

2026

C A M B R I A

March 30, 2007

Barney Chan
Alameda County
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

Re: **Project Manager Contact Change**
Chevron Service Station 91740
6 9550 Moraga Avenue
Oakland, CA



Dear Barney Chan,

On behalf of Chevron Environmental Management Company (Chevron), Cambria Environmental Technology, Inc. (Cambria) is writing to inform you of management changes regarding the referenced site.

The Chevron project manager is changing from Dana Thurman to Tom Bauhs

- Mr. Tom Bauhs, Chevron Environmental Management Company, K2204, 6001 Bollinger Canyon Rd, San Ramon, CA 94583, (925) 842-3334, tbauhs@chevron.com

Please note these changes, effective immediately, for future correspondence. Thank you for your assistance.

Sincerely,
Cambria Environmental Technology, Inc.

Judith Moore
Office Administrator

cc: Tom Bauhs, Chevron Environmental Management Company

**Cambria
Environmental
Technology, Inc.**

2000 Opportunity Drive
Suite 110
Roseville, CA 95678
Tel (916) 677-3407
Fax (916) 677-3687

Drogos, Donna, Env. Health

RO256

From: Thurman, Dana (DThurman) [DThurman@chevrontexaco.com]
Sent: Monday, May 23, 2005 10:55 AM
To: Chan, Barney, Env. Health
Cc: bepler@cambria-env.com; Herzog, David; Giorgi, Sara; Drogos, Donna, Env. Health
Subject: RE: RO256, RO351, RO138

Barney the week of June 13th is best for me.

From: Chan, Barney, Env. Health [mailto:barney.chan@acgov.org]
Sent: Monday, May 23, 2005 10:37 AM
To: Thurman, Dana (DThurman)
Cc: bepler@cambria-env.com; Herzog, David; Giorgi, Sara; Drogos, Donna, Env. Health
Subject: RE: RO256, RO351, RO138

Dear Mr. Thurman:

We would like to meet with you and Mr. Inglis to transition from Karen Streich to the new program managers. We did not previously have the understanding that work would proceed without County review and would like to get an understanding if things have changed. Please let us know when you'd be able to meet with the County and re-evaluate site priorities. Would the 2nd or 3rd week of June be available?

Thank you,

Barney Chan
510-567-6765

From: Giorgi, Sara [mailto:sggiorgi@cambria-env.com]
Sent: Thursday, May 19, 2005 7:48 AM
To: Chan, Barney, Env. Health
Cc: bepler@cambria-env.com; Herzog, David; dthurman@chevrontexaco.com
Subject: RO256, RO351, RO138

Barney,
We are planning to go forward with the proposed work scopes, for the referenced sites, since we have not received a response from ACHCSA during the agreed upon schedule of the first four months of this year. Additionally, it is past 60 days from the submittal dates and we assume, since we have not received a response, the proposed scopes of work are acceptable.

Sincerely,
Sara

Sara Giorgi
Senior Staff Geologist
Cambria Environmental Technology, Inc.
916.630.1855 ext. 103
916.630.1856 Fax
916.919.0211 #41 cell

7/13/2005

<mailto:jmark.inglis@chevrontexaco.com>

This E-mail is intended only for the use of the individual to which it is addressed and may contain information that is confidential. If you have received this E-mail communication in error, please notify me immediately by return E-mail and delete the original E-mail message from your computer system. Thank you.

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

From: Chan, Barney, Env. Health [mailto:barney.chan@acgov.org]
Sent: Tuesday, May 24, 2005 8:42 AM
To: Thurman, Dana (DThurman); Inglis, John M [Contractor] (JMark.Inglis)
Subject: Meeting with Alameda County Environmental Health

Gentlemen: Would either of the following dates be okay for our meeting at the County offices? If so, please let us know, Tues 06/14 2pm or after or Thur 06/16, anytime. We look forward to meeting the both of you.

Thank you

Barney M. Chan
Hazardous Materials Specialist
Alameda County Environmental Health
510-567-6765

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

May 20, 2005

7

Mr. Dana Thurman
Chevron
6001 Bollinger Canyon Rd., K2236
San Ramon, CA 94583

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

Dear Mr. Thurman:

Subject: Fuel Leak Case RO0000256, Chevron Station 9-1740, 6550 Moraga Ave.,
Oakland, CA

Alameda County Environmental Health staff has been informed that Chevron plans to proceed with the *Investigation Workplan Addendum* dated November 4, 2004 since you have not received agency reply within a sixty (60) day period. Please be advised that should you proceed, you should incorporate the technical comments in the agency's September 12, 2004 letter. Please note the following technical comments, which may be contrary to your investigation work plan.

TECHNICAL COMMENTS

1. The logic of installing off-site well C-5 is flawed. The County recommended temporary off-site borings be installed and sampled prior to installing permanent well(s). This would include samples from the opposite sides of Moraga Ave. and Mountain Boulevard. Releases from the site have likely migrated off-site but the shape of the plume is undefined. Unless you can demonstrate that the location of C-5 is most likely within the heart of any plume from the site, additional investigation will be required. Therefore, we again recommend a series of off-site borings to determine the likely extent of the plume prior to installing permanent well(s).
2. The proposed screen interval in the monitoring wells, 10-25' appears to be inappropriate. Since historic depth to water has been approximately 5-10' bgs, the screen interval would be more appropriately from 5-15' bgs.
3. The chemical analyses proposed has left out halogenated volatile compounds, HVOCs, in called for EPA Method 8260B. We assume this is an oversight and request that these compounds be included in your reporting results. A groundwater sample from C-6 is also proposed to be tested TOG by EPA 8260B. This is an incorrect analytical method for TOG analysis. TOG may be run by 8015 and was requested on all samples in the agency's September 12, 2004 letter.

We recommend that you incorporate investigation to satisfy these technical comments when performing your proposed work.

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist

C: files, D. Drogos

Ms. S. Giorgi, Cambria Environmental, 4111 Citrus Ave., Rocklin, CA 95677

5_20_05 6550MoragaAve

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



September 12, 2004

Ms. Karen Streich
Chevron Environmental Management Co.
P.O. Box 6012, L4052
San Ramon, CA 94583-0804

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

Dear Ms. Streich:

Subject: Fuel Leak Case RO0000256, Chevron Station 9-1740, 6550 Moraga Ave.,
Oakland, CA 94611

Alameda County Environmental Health staff has recently reviewed the subject site including the April 8, 2004 *Investigation Workplan* by Cambria Environmental Technology. We request that you address the following technical comments when performing the proposed work.

TECHNICAL COMMENTS

1. The work plan states that a February 2004 DWR well survey was performed for this site and one domestic and one irrigation well found within a 2000' radius of the site. Please provide a copy of this report and a site map indicating the locations of wells and any other sensitive receptors. We also request that you perform a conduit study indicating the potential for utilities, storm drains, etc. to act as preferential pathways.
2. We agree that additional borings are necessary to define the plume, however, we request that additional borings be added to those proposed. We recommend the plume be defined by installing borings in transects perpendicular to the plume's gradient. Therefore, additional borings to the north and south of the one which is proposed on Moraga Ave., south of the proposed on-site borings and others on the west side of Moraga Ave. should be considered. We also recommend that depth discrete soil and groundwater samples be collected. Soil samples should be collected every five feet, at changes in lithology, at areas of obvious contamination, at the capillary fringe and as necessary to determine the vertical extent of contamination. Soil samples should be analyzed when impacted and as necessary to define the lateral and vertical extent of contamination. Soil and groundwater samples should be analyzed for TPH_{mo}, TPH_d, TPH_g, VOCs including BTEX, ether oxygenates and ethanol, EDB, EDC and HVOCs. Temporary well casings may be used to provide groundwater elevation readings and groundwater gradient data estimates.
3. Reporting shall consist of cross-sectional diagrams in the north-south and east-west directions. Also include interpretations of data and recommendations for monitoring wells, additional investigation and/or remediation.

September 12, 2004
Ms. Karen Streich
RO0000256, 6550 Moraga Ave., Oakland
Page 2

TECHNICAL REPORT REQUEST

Please provide a revised work plan addendum, your well survey and conduit study by October 11, 2004.

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,



Barney M. Chan
Hazardous Materials Specialist

C: B. Chan, D. Drogos
Mr. Bruce Eppler, Cambria Environmental, 4111 Citrus Ave., Suite 9, Rocklin,
CA 95677

Wp6550MoragaAve9_10_04

RO 256

CAMBRIA

Alameda County

JAN 2 8 2004

Environmental Health

Ms. Eya Chu *EH*
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway
Alameda CA, 94502

**Re: Change of Environmental Project Managers
Chevron Environmental Management Company
Cambria Environmental Technology, Inc.
Site #: 9-1740, 6550 Moraga Ave, Oakland**

Dear Ms. Chu:



This letter is submitted by Cambria Environmental Technology, Inc. (Cambria) on behalf of Chevron Environmental Management Company (Chevron) to notify your agency that a change of environmental project management for this site occurred on January 1, 2004.

In the future kindly direct all correspondence relating to environmental project management to:

Mr. Bruce Eppler
Cambria Environmental Technology, Inc.
4111 Citrus Avenue, Suite 9
Rocklin, CA 95677
Email beppler@Cambria-env.com

The new Chevron contact for copies of correspondence for this site will be:

Ms. Karen Streich
Project Manager
Chevron Environmental Management Company
6001 Bollinger Canyon Rd.
P.O. Box 6012
San Ramon, CA 94583-2324

Thank you for your cooperation and please call (916) 630-1855 ext. 102 with any questions.

Sincerely,
Cambria Environmental Technology, Inc.

Bruce H. Eppler
Project Manager

cc Karen Streich
David Charter

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P.02/02

STATE OF CALIFORNIA - THE RESOURCES AGENCY

GRAY DAVIS, Governor

DEPARTMENT OF WATER RESOURCES

CENTRAL DISTRICT
3251 S Street
Sacramento, CA 95815
(916) 227-7632
(916) 227-7600 (Fax)

NORTHERN DISTRICT
2440 Main Street
Red Bluff, CA 96080
(530) 529-7300
(530) 529-7322 (Fax)

SAN JOAQUIN DISTRICT
3374 East Shields Avenue
Fresno, CA 93728
(559) 230-3300
(559) 230-3301 (Fax)

SOUTHERN DISTRICT
770 Fairmont Avenue
Glendale, CA 91203
(818) 543-4800
(818) 543-4604 (Fax)

WELL COMPLETION REPORT RELEASE AGREEMENT-AGENCY
(Government and Regulatory Agencies and their Authorized Agents)

Project/Contract No. 9-1740 County Alameda

Township, Range, and Section 9550 Moraga Ave, Oakland, CA Radius 2000 ft.
(Must include entire study area and a map that shows the area of interest.)

Under California Water Code Section 13752, the agency named below requests permission from Department of Water Resources to inspect or copy, or for our authorized agent named below to inspect or copy, Well Completion Reports filed pursuant to Section 13751 to (check one):

Make a study, or.

Perform an environmental cleanup study associated with an unauthorized release of a contaminant within a distance of 2 miles.

In accordance with Section 13752, information obtained from these reports shall be kept confidential and shall not be disseminated, published, or made available for inspection by the public without written authorization from the owner(s) of the well(s). The information shall be used only for the purpose of conducting the study. Copies obtained shall be stamped CONFIDENTIAL and shall be kept in a restricted file accessible only to agency staff or the authorized agent.

Cambria
Authorized Agent

4111 Citrus Ave #9
Address

Rocklin, CA 95677
City, State, and Zip Code

Signature Keith Moran

Alameda County Health Care Service
Government or Regulatory Agency Dept. of Env. Health

1131 Harbor Bay Parkway #250
Address

Alameda, CA 94502
City, State, and Zip Code

Signature Don Adams

CAMBRIA**Fax**

To: Don Hwang
Company: Alameda County Health Care Service
Fax: 510 337-9335
Phone: 510 567 6700

From: Kiersten Connor
Phone: 916 630-1855 x105
Pages: 2 (including cover)
Date: 1/21/2004
Re: Well survey

Hard Copy to Follow? Yes No

Hi Don,

We spoke yesterday regarding Chevron site #9-1740 at 9550 Moraga Ave., Oakland, CA. Attached is the Well Survey request form for the Department of Water Resources (DWR). Can you please sign this and fax it back so that I can get the request to DWR. If you have any questions please call me at 916 630-1855 x105. Thank you so much.

Kiersten Connor

This fax transmittal is intended solely for use by the person or entity identified above. Any copying or distribution of this document by anyone other than the intended recipient is strictly prohibited. If you are not the intended recipient, please telephone us immediately and return the original transmittal to us at the address listed below.

Cambria Environmental Technology, Inc.
4111 Citrus Avenue, Suite 9, Rocklin, CA 95877 Tel (916) 630-1855 Fax (916) 630-1858

STATE OF CALIFORNIA - THE RESOURCES AGENCY

GRAY DAVIS, Governor

DEPARTMENT OF WATER RESOURCES

CENTRAL DISTRICT
3251 S Street
Sacramento, CA 95816
(916) 227-7632
(916) 227-7600 (Fax)

NORTHERN DISTRICT
2440 Main Street
Red Bluff, CA 96080
(530) 529-7300
(530) 529-7322 (Fax)

SAN JOAQUIN DISTRICT
3374 East Shields Avenue
Fresno, CA 93728
(559) 230-3300
(559) 230-3301 (Fax)

SOUTHERN DISTRICT
770 Fairmont Avenue
Glendale, CA 91203
(818) 543-4800
(818) 543-4604 (Fax)

WELL COMPLETION REPORT RELEASE AGREEMENT-AGENCY
(Government and Regulatory Agencies and their Authorized Agents)

Project/Contract No. 9-1740 County Alameda

Township, Range, and Section 9550 Miraga Ave, Oakland, CA Radius 2000 ft.
(Must include entire study area and a map that shows the area of interest.)

Under California Water Code Section 13752, the agency named below requests permission from Department of Water Resources to inspect or copy, or for our authorized agent named below to inspect or copy, Well Completion Reports filed pursuant to Section 13751 to (check one):

Make a study, or.

Perform an environmental cleanup study associated with an unauthorized release of a contaminant within a distance of 2 miles.

In accordance with Section 13752, information obtained from these reports shall be kept confidential and shall not be disseminated, published, or made available for inspection by the public without written authorization from the owner(s) of the well(s). The information shall be used only for the purpose of conducting the study. Copies obtained shall be stamped **CONFIDENTIAL** and shall be kept in a restricted file accessible only to agency staff or the authorized agent.

Cambria
Authorized Agent

4111 Citrus Ave #9
Address

Rocklin, CA 95677
City, State, and Zip Code

Signature Keister Connor

Title Staff Scientist

Telephone (916) 630 1855

Fax (916) 630 1856

Date 1/20/2004

E-mail kconnor@cambria-env.com

Alameda County Health Care Service
Government or Regulatory Agency Dept. of Env. Health

1131 Harbor Bay Parkway #250
Address

Alameda, CA 94502
City, State, and Zip Code

Signature Don Hwang

Title HAZARDOUS MATERIALS SPECIALIST

Telephone (510) 567-6700

Fax (510) 337-9335

Date 1/22/04

E-mail don.hwang@acgov.org

6 June 2001

pl

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy
Alameda CA 94502
510/567-6700

Hazardous Materials Inspection Form

II, III

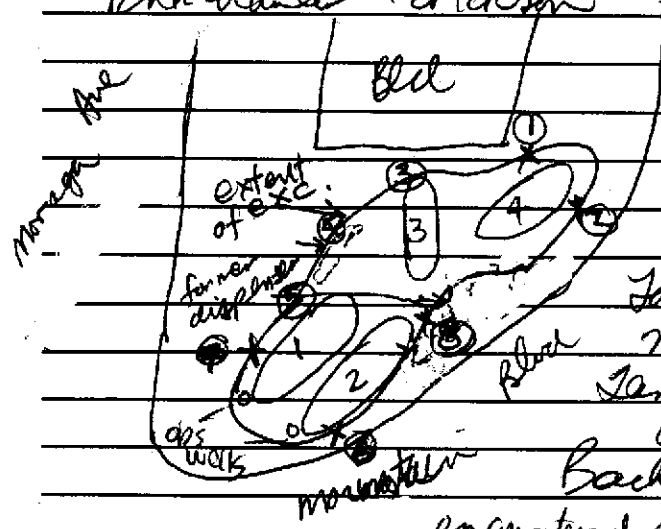
Site ID # 436 Site Name Chevron Station 9-1740 Today's Date 5/10/96
Site Address 6550 Moraga Ave
City Oak Zip 94611 Phone _____

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?
Inspection Categories:
I. Haz. Mat/Waste GENERATOR/TRANSPORTER
II. Hazardous Materials Business Plan, Acutely Hazardous Materials
 III. Under ground Storage Tanks Removal

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

Comments:

Witness removal of 4 USTs (10k), 3-10k ac gas + 1-10k diesel
Armer + Norman Contractor - Doyle (Chevron) present
Jeff Monroe - Tachstone spler-consultant
Roy Buffum OFD-Haz Mat
R.G. checked & approved O2/LEL on ~~all~~ 2 tankes (H2) prior to my arrival
Phil Buggo Chevron present
Tank handler: Erickson



Tank 1 - Singlewall FG, looks in good shape no holes or cracks observed
Tank 2 - s.w. FG, no holes cracks observed except slight damage by contractor on N end
Tank 3 - 0.2 UEL, 2.7% O2, S.W. FG no holes or cracks observed
Tank 4 - single walled FG, no holes or cracks observed
Backfill entirely pea gravel, GW encountered ~ 5-6' BGS. Forge the water sflr since hws present.

Contact _____ Title Stellensent - Remediation Project Inspector B. Chan
Signature Phil R. Buggo Signature B. Chan

II, III

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ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

1131 Harbor Bay Pkwy
Alameda CA 94502
510/567-6700

II, III

Site ID # 436 Site Name Chevron Station 9-1740 Today's Date 5/10/96
Site Address 6550 Moraga Ave
City Oak Zip 94611 Phone _____

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

Inspection Categories:

- ____ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
____ II. Hazardous Materials Business Plan, Acutely Hazardous Materials
 III. Under ground Storage Tanks Remove

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

Comments:

Site slopes from north to south with a topographical elevation change of ~2-3'.

Noticeable gas odors generated while removing tank 3 + moving soil around ~~the~~ Tank 4 (diesel).

- All pea gravel will be characterized & off hauled -

In order to set new tanks, pit will be taken down to ~17' + GW passed through a Carlson filter + discharged into sanitary sewer

- Sidewall soil sples taken approx 6-3' BGS

Sple 1 NW corner of diesel tank (7.5' BG), dark gray clay

Sple 2 NE corner of diesel tank - dark clay - no odor

Sple 3 NW corner of T3 - ~8', gray clay - no odor

Sple 4 Area of ~~eastern~~ ^{western} dispenser ~6', black clay - no odor

Sple 5 SE of Tank 3 ~5' black road clay - sl odor

Sple 6 SE corner T2, black clay ~5' sl odor

Sple 7 SW corner T1, black clay

Sple 8 beneath fume eastern dispenser ~4'

- Run all sples for TPHd, g, BTEX + MTBE

Contact _____

Title _____

Signature _____

Shekharant - Rajadit - Pymyr
Philip D. Bross

Inspector _____

Signature _____

B. Chan
BChan

II, III

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ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy
 Alameda CA 94502
 510/567-6700

Hazardous Materials Inspection Form

II, III

Site ID # 436 Site Name Therminator 9-1740 Today's Date 5/10/96

Site Address 6550 Miramonte

City Oak Zip 94611 Phone _____

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

Inspection Categories:

____ I. Haz. Mat/Waste GENERATOR/TRANSPORTER

____ II. Hazardous Materials Business Plan, Acutely Hazardous Materials

____ III. Under ground Storage Tanks known

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

Comments:

Site slopes from north to south with a topographic survey showing a 2-3' vertical drop in elevation. An arid area with no standing water. + existing soil samples (done) - 10' - 12' - 14' - 16' - 18' - 20' - 22' - 24' - 26' - 28' - 30' - 32' - 34' - 36' - 38' - 40' - 42' - 44' - 46' - 48' - 50' - 52' - 54' - 56' - 58' - 60' - 62' - 64' - 66' - 68' - 70' - 72' - 74' - 76' - 78' - 80' - 82' - 84' - 86' - 88' - 90' - 92' - 94' - 96' - 98' - 100'

Sample 1 NW corner of parcel tank (7.5' BG), black clay, very hard

Sample 2 NE corner of parcel tank, black clay, very hard

Sample 3 SW corner of parcel tank, black clay, very hard

Sample 4 SE corner of parcel tank, black clay, very hard

Sample 5 SW corner T1, black clay, 5' color

Sample 6 SE corner T2, black clay, 5' color

Sample 7 SW corner T1, black clay

Sample 8 beneath parcel tank, carbon suspension

- Run all samples for TPH, BTEX + MTBE

Contact _____ Title Site Supervisor Inspector B Klein

Signature [Signature] Signature _____

II, III

SUSAN HULGO
Project Specialist

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

ST10 436

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 may be released for issuance of any required building permit by the construction department.

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

Any contractor or contractor of these plans and specifications must be approved by the Department and the State and local health departments. Department is to determine if such changes are required and to determine if such changes are required. Notify the Department of any changes to the approved plans within 72 hours prior to the following required inspection:

- 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

Please note changes made on page 2 of EST.
Susan J. Hulgo
5/2/96

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business Chevron Service Station #9-1740
Business Owner or Contact Person (PRINT) SHARYN LEWIN c/o Robert H. Lee & Assoc.
 2. Site Address 6550 Moraga Avenue
City Oakland Zip 94611 Phone (510) 339-1064
 3. Mailing Address 1137 North McDowell Boulevard
City Petaluma Zip 94954 Phone (707) 765-1660
 4. Property Owner Ken Betts, Inc.
Business Name (if applicable) N/A
Address _____
City, State _____ Zip _____
 5. Generator name under which tank will be manifested
Chevron USA Products Company
- EPA ID# under which tank will be manifested C A L 0 0 0 0 3 0 0 0 9

6. Contractor Gettler Ryan Construction ARMER NORMAN ASSCO
 Address 6747 Sierra Court, Suite "J" 1561 3rd Ave. Walnut Creek
 City Dublin, CA 94568 Phone (510) 551-7555
 License Type* BHAZ, C61/D40AC57 B Gen B/No ID# 256896 778 220793 5197 12/31/97

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

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

8. Main Contact Person for Investigation (if applicable)
 Name Sharyn Lewin c/o Associates Robert H. Lee & Associates Title Job Captain
 Company Robert H. Lee & Associates
 Phone (707) 765-1660

9. Number of underground tanks being closed with this plan 4
 Length of piping being removed under this plan ± 225 lineal ft. (vent line)
± 517 lineal ft. (petroleum & vapor line)
 Total number of underground tanks at this facility (**confirmed with owner or operator) 5 (1 waste oil, 4 petroleum)

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 ERICKSON: Contact: David Sato EPA I.D. No. CAD 009 466 392
 Hauler License No. 0019 License Exp. Date July 31, 1996
 Address 255 Parr Boulevard
 City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site
 Name SAME AS #10a. EPA ID# _____
 Address _____
 City _____ State _____ Zip _____

c) Tank and Piping Transporter

Name SAME AS 10a. EPA I.D. No. _____
Hauler License No. _____ License Exp. Date _____
Address _____
City _____ State _____ Zip _____

d) Tank and Piping Disposal Site

Name SAME AS 10a. EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

11. Sample Collector

Name Mike Tambroni
Company Touchstone Development
Address P.O. Box 2554
City Santa Rosa State CA Zip 95405 Phone ~~(415) 386-8791~~
(707)-538-8818

12. Laboratory

Name Superior Labs
Address 1555 Burke Street, Unit I
City San Francisco State CA Zip 94124
State Certification No. 1332
Phone: (415) 647-2081

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

If yes, describe. _____

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

Pump out petroleum. Inert with 25 lbs. of Dry Ice.

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)		
8,000 Gal.	Installed in 1981. Still in use. To be removed w/this permit.	SOIL	Max. 2'-0" below bottom of tank.
8,000 Gal.	Installed in 1981. Still in use. To be removed w/this permit.	SOIL	Max. 2'-0" below bottom of tank.
8,000 Gal.	Installed in 1981. Still in use. To be removed w/this permit.	SOIL	Max. 2'-0" below bottom of tank.
10,000 Gal.	Installed in 1979. Still in use. To be removed w/this permit.	SOIL	Max. 2'-0" below bottom of tank.

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

Excavated/Stockpiled Soil

<p>Stockpiled Soil Volume (estimated)</p> <p align="center">204 CU. YDS.</p>	<p align="center">Sampling Plan</p> <p>One composite sample, consisting of four individual brass sampling cylinders will be analyzed for every 50 cubic yards of soil. Samples will be analyzed for TPH G and BTX&E (see below). If detectable amounts of petroleum hydrocarbons are found, samples will be tested for lead.</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
Product Tank & Waste Oil Tank TPH G & BTX&E	GCFID 5030, WATER GCFID 5030, 3810, SOIL	MOD. 8015, 8020, OR 8240, SOIL 602 OR 624, WATER	SOIL WATER 1.0 50.0 0.0005 0.5
W.O. TANK TPH D TOG CL HC <i>MTBE</i>	GCFID 5030, WATER GCFID 5030, 3810, SOIL 413.1	GCFID 3550, SOIL GCFID 3510, WATER SM 5520 D&E, SOIL SM 5520 A&E, WATER 8010, 8240, SOIL 601 OR 624, WATER	1.0 50.0 50.0 5,000.0
IF ANY OF THE ABOVE IS DETECTED, TESTS WILL BE RUN FOR THE FOLLOWING:			
METALS: Cd, Cr, Pb, Zn PCP, PCB, PNA & CREOSITE	7130, 7197, 7421, 7950 8080	ICAP OR AA 8270	

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and a deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- * State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

Line Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION

Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS
See attached Table 2.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels or physical conditions;
- e) Description of the work habit changes triggered by the above action levels or physical conditions;
- f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, etc.);
- j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- l) A page for employees to sign acknowledging that they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4), Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist 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 Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tank(s) and piping in addition to the tank(s) being removed.

20. DEPOSIT

A deposit, payable to "County of Alameda" for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Bay Regional Water Quality Control Board (510/286-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Detailed description of sampling methods; i.e. backhoe bucket, drive sampler, bailer, bottle(s), sleeves
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Documentation of the disposal of/and volume and final destination of all non-manifested contaminated soil disposed offsite.

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>	<u>WATER ANALYSIS</u>
Unknown Fuel	TPH G GCFID(5030)	TPH G GCFID(5030)
	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Leaded Gas	TPH G GCFID(5030)	TPH G GCFID(5030)
	BTX&E 8020 OR 8240	BTX&E 602 or 624
	TPH AND BTX&E 8260	TOTAL LEAD AA
	TOTAL LEAD AA	
-----Optional-----		
	TEL DHS-LUFT	TEL DHS-LUFT
	EDB DHS-AB1803	EDB DHS-AB1803
Unleaded Gas	TPH G GCFID(5030)	TPH G GCFID(5030)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Diesel, Jet Fuel and Kerosene	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Fuel/Heating Oil	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Chlorinated Solvents	CL HC 8010 or 8240	CL HC 601 or 624
	BTX&E 8020 or 8240	BTX&E 602 or 624
	CL HC AND BTX&E 8260	CL HC AND BTX&E 8260
Non-chlorinated Solvents	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602 or 624
	TPH AND BTX&E 8260	TPH and BTX&E 8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G GCFID(5030)	TPH G GCFID(5030)
	TPH D GCFID(3550)	TPH D GCFID(3510)
	TPH AND BTX&E 8260	
	O & G 5520 D & F	O & G 5520 B & F
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	CL HC 8010 or 8240	CL HC 601 or 624
ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni		
METHOD 8270 FOR SOIL OR WATER TO DETECT:		
	PCB*	PCB
	PCP*	PCP
	PNA	PNA
	CREOSOTE	CREOSOTE

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractable, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
\leq 10 ppm (42%)	\leq 10 ppm (10%)
\leq 5 ppm (19%)	\leq 5 ppm (21%)
\leq 1 ppm (35%)	\leq 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard \leq 20 carbon atoms, diesel and jet fuel (kerosene) standard \leq 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

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

SITE INFORMATION:

Site ID Number
(if known)

Chevron Service Station #9-1740

Name of Site

6550 Moraga Avenue

Street Address

Oakland, California 94611

City, State & Zip Code

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

Chevron USA Products Company, c/o Mr. Jim Lewin

Name

6001 Bollinger Canyon Road, Building "L", Room #1084

Street Address

San Ramon, California 94583-0804

City, State & Zip Code

Sharyn Lewin c/o ROBERT H. LEE & ASSOC.
Signature of Payor

November 13, 1995
Date

SHARYN LEWIN c/o Robert H. Lee & Associates

Name of Payor

(PLEASE PRINT CLEARLY)

ROBERT H. LEE & ASSOCIATES

Company Name of Payor

RETURN FORM TO:

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

TANK REMOVED 5/10/96

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: CHEVRON GS# 9-1740

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>3</u>	B. MANUFACTURED BY: <u>XERXES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1981</u>	D. TANK CAPACITY IN GALLONS: <u>8,000</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"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ C.A.S.#: 8000-101-9

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

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

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN
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 type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>EMERSON LEVIN</u>	DATE <u>7/13/95</u>
--	------------------------

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

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

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

TANK REMOVED 5/10/96

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: CHEVRON SS # 9-1740

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#	4	B. MANUFACTURED BY:	XERXES
C. DATE INSTALLED (MO/DAY/YEAR)	1979	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 type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" 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 GASOLIN	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED					C. A. S. #:

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 8 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYO LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN
			<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	A U 1 SUCTION	<input checked="" type="radio"/> 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	<input checked="" type="radio"/> 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	<input checked="" type="radio"/> 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 type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

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

APPLICANT'S NAME (PRINTED & SIGNATURE)	DATE
NANETTE NAMES Nanette Names RHL ASSOC.	7/18/95

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

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

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

TANK REMOVED 5/10/96

STATE OF CALIFORNIA

STATE WATER RESOURCES CONTROL BOARD

UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: CHEVRON # 9-1740

I. TANK DESCRIPTION: A. OWNER'S TANK I.D.# 1, B. MANUFACTURED BY: XERXES, C. DATE INSTALLED (MO/DAY/YEAR) 1981, D. TANK CAPACITY IN GALLONS: 2,000

II. TANK CONTENTS: A. 1 MOTOR VEHICLE FUEL, 2 PETROLEUM, 3 CHEMICAL PRODUCT, 4 OIL, 80 EMPTY, 95 UNKNOWN, B. 1 PRODUCT, 2 WASTE, C. 1a REGULAR UNLEADED, 1b PREMIUM UNLEADED, 2 LEADED, 3 DIESEL, 4 GASAHOL, 5 JET FUEL, 6 AVIATION GAS, 7 METHANOL, 99 OTHER, D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED: PLUS UNLEADED, C.A.S.#: 50010-101-9

III. TANK CONSTRUCTION: A. TYPE OF SYSTEM: 2 SINGLE WALL, B. TANK MATERIAL: 3 FIBERGLASS, C. INTERIOR LINING: 6 UNLINED, D. CORROSION PROTECTION: 4 FIBERGLASS REINFORCED PLASTIC, E. SPILL AND OVERFILL: SPILL CONTAINMENT INSTALLED (YEAR) OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR)

IV. PIPING INFORMATION: A. SYSTEM TYPE: 2 PRESSURE, B. CONSTRUCTION: 1 SINGLE WALL, C. MATERIAL AND CORROSION PROTECTION: 4 FIBERGLASS PIPE, D. LEAK DETECTION: 2 LINE TIGHTNESS TESTING

V. TANK LEAK DETECTION: 2 INVENTORY RECONCILIATION, 6 TANK TESTING, 99 OTHER SIR

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

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT. APPLICANT'S NAME: CHARLES LEWIN, DATE: 7/13/95

LOCAL AGENCY USE ONLY: STATE I.D.#, COUNTY #, JURISDICTION #, FACILITY #, TANK #, PERMIT NUMBER, PERMIT APPROVED BY/DATE, PERMIT EXPIRATION DATE

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

TANK REMOVED 5/10/96



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

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED
DBA OR FACILITY NAME WHERE TANK IS INSTALLED: <u>CHEVRON</u> <u>CD# 9-1740</u>				

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>2</u>	B. MANUFACTURED BY: <u>XERXES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1981</u>	D. TANK CAPACITY IN GALLONS: <u>8,000</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 type="checkbox"/> 1a REGULAR UNLEADED
<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"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C.A.S.#: <u>8006-61-9</u>

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

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE				
A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
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 type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

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

VI. TANK CLOSURE INFORMATION		
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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>MARTIN LEWIN</u>	DATE <u>7/15/90</u>
--	---------------------

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

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

Susan
Do you have the
A and B forms for
this gas station?

ALAN
ENI
Hazz

I can't find
the file.
Do you have it

DEPARTMENT OF
HEALTH

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

Inspection Form

510 436
File

II, III

Site ID # _____ Site Name Chevron Today's Date 12/21/94

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 6550 MORAGA

City OAKLAND Zip 94611 Phone 339-1064

___ 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(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

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

Comments:

Routine UST inspection for reissuance
of the 5-year final permit.

Noted 5 underground tanks on site.
Four appear to be single walled fuel
tanks (ie 8,000 gasoline, super and high
performance and one 10,000 gallon
diesel tank) and one double walled
waste oil tank monitored by ~~monitor~~
sensor, model X76S Romak, unit. Mechan
gauges are installed for the fuel tanks.
This may be a SIR monitoring facility
A file review and verification will follow.

Piping is single walled suction
Be advised tanks should be integrity test
yearly or once every two years if S.I.R
is performed. Piping must be tested
appropriately once every three years unless
vacuum appears in disrepair.

III. UNDERGROUND TANKS (Title 23)

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

Rev 6/88

Contact: Tilank
Title: Chief
Signature: [Signature]

Inspector: [Signature]
Signature: _____

II, III

Next Previous

Facility Name / Owner	Facility Address / Mail Address	# of Tanks
Chevron Stn. #91740 Chevron U S A, Inc. Cont: Doug Durein Phone: Fac: 339-9916 StID: Day: 763-9392 436 Nite: 523-4993	6550 Moraga Ave Oakland, CA 94611 6550 Moraga Blvd. Oakland, CA 94611	St#62121 S:C #Tanks: 5 BILLING: DateSent- 12/15/87 Acct#T21060
Emerg.# Interim PermDate: 02/16/93		
Emerg.# FPerm Old09/12/91		
PermHist: 5 UST Paid. Old sst surch date 02/16/88. 5 UST Paid.		

TODAY:

10/21/94

TANK INFORMATION

Tank ID	State#	Location	Size	Contents	Method	Monitor Pd.	Date State	Final Permit	Bill Y/N
=====	=====	=====	=====	=====	=====	=====	=====	=====	=====

STATUS: C=Current F=awaiting appl. B=ready to Bill R=tanks Removed E=Exemp
 [ESC] Done [F2] Clear field [Shift-F2] Clear to end [Shift-F10] More
 Form: UGTLook Table: UGTlist Field: BusName Page: 1

Next Previous

Facility Name / Owner	Facility Address / Mail Address	# of Tanks
Chevron Stn. #91740 Chevron U S A, Inc. Cont: Doug Durein Phone: Fac: 339-9916 StID: Day: 763-9392 436 Nite: 523-4993	6550 Moraga Ave Oakland, CA 94611 6550 Moraga Blvd. Oakland, CA 94611	St#62121 S:C #Tanks: 5 BILLING: DateSent- 12/15/87 Acct#T21060
Emerg.# Interim PermDate: 02/16/93		
Emerg.# FPerm Old09/12/91		
PermHist: 5 UST Paid. Old sst surch date 02/16/88. 5 UST Paid.		

TODAY:

10/21/94

TANK INFORMATION

Tank ID	State#	Location	Size	Contents	Method	Monitor Pd.	Date State	Final Permit	Bill Y/N
=====	=====	=====	=====	=====	=====	=====	=====	=====	=====

STATUS: C=Current F=awaiting appl. B=ready to Bill R=tanks Removed E=Exemp
 [ESC] Done [F2] Clear field [Shift-F2] Clear to end [Shift-F10] More
 Form: UGTLook Table: UGTlist Field: BusName Page: 1

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # 436 Site Name Chevron Ken Bitter Today's Date 10 20 92

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 6500 Mowbray Ave.
 City Oakland Zip 94611 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

9:30 AM →

* 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. Req'd? (Y/N) _____
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

Comments:

Sampling - sidewalk next to property line
 for page enclosure (shed) from down

Hydrating product on top of ground water - need
 to be pumped out before installation
 closure need to be clean up

3 soil samples collected:
 1 next to sidewalk
 2 next to fence

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
- ___ 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 tting
- 8) Annual Tank Testing
 Daily Inventory
- 9) Other _____
- ___ 7. Precs Tank Test 2643
 Date: _____
- ___ 8. Inventory Rec. 2644
- ___ 9. Soil Testing . 2646
- ___ 10. Ground Water. 2647
- Monitoring for Existing Tanks**
- ___ 11. Monitor Plan 2632
- ___ 12. Access. Secure 2634
- ___ 13. Plans Submit 2711
 Date: _____
- ___ 14. As Built 2635
 Date: _____
- New Tanks**

Rev 6/88

Contact: _____
 Title: _____
 Signature: _____

Inspector: Juan L. Bayle
 Signature: _____

II, III

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

8-80-890

II, III

Site ID # _____ Site Name Chevron KenBetts Today's Date 10/19/92

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 658 Moraga Ave.

City Oakland Zip 94611 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

9:45 AM → 12:00 PM

* 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. Req'd? (Y/N)
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

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

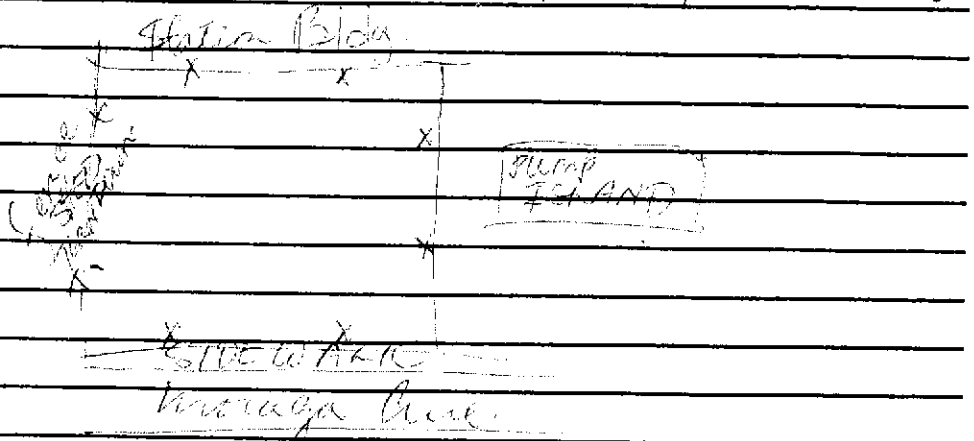
- Monitoring for Existing Tanks
- ___ 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
Semi-annual groundwater
One time soils
 - 3) Daily Vadose
One time soils
Annual tank test
 - 4) Monthly Groundwater
One time soils
 - 5) Daily Inventory
Annual tank testing
Cont pipe leak def
Vadose/groundwater mon.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

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

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

Comments:

Overexcavation of hot areas
 to the property line (fence)
 by 3-4 ft towards the island.
 Groundwater will be sampled tomorrow
 (10/20/92) some floating material on top
 of the water. Soil
 x - samples collected



GARBAGE ENCLOSURE - to be removed.
 Groundwater samples - waived - due to
 wells being monitored on site.

Contact: _____
 Title: _____
 Signature: _____

Inspector: _____
 Signature: Diana J. Hays

II, III



FACSIMILE COVER SHEET

CHEVRON U.S.A. PRODUCTS COMPANY
MARKETING - NORTHWEST REGION



Mailing Address: Chevron U.S.A. Products Company
P.O. Box 5004
San Ramon, CA 94583-0804
(Street - 2410 Camino Ramon)

Date: <u>10-9-92</u>		Fax Number: <u>(510) 569-4757</u>	
To: <u>SUSAN HOGG - ALAMEDA COUNTY ENVIRONMENTAL HEALTH</u>			
From: Kenneth Kan Site Assessment & Remediation Group	Phone Number	Room / Building	
	(510) 842-8752	A-02 / 2410	
Subject: <u>CHEVRON STATION 9-1740 OAKLAND</u>			
Remarks: <u>THIS FAX IS BEING SENT TO CONFIRM OUR PHONE CONVERSATION ON 10-9-91 AT APPROXIMATELY 3:18 PM THAT THE ADDITIONAL OVER-EXCAVATION TO THE PROPERTY LINE ON THE NORTH SIDE AND ADDITIONAL 3 TO 4 FEET FROM THE END OF THE EXCAVATION ON TUESDAY WHICH IS OUR AGREED LIMIT OVER-EXCAVATION IN THE SOUTH SIDE WILL BE SCHEDULED MONDAY, OCTOBER 19, 1992.</u>			
<u>PLEASE INFORM LARRY SETO THAT CHEVRON WILL BE INSTALLING THIS WASTE OIL TANK THIS WEEK ONCE THE OVER-EXCAVATION IS DONE.</u>			
<u>CALL ME IF YOU HAVE ANY QUESTIONS OR COMMENTS.</u>			

Number of Pages Including Cover Sheet 1

To Reply By Facsimile - Dial (510) 842-9591

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # 436 Site Name Chevron Noraga Today's Date 10/6/92

Site Address 6550 Noraga Ave
 City Oakland Zip 94611 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

9:45AM - 1:15PM

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

Comments:

Waste oil tank (installed 1964)
 approx 2550 gallon - filled w/ concrete
 Steel tank - Corroded bottom end had
 high heels. Tank was used before
 the fiberglass tank (installed 1982).
 Stockpiled soil - transported to forward
 Erickson Tank Hauler Manifest #
 90021367
 Overexcavating underneath the garbage incinerator
 area of the tank excavation near the fence
 by the sidewalk towards the island parking.
 Sampling collected 9/15/92 - still contaminated
 per Ken Knox (Chevron)
 Ground water must be pumped out ASAP.
 Need documentation for the waste oil tank
 abandoned in place.
 2 soil samples collected at from the end of
 the tank.

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

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

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|---|
| General | <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
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 _____ |
| New Tanks | <input type="checkbox"/> 7. Precs Tank Test 2643 |
| | 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 |
| | Date: _____ |
| | <input type="checkbox"/> 14. As Built 2635 |
| Date: _____ | |

Rev 6/88

II, III

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: Susan L. Hugo

white -env.health
 yellow -facility
 plnk -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

3⁹⁰⁰

Site ID # _____ Site Name Km Butts Chevron Today's Date 9/15/92

- 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 6550 Moraga Ave.
 City Oakland Zip 94611 Phone _____

- 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

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

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

Comments: 8:45 AM - 12:15 PM

- III. UNDERGROUND TANKS (Title 23)**
- General**
- ___ 1. Permit Application 25284 (H&S)
 - ___ 2. Pipeline Leak Detection 25292 (H&S)
 - ___ 3. Records Maintenance 2712
 - ___ 4. Release Report 2651
 - ___ 5. Closure Plans 2670
- Monitoring for Existing Tanks**
- ___ 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
 - Semi-annual groundwater
 - One time soils
 - 3) Daily Vadose
 - One time soils
 - Annual tank test
 - 4) Monthly Gndwater
 - One time soils
 - 5) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - Vadose/gndwater mon.
 - 6) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - 7) Weekly Tank Gauge
 - Annual tank test
 - 8) Annual Tank Testing
 - Daily Inventory
 - 9) Other _____
 - ___ 7. Precs Tank Test 2643
 - Date: _____
 - ___ 8. Inventory Rec. 2644
 - ___ 9. Soil Testing . 2646
 - ___ 10. Ground Water. 2647

Over excavation - former waste oil tank
Greenish color in the groundwater,
appears to be some type of algal (bacterial
growth) side next to building station
will not be reexcavated. Replaced sewer lateral
over excavation that area B, over excavate
to the street, need to over excavate
underneath the dumpster enclosure,
found another tank.

2:30 PM - 4:00 PM approx 500g. tank
found another tank under the
 dumpster enclosure, need to remove
under manifest.

Sidewalk soil samples collected
one of sidewalk next to street, C, destroyed
two samples on the sewer lateral sidewalk
must test for all waste oil constituents
Contaminated soil must be disposed
properly.

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

Rev 8/88

Contact: _____
 Title: _____
 Signature: _____

Inspector: _____
 Signature: (Brown)

II, III

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 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 Ken Bett's Chevron Today's Date 8/20/92

- 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)

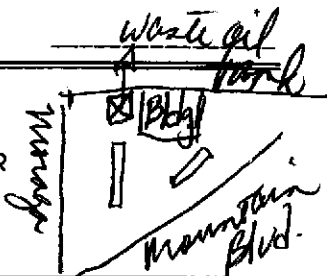
Site Address 6550 Moraga Ave.

City Oakland Zip 94608 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)

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
- ___ 6. Method
- 1) Monthly Test
- 2) Daily Vadose Semi-annual groundwater One time soil
- 3) Daily Vadose One time soil Annual tank test
- 4) Monthly Groundwater One time soil
- 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 _____
- ___ 7. Precs Tank Test 2643 Date: _____
- ___ 8. Inventory Rec. 2644
- ___ 9. Soil Testing 2646
- ___ 10. Ground Water. 2647
- Monitoring for Existing Tanks**
- ___ 11. Monitor Plan 2632
- ___ 12. Access. Secure 2634
- ___ 13. Plans Submit 2711 Date: _____
- New Tanks**
- ___ 14. As Built 2635 Date: _____

Comments:
 1-1000 gal UGT removal (fiberglass)
 Valida Holmes (Fire Dept) present
 LEL- 7% 02-22%
 No obvious holes, or filling problems
 Obvious contamination, orange oil staining especially in the fill material
 Manifest # 90021365 Erickson hauler
 Free product present - maybe perched water
 Stockpiled soil hauler - stamps #213239
 hauled to Goodwin in Stockton
 Stockpiled soil must be characterized.
 Overexcavated on 4 sides - limited due to physical barriers - building on one end, fence & sidewalk, monitoring well (MW 1) & sewer line.
 2 bottom samples collected (at 9 ft bgs)
 4 sidewalls samples collected

Rev 6/88

Contact: Kenneth Kan
 Title: SAR ENGINEER
 Signature: Kenneth Kan

Inspector: _____
 Signature: Susan L. Hugo

II, III

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 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # 436 Site Name Ken Betta Chevron Today's Date 8/18/92

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 6550 Moraga Ave.
 City Oakland Zip 94611 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

11:00 AM - 12:30 PM (1 hr)

* 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(a)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Rtk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(i)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

Comments:

Removal of 1-1000 Gal waste oil tank
 not ready - tank full of waste oil
 preparation is heavily contaminated

Kenneth Kan (Chevron) present.
 Rescheduled for Thurs. 8/20/92
 at 11:00 AM

Since the tank was exposed, recom-
 mended to secure the area.

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
Semi-annual gndwater
One time sols |
| | 3) Daily Vadose
One time sols
Annual tank test |
| | 4) Monthly Gndwater
One time sols |
| | 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 _____ |
| New Tanks | <input type="checkbox"/> 7. Precs Tank Test 2643
Date: _____ |
| | <input type="checkbox"/> 8. Inventory Rec. 2644 |
| | <input type="checkbox"/> 9. Sol 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
Date: _____ | |
| <input type="checkbox"/> 14. As Built 2635
Date: _____ | |

Rev 6/88

Contact: _____
 Title: _____
 Signature: _____

Inspector: Susan L. Hug
 Signature: _____

II, III

ALAMEDA COUNTY HEALTH CARE SERVICE AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621
 PHONE NO. 510/271-4320

STP 436
 SUSAN L. HENGE

ACCEPTED
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 400 - 27th Street, Third Floor
 Oakland, CA 94612
 Telephone: (415) 874-7237

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

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

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

- Removal of Tank and Piping
- Sampling
- Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Please note change made to page 495.
Susan L. Henge
7/1/92

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

1. Business Name Chevron Service Station
 Business Owner Ken Betts
 2. Site Address 6550 Moraga Blvd
 City OAKLAND Zip 94611 Phone (510) 339-9916
 3. Mailing Address As Above
 City _____ Zip _____ Phone _____
 4. Land Owner Chevron USA
 Address PO Box 5004 city, state SAN RAMON, CA zip 94583
 5. Generator name under which tank will be manifested Chevron USA
- EPA I.D. No. under which tank will be manifested CAL0000 23790

6. Contractor GETTLER- RYAN INC
Address 2150 W. WINTON AVE
City HAYWARD Phone (510) 783 7500
License Type* HAZ A ID# 220 793

*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. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Consultant TOUCHSTONE Development
Address P O Box 2554
City SANTA ROSA Phone (707) 538-8818

8. Contact Person for Investigation
Name JEFF MONROE Title Project manager
Phone (707) 538-8818

9. Number of tanks being closed under this plan 1
Length of piping being removed under this plan Ø
Total number of tanks at facility 5

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name ERICKSON EPA I.D. No. CAD 009466392
Hauler License No. 019 License Exp. Date 5-93
Address 255 PARR BLVD
City RICHMOND state CA zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name GIBSON EPA I.D. No. CAD 980883177
Address 3300 TRUXTON AVE, SUITE 200
City BAKERSFIELD state CA zip 93301
(805) 327-0413

c) Tank and Piping Transporter

Name Erickson EPA I.D. No. CAD 009466392
Hauler License No. 019 License Exp. Date 5-93
Address 255 Parr Blvd
city Richmond state CA zip 94801

d) Tank and Piping Disposal Site

Name Lmc EPA I.D. No. CAD009466392
Address 600 S. Fourth St
city Richmond state CA zip 94805
(510) 236-0606

11. Experienced Sample Collector

Name Touchstone Development - Jeff Monroe
Company _____
Address Po Box 2554
city Santa Rosa state CA zip 95405 Phone (707) 538-8818

12. Laboratory

Name Superior Laboratory
Address 825 Arnold Dr #114
city MARTINEZ state CA zip 94553
State Certification No. 1542

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

Triple rinse, Vapor free, Dry ice 20 lb/1000 gal Capacity

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
1000	WASTE OIL Installed 1-64	soil / and / groundwater if present.	beneath tank, Side walls 2ft below tank hole one sample must be collected at each end of the tank no deeper than 2ft from bottom of tank.

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

Excavated/Stockpiled Soil

<p>Stockpiled Soil Volume (Estimated)</p> <p align="center"><u>12 yds</u></p>	<p align="center">Sampling Plan</p> <p align="center"><i>Stockpiled soil must be characterized depending on disposal method.</i></p>
--	---

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
BTx E			
OCG			
THg	5030	GC/FID	1.0 ppm (soil)
TPHd	3550	GC/FID	1.0 ppm (soil)
OCG	5530 D, E, F		2.0 ppm (soil)
BTx E, E	8070 17, 8240		0.005 ppm (soil)
CC HC	8010 40 8240		
metals Cd, Cr, Pb Zn, Ni	AP		

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

18. Submit Worker's Compensation Certificate copy on file

Name of Insurer Republic Indemnity

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

Signature of Contractor

Name (please type) Barry E. McCoy

Signature *Barry E. McCoy*

Date 6-5-92

Signature of Site Owner or Operator

Name (please type) Tim Dahl, on behalf of Chevron USA

Signature *Tim Dahl*

Date 6/5/92



gettler — ryan inc.

SITE SAFETY PLAN JOB #2532.01

GENERAL INFORMATION

SITE: Company: Chevron U.S.A.
Location: 6550 Moraga Avenue
City: Oakland, California

PLAN PREPARED BY: Gettler-Ryan Inc.

DATE: 06/05/92

OBJECTIVES: To provide a safety plan for the safe completion of the site work.

PROPOSED DATE OF SITE WORK: 06/23/92

DOCUMENTATION

/SUMMARY: Hazardous material may be present, caution is advised.
Site work includes removal of 1 waste oil tank.

SITE/WASTE CHARACTERISTICS

WASTE TYPES(S): Liquid Solid Gas
CHARACTERISTICS(S): Volatile Flammable Toxic
FACILITY DESCRIPTION: Gasoline service station with underground utilities.
STATUS: Active

HAZARD EVALUATION

PARAMETER: TLV 300 ppm THC HEALTH: ingestion, inhalation, absorption
LEL 10% Gastechtor max.

SPECIAL PRECAUTIONS AND COMMENTS :

Correct safety procedures must be followed, per Gettler-Ryan Health and Safety Plan. UGST to be inerted per BAAQMD guidelines (Reg. 8, Sec. 40) 30 lbs of dry ice to be placed in tank prior to removal.

SITE SAFETY WORKPLAN:

PERIMETER ESTABLISHMENT: Use barricades and flagging to restrict access to tank removal area. Tank excavation to be fenced while hole is open.

PERSONAL PROTECTION: Level of Protection: EPA Level D

Modifications: Rubber gloves & hard hats

Surveillance Equipment and Material: Gastech

SITE ENTRY PROCEDURES: None

DECONTAMINATION

PROCEDURES: Personal: Wash thoroughly with detergent solution and water

Equipment: Steam clean if necessary

FIRST AID: As applicable

WORK LIMITATIONS (time of day, weather, heat/cold stress): none

INVESTIGATION-DERIVED

MATERIAL DISPOSAL: Tanks and lines to be manifested and hauled by Erickson. All materials removed from tank hole to be sampled, placed on visqueen on site and covered until classified for proper disposal.

TEAM COMPOSITION:

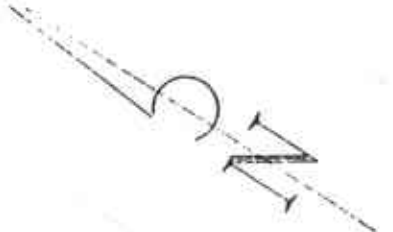
Jim Reed - Job Forman and site safety officer

2 Laborers


1 Operator

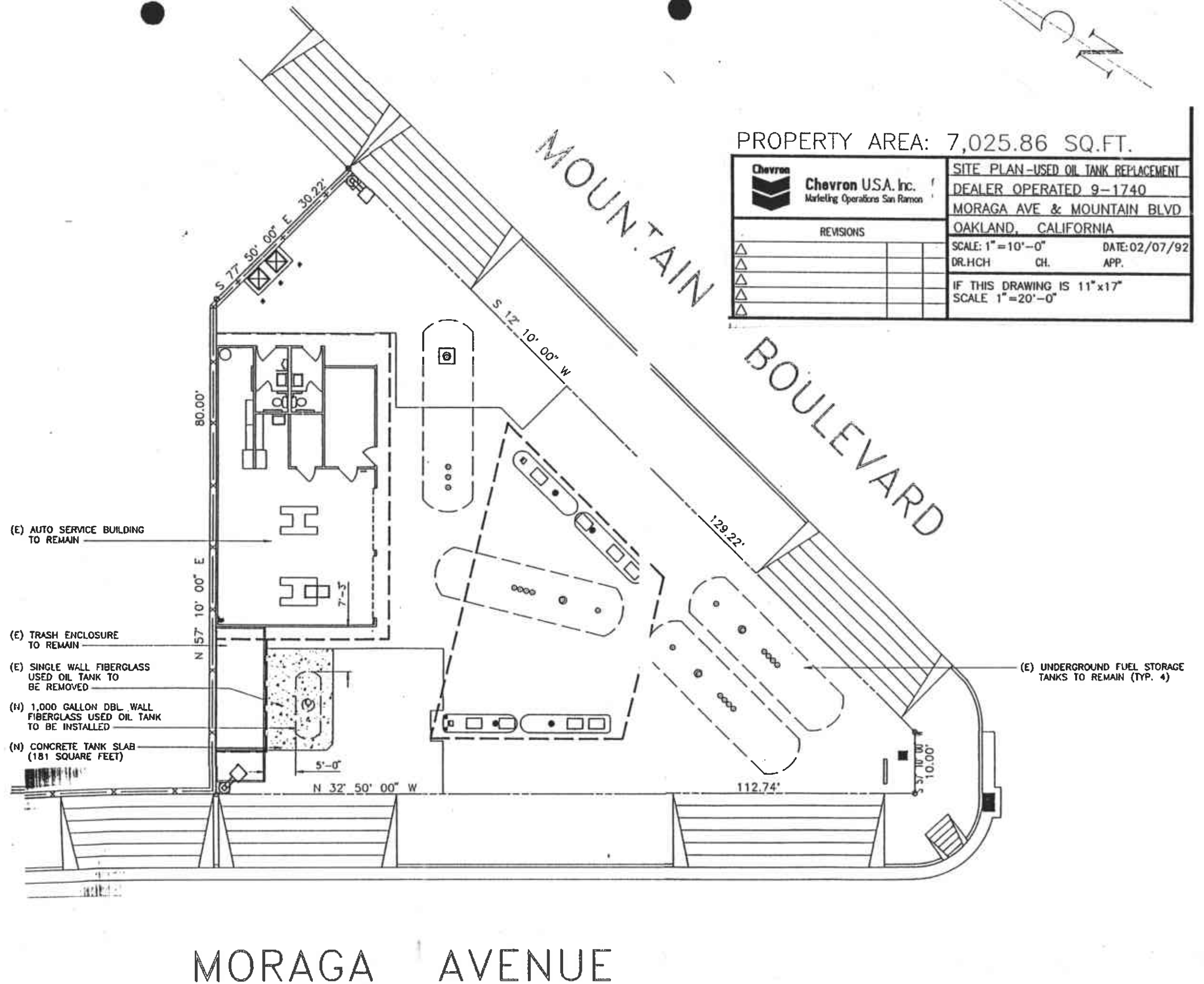
1 Field Technician from Touchstone Development





PROPERTY AREA: 7,025.86 SQ.FT.

 Chevron USA, Inc. Marketing Operations San Ramon	SITE PLAN-USED OIL TANK REPLACEMENT DEALER OPERATED 9-1740 MORAGA AVE & MOUNTAIN BLVD OAKLAND, CALIFORNIA	
	SCALE: 1" = 10'-0" DR.HCH CH. APP.	DATE: 02/07/92 APP.
REVISIONS		
△ △ △ △ △	△ △ △ △ △	△ △ △ △ △
IF THIS DRAWING IS 11"x17" SCALE 1"=20'-0"		



g **gottler - ryan inc.**
 general and environmental contractors

2150 west winton avenue
 hayward, ca 94545-1787

bus. (510) 783-7500
 fax (510) 783-1089

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
03/27/92

PRODUCER
Woodruff-Sawyer & Co.
 220 Bush Street
 7th Floor
 San Francisco, CA 94104

F2

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

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER A** **Fireman's Fund Ins. Co.**

- COMPANY LETTER B** **Republic Indemnity**

- COMPANY LETTER C**

- COMPANY LETTER D**

- COMPANY LETTER E**

INSURED
Gettler-Ryan Incorporated
 2150 West Winton Avenue
 Hayward, CA 94545-1787

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNERS & CONTRACTORS PROT				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL AGGREGATE</td><td>\$</td></tr> <tr><td>PRODUCTS-COMP/OP AGG.</td><td>\$</td></tr> <tr><td>PERSONAL & ADV. INJURY</td><td>\$</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$</td></tr> <tr><td>MED. EXPENSE (Any one person)</td><td>\$</td></tr> </table>	GENERAL AGGREGATE	\$	PRODUCTS-COMP/OP AGG.	\$	PERSONAL & ADV. INJURY	\$	EACH OCCURRENCE	\$	FIRE DAMAGE (Any one fire)	\$	MED. EXPENSE (Any one person)	\$
GENERAL AGGREGATE	\$																
PRODUCTS-COMP/OP AGG.	\$																
PERSONAL & ADV. INJURY	\$																
EACH OCCURRENCE	\$																
FIRE DAMAGE (Any one fire)	\$																
MED. EXPENSE (Any one person)	\$																
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	598MZAB9114710	04/01/92	04/01/93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT</td><td>\$</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td><td></td></tr> </table>	COMBINED SINGLE LIMIT	\$	1,000,000	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE	\$	
COMBINED SINGLE LIMIT	\$	1,000,000															
BODILY INJURY (Per person)	\$																
BODILY INJURY (Per accident)	\$																
PROPERTY DAMAGE	\$																
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$								
EACH OCCURRENCE	\$																
AGGREGATE	\$																
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	92)PC941426	04/01/92	04/01/93	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="text-align: center;">STATUTORY LIMITS</td></tr> <tr><td>EACH ACCIDENT</td><td>\$</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>DISEASE—POLICY LIMIT</td><td>\$</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>DISEASE—EACH EMPLOYEE</td><td>\$</td><td style="text-align: right;">1,000,000</td></tr> </table>	STATUTORY LIMITS		EACH ACCIDENT	\$	1,000,000	DISEASE—POLICY LIMIT	\$	1,000,000	DISEASE—EACH EMPLOYEE	\$	1,000,000	
STATUTORY LIMITS																	
EACH ACCIDENT	\$	1,000,000															
DISEASE—POLICY LIMIT	\$	1,000,000															
DISEASE—EACH EMPLOYEE	\$	1,000,000															
	OTHER																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Re: Facility #2035, 1001 San Pablo Avenue, Albany, CA

County of Alameda, Dept. of Environmental Health
 10 Swan Way, Room 200
 Oakland, CA 94621

GENERAL INFORMATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL IMMEDIATELY MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~NOTIFYING THE HOLDER OF THE CANCELLATION AND EXPIRATION DATE OF THE POLICY.~~

AUTHORIZED REPRESENTATIVE



gettler — ryan inc.

FACSIMILE COVER SHEET

TO: SUSAN HUGO

COMPANY: ALAMEDA CAT ENVIRO HEALTH

FROM: BARRY MCCOY

DATE: 6-22-92

RE: WORK COMP VERIFY

COMMENTS: TANK REMOVAL MOUNTAIN BLVD

2 pages including cover.

If there are any problems with this transmission, please call (510) 783-7500.

569-4757

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: 12035
StID : 436
SITE NAME: Ken Betts Montclair Chevron DATE REPORTED : 08/15/91
ADDRESS : 6550 Moraga Ave. DATE CONFIRMED: 08/15/91
CITY/ZIP : Oakland 94611 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: G	CONTRACT STATUS: 3	EMERGENCY RESP:
RP SEARCH: S		DATE COMPLETED: 03/16/92
PRELIMINARY ASMNT: U	DATE UNDERWAY: 02/01/89	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: 03/16/92
LUFT FIELD MANUAL CONSID: 3, HSCAWG
CASE CLOSED: DATE CASE CLOSED:
DATE EXCAVATION STARTED : REMEDIAL ACTIONS TAKEN: UK

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Nancy Vukelich
COMPANY NAME: Chevron U. S. A.
ADDRESS: P. O. Box 5004
CITY/STATE: San Ramon, C A 94583

Property Owner:
Erinyn Nichols Trustee:
2940 Fire Creek Dr #3
Walnut Creek CA
94595

DATE: 3/5/92
TO : Local Oversight Program
FROM: AMIR: K. Gafelani
SUBJ: Transfer of Eligible Oversight Case

Site name: ~~XXXXXXXXXXXXXXXXXXXX~~ CHEVRON # 9-1740
Address: 6550 MORAGA AVE City: OAKLAND Zip: 94611
Closure plan attached? Y N DepRef remaining \$ _____
DepRef Project # 5046 STID #(if any) 436
Number of Tanks: 5 removed? (Y) N Date of removal MAY 1991
Leak Report filed? (N) Date of Discovery AUG 1991
Samples received? (Y) N Contamination: YES
Petroleum (Y) N Types: Avgas Jet leaded unleaded Diesel
fuel, oil waste oil kerosene solvents
Monitoring wells on site YES Monitoring schedule? Y N

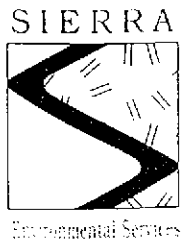
Briefly describe the following:
Preliminary Assessment TANKS REMOVED. CONTAMINATION OF ^{GROUND} WATER BY BENZENE UP TO 850 PPM.
Remedial Action NONE
Post Remedial Action Monitoring _____

Enforcement Action 4 MONITORING WELLS INSTALLED, QUARTERLY REPORTS

Comments: SUBMITTED, BENZENE IN MW C-4 ON 12/23/91
LAST REPORT IS STILL AT 390PPM. HOWEVER
SEEMS LIKE BENZENE CONCENTRATION IS GOING
DOWN. PROBABLY DUE TO NATURAL DEGRADATION?
THEY MUST INVESTIGATE THE EXTENT OF PLUME.
IT IS NOT CLEAR IF CONTAMINATION TRAVELLED ACROSS
THE STREET.

Where is tank
closure plan

File



FIELD WORK NOTIFICATION FORM

538-3706
1-221-04

Date: 7/20/91

To: Larry Seto

Of: Alameda County Environmental Health - Hazardous Materials Division

From: J. F. Leising

Of: Sierra Environmental Services

Site name/location: Service Station # 9-1749, 6550 Moraga Ave.,

Field work date: 9/25/91

The following field work will be conducted:

- Drilling activities: soil borings/monitoring well installation
- Monitoring well development
- Monitoring well sampling
- Water (free-phase product) measurements
- Underground storage tank removal
- Soil excavation
- Stockpile sampling
- Other: _____

Please call Joc Leising of Sierra Environmental Services at (415) 370-1280 if you have any questions regarding the proposed work.



Chevron U.S.A. Inc.

2410 Camino Ramon, San Ramon, California • Phone (415) 842-9500
Mail Address: P.O. Box 5004, San Ramon, CA 94583-0804

91 MAY 13 AM 10:50

Marketing Operations

R. B. Bellinger
Manager, Operations
S. L. Patterson
Area, Manager, Operations
C. G. Trimbach
Manager, Engineering

May 6, 1991

Mr. Larry Seto
Alameda County
Environmental Health
80 Swan Way, Room 200
Oakland, California 94621

Re: Chevron Service Station #9-1740
6550 Moraga Avenue
Oakland, CA 94611

Dear Mr. Seto:

Enclosed we are forwarding a check in the amount of \$855.00 deposit to cover the oversight costs as per your letter dated April 17, 1991.

If you have any questions or comments please do not hesitate to call me at (415) 842 - 9625.

Very truly yours,
CHEVRON U.S.A. INC.


Nancy L. Vukelich
Environmental Engineer

Enclosure

cc: Mr. Lester Feldman, RWQCB-Bay Area
File (9-1740-2 Listing



The Chevron Companies

CHEVRON U.S.A. INC.
P.O. Box S, Concord, CA 94524

CHECK DATE 04/29/91

0061

PAGE 01 OF 01

INV DATE	INVOICE NO.	ORDER IDENTIFICATION	REF. NO.	GROSS AMOUNT	DEDUCTIONS	NET AMOUNT
04/22/91	042291ALA		04A6KH001WC	855.00		855.00
	OVERSITE COSTS FOR SS#91740 NLV					
TOTAL						855.00
DIRECT QUESTIONS TO: (415) 842-9576						WC
PAYEE 000191841	ALAMEDA COUNTY HEALTH CARE	ENVIRONMENTAL HEALTH DEPT		BANK MGR	00174	
001						
Check No. 68506479						

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)

April 17, 1991

Ms. Nancy Vukelich
Chevron
P O Box 5004
San Ramon, CA 94583

RE: Chevron Station, 6550 Moraga Ave., Oakland, CA 94621

Dear Ms. Vukelich:

I have reviewed your workplan for the above site, dated February 27, 1991, that was prepared by Pacific Environmental. It is accepted. Please submit a deposit of \$855.00 made payable to the County of Alameda.

This deposit is authorized under Section 3-141.6 of the Ordinance Code of the County of Alameda and is used to cover the expenses incurred by the county personnel in the execution of their oversight responsibilities associated with the project. Records of the time county employees commit to the project are maintained and the deposit is charged an hourly rate of \$67.00. Upon completion of the project, the balance of the deposit will be refunded to you.

If you have any questions, please contact me at 271-4320.

Sincerely,


Larry Seto
Senior Hazardous Materials Specialist

LS:lp

cc: Gil Jensen, District Deputy Attorney
RWQCB
Charlene Williams, DHS
John Soldering, City of Oakland
Rafat Shahid, Assistant Agency Director
files