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 2 PRESSURE	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 3 GRAVITY	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 99 OTHER <u>Unknown</u>
B. CONSTRUCTION	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 1 SINGLE WALL	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 2 DOUBLE WALL	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 3 LINED TRENCH	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 1 BARE STEEL	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 2 STAINLESS STEEL	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 3 POLYVINYL CHLORIDE (PVC)	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 4 FIBERGLASS PIPE
	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 5 ALUMINUM	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 6 CONCRETE	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 7 STEEL W/ COATING	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 8 100% METHANOL COMPATIBLE W/FRP
	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 9 GALVANIZED STEEL	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 10 CATHODIC PROTECTION	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 95 UNKNOWN	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 99 OTHER <u>Unknown</u>
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER <u>Unknown</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>Unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>55 - GALLONS</u>	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--	--

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

APPLICANT'S NAME (PRINTED & SIGNATURE) MOSTAFA PAYRWAHD Mostafa Payrward DATE 11/1/95

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

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

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ MATLS

- \_\_\_ 10. Registration Form Filed 25533(a)
- \_\_\_ 11. Form Complete 25533(b)
- \_\_\_ 12. RMPP Contents 25534(c)
- \_\_\_ 13. Implement Sch. Req'd? (Y/N)
- \_\_\_ 14. Off-Site Conseq. Assess. 25524(c)
- \_\_\_ 15. Probable Risk Assessment 25534(d)
- \_\_\_ 16. Persons Responsible 25534(g)
- \_\_\_ 17. Certification 25534(f)
- \_\_\_ 18. Exemption Request? (Y/N) 25536(b)
- \_\_\_ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- |                               |  |
|-------------------------------|--|
| General                       | ___ 1. Permit Application 25284 (H&S)  |
|                               | ___ 2. Pipeline Leak Detection 25292 (H&S)   |
|                               | ___ 3. Records Maintenance 2712  |
|                               | ___ 4. Release Report 2651   |
|                               | ___ 5. Closure Plans 2670  |
| Monitoring for Existing Tanks | ___ 6. Method  |
|                               | 1) Monthly Test  |
|                               | 2) Daily Vadose<br>Semi-annual groundwater<br>One time soils   |
|                               | 3) Daily Vadose<br>One time soils<br>Annual tank test  |
|                               | 4) Monthly Gndwater<br>One time soils<br>Annual tank testing<br>Cont pipe leak det<br>Vadose/gndwater mon. |
|                               | 5) Daily Inventory<br>Annual tank testing<br>Cont pipe leak det  |
|                               | 6) Weekly Tank Gauge<br>Annual tank testing  |
|                               | 7) Annual Tank Testing<br>Daily Inventory  |
|                               | 8) Other   |
|                               | ___ 7. Precs Tank Test 2643<br>Date: _____   |
| ___ 8. Inventory Rec. 2644    |  |
| ___ 9. Soil Testing 2646      |  |
| ___ 10. Ground Water. 2647    |  |
| New Tanks                     | ___ 11. Monitor Plan 2632  |
|                               | ___ 12. Access. Secure 2634  |
|                               | ___ 13. Plans Submit 2711<br>Date: _____   |
|                               | ___ 14. As Built 2635<br>Date: _____   |

Site ID # \_\_\_\_\_ Site Name Cal Yana Cypress Today Date 11/1/95  
Project A  
 Site Address 5th Street & Adeline  
 City OAKLAND Zip 94607 Phone \_\_\_\_\_

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?  
 Inspection Categories:  
 \_\_\_ I. Haz. Mat/Waste GENERATOR/TRANSPORTER  
 \_\_\_ II. Business Plans, Acute Hazardous Materials  
 III. Underground Tanks

TANKS HAULER = H&H # 600948 exp 1/96  
157 gal manifest # 9558934  
117 gal manifest 9558934  
 Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:  
TANKS manifest #  
2 UGTS removed at site: tanks  
close to footings along Adeline St.  
Pinkland fire Dept requested ACDEH to check for LEL & O2  
#1 Tank - 117 gallons steel tank  
uncovered during excavation near footings  
along Adeline St. LEL = 0% O2 = 11.  
approx 117 gals pumped out fr. tank. Liquid  
sample analyzed showed to be kerosene & diesel  
present. One soil sample collected on the  
bottom of the tank.  
Soil appeared to be heavily stained & strong odor  
#2 Vertical tank: approx 157 gallons, steel  
open top filled with soil/dirt.  
The bottom had appeared to be intact.  
Soil/dirt removed fr. inside the vertical  
tank. All soil excavated in the area  
of the 2 tanks including the soil removed  
fr. inside the vertical tank to be hauled  
off to 500 Kirkham (G&A Trucking) will  
be sampled & characterized & disposed  
appropriately. One soil sample collected  
from the bottom of the tank.

Contact: Romana Jones  
 Title: Principal, Jones Associates Inspector:  
 Signature: Romana Jones Signature: Susan L. Hugo

Limited over excavation to be conducted  
& verification samples to be collected.

white -env.health  
 yellow -facility  
 pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

## Hazardous Materials Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name Cal Trans Express Today's Date 11/1/95

Site Address 5th Street & Adeline

City OAKLAND Zip 94607 Phone \_\_\_\_\_

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

**Inspection Categories:**

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

TANKS HAULER = H&H # 60998 exp 1/96

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

**Comments:**

TANKS manifest # \_\_\_\_\_  
 2 UGTS removed at site. Leaks close to footings along Adeline St.  
 \* Oakland Fire Dept requested AODEH to check for REL & O<sub>2</sub>  
 #1 Tank - 117 gallons steel tank uncovered during excavation near footings along Adeline St. REL = 0%. O<sub>2</sub> = 11%.  
 approx 117 gal pumped out of tank. Liquid analyzed showed to be benzene & diesel mixture. One soil sample collected from the bottom of the tank.  
 Soil appeared to be heavily stained & strong H<sub>2</sub>S.  
 #2 Vertical tank approx 157 gallons, steel open top filled with soil/dirt. The bottom end appeared to be intact. Soil/dirt removed from inside the vertical tank, all soil excavated in the area of the 2 tanks including the soil removed from inside the vertical tank to be hauled off to 500 Leekham (G&A Trucking) will be sampled & characterized & disposed appropriately. One soil sample collected from the bottom of the tank.

**II.A BUSINESS PLANS (Title 19)**

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

**II.B ACUTELY HAZ MATLS**

- \_\_\_ 10. Registration Form Filed 25533(a)
- \_\_\_ 11. Form Complete 25533(b)
- \_\_\_ 12. RMPP Contents 25534(c)
- \_\_\_ 13. Implement Sch. Req'd? (Y/N)
- \_\_\_ 14. OnSite Conseq. Assess. 25524(c)
- \_\_\_ 15. Probable Risk Assessment 25534(d)
- \_\_\_ 16. Persons Responsible 25534(g)
- \_\_\_ 17. Certification 25534(f)
- \_\_\_ 18. Exemption Request? (Y/N) 25536(b)
- \_\_\_ 19. Trade Secret Requested? 25536

**III. UNDERGROUND TANKS (Title 23)**

- General**
- \_\_\_ 1. Permit Application 25284 (H&S)
  - \_\_\_ 2. Pipeline Leak Detection 25292 (H&S)
  - \_\_\_ 3. Records Maintenance 2712
  - \_\_\_ 4. Release Report 2651
  - \_\_\_ 5. Closure Plans 2670

- Monitoring for Existing Tanks**
- \_\_\_ 6. Method
    - 1) Monthly Test
    - 2) Daily Vadose
    - Semi-annual groundwater
    - One time soils
    - 3) Daily Vadose
    - One time soils
    - Annual tank test
    - 4) Monthly Gndwater
    - One time soils
    - 5) Daily Inventory
    - Annual tank testing
    - Cont pipe leak det
    - Vadose/gndwater mon.
    - 6) Daily Inventory
    - Annual tank testing
    - Cont pipe leak det
    - 7) Weekly Tank Gauge
    - Annual tank teting
    - 8) Annual Tank Testing
    - Daily Inventory
    - 9) Other \_\_\_\_\_

- \_\_\_ 7. Precs Tank Test Date: 2643
- \_\_\_ 8. Inventory Rec. 2644
- \_\_\_ 9. Soil Testing 2646
- \_\_\_ 10. Ground Water. 2647

- New Tanks**
- \_\_\_ 11. Monitor Plan 2632
  - \_\_\_ 12. Access. Secure 2634
  - \_\_\_ 13. Plans Submit Date: 2711
  - \_\_\_ 14. As Built Date: 2635

Rev 6/88

Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_ Inspector: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

*Inspected over manifest to be updated with all info.*

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH  
 Hazardous Materials Inspection Form

1131 Harbor Bay Pkwy.  
 Suite 250  
 Alameda, CA 94502-6577  
 (510) 567-6700

II, III

- (Title 19)
- II.A BUSINESS PLANS**
- Reporting 2703
  - 1. Immediate 25503(b)
  - 2. Bus. 30 days 25503.7
  - 3. RPT information 25504(a)
  - 4. RPT Complete 2730
  - Agency Response 25504(b)
  - 5. Agency Response 25504(c)
  - 6. Agency Response 25505(a)
  - 7. Agency Response 25505(b)

- II.B. OTHER HAZ. MATLS**
- 10. Registration Form Filed 25533(a)
  - 11. Form Complete 25533(b)
  - 12. RMPP Contents 25534(c)
  - 13. Implement Sch. Req'd? (Y/N) 25524(c)
  - 14. OffSite Conseq. Assess. 25534(d)
  - 15. Probable Risk Assessment 25534(e)
  - 16. Persons Responsible 25534(f)
  - 17. Certification 25534(g)
  - 18. Exemption Request? (Y/N) 25534(h)
  - 19. Trade Secret Requested? 25538

- III. UNDERGROUND TANKS (Title 23)**
- General
- 1. Permit Application 25284 (H&S)
  - 2. Pipeline Leak Detection 25292 (H&S)
  - 3. Records Maintenance 2712
  - 4. Release Report 2651
  - 5. Closure Plans 2670

- Monitoring for Existing Tanks
- 6. Method
  - 1) Monthly Test
  - 2) Daily Vadose
  - Semi-annual groundwater
  - One time soils
  - 3) Daily Vadose
  - One time soils
  - Annual tank test
  - 4) Monthly Groundwater
  - One time soils
  - 5) Daily Inventory
  - Annual tank testing
  - Cont pipe leak det
  - Vadose/groundwater mon.
  - 6) Daily Inventory
  - Annual tank testing
  - Cont pipe leak det
  - 7) Weekly Tank Gauge
  - Annual tank testing
  - 8) Annual Tank Testing
  - Daily Inventory
  - 9) Other

- New Tanks
- 7. Precis Tank Test Date: 2643
  - 8. Inventory Rec. 2644
  - 9. Soil Testing 2646
  - 10. Ground Water 2647
  - 11. Monitor Plan 2632
  - 12. Access. Secure 2634
  - 13. Plans Submit Date: 2711
  - 14. As Built Date: 2635

Site ID # \_\_\_\_\_ Site Name Cal Trans Proj A Today Date 11/1/95  
 Site Address Adeline & 5th Street  
 City Oakland Zip 94607 Phone \_\_\_\_\_

- MAX AMT stored > 500 lbs, 55 gal., 200 cft.?
- Inspection Categories:**
- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
  - II. Business Plans, Acute Hazardous Materials
  - III. Underground Tanks

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

**Comments:**

On-site: limited over excavation around the former tank area removed this morning.

Confirmation soil samples collected 2 bottom samples & 1 sidewalk samples.

Stockpiled soil generated during the tank's removal & over excavation activities are hauled to G&A Trucking site.

Stockpiled soil must be covered with Visqueen & bermed to prevent run-off. Soil must be characterized for disposal.

Backfill material should be characterized & must have ~~approval~~ approval from this agency ~~before~~ prior to backfilling the ex. cavitation.

Contact: Romana Jonas  
 Title: Principal Inspector  
 Signature: Romana Jonas Inspector: \_\_\_\_\_  
 Signature: Miriam G. Hugo

II, III

# 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	<b>FOR LOCAL AGENCY USE ONLY</b> 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.  SIGNED: _____ DATE: _____
REPORT DATE 1_M 1_M 1_D 4_D 9_Y 5_Y	CASE # _____	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>Frank Carrizzoro</b>	PHONE (510) 286-0670	SIGNATURE 	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <b>Caltrans</b> <i>for: Frank Carrizzoro</i>		
	ADDRESS 1121 7th Street, Oakland, CA 95607			

RESPONSIBLE PARTY	NAME <b>Caltrans</b> 5th and Adeline, Oakland, CA 94607	CONTACT PERSON <b>Frank Carrizzoro</b>	PHONE (510) 286-0670
	ADDRESS 1121 7th Street, Oakland, CA 95607		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) 5th and Adeline, Oakland, CA	OPERATOR Caltrans	PHONE (510) 286-0670	
	ADDRESS 5th and Adeline, Oakland, CA 94607			
	CROSS STREET 5th and Adeline			

IMPLEMENTING AGENCIES	LOCAL AGENCY    AGENCY NAME Alameda County Health Care Services	CONTACT PERSON Ms. Susan Hugo	PHONE (510) 567-6700
	REGIONAL BOARD		PHONE ( )

SUBSTANCES INVOLVED	(1) NAME Petroleum Hydrocarbons	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) _____ <input type="checkbox"/> UNKNOWN	

DISCOVERY/ABATEMENT	DATE DISCOVERED 1_M 0_M 3_D 0_D 9_Y 5_Y	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER <u>Excavation</u>	
	DATE DISCHARGE BEGAN 1_M 0_M 3_D 1_D 9_Y 5_Y	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_M 0_M 3_D 1_D 9_Y 5_Y		

SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input 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	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
-----------	--

CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" 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
----------------	--

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)	<input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)	
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COMMENTS	_____ _____ _____
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## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.  
Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.  
Preliminary Site Assessment Underway - implementation of workplan.  
Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.  
Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.  
Cleanup Underway - implementation of remediation plan.  
Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.  
Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIATION ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.  
Containment Barrier - install vertical dike to block horizontal movement of contaminant.  
Excavate and Dispose - remove contaminated soil and dispose in approved site.  
Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).  
Remove Free Product - remove floating product from water table.  
Pump and Treat Groundwater - generally employed to remove dissolved contaminants.  
Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.  
Replace Supply - provide alternative water supply to affected parties.  
Treatment at Hookup - install water treatment devices at each dwelling or other place of use.  
Vacuum Extract - use pumps or blowers to draw air through soil.  
Vent Soil - bore holes in soil to allow volatilization of contaminants.  
No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Clean Water Programs, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244-2120
3. Regional Water Quality Control Board
4. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
5. Owner/responsible party.

# 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.  SIGNED: _____ DATE: _____		
REPORT DATE 1_M 1_D 1_D 4_D 9_Y 5_Y		CASE #				
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>Frank Cannizzoro</b>		PHONE <b>(510) 286-0670</b>		SIGNATURE 	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME <b>Caltrans</b> <i>for: Frank Cannizzoro</i>			
	ADDRESS <b>1121 7th Street, Oakland, CA 95607</b>					
RESPONSIBLE PARTY	NAME <b>Caltrans</b> <b>5th and Adeline, Oakland, CA 94607</b>		CONTACT PERSON <b>Frank Cannizzoro</b>		PHONE <b>510 286-0670</b>	
	ADDRESS <b>1121 7th Street, Oakland, CA 95607</b>					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) <b>Schaund Adeline, Oakland, CA</b>		OPERATOR <b>Caltrans</b>		PHONE <b>510 ) 286-0670</b>	
	ADDRESS <b>5th and Adeline, Oakland, CA 94607</b>					
	CROSS STREET <b>5th and Adeline</b>		CITY <b>Alameda</b> COUNTY _____ ZIP _____			
IMPLEMENTING AGENCIES	LOCAL AGENCY <b>Alameda County Health Care Services</b>		CONTACT PERSON <b>Ms. Susan Hugo</b>		PHONE <b>(510) 567-6700</b>	
	REGIONAL BOARD				PHONE ( )	
SUBSTANCES INVOLVED	(1) NAME <b>Petroleum Hydrocarbons</b>				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2)				<input type="checkbox"/> UNKNOWN	
DISCOVERY/BATEMENT	DATE DISCOVERED 1_M 0_M 3_D 0_D 9_Y 5_Y		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER <b>Excavation</b>			
	DATE DISCHARGE BEGAN 4_M 0_M _____ D _____ Y _____		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_M 0_M 3_D 1_D 9_Y 5_Y					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS)					
COMMENTS						

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.

Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.

Preliminary Site Assessment Underway - implementation of workplan.

Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan.

Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.

Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical dike to block horizontal movement of contaminant.

Excavate and Dispose - remove contaminated soil and dispose in approved site.

Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).

Remove Free Product - remove floating product from water table.

Pump and Treat Groundwater - generally employed to remove dissolved contaminants.

Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties.

Treatment at Hookup - install water treatment devices at each dwelling or other place of use.

Vacuum Extract - use pumps or blowers to draw air through soil.

Vent Soil - bore holes in soil to allow volatilization of contaminants.

No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

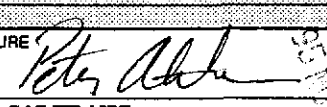
SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Clean Water Programs, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244-2120
3. Regional Water Quality Control Board
4. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
5. Owner/responsible party.

# 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 1 M 1 D 4 9 5		CASE #		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>Frank Cannizzoro</b>		PHONE <b>(510) 286-0670</b>		SIGNATURE 
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME <b>CALTRANS</b> <i>for: Frank Cannizzoro</i>		
ADDRESS <b>1121 7th Street, Oakland, California 94607</b>					
RESPONSIBLE PARTY	NAME <b>Caltrans</b> <input type="checkbox"/> UNKNOWN		CONTACT PERSON <b>Frank Cannizzoro</b>		PHONE <b>(510) 286-0670</b>
	ADDRESS <b>1121 7th Street, Oakland, California 95607</b>				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) <b>5th and Adeline, Oakland, CA 94607</b>		OPERATOR <b>Caltrans</b>		PHONE <b>(510) 286-0670</b>
	ADDRESS <b>5th and Adeline, Oakland, CA 94607</b>				
	CROSS STREET <b>5th and Adeline</b>		COUNTY <b>Alameda</b>		
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME <b>Alameda County Health Care Services</b>		CONTACT PERSON <b>Ms. Susar Hugo</b>		PHONE <b>(510) 567-6700</b>
	REGIONAL BOARD		CONTACT PERSON		PHONE ( )
SUBSTANCES INVOLVED	(1) NAME <b>Petroleum Hydrocarbons</b>		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2)		<input type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 1 M 0 D 3 0 9 5		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER <b>Excavation</b>		
	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 M 0 D 3 1 9 5				
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input 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 CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" 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				
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)				
COMMENTS	_____				

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2500 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25150.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

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Leak Being Confirmed - Leak suspected at site, but has not been confirmed.

Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.

Preliminary Site Assessment Underway - implementation of workplan.

Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan.

Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.

Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

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### REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical dike to block horizontal movement of contaminant.

Excavate and Dispose - remove contaminated soil and dispose in approved site.

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Remove Free Product - remove floating product from water table.

Pump and Treat Groundwater - generally employed to remove dissolved contaminants.

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Replace Supply - provide alternative water supply to affected parties.

Treatment at Hookup - install water treatment devices at each dwelling or other place of use.

Vacuum Extract - use pumps or blowers to draw air through soil.

Vent Soil - bore holes in soil to allow volatilization of contaminants.

No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

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1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Clean Water Program, Underground Storage Tank Program, P.O. Box 940212, Sacramento, CA 94244-2120
3. Regional Water Quality Control Board
4. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
5. Owner/responsible party.

# 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 1 M 1 M 1 D 4 D 9 Y		CASE #		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>Frank Cannizzaro</b>		PHONE <b>510 286-0670</b>		SIGNATURE 	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER _____		<input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD		COMPANY OR AGENCY NAME <b>CALTRANS</b>	
	ADDRESS <b>1121 7th Street, Oakland, California 94607</b>					
RESPONSIBLE PARTY	NAME <b>Caltrans</b>		<input type="checkbox"/> UNKNOWN <b>Frank Cannizzaro</b>		PHONE <b>(510) 286-0670</b>	
	ADDRESS <b>1121 7th Street, Oakland, California 95007</b>					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) <b>5th and Adeline, Oakland, CA 94607</b>		OPERATOR <b>Caltrans</b>		PHONE <b>(510) 286-0670</b>	
	ADDRESS <b>5th and Adeline, Oakland, CA 94607</b>					
	CROSS STREET <b>5th and Adeline</b>		CITY <b>Alameda</b>			
IMPLEMENTING AGENCIES	LOCAL AGENCY <b>Alameda County Health Care Services</b>		CONTACT PERSON <b>Ms. Susan Hugo</b>		PHONE <b>(510) 567-6700</b>	
	REGIONAL BOARD				PHONE ( )	
SUBSTANCES INVOLVED	(1) NAME <b>Patroleum Hydrocarbons</b>		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2)		<input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED <b>10 M 0 D 30 D 9 Y 5 Y</b>		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER <b>Excavation</b>			
	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 <b>10 M 0 D 3 D 1 D 9 Y 5 Y</b>					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input 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 CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" 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					
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COMMENTS	_____					

## INSTRUCTIONS

### EMERGENCY

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### LOCAL AGENCY ONLY

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### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

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### REMEDIAL ACTION

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No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

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3. Regional Water Quality Control Board
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5. Owner/responsible party.

**ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION**

**DECLARATION OF SITE ACCOUNT REFUND RECIPIENT**

*There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.*

**SITE INFORMATION:**

Site ID Number  
(if known)

Caltrans - Cypress A 5th + Adeline

Name of Site

5th + Adeline

Street Address

Oakland, CA 94607

City, State & Zip Code

I designate the following person or business to receive any refund due at the completion of all deposit/refund projects:

Jonas + Associates Inc.

Name

2815 Mitchell Dr. Suite 209

Street Address

Walnut Creek, CA 94598

City, State & Zip Code

Romana Jonas

Signature of Payor

10/31/95

Date

Romana Jonas

Name of Payor

(PLEASE PRINT CLEARLY)

Jonas + Associates Inc.

Company Name of Payor

**RETURN FORM TO:**

County of Alameda, Environmental Protection  
1131 Harbor Bay Parkway, Rm 250  
Alameda CA 94502-6577  
Phone#(510) 567-6700







11/1/95 Cal Jeans  
5th & Adeline



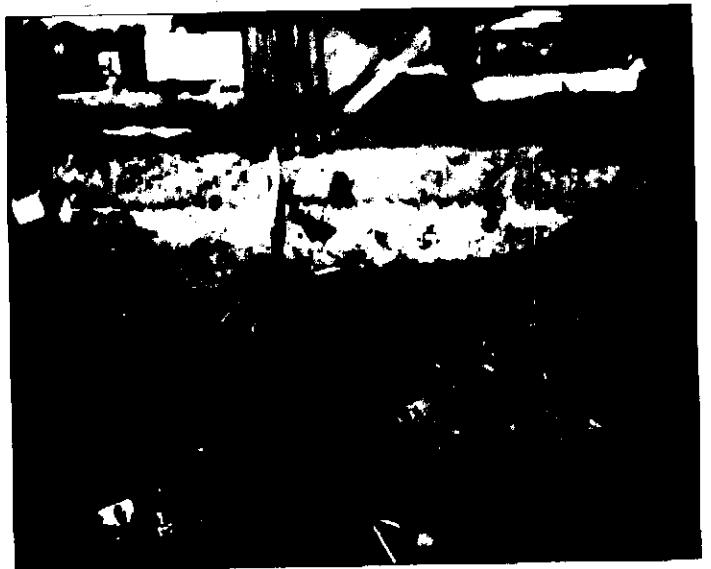
11/1/95 Cal Jeans  
5th & Adeline



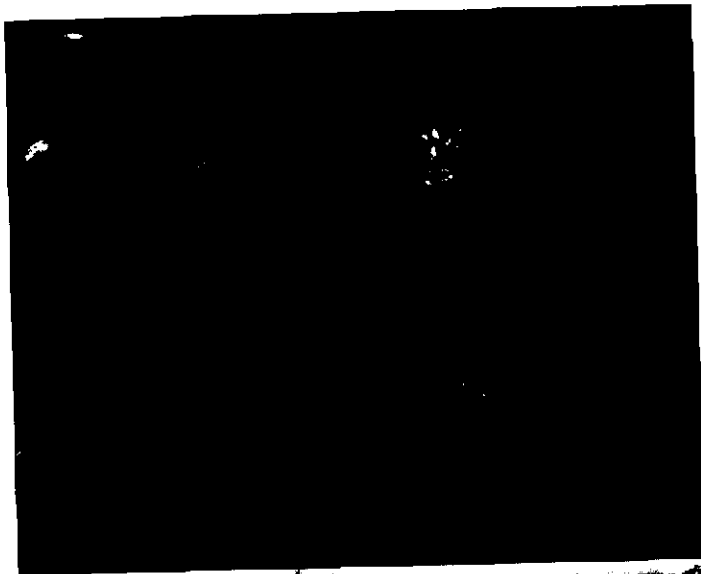
11/1/95 Cal Jeans  
5th & Adeline



11/1/95 Caltrans ST10 5509  
5th & Adeline  
metal piles around UGTs



11/1/95 Caltrans  
5th & Adeline vertical  
work



11/1/95 Caltrans ST10 5509  
5th & Adeline  
2 UGTs + metal piles



11/1/95 Caltrans ST10  
5th & Adeline 5509  
FOOTINGS