

**Hwang, Don, Env. Health**

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**From:** Hwang, Don, Env. Health  
**Sent:** Thursday, February 23, 2006 9:50 AM  
**To:** 'Woodburne, Keith'  
**Subject:** RE: Work Plan Approval Letter for Unocal Service Station No. 3538

Keith, I concur with April 28, 2006 deadline. Sorry, again for the mistake. Don

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**From:** Woodburne, Keith [mailto:kwoodburne@TRCSOLUTIONS.com]  
**Sent:** Tuesday, February 21, 2006 1:47 PM  
**To:** Hwang, Don, Env. Health  
**Cc:** Shelby.S.Lathrop@conocophillips.com  
**Subject:** RE: Work Plan Approval Letter for Unocal Service Station No. 3538

Don,

February and March are pretty booked up for the drilling subcontractors, but we finally have the drilling at 76 Station No. 3538 Oakland scheduled for March 27 – 28, 2006. Assuming a couple weeks for receipt of laboratory results and a couple weeks to finalize the report, TRC would propose an April 28, 2006 deadline for submittal of the Soil and Groundwater Investigation report for 76 Station No. 3538.

Let me know if you concur with the proposed submittal deadline.

Thanks,

**Keith Woodburne, R.G.**  
Senior Project Geologist  
TRC  
1590 Solano Way, Suite A  
Concord, CA 94520  
T: 925-688-2488  
F: 925-688-0388  
C: 925-260-1373

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**From:** Hwang, Don, Env. Health [mailto:don.hwang@acgov.org]  
**Sent:** Friday, January 27, 2006 4:13 PM  
**To:** Woodburne, Keith  
**Subject:** RE: Work Plan Approval Letter for Unocal Service Station No. 3538

Keith, Sorry, the deadline date was a mistake. You may propose a deadline date to which I will concur or propose an alternative date.

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**From:** Woodburne, Keith [mailto:kwoodburne@TRCSOLUTIONS.com]  
**Sent:** Wednesday, January 25, 2006 6:33 PM  
**To:** Hwang, Don, Env. Health  
**Cc:** Shelby.S.Lathrop@conocophillips.com  
**Subject:** FW: Work Plan Approval Letter for Unocal Service Station No. 3538

Don,

TRC has not received a response to our request for extension for submittal of the requested Soil and Groundwater Investigation Report at 76 Station No. 3538. Please refer to the December 19, 2005 email below for

2/23/2006

R0251

**Hwang, Don, Env. Health**

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**From:** Woodburne, Keith [kwoodburne@TRCSOLUTIONS.com]  
**Sent:** Monday, December 19, 2005 11:13 AM  
**To:** Hwang, Don, Env. Health  
**Cc:** Shelby.S.Lathrop@conocophillips.com  
**Subject:** Work Plan Approval Letter for Unocal Service Station No. 3538

Don,

I received the December 15, 2005 approval letter for the Soil and Groundwater Investigation Work Plan for Unocal Service Station No. 3538 located at 411 West MacArthur Blvd in Oakland. I appreciate your timely review of the work plan following our recent meeting. My only concern however is the requested submittal date for the Soil and Water Investigation Report of January 15, 2006. ConocoPhillips will move quickly to obtain all necessary permits and to schedule the work; however, I'm sure you would agree that it is not possible to implement the scope of work and submit the final report within one month.

Can you please revise the submittal date for the Soil and Water Investigation Report to a more realistic time frame? The schedule for implementation of the scope of work outlined in the work plan in Section 5.0 indicates the field work will be completed within six weeks following work plan approval and the report will be submitted within six weeks following completion of the field activities. The field activities outlined in the work plan involve two separate mobilizations, one for the CPT rig and a second for the drilling rig for well installation. Based on this information, we would anticipate a reasonable submittal date for the Soil and Water Investigation Report would be late March or early April.

Let me know if you concur with our recommendation regarding the report submittal date.

Regards,

**Keith Woodburne, R.G.**  
Senior Project Geologist  
TRC  
1590 Solano Way, Suite A  
Concord, CA 94520  
T: 925-688-2488  
F: 925-688-0388  
C: 925-260-1373

12/20/2005

details regarding our request for extension.

Let me know if you have any questions regarding the request for extension.

Thanks,

**Keith Woodburne, R.G.**  
Senior Project Geologist  
TRC  
1590 Solano Way, Suite A  
Concord, CA 94520  
T: 925-688-2488  
F: 925-688-0388  
C: 925-260-1373

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**From:** Woodburne, Keith  
**Sent:** Monday, December 19, 2005 11:13 AM  
**To:** Don Hwang (dhwang@co.alameda.ca.us)  
**Cc:** Shelby Lathrop (Shelby.S.Lathrop@conocophillips.com)  
**Subject:** Work Plan Approval Letter for Unocal Service Station No. 3538

Don,

I received the December 15, 2005 approval letter for the Soil and Groundwater Investigation Work Plan for Unocal Service Station No. 3538 located at 411 West MacArthur Blvd in Oakland. I appreciate your timely review of the work plan following our recent meeting. My only concern however is the requested submittal date for the Soil and Water Investigation Report of January 15, 2006. ConocoPhillips will move quickly to obtain all necessary permits and to schedule the work; however, I'm sure you would agree that it is not possible to implement the scope of work and submit the final report within one month.

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Let me know if you concur with our recommendation regarding the report submittal date.

Regards,

**Keith Woodburne, R.G.**  
Senior Project Geologist  
TRC  
1590 Solano Way, Suite A  
Concord, CA 94520  
T: 925-688-2488  
F: 925-688-0388  
C: 925-260-1373

2/23/2006

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



7

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

December 15, 2005

Shelby Environmental, Inc.  
Approved service provider of ConocoPhillips – Risk Management & Remediation  
76 Broadway  
Sacramento, CA 95818

Arthur Yu & Kevin Ma  
398 West MacArthur Blvd.  
Oakland, CA 94609-2808

Dear Ms. Lathrop, Mr. Yu, & Mr. Ma:

Subject: Fuel Leak Case No. [REDACTED] Unocal Service Station No. 3538,  
411 West MacArthur Blvd., Oakland, CA

Alameda County Environmental Health (ACEH) staff has reviewed "SOIL AND GROUNDWATER INVESTIGATION WORK PLAN" dated September 14, 2005, prepared by TRC. We request that you perform the proposed work and send us the technical reports requested below.

#### OTHER COMMENTS

Submission of reports to the Alameda County ftp site is an addition to existing requirements for electronic submittal of information to the State Water Resources Control Board (SWRCB) Geotracker website. Submission of reports to the Geotracker website does not fulfill the requirement to submit documents to the Alameda County ftp site. In September 2004, the SWRCB adopted regulations that require electronic submittal of information for groundwater cleanup programs. For several years, responsible parties for cleanup of leaks from underground storage tanks (USTs) have been required to submit groundwater analytical data, surveyed locations of monitor wells, and other data to the Geotracker database over the Internet. Beginning July 1, 2005, electronic submittal of a complete copy of all necessary reports was required in Geotracker (in PDF format). Please visit the SWRCB website for more information on these requirements ([http://www.swrcb.ca.gov/ust/cleanup/electronic\\_reporting](http://www.swrcb.ca.gov/ust/cleanup/electronic_reporting)).

#### TECHNICAL REPORT REQUEST

Please submit technical reports to Alameda County Environmental Health (Attention: Don Hwang), according to the following schedule:

- January 15, 2006 - Soil and Water Investigation Report

Ms. Lathrop, Mr. Yu, & Mr. Ma  
December 15, 2005  
Page 2 of 2

These reports are being requested pursuant to California Health and Safety Code Section 25296.10. 23 CCR Sections 2652 through 2654, and 2721 through 2728 outline the responsibilities of a responsible party in response to an unauthorized release from a petroleum UST system, and require your compliance with this request.

If you have any questions, I may be reached at (510) 567-6746.

Sincerely,

A handwritten signature in black ink, appearing to read "Don Hwang". The signature is written in a cursive style with a long, sweeping tail on the "g".

Don Hwang  
Hazardous Materials Specialist  
Local Oversight Program

C: Keith Woodburne, 1590 Solano Way, Suite A, Concord, California 94520

Donna Drogos

File

R0251

**Hwang, Don, Env. Health**

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**From:** Woodburne, Keith [kwoodburne@TRCSOLUTIONS.com]  
**Sent:** Thursday, December 15, 2005 8:55 AM  
**To:** Hwang, Don, Env. Health  
**Subject:** RE: Boring logs for site 3538 Oakland

Don,

The boring log for were obtained from October 23, 1989 Preliminary Groundwater Investigation Report prepared by Kaprelian Engineering, Inc. That report was missing the first page for well boring log MW-2. In other words, the first page doesn't exist. Nevertheless, all other logs are complete.

Let me know if you have any additional questions.

Thanks,

**Keith Woodburne, R.G.**  
Senior Project Geologist  
TRC  
1590 Solano Way, Suite A  
Concord, CA 94520  
T: 925-688-2488  
F: 925-688-0388  
C: 925-260-1373

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**From:** Hwang, Don, Env. Health [mailto:don.hwang@acgov.org]  
**Sent:** Wednesday, December 14, 2005 5:45 PM  
**To:** Woodburne, Keith  
**Subject:** RE: Boring logs for site 3538 Oakland

Keith, Missing MW2 p1. Thanks, Don F: 510-337-9335

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**From:** Woodburne, Keith [mailto:kwoodburne@TRCSOLUTIONS.com]  
**Sent:** Wednesday, December 14, 2005 11:30 AM  
**To:** Hwang, Don, Env. Health  
**Subject:** Boring logs for site 3538 Oakland

Don,

Here's another pdf of the boring logs for site 3538 Oakland. Let me know if you cannot open the file. If not, I can also fax you the logs. What's your fax number?

**Keith Woodburne, R.G.**  
Senior Project Geologist  
TRC  
1590 Solano Way, Suite A  
Concord, CA 94520  
T: 925-688-2488  
F: 925-688-0388  
C: 925-260-1373

12/15/2005

R0251

**Hwang, Don, Env. Health**

**From:** Woodburne, Keith [kwoodburne@TRCSOLUTIONS.com]  
**Sent:** Friday, December 09, 2005 2:53 PM  
**To:** Hwang, Don, Env. Health  
**Cc:** Shelby.S.Lathrop@conocophillips.com  
**Subject:** RE: Action items from November 30th meeting  
**Attachments:** Additional GW Investigation Work Plan Revised.pdf

Don,

Here's a copy of the revised work plan for site #4625 we submitted on 11/3/2005. I'm not sure why you haven't yet received a copy. I know a copy had been uploaded to the ftp site.

In addition, here are all the well boring logs for site #3538. At this site, the saturated zone the wells are screened within is only about 5 to 7 feet thick and terminates into a clay unit at around 25 to 27 feet below grade. Therefore, it doesn't appear the saturated zone is thick enough to warrant multiple depth-discrete groundwater samples. One sample from the thin saturated zone should be representative of the whole aquifer thickness in this area. If you still feel multiple depth zones should be sampled discretely, please indicate in your response letter what depths you'd like sampled.

Assuming you have all the information you need to finalize your review of the work plan for site #3538, can we expect an approval, via letter or email, by Monday or Tuesday next week (December 12<sup>th</sup> or 13<sup>th</sup>)?

Let me know if you need any additional information or if you'll need additional time to review the work plan.

Thanks,

**Keith Woodburne, R.G.**  
 Senior Project Geologist  
 TRC  
 1590 Solano Way, Suite A  
 Concord, CA 94520  
 T: 925-688-2488  
 F: 925-688-0388  
 C: 925-260-1373

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**From:** Hwang, Don, Env. Health [mailto:don.hwang@acgov.org]  
**Sent:** Friday, December 09, 2005 2:01 PM  
**To:** Woodburne, Keith  
**Subject:** RE: Action items from November 30th meeting

Hi Keith,

#4625 I don't have revised work plan submitted on 11/3/05  
 #3538 Please let me know if you're able to find logs for MW 1-4, MW 6 p2

Thanks, Don 510-567-6746

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**From:** Woodburne, Keith [mailto:kwoodburne@TRCSOLUTIONS.com]  
**Sent:** Wednesday, December 07, 2005 3:43 PM  
**To:** Hwang, Don, Env. Health  
**Cc:** Drogos, Donna, Env. Health; Shelby.S.Lathrop@conocophillips.com  
**Subject:** Action items from November 30th meeting

12/15/2005

RO 251

**Hwang, Don, Env. Health**

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**From:** Hwang, Don, Env. Health  
**Sent:** Tuesday, July 19, 2005 6:26 PM  
**To:** 'Batra, Roger'  
**Subject:** RE: 76 Station #3538 (Fuel Leak Case No. RO0000251), 411 West MacArthur Blvd., Oakland, California

ok

-----Original Message-----

**From:** Batra, Roger [mailto:rbatra@TRCSOLUTIONS.com]  
**Sent:** Thursday, July 14, 2005 4:25 PM  
**To:** Hwang, Don, Env. Health  
**Cc:** Thomas.H.Kosel@conocophillips.com  
**Subject:** 76 Station #3538 (Fuel Leak Case No. RO0000251), 411 West MacArthur Blvd., Oakland, California

Don,

TRC on behalf of ConocoPhillips would like to request an extension for submittal of responses to technical comments/ technical reports as requested by Alameda County Environmental Health (letter dated May 18, 2005).

We would like the submittal date be extended from July 18, 2005 to August 31, 2005.

Please call me should you have any questions or concerns.

Thanks,

Roger Batra  
Senior Project Manager  
TRC  
1590 Solano Way, Suite A  
Concord, California 94520  
925-688-2466 (Direct)  
925-260-6403 (Cell)



ALAMEDA COUNTY  
**HEALTH CARE SERVICES**

AGENCY  
DAVID J. KEARS, Agency Director



7

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

May 18, 2005

Thomas H. Kosel, Site Manager, Risk Management and Remediation  
ConocoPhillips  
76 Broadway  
Sacramento, CA 95818

Arthur Yu & Kevin Ma  
411 West MacArthur Blvd.  
Oakland, CA 94609-2808

Dear Mr. Kosel, Mr. Yu, & Mr. Ma:

Subject: Fuel Leak Case No. RO0000251, Unocal Service Station No. 3538,  
411 West MacArthur Blvd., Oakland, CA

Alameda County Environmental Health (ACEH) staff has reviewed "Request for Closure" dated October 30, 2002, prepared by Gettler-Ryan, Inc. and "Semi-Annual Monitoring Report" dated April 4, 2005 prepared by TRC. We do not agree that the site is ready for closure. We request that you address the following technical comments and send us the technical reports requested below.

**TECHNICAL COMMENTS**

- 1) Site Characterization – Up to 3,900 micrograms/liter (ug/l) Total Petroleum Hydrocarbons-Gasoline (TPH-G), 770 ug/l benzene, and 260 ug/l (MTBE) were detected in groundwater samples from MW-2, and up to 21,000 ug/l TPH-G, 1,300 ug/l benzene, and 4,800 ug/l MTBE, were detected in groundwater samples from MW-3, respectively. Groundwater flow direction has been indicated as south-southwest. However, no groundwater samples have been collected south-southwest of these wells. Thus, the plume needs to be further defined. Please propose sampling to define the lateral and vertical extent of groundwater contamination in the Work Plan requested below.
- 2) Source Characterization – Up to 360 mg/kg TPHg and 1.5 mg/kg benzene were detected in the deepest soil sample collected September 14, 1998 from the gasoline tank pit at a depth of 19.5 ft. below ground surface (bgs) (sample B1(19.5)). Please propose soil sampling to define the lateral and vertical extent of soil contamination in the Work Plan requested below.

- 3) Historical Hydraulic Gradients – Please show using a rose diagram with magnitude and direction; include cumulative groundwater gradients in all future reports submitted for this site. This information will be used to assess whether groundwater contamination has been adequately delineated downgradient of the source areas. Please submit with the Work Plan requested below.
- 4) Underground Tank Removal July 1989 Report - Please provide.
- 5) Preferential Pathway Survey – We request that you perform a preferential pathway study that details the potential migration pathways and potential conduits (wells, utilities, pipelines, etc.) for horizontal and vertical migration that may be present in the vicinity of the site.
  - a) Utility Survey - Please submit map(s) and cross-sections showing the location and depth of all utility lines and trenches (including sewers, storm drains, pipelines, trench backfill, etc.) within and near the site and plume area(s). Evaluate the probability of the contaminant plumes encountering preferential pathways and conduits that could spread the contamination, particularly in the vertical direction to deeper water aquifers. Please submit with the Work Plan requested below.

#### OTHER COMMENTS

- 6) Landowner Notification Requirement - Pursuant to California Health & Safety Code Section 25297.15, the active or primary responsible party for a fuel leak case must inform all current property owners of the site of cleanup actions or requests for closure. Furthermore, ACEH may not consider any cleanup proposals or requests for case closure without assurance that this notification requirement has been met. Additionally, the active or primary responsible party is required to forward to ACEH a complete mailing list of all record fee titleholders to the site.

At this time we require that you submit an updated mailing list of all record fee title owners of the site, which states, at a minimum, the following:

A. *In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (name of primary responsible party), certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:*

- OR -

B. *In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (name of primary responsible party), certify that I am the sole landowner for the above site.*

*(Note: Complete item A if there are multiple site landowners. If you are the sole site landowner, skip item A and complete item B.)*

In the future, for you to meet these requirements when submitting cleanup proposals or requests for case closure, ACEH requires that you:

1. Notify all current record owners of fee title to the site of any cleanup proposals or requests for case closure;
2. Submit a letter to ACEH which certifies that the notification requirement in 25297.15(a) of the Health and Safety Code has been met;
3. Forward to ACEH a copy of your complete mailing list of all record fee title holders to the site; and
4. Update your mailing list of all record fee titleholders, and repeat the process outlined above prior to submittal of any additional *Corrective Action Plan* or your *Request for Case Closure*.

Your written certification to ACEH (Item 2 above) must state, at a minimum, the following:

*A. In accordance with Section 25297.15(a) of the Health & Safety Code, I, (name of primary responsible party), certify that I have notified all responsible landowners of the enclosed proposed action. (Check space for applicable proposed action(s)):*

*cleanup proposal (Corrective Action Plan)*

*request for case closure*

*local agency intention to make a determination that no further action is required*

*local agency intention to issue a closure letter*

*- OR -*

*B. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (name of primary responsible party), certify that I am the sole landowner for the above site.*

*(Note: Complete item A if there are multiple site landowners. If you are the sole site landowner, skip item A and complete item B.)*

#### TECHNICAL REPORT REQUEST

Please submit technical reports to Alameda County Environmental Health (Attention: Don Hwang), according to the following schedule:

July 18, 2005 - Work Plan, Underground Tank Removal July 1989 Report

Mr. Kosel, Mr. Yu, & Mr. Ma  
May 18, 2005  
Page 4 of 4

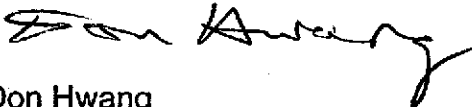
These reports are being requested pursuant to California Health and Safety Code Section 25296.10. 23 CCR Sections 2652 through 2654, and 2721 through 2728 outline the responsibilities of a responsible party in response to an unauthorized release from a petroleum UST system, and require your compliance with this request.

OTHER REPORT REQUEST

July 18, 2005 - List of Record Fee Title Owners

If you have any questions, I may be reached at (510) 567-6746.

Sincerely,



Don Hwang  
Hazardous Materials Specialist  
Local Oversight Program

C: Donna Drogos

File

# GETTLER-RYAN INC.

1364 N. McDowell Blvd., Suite B2, Petaluma, CA 94954

Phone (707) 789-3255, Fax (707) 789-3218

## FAX

Date: 5-16-02

Number of pages including cover sheet: 2

To:

<sup>DONNA</sup>  
Barney Chan  
ACHCS

Phone:

Fax phone:

CC:

510-337-9335

From:

Jed Douglas

Phone:

(707) 789-3255

Fax phone:

(707) 789-3218

Subject:

Tosco station  
3538, Oakland

REMARKS:

Urgent

For your review

Reply ASAP

Please comment

Barney

Please complete this form so I can request a well search for this property.

Fax back to me when completed.

Thanks



State of California  
Department of Water Resources  
Central District  
3251 S Street  
Sacramento, CA 95816-7017

WELL DRILLER'S REPORTS  
INSPECTION REQUEST AND AGREEMENT

Project: Former Tosca (76) station # 3538  
Location: 411 West MacArthur Blvd, Oakland, cross street Webster  
County: Alameda Contract Number: 140166.04

Request is made pursuant to Section 13751 of the California Water Code for permission to inspect or copy Water Well Driller's Reports which are on file in your office.

In accordance with the requirements of Section 13752 of the Water Code, it is stipulated and agreed that such reports, or any copy or copies made thereof, will not be made available for inspection by the public but will be used solely by this governmental agency for making studies. If copies are made or taken, each copy will be stamped "CONFIDENTIAL" or "FOR OFFICIAL USE ONLY" and will be kept in a restricted file, access to which is limited to the staff of this governmental agency or to its contracted agents. Any copies furnished to contracted agents must be returned to the Department of Water Resources, Central District upon completion of work by the contracted agent.

No information contained in these reports can be disseminated or published without the written permission of the owner of the well.

Gettler - Ryan Inc. ALAMEDA COUNTY ENVIRON. HEALTH  
Contracted Agent Governmental Agency  
1364 N. McDowell Blvd., Suite B2 1131 HARBOR BAY PARKWAY  
Address Address  
Petaluma, CA 94954 ALAMEDA, CA 94502  
City, State, & Zip Code City, State, & Zip Code  
By Jed Douglas Donna C. Drogos  
Officer Officer  
Project Geologist SUP. HAL. M.H. SPEITZ  
Title Title  
(707) 789-3253 ( ) 510-567-6721  
Telephone Telephone  
5-14-02 05/17/02  
Date Date

Date	5/17/02	# of pages	1
From	D. DROGOS	Co.	ACEM
Phone #	510-567-6721	Fax #	
Post-It® Fax Note	7671	To	J. DOUGLAS
		Co./Dept.	G-R INC.
		Phone #	
		Fax #	707.789.3218

COM No.	REMOTE STATION	START TIME	DURATION	PAGES	RESULT	USER ID	REMARKS
948	7077893218	05-17 15:39	00' 34	01/01	OK		

7499402046

05-17-2002 THU 09:36 AM GETTLER RYAN

FAX NO. 7077893218

P. 02

20251

State of California  
 Department of Water Resources  
 Central District  
 3251 S Street  
 Sacramento, CA 95816-7017

**WELL DRILLER'S REPORTS  
 INSPECTION REQUEST AND AGREEMENT**

Project: Former Tosca (76) station # 3538  
 Location: 411 West MacArthur Blvd, Oakland, cross street Webster  
 County: Alameda Contract Number: 140166.04

Request is made pursuant to Section 13751 of the California Water Code for permission to inspect or copy Water Well Driller's Reports which are on file in your office.

In accordance with the requirements of Section 13752 of the Water Code, it is stipulated and agreed that such reports, or any copy or copies made thereof, will not be made available for inspection by the public but will be used solely by this governmental agency for making studies. If copies are made or taken, each copy will be stamped "CONFIDENTIAL" or "FOR OFFICIAL USE ONLY" and will be kept in a restricted file, access to which is limited to the staff of this governmental agency or to its contracted agents. Any copies furnished to contracted agents must be returned to the Department of Water Resources, Central District upon completion of work by the contracted agent.

No information contained in these reports can be disseminated or published without the written permission of the owner of the well.

Gettler - Ryan Inc.  
 Contracted Agent

ALAMEDA COUNTY ENVIRON. HEALTH  
 Governmental Agency

1364 N. McDowell Blvd., Suite B2  
 Address

1131 HARBOR BAY PARKWAY  
 Address

Petaluma, CA 94954  
 City, State, & Zip Code

ALAMEDA, CA 94502  
 City, State, & Zip Code

1	5	12
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20251

LOP - RECORD CHANGE REQUEST FORM

printed:  
04/24/2000

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

Insp: SH

AGENCY # : 10000      SOURCE OF FUNDS: F      SUBSTANCE: 8006619  
 StID : 3627      LOC:  
 SITE NAME: Unocal      DATE REPORTED : 07/12/1989  
 ADDRESS : 411 W MacArthur Blvd      DATE CONFIRMED:  
 CITY/ZIP : Oakland      94609      MULTIPLE RPs : N

SITE STATUS

CASE TYPE: O CONTRACT STATUS: 4      PRIOR CODE:      EMERGENCY RESP:  
 RP SEARCH: S      DATE COMPLETED: 03/09/1992  
 PRELIMINARY ASMNT: U      DATE UNDERWAY: 09/06/1989      DATE COMPLETED:  
 REM INVESTIGATION:      DATE UNDERWAY:      DATE COMPLETED:  
 REMEDIAL ACTION:      DATE UNDERWAY:      DATE COMPLETED:  
 POST REMED ACT MON:      DATE UNDERWAY:      DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1      DATE ENFORCEMENT ACTION TAKEN: 03/09/1992  
 LUFT FIELD MANUAL CONSID: 3HSCAW  
 CASE CLOSED:      DATE CASE CLOSED:  
 DATE EXCAVATION STARTED : 07/28/1989      REMEDIAL ACTIONS TAKEN: ED, ET

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Mr. David De Witt  
 COMPANY NAME: Tosco Marketing Company  
 ADDRESS: 2000 Crow Canyon Pl. #400  
 CITY/STATE: San Ramon, California 94583

INSPECTOR VERIFICATION:

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATA ENTRY INPUT:

Name/Address Changes Only

Case Progress Changes

ANPPGMS \_\_\_\_\_ LOP \_\_\_\_\_ DATE \_\_\_\_\_

LOP \_\_\_\_\_ DATE \_\_\_\_\_



LOP - RECORD CHANGE REQUEST FORM

printed:  
04/24/2000

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

Insp: SH

AGENCY # : 10000      SOURCE OF FUNDS: F      SUBSTANCE: 8006619  
 StID : 3627      LOC:  
 SITE NAME: Unocal      DATE REPORTED : 07/12/1989  
 ADDRESS : 411 W MacArthur Blvd      DATE CONFIRMED:  
 CITY/ZIP : Oakland 94609      MULTIPLE RPs : N

SITE STATUS  
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CASE TYPE: O CONTRACT STATUS: 4      PRIOR CODE:      EMERGENCY RESP:  
 RP SEARCH: S      DATE COMPLETED: 03/09/1992  
 PRELIMINARY ASMNT: U      DATE UNDERWAY: 09/06/1989      DATE COMPLETED:  
 REM INVESTIGATION:      DATE UNDERWAY:      DATE COMPLETED:  
 REMEDIAL ACTION:      DATE UNDERWAY:      DATE COMPLETED:  
 POST REMED ACT MON:      DATE UNDERWAY:      DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1      DATE ENFORCEMENT ACTION TAKEN: 03/09/1992  
 LUFT FIELD MANUAL CONSID: 3HSCAW  
 CASE CLOSED:      DATE CASE CLOSED:  
 DATE EXCAVATION STARTED : 07/28/1989      REMEDIAL ACTIONS TAKEN: ED, ET

RESPONSIBLE PARTY INFORMATION  
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RP#1-CONTACT NAME:  
 COMPANY NAME: Union Oil Co. of California  
 ADDRESS: P. O. Box 7600  
 CITY/STATE: Los Angeles, C A 90051

INSPECTOR VERIFICATION:

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATA ENTRY INPUT:

Name/Address Changes Only

Case Progress Changes

ANPPGMS \_\_\_\_\_ LOP \_\_\_\_\_ DATE \_\_\_\_\_

LOP \_\_\_\_\_ DATE \_\_\_\_\_

Printed: 01/21/99

ee

\*\*\*\*\* Alameda County Department of Environmental Health \*\*\*\*\*  
Deposit/Refund Account History

\*\* PROJECT INFORMATION \*\*

Susan, 7/14/99  
Dep/ref is not  
closed yet.

Project#: ---108B Date Open: 12/18/97 Date Cl:

Payor Information:

Site Information

es2

2 M  
1401 HALYARD DRIVE E120  
W.SACRAMENTO CA 95691

Unocal Station E3538  
411 W. Mac Arthur Blvd.  
Oakland CA 94609

\*\* DEPOSIT HISTORY \*\*

<u>Deposit Date</u>	<u>Receipt#</u>	<u>Amount Received</u>
12/18/97	804898	\$ 936.00
		\$ 936.00

\*\* WORKLOG HISTORY \*\*

<u>Work Date</u>	<u>Insp</u>	<u>Activity Description / Time Spent (hrs)</u>	<u>Amount Charged</u>
12/18/97	RW	Plan Review:Instal/Mod/Remed or Mtg	0.5 47.00
09/14/98	RW	Tank Removal	2.6 260.00
01/15/99	EC	Removal Investigation/Follow-up	0.8 80.00
			\$ 387.00

Balance:\$ 549.00 Amount Refunded: \$

7/15/99

Eva,

This is an actual  
LOP case prior to  
UST removal in 1998.  
I don't have the dep/ref  
worksheet. Either  
Rob or yourself can  
close this.  
Susan

Listing of HAZMAT - FULL SITE HISTORY since 1987 for StID # 3627  
as of 01/15/99 .... all Activity Codes

SITE NAME & ADDRESS:

Unocal #3538 -- 411 W Macarthur Blvd , Oakland CA 94609

InspDat	Insp Act	InspT	StID	Proj#	COMMENTS	DailBDat
Archived Dailies:						
InspDat	Insp Act	InspT	StID	DRPro	Comment	DailBDat
02/28/92	EC	75	0.75	3627	108A	transfer to LOP
03/05/92	JM	200	0.5	3627		Retrieved R.P. names and wrote NotificationLetter.
03/12/92	JM	200	0.3	3627		Sent out letters through certified mail.
03/13/92	JE	200	0.2	3627		
03/25/92	TP	215	0.1	3627		assign priority
04/13/92	EC	215	0.5	3627		quarterly report
12/16/92	KT	30	1.75	3627		
03/02/93	KT	75	1.5	3627	108A	file reveiw for permit issuance.
01/19/94	RM	120	2.	3627		1) Keep dumpster lids closed. 2) Monitor closely air/water station as to prevent customer from using water to flush radiator. 3) Keep catch basin clear.
08/26/94	RM	51	1.	3627		

Current Dailies:

InspDat	Insp Act	InspT	StID	DRPro	Comment	DailBDat
02/10/95	KT	135	0.2	3627		new "A" form rec'd.
07/10/95	KT	31	2.	3627		\ermit reissuance inspection.
09/06/95	BO	35	0.5	3627		
09/12/95	KT	35	1.5	3627		rec'd a corrective action completed letter and reviewed the file for permit reissuance
09/15/95	KT	35	0.2	3627		rec'd fin. cert.
10/19/95	BO	35	0.75	3627		review of documents as submitted
07/24/96	KT	35	0.15	3627		rec'd fin. cert. forms.
12/18/97	RW	45	0.5	3627	108B	reviewed and approved plans for removal of two usts
07/16/98	SH	200	0.3	3627	108A	Talked to Charles Mills re: status of site
09/14/98	RW	42	2.6	3627	108b	on site of the removal of two usts, dw frp coating. No holes or odors. Job delayed by failure of trucking company to be on time.

Complete

REMOVED 9114198 RW



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

# 3627

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 TOSCO 76 # 3538		NAME OF OPERATOR TOSCO MARKETING CO		
ADDRESS 411 W MACARTHUR BLVD		NEAREST CROSS STREET WEBSTER	PARCEL # (OPTIONAL)	
CITY NAME OAKLAND	STATE CA	ZIP CODE 94609	SITE PHONE # WITH AREA CODE CLOSED SITE	
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input 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 checked="" type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 2	E. P. A. I. D. # (optional)

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) DON EBPERSON	PHONE # WITH AREA CODE (602)200-4524	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME TOSCO MARKETING CO.	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS P.O. BOX 52084	<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
CITY NAME PHOENIX	STATE AZ	ZIP CODE 85072	PHONE # WITH AREA CODE (602)200-4521

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER SAME AS II	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS	<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
CITY NAME	STATE	ZIP CODE	PHONE # WITH AREA CODE

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

TY (TK) HQ 44-032073

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

<input checked="" type="checkbox"/> BOX TO INDICATE	<input checked="" 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) LUPE RENTERIA FOR TOSCO	TANK OWNER'S TITLE	DATE MONTH/DAY/YEAR
--	--------------------	---------------------

**LOCAL AGENCY USE ONLY**

COUNTY # 017	JURISDICTION # 0100	FACILITY # 0317103
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

# 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 9/14/98 RW

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



# 3627

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: 76 STATION #3538

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) 1989	D. TANK CAPACITY IN GALLONS: 10,000

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input checked="" type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
			<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input checked="" type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___			
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) <u>UNK</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>UNK</u>	
	DROP TUBE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		STRIKER PLATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			DISPENSER CONTAINMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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	<input checked="" type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
				<input type="checkbox"/> 99 OTHER	

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input checked="" type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) LUDE RENTERIA FOR TOSCO *Lude Renteria* DATE 12/16/97

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

STATE I.D.#	COUNTY # 01	JURISDICTION # 000	FACILITY # 031703	TANK # 000001
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE	AP 1/20/95	

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 4/98 RW

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



# 3627

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: 76 STATION #3538

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1989</u>	D. TANK CAPACITY IN GALLONS: <u>12,000</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	

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 checked="" type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input checked="" type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) <u>UNK</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>UNK</u>	
	DROP TUBE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		STRIKER PLATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
			DISPENSER CONTAINMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input checked="" type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>LOPE RENTERIA FOR TOSCO</u>	DATE <u>12/16/97</u>
---	-------------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>031703</u>	<u>000002</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		



# 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.

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 3627 Site Name Unocor Today's Date 9/14/98

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)

Site Address 411 W. MACARTHUR  
 City OAKLAND Zip 94609 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

10-10:30 11:15-12:30

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

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

Comments:  
ON THE JOB TODAY FOR THE  
REMOVAL OF TWO DW FIBERGLASS  
COATED STEEL TANKS.

THIS SITE BEING DEMONSTRATED BY  
TORCO.

BOTH TANKS LEL 0% O<sub>2</sub> 16%

STEVE CRAFTED ON SITE FOR  
AIR MONITORED LEL DETERMINATION

SOIL TO BE SAMPLED UNDER TANKS  
AND AT EACH OF FOUR  
DISBURSER LOCATIONS.

SUBMIT CLOSURE REPORT  
W/ 60 DAYS.

Rev 6/88

Contact: Tina Berry

Title: Project Mgr.

Signature: J. Berry 9/14/98

Inspector: ROBERT WESTON

Signature: Robert Weston

II, III



411 W. Macarthur Blvd.  
Oakland 94609  
9/14/98 RWeston  
2 usts removed



Tosco  
411 W. Macarthur Blvd.  
Oakland 94609  
9/14/98 RWeston  
2 usts removed

70000

**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**

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:

*Robert Weston*

*12-18-97*

*CONTRACTOR SIGNATURE  
 REQUIRED PRIOR TO START  
 OF WORK*

**UNDERGROUND TANK CLOSURE PLAN**

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

1. Name of Business UNDCAL SERVICE STATION # 3538  
 Business Owner or Contact Person (PRINT) THOMAS GRAY
2. Site Address 411 W. MACARTHUR BLVD  
 city OAKLAND CA zip 94609 Phone SITE CLOSED
3. Mailing Address 76 BROADWAY  
 city SACRAMENTO CA zip 95818 Phone (916) 558-7614
4. Property Owner TOSCO MARKETING CO  
 Business Name (if applicable) \_\_\_\_\_  
 Address 76 BROADWAY  
 City, state SACRAMENTO CA zip 95818
5. Generator name under which tank will be manifested  
TOSCO MARKETING CO  
 EPA ID# under which tank will be manifested CAC001309232

6. Contractor GETTLER-RYAN, INC  
Address 6747 SIERRA COURT, SUITE J  
City DUBLIN CA Phone (510) 551-7555  
License Type\* 220793 A,B, HAZ ID# \_\_\_\_\_

\*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) 2M<sup>2</sup> ENGINEERING  
Address 1401 HALYARD DR #140  
City, State WEST SACRAMENTO CA 95691 Phone (916) 446-2450

8. Main Contact Person for Investigation (if applicable)  
Name JINA BERRY Title PROJECT MANAGER  
Company TOSCO MARKETING CO  
Phone (510) 277-2321

9. Number of underground tanks being closed with this plan 2  
Length of piping being removed under this plan 90'  
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 ERIKSON EPA I.D. No. CAO 009466392  
Hauler License No. 0019 License Exp. Date 6/98  
Address 255 PARR BLVD  
City RICHMOND State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name ERIKSON EPA ID# CAO 009466392  
Address 255 PARR BLVD  
City RICHMOND State CA Zip 94801

c) Tank and Piping Transporter

Name ERTKSON EPA I.D. No. CAD 009466392  
Hauler License No. 0019 License Exp. Date 6/98  
Address 255 PARR BLVD  
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name ERTKSON EPA I.D. No. CAD 009466392  
Address 255 PARR BLVD  
City RICHMOND State CA Zip 94801

11. Sample Collector

Name ERT - KETH ROMSTEAD  
Company 74 DIGITAL DR. STE 6  
Address \_\_\_\_\_  
City NOVATO State CA Zip 94949 Phone (415) 382-9105

12. Laboratory

Name SEQUOIA  
Address 680 CHESAPEAKE DR  
City REDWOOD CITY State CA Zip 94063  
State Certification No. 1210

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

If yes, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

TRIPLE RINSE & DRY ICE

VAPOR FREEZING USING CO<sub>2</sub>

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)		
10,000 GAL	92 UNLEADED (LAST USED 1997)	SOIL	ONE SAMPLE FROM EACH END OF THE UST X 3 (13-15' BELOW SURFACE)
12,000 GAL	87 UNLEADED (LAST USED 1997)	SOIL	ONE SAMPLE FROM EACH END OF THE UST X 3 (13-15' BELOW SURFACE)  PIPING SAMPLES EST 3'-4' BELOW SURFACE

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.

18. Submit Worker's Compensation Certificate copy

Name of Insurer CALIFORNIA COMPENSATION INSURANCE CO.

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

20. Enclose Deposit (See Instructions)

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

The 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 JOHN'S EXCAVATING  
~~GETLER RYAN, INC~~

Name of Individual MICHAEL MIREZ

Signature Michael Mirez Date 9-14-98

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business TOSCO MARKETING CO.

Name of Individual LUPE BENTERIA, OF 2M<sup>2</sup> ENGINEERING, AGENT FOR TOSCO

Signature Lupe Benteria Date 12/10/97



**Excavated/Stockpiled Soil**

<p><b>Stockpiled Soil Volume (estimated)</b></p> <p>500 YARDS</p>	<p><b>Sampling Plan:</b></p> <p>AS PER DISPOSAL FACILITY REQUIREMENT EST. 1 COMPOST OF 4 SAMPLES PER 100 CUBIC YARDS.</p>
---	---

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 [ ] 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 GASOLINE	8015 modified		1.0 ppm 0.0050
BTEX	8020		8020-0.025 ppm
MTBE	8020		5.0 ppm
TOTAL LEAD	7421 or EQUIVALENT		

  
KAPREALIAN ENGINEERING  
INCORPORATED

June 20, 1996

Alameda County Health Care Services  
1131 Harbor Bay Parkway, 2nd Floor  
Alameda, CA 94502

Attention: Ms. Susan Hugo

RE: Unocal Service Station #3538  
411 W. MacArthur Boulevard  
Oakland, California

ENVIRONMENTAL  
PROTECTION  
96 JUN 21 PM 1:59

Dear Ms. Hugo:

Kaprealian Engineering, Inc. (KEI) has received MPDS Services, Inc's. Quarterly Data Report (MPDS-UN3538-10) dated May 10, 1996, for the above referenced site. Based upon review of the MPDS report, KEI recommends a modification to the current ground water monitoring and sampling program.

Ground water samples have been collected quarterly from monitoring wells MW2 and MW3 for the past seven years (27 consecutive events). In general, the ground water samples collected from both wells have shown consistent levels of petroleum hydrocarbons. Therefore, KEI recommends that the sampling frequency of wells MW2 and MW3 be reduced from quarterly to semi-annually. The other four monitoring wells at the site are currently sampled on an annual basis.

Based on a consistent southerly ground water flow direction at the site, and since no free product has been detected in any well to date, KEI also recommends that the monitoring frequency for all of the wells be reduced from quarterly to semi-annually.

In summary, unless otherwise instructed, all of the monitoring wells will be monitored semi-annually, wells MW2 and MW3 will be sampled semi-annually, and wells MW1, MW4, MW5, and MW6 will be sampled annually. The water samples collected from all of the wells will be analyzed for total petroleum hydrocarbons (TPH) as gasoline, methyl tert butyl ether (MTBE), and benzene, toluene, ethylbenzene, and xylenes (BTEX). The new monitoring and sampling program will become effective immediately, with the sampling occurring in January and July of each year.

Ms. Susan Hugo  
Alameda County Health Care Services

June 20, 1996  
Page 2

If you have any questions regarding this letter, please call me  
(510) 602-5112.

Sincerely,

Kaprealian Engineering, Inc.



Thomas J. Berkins  
Project Manager

TJB:jad\SH0620

cc: Tina Berry, Unocal Corporation  
Nubar Srabian, MPDS Services, Inc.

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY  
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

5 December 1990

Rick Sisk  
Unocal Corporation  
2000 Crow Canyon Place  
Suite #400  
P.O. Box 94583  
San Ramon, CA 94583

Subject: Ground Water Investigation at 411 MacArthur Boulevard,  
Oakland.

Dear Mr. Sisk:

Thank you for the ground water monitoring report dated 21 August 1990 and prepared by Kaprealian Engineering Incorporated in regards to the project listed above. This agency has reviewed this report and concurs with the recommendation for further monitoring as stated in the report.

Our records concerning this site are incomplete. The Kaprealian report makes reference to an investigation proposal dated 23 October 1989 (KEI-P89-0703.P2). Please submit a copy of this proposal and a copy of the boring logs for the monitoring wells installed at this site. The absence of these documents will hinder the final review of the case and recommendation to the Regional Board for closure.

If you have any questions concerning this matter, please feel free to contact me at (415) 271-4320.

Sincerely,

Dennis J. Byrne  
Senior Hazardous Materials Specialist

cc: Lester Feldman, SFBRWQCB  
Rafat Shahid, Assistant Director, Alameda County Department of

7/21/89

# 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 AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25160.7 OF THE HEALTH AND SAFETY CODE.
REPORT DATE 07/20/89	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <i>Dennis Byrne</i>	PHONE <i>(415) 271-4330</i>	SIGNATURE <i>Dennis Byrne</i>
	REPRESENTING <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <i>Alameda County Environmental Health Hazardous Materials Division</i>	
	ADDRESS <i>80 Swan Way Room 200</i>		

RESPONSIBLE PARTY	NAME <i>Unocal Oil company</i> <input type="checkbox"/> UNKNOWN	CONTACT PERSON <i>Joe Comstock</i>	PHONE <i>(916) 446-4981</i>
	ADDRESS <i>2175 North California Blvd #650 Walnut Creek</i>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <i>Mosswood Union</i>	OPERATOR <i>Tony K. Lee</i>	PHONE <i>(407) 428-2188</i>
	ADDRESS <i>411 West MacArthur Blvd Oakland Alameda 94609</i>		
	CROSS STREET <i>Webster</i>	TYPE OF AREA <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	TYPE OF BUSINESS <input checked="" type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> FARM <input type="checkbox"/> OTHER

IMPLEMENTING AGENCIES	LOCAL AGENCY <i>Alameda County Environ Health Haz Mat Div</i>	AGENCY NAME	CONTACT PERSON <i>Dennis Byrne</i>	PHONE <i>(415) 271-4330</i>
	REGIONAL BOARD <i>San Francisco Bay Regional</i>		CONTACT PERSON <i>Scott Huggenberger</i>	PHONE <i>(415) 464-4222</i>

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

DISCOVERY/ABATEMENT	DATE DISCOVERED 07/12/89	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 07/12/89	

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	TANKS ONLY/CAPACITY <i>10,000</i> GAL. AGE _____ YRS <input checked="" type="checkbox"/> UNKNOWN	MATERIAL <input checked="" type="checkbox"/> FIBERGLASS <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER
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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 checked="" type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES
----------------	--

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input checked="" 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"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)
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COMMENTS  
*TPH measurement of 3100 ppm detected from a soil sample collected in regards to this project.*

## 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 25180.7, a designated 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 and surrounding area. 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. Provide details on tank age; capacity and material if known. 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.

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 actions 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.
- 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 in tact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Water Quality, Underground Tank Program, P. O. Box 100, Sacramento, CA 95801
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.



**KAPREALIAN ENGINEERING, INC.**

Consulting Engineers

P. O. BOX 913

BENICIA, CA 94510

(707) 746-6915

8/15/89

August 9, 1989

Alameda County Department of  
Environmental Health  
470 27th Street, Room 322  
Oakland, CA 94612

Attention: Mr. Dennis Byrne

RE: Unocal Service Station #3538  
411 W. MacArthur Blvd.  
Oakland, California

Dear Mr. Byrne:

Per the request of Mr. Rick Sisk of Unocal, enclosed please find our report dated August 7, 1989 for the above referenced site.

Should you have any questions, please feel free to call our office at (707) 746-6915.

Sincerely,

Kaprealian Engineering, Inc.

Judy A. Dewey

Enclosure

cc: Rick Sisk, Unocal

# ACORD CERTIFICATE OF INSURANCE

**PRODUCER**  
**R.C. FISCHER & COMPANY**  
INSURANCE—SURETY BONDS  
1220 Oakland Blvd., Suite #300 • P.O. Box 8101  
Walnut Creek, California 94596-8101  
Phone (415) 932-7823

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

**INSURED**  
Paradiso Construction Co.  
9220 "G" Street  
Oakland CA 94603

COMPANY LETTER <b>A</b>	
COMPANY LETTER <b>B</b>	
COMPANY LETTER <b>C</b>	
COMPANY LETTER <b>D</b>	REPUBLIC INDEMNITY COMPANY
COMPANY LETTER <b>E</b>	

If calling from Oakland Phone (415) 839-3015

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

CO CTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY				BODILY INJURY	\$	\$
					PROPERTY DAMAGE	\$	\$
					BI & PD COMBINED	\$	\$
					PERSONAL INJURY		\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.) <input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.) <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (PER PERSON)	\$	
					BODILY INJURY (PER ACCIDENT)	\$	
					PROPERTY DAMAGE	\$	
					BI & PD COMBINED	\$	
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				BI & PD COMBINED	\$	\$
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	PC994559	4/01/89	4/01/90	STATUTORY		
						\$1000	(EACH ACCIDENT)
						\$1000	(DISEASE-POLICY LIMIT)
						\$1000	(DISEASE-EACH EMPLOYEE)
	<b>OTHER</b>						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
**JOB: ALL CALIFORNIA OPERATIONS**

**CERTIFICATE HOLDER**  
Alameda County Health Care Svcs Agency  
Dept Of Environmental Health  
Hazardous Materials Division  
80 Swan Way  
Oakland, CA 94621

**CANCELLATION**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_\_\_ 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: *Mary Robinson* 10-2



Benefit	# of Staff <sup>a</sup>	Monthly Premium <sup>b</sup>	Monthly Budget (axb) <sup>c</sup>	# of Months <sup>d</sup>	Total (cxd)
Health & Benefit	4	43.75	113.75	12	1,365.00
Dental					
Other					
Fringe Benefit Subtotal <sup>2</sup>					\$ 1,365.00
Total (1 & 2 above)					\$ 3,348.60

c. Other Job Development Costs

Include here all other job development costs.

Cost Category	Monthly Budget <sup>a</sup>	# of Months <sup>b</sup>	Total (a x b)
Supplies	50.00	12	600.00
Rent	150.00	12	1,800.00
Utilities			
Telephone	75.00	12	900.00
Custodial Services			
Travel*	50.00	12	600.00
Training of Staff**			
Other (list)			
Total \$			<u>3,900.00</u>

\*Attach supporting list of travel outside the City of Oakland.

\*\*Attach schedule and describe nature of training.

7/21/89

# 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 type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.  SIGNED _____ DATE _____
REPORT DATE 0 7 1 7 8 9 M M D D Y Y	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Christina Lecce	PHONE (707) 746-6915	SIGNATURE Christina Lecce
	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 Kaprealian Engineering, Inc.	
	ADDRESS 638 1/2 First Street Benicia CA 94510 STREET CITY STATE ZIP		

RESPONSIBLE PARTY	NAME Unocal Corporation <input type="checkbox"/> UNKNOWN	CONTACT PERSON Tim Ross	PHONE (415) 945-7676
	ADDRESS 2175 N. California Blvd., #650 Walnut Creek CA 94596 STREET CITY STATE ZIP		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Unocal Service Station #3538	OPERATOR Tony K. Lee	PHONE (415) 428-2188
	ADDRESS 411 West Mac Arthur Blvd. Oakland Alameda 94609 STREET CITY COUNTY ZIP		
	CROSS STREET Webster	TYPE OF AREA <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> OTHER	TYPE OF BUSINESS <input checked="" type="checkbox"/> RETAIL FUEL STATION <input type="checkbox"/> FARM <input type="checkbox"/> OTHER

IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Agency	AGENCY NAME	CONTACT PERSON Dennis Byrne	PHONE (415) 271-4320
	REGIONAL BOARD San Francisco Bay Region			PHONE (415) 464-1308

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

DISCOVERY/ABATEMENT	DATE DISCOVERED 0 7 1 2 8 9 M M D D Y Y	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
	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"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 0 7 1 2 8 9 M M D D Y Y	<input type="checkbox"/> OTHER _____

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	TANKS ONLY/CAPACITY 1-10K, 1-12K GAL. AGE 1-550 YRS <input type="checkbox"/> UNKNOWN	MATERIAL <input checked="" type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER _____	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER _____
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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)
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CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input checked="" 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 checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input checked="" type="checkbox"/> OTHER (OT) Install monitoring wells
-----------------	--

COMMENTS	
----------	--

NOTICE

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, 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 25120.7, a designated 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, and address of the party responsible for the tank. This party would normally be the tank owner.

SITE LOCATION

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

IMPLEMENTING AGENCIES

Enter names of all 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. Provide details on tank age, capacity and material if known. 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.

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REMEDIAL ACTION

Indicate which actions have been used to cleanup or remediate the leak. Descriptions of actions 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.
- 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 in fact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Water Quality, Underground Tank Program, P. O. Box 100, Sacramento, CA 95801
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.

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 Unocal Today's Date 7/12/89

### 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)

Site Address 411 W. MacArthur Blvd

City Oakland Zip 94609 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

### II.B ACUTELY HAZ. MATLS

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

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

#### Comments:

Observed Removal of 3 UGT's

### 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

(1) 10,000 gallon gasoline, tank broken in half during removal

- 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 testing
    - 8) Annual Tank Testing Daily inventory
    - 9) Other \_\_\_\_\_

(2) 12,000 gallon gasoline, No obvious holes in tank

groundwater in excav at depth 10.5' some floating product in water. water to be purged + recharged

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

3) 550 waste oil, tank severely deformed during excavation

appears no backfill was used with this tank so 1 sample was collected 8' below

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

(w-1) tank bottom, surface. Additional sample taken at depth 10.5' (w-1)

sw-3 north well, sw-4 East wall, sw-1 (swall) well sw-2 (west wall) to be collected upon removal of backfill pile between islands

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II, III

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

Inspector: D. Byrne  
 Signature: D. Byrne

WATER RESOURCES CONTROL BOARD  
DIVISION OF WATER QUALITY - UST CLEANUP PROGRAM  
SITE SPECIFIC QUARTERLY REPORT  
01/01/92 THROUGH 03/31/92

AGENCY # : 10000      SOURCE OF FUNDS: F      SUBSTANCE: 8006619  
StID : 3627  
SITE NAME: Unocal      DATE REPORTED : 07/12/89  
ADDRESS : 411 W. MacArthur Blvd.      DATE CONFIRMED:  
CITY/ZIP : Oakland      94609      MULTIPLE RPs : N

SITE STATUS  
-----

CASE TYPE: G	CONTRACT STATUS: 3	EMERGENCY RESP:
RP SEARCH: S		DATE COMPLETED: 03/09/92
PRELIMINARY ASMNT: U	DATE UNDERWAY: 09/06/89	DATE COMPLETED:
REM INVESTIGATION:	DATE UNDERWAY:	DATE COMPLETED:
REMEDIAL ACTION:	DATE UNDERWAY:	DATE COMPLETED:
POST REMED ACT MON:	DATE UNDERWAY:	DATE COMPLETED:
ENFORCEMENT ACTION TYPE: 1	DATE ENFORCEMENT ACTION TAKEN: 03/09/92	
LUFT FIELD MANUAL CONSID: 3, HSCAW		
CASE CLOSED:	DATE CASE CLOSED:	
DATE EXCAVATION STARTED : 07/28/89	REMEDIAL ACTIONS TAKEN: ED, ET	

RESPONSIBLE PARTY INFORMATION  
-----

RP#1-CONTACT NAME:  
COMPANY NAME: Union Oil Co. Of California  
ADDRESS: P. O. Box 7600  
CITY/STATE: Los Angeles, C A 90051

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DATE: Feb 28, 1992

TO : Local Oversight Program

FROM: Esra Chu

SUBJ: Transfer of Eligible Oversight Case

Site name: Unocal

Address: 411 W. MacArthur City Oak Zip 94609

Closure plan attached?  Y  N DepRef remaining \$ 357.75

DepRef Project # 108 STID #(if any) 3627

Number of Tanks: 3 removed?  Y  N Date of removal 7-12-89

Leak Report filed?  Y  N Date of Discovery 7-12-89

Samples received?  Y  N Contamination: soil, water

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

Monitoring wells on site 4 Monitoring schedule?  Y  N

Briefly describe the following:

Preliminary Assessment \_\_\_\_\_

Remedial Action \_\_\_\_\_

Post Remedial Action Monitoring \_\_\_\_\_

Enforcement Action \_\_\_\_\_

Comments:

*During tank removal water was encountered -  
MW 2 and 3 continues to have high levels of TPH.*

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

DEPARTMENT OF ENVIRONMENTAL HEALTH

470 - 27th Street, Third Floor

Oakland, CA 94612

Telephone: (415) 527-2222

ACCEPTED

4/23/84

*[Signature]*

These plans have been reviewed and found to be in accordance with applicable and essential state and local health laws. Changes to your plans must be submitted to this Department for review and approval before they are implemented. The Department aims to assure compliance with applicable laws. The project proposed hereafter must be in accordance with any required building codes, fire codes, etc. One copy of these approved plans must be available to all contractors and other persons involved in the removal.

Any change or extension of these plans must be submitted to this Department for review and approval before they are implemented. Changes to your plans must be submitted to this Department for review and approval before they are implemented. Notify this Department at least 48 hours prior to the following required inspections:

\_\_\_\_\_ Removal of Tank and Flaring

\_\_\_\_\_ Sampling

\_\_\_\_\_ Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE APPROVALS.

**UNDERGROUND TANK CLOSURE/MODIFICATION PLANS**

- Business Name MOSWOOD UNION  
Business Owner TONY K. LEE
- Site Address 411 W. MACARTHUR BLVD.  
City OAKLAND Zip 94609 Phone (415) 428-2188
- Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
- Land Owner UNOCAL OIL CO.  
Address 2175 N. CALIFORNIA BLVD. #650  
WALNUT CREEK City, State CA Zip 94596
- EPA I.D. No. CAD 982054314
- Contractor Paradiso Construction Chris Watson  
Address P.O. Box 6397  
City Oakland Phone 562-5511  
License Type A, B, C ID# \_\_\_\_\_
- Consultant JOE COMSTOCK - CONSTRUCTION ENG. - UNOCAL  
Address 76 BROADWAY  
City SACRAMENTO Phone (916) 446-4981

8. Contact Person for Investigation

Name JOE COMSTOCK Title CONSTRUCTION ENG. - UNOCAL  
Phone (916) 446-4981

9. Total No. of Tanks at facility 3

10. Have permit applications for all tanks been submitted to this office? Yes [ ] No [ ]

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name H + H Shipping EPA I.D. No. (CA) 004771168  
Address 220 China Basin Rd  
City San Francisco State CA Zip 94108

b) Rinsate Transporter

Name H + H ship EPA I.D. No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c) Tank Transporter

543-4835  
Name H & H SHIPPING EPA I.D. No. CA0004771168  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

d) Tank Disposal Site

Name H + H shipping  
LEVIN METALS EPA I.D. No. \_\_\_\_\_  
Address 600 S. 4TH STREET  
city RICHMOND State CA Zip \_\_\_\_\_

e) Contaminated Soil Transporter

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



12. Sample Collector

Name \_\_\_\_\_  
 Company APPLIED GEOSYSTEMS  
 Address 4191 POWER INN. RD.  
 City SACRAMENTO State CA Zip \_\_\_\_\_ Phone (916) 452-2901

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
10,000 GAL.	AUTOMOTIVE FUEL		
12,000 GAL.	AUTOMOTIVE FUEL		
550 GAL.	WASTE OIL		

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

If yes, describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. NFPA methods used for rendering tank inert? Yes [✓] No [ ]

If yes, describe. 10 LBS. DRY ICE PER 1000 GALS.  
OF TANK CAPACITY

Explosimeter to be on site  
 An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name APPLIED GEOSYSTEMS  
 Address 4191 POWER INN RD.  
 City SACRAMENTO State CA. Zip 94596  
 State Certification No. \_\_\_\_\_

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
gasoline TPH-G BTX+E		GC FID 5030 8020 or 8240
waste oil TPH-D TPH-G BTX+E chlorinated HCs TOG semi-VOCs		GC FID 3550 GC FID 5030 8020 or 8240 8010 or 8240 503 D+E 8270

18. Submit Site Safety Plan

19. Workman's Compensation: Yes [] No []

Copy of Certificate enclosed? Yes [] No []

Name of Insurer R. C. Fisher + Co

20. Plot Plan submitted? Yes [] No []

21. Deposit enclosed? Yes [] No []

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

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

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. 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.

Signature of Contractor

Name (please type) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Signature of Site Owner or Operator

Name (please type) LORI R. AUSTIN - AGENT FOR UNOCAL  
Signature Lori R. Austin  
Date 5.26.89

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. After approval of plan, notification of at least two (2) working days (48 hours) must be given to this Department prior to removal of tank(s).
5. A copy of your approved plan must be sent to the landowner.
6. Triple rinse means that:
  - a) Final rinse must contain less than 100 ppm of Gasoline (EPA method 8020 for soil, or EPA method 602 for water) or Diesel (EPA method 418.1). Other methods for halogenated volatile organics (EPA method 8010 for soil, EPA method 601 for water) may be required. The composition of the final rinse must be demonstrated by an original or facsimile report from a laboratory certified for the above analyses.
  - b) Tank interior is shown to be free from deposits or residues upon a visual examination of tank interior.
  - c) Tank should be labelled as "tripled rinsed; laboratory certified analysis available upon request" with the name and address of the contractor.

If all the above requirements cannot be met, the tank must be transported as a hazardous waste.

7. Any cutting into tanks requires local fire department approval.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A

SAMPLING RESULTS

Tank or Area	Contaminant	Location & Depth	Results (specify units)

## INSTRUCTIONS

### 2. SITE ADDRESS

Address at which closure or modification is taking place.

### 5. EPA I.D. NO.

This number may be obtained from the State Department of Health Services, 916/324-1781.

### 6. CONTRACTOR

Prime contractor for the project.

### 7. OTHER

List professional consultants here.

### 12. SAMPLE COLLECTOR

Persons who are collecting samples.

### 13. SAMPLING INFORMATION

Historic contents - the principal product(s) used in the last 5 years.

Material sampled - i.e., water, oil, sludge, soil, etc.

### 16. LABORATORIES

Laboratories used for chemical and geotechnical analyses.

### 17. CHEMICAL METHODS:

All sample collection methods and analyses should conform to EPA or DHS methods.

Contaminant - Specify the chemical to be analyzed.

Sample Preparation Method Number - The means used to prepare the sample prior to analyses - i.e., digestion techniques, solvent extraction, etc. Specify number of method and reference if not an EPA or DHS method.

Analysis Method Number - The means used to analyze the sample - i.e., GC, GC-MS, AA, etc. Specify number of method and reference if not a DHS or EPA method.

#### NOTE:

Method Numbers are available from certified laboratories.

### 18. SITE SAFETY PLAN

A plan outlining protective equipment and additional specialized personnel in the event that significant amount of hazardous materials are found. The plan should consider the availability of respirators, respirator cartridges, self-contained breathing apparatus (SCBA) and industrial hygienists.



19. ATTACH COPY OF WORKMAN'S COMPENSATION

20. PLOT PLAN

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

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

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