



a subsidiary of environmental system company

May 11, 1989

Alameda County
Eden Consolidated Fire District
Purchasing Department
4400 B MacArthur Blvd.
Oakland, CA 94619

Attn: Mr. Les Liteman

Re: Tank Removal, 1430-164th Ave., San Leandro, CA
EES Project No. 4303F

Dear Mr. Liteman:

Ensco Environmental Services, Inc. (EES) is pleased to provide Eden Consolidated Fire District with this brief letter report regarding the removal of one (1) 550 gallon underground storage tank from the above referenced site.

Excavation and removal of one (1) 550 gallon underground waste oil tank was accomplished on January 9, 1989. Prior to beginning tank excavation operations, all applicable regulatory agencies were notified and required permits were obtained. Excavation operations commenced on January 9, 1989 and proceeded to expose the tank top. No associated tank lines were encountered during excavation at that time. On January 9, 1989 dry ice was added to the tank at a rate of fifteen pounds per 1000 gallon capacity to displace oxygen contained within the tank and render the tank inert. This task was performed prior to the removal operation and was conducted under the direction of an on-site inspector of the Alameda County Health Care Services Agency Department of Environmental Health Hazardous Materials Division.

After removal operations were completed, the tank was visibly inspected for signs of leakage. No evidence was observed. The tank was then loaded onto a licensed hazardous waste hauling truck for shipment to a ~~various~~ disposal facility. The tank was transported under hazardous waste manifest.

Following removal of the tank, one soil sample was collected from undisturbed soils beneath each end of the tank. Each sample was collected in a brass sample tube, sealed with foil, capped with plastic lids and placed in a chilled ice chest for transport to the laboratory. Samples were accompanied by chain-of-custody documentation.

Visual inspection of the excavation pit after completion of the removal operations revealed a moderate level of hydrocarbon contamination present within the soil beneath the tank.

ALAMEDA COUNTY
DEPT. OF ENVIRONMENTAL HEALTH
HAZARDOUS WASTE DIVISION

LS

where
Twenty-four tons of soil was subsequently removed, transported under hazardous waste manifest and disposed of at a Class I disposal facility. Additional soil samples were collected and analyzed to determine the presence of any remaining contamination. The excavation was then backfilled at the clients request prior to laboratory results being made available. The laboratory results have since been made available and confirm that no appreciable contamination presently exists within the tank excavation. A copy of the laboratory results obtained through the verification sampling is attached to this report.

Copies of all associated laboratory analytical results, chain-of-custody documentation, manifests and tank disposal certificates are attached to this report.

Should you have any questions regarding this report, you may contact me at (415) 659-0404. EES appreciates the opportunity to have been of service to you on this project.

Sincerely,
Ensco Environmental Services, Inc.

John Lynch
Construction Operations Manager

JL/vm

cc: Alameda County Health Care Services Agency
Department of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, Ca 94621
Attn: Mr. Lawrence Seto

Eden Consolidated Fire District
427 Paseo Grande
San Lorenzo, CA 94580
Attn: Mr. Bruce W. Bradley

Eden Consolidated Fire Station #2
1430 - 16414 Ave.
S.L.

RE: UST Closure

- ① no 8270 analysis
- ② " metals "
- ③ no subsequent results submitted - overexcavation completed?

ACCEPTED 1-4-89 C.S.
DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, CA 94612
Telephone: (415) 874-7237

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

Project # 4528782
Fee Paid \$300.00
Date 12/28/88

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 processed 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 regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name Eden Consolidated Fire District - Station #2
Business Owner Eden Consolidated Fire District
2. Site Address 1430 - 164th Ave.
City SAN LEANDRO, CA. Zip 94577 Phone 670-5865
3. Mailing Address 422 PASO GRANDE
City SAN LORENZO Zip _____ Phone 670-5850
4. Land Owner Eden Consolidated Fire District
Address _____ City, State _____ Zip _____
5. EPA I.D. No. CAC000138853
6. Contractor ENSCO ENVIRONMENTAL SERVICES, INC.
Address 41674 CHRISTY ST.
City FREMONT, CA. Phone (415) 659-0404
License Type A ID# 464324
7. Consultant SAME AS CONTRACTOR
Address _____
City _____ Phone _____

8. Contact Person for Investigation

Name DAVE STERNBECK Title PROJECT SUPERVISOR
Phone 415-659-0404

9. Total No. of Tanks at facility 1 *per Vince Rose 1-4-89*

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

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

N/A.

Name _____ EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

b) Rinsate Transporter

N/A

Name _____ EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

c) Tank Transporter

Name H&H Ship Services EPA I.D. No. CAD 004771168
Address 220 CHINA BASIN
City SAN FRANCISCO State CA Zip _____

d) Tank Disposal Site

SAME AS TRANSPORTER

Name _____ EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

e) Contaminated Soil Transporter

N/A.

Name _____ EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

12. Sample Collector

Name SAMPLE TECH ON SITE

Company ENSCO ENVIRONMENTAL

Address _____

City _____ State _____ Zip _____ Phone _____

13. Sampling Information for each tank or area *Per Vince Rose 1-4-89*

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
550 gal	Waste Oil NO	Soil INFO	Backfill/Native Soil Interface AVAILABLE

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

If yes, describe. UNKNOWN

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

If yes, describe. 1.5 LBS PER 100 GALLONS OF TANK VOLUME

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

16. Laboratories

Name Sequoia Analytical

Address 680 CHESAPEAKE DR

City Redwood City State CA Zip 94063

State Certification No. HAZARDOUS WASTE # 145

17. Chemical Methods to be used for Analyzing Samples

Per Vince Rose 1-9-89

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
TPH O&G VOC	8015 503E, 8010/8020 503E 8240	

18. Submit Site Safety Plan

19. Workman's Compensation: Yes No

Copy of Certificate enclosed? Yes No

Name of Insurer _____

20. Plot Plan submitted? Yes No

21. Deposit enclosed? Yes No

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

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

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

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

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

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Signature of Contractor

Name (please type) David Steinbeck, Project Manager

Signature *David Steinbeck*, ENACO ENVIRONMENTAL SERVICES, INC

Date Dec. 28, 1988

Signature of Site Owner or Operator

Name (please type) Eden Consolidated Fire district: Alameda Co.

Signature *Ernie W. Bradley*

Date DECEMBER 28, 1988.

NOTES:

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

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

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

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A

SAMPLING RESULTS

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

INSTRUCTIONS

2. SITE ADDRESS

Address at which closure or modification is taking place.

5. EPA I.D. NO.

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

6. CONTRACTOR

Prime contractor for the project.

7. OTHER

List professional consultants here.

12. SAMPLE COLLECTOR

Persons who are collecting samples.

13. SAMPLING INFORMATION

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

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

16. LABORATORIES

Laboratories used for chemical and geotechnical analyses.

17. CHEMICAL METHODS:

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

Contaminant - Specify the chemical to be analyzed.

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

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

NOTE:

Method Numbers are available from certified laboratories.

18. SITE SAFETY PLAN

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

19. ATTACH COPY OF WORKMAN'S COMPENSATION

20. PLOT PLAN

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

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

rev. 9/88
mam



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS
ISSUE DATE (MM/DD/YY)

8/25/88

PRODUCER

MORRIS TEMPLE & TRENT OF ARK.
INC. 96 W WINDSOR
LITTLE ROCK AR 72209THIS 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	LIBERTY MUTUAL INSURANCE CO
COMPANY LETTER	B	NATIONAL UNION
COMPANY LETTER	C	SIR LLOYDS
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

ENVIRONMENTAL SYSTEMS CO.,
ENSCO INC. ENSCO ENVIRONMENTAL
SERV. INC. (SEE REMARKS)
BOX 8513 LITTLE ROCK
AR 72205

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
B	GENERAL LIABILITY	HGL8019540	5/01/88	5/01/89	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES OPERATIONS				BI & PD COMBINED	\$	\$
	<input checked="" type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY	\$	\$
	<input checked="" type="checkbox"/> PRODUCTS COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
<input checked="" type="checkbox"/> PERSONAL INJURY							
A	AUTOMOBILE LIABILITY	AS1391064977	4/01/88	4/01/89	BODILY INJURY (PER PERSON)	\$	\$
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY						
		MCS 90 EDSMNT					
C	EXCESS LIABILITY	EXCES OFFSITE EIL - 8800003	5/01/88	5/01/89	BI & PD COMBINED	\$ 2,000	\$ 4,000
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM						
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC1391064977	4/01/88	4/01/89	STATUTORY	\$ 000 (EACH ACCIDENT)	\$ 000 (DISEASE-POLICY LIMIT)
					\$ 000 (DISEASE-EACH EMPLOYEE)		
B	OTHER	PLL5648786	11/03/87	11/03/88			
	<input checked="" type="checkbox"/> FIXED BASED EIL						
B	<input checked="" type="checkbox"/> OFFSITE EIL	PLL5648845	5/01/88	5/01/89			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

NAMED INSURED: GREAT LAKES ENVIRONMENTAL SYSTEMS COMPANY, INC.
ALL STATES ENDORSEMENT ON WORKERS COMPENSATION

CERTIFICATE HOLDER

FOR INFORMATION ONLY

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Don Huber

019115