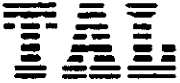


**Trace Analysis Laboratory, Inc.**

3423 Investment Boulevard, #8 • Hayward, California 94545

Telephone (415) 783-6960  
Facsimile (415) 783-1512



October 2, 1991

Marc Zomorodi  
Tank Protect Engineering  
2821 Whipple Road  
Union City, CA 94587

Dear Mr. Zomorodi:

Trace Analysis Laboratory received four soil samples on September 24, 1991 for your Project No. 176B-092491, 6253 Dougherty Road, Dublin, CA (our custody log number 1342).

These samples were analyzed for Total Petroleum Hydrocarbons as Diesel, Gasoline, Benzene, Toluene, Xylenes, Ethylbenzene and Lead. Our analytical report and the completed chain of custody form are enclosed for your review.

Trace Analysis Laboratory is certified under the California Environmental Laboratory Accreditation Program. Our certification number is 1199.

If you should have any questions or require additional information, please call me.

Sincerely yours,

A handwritten signature in cursive script, appearing to read 'Jennifer Peko'.

Jennifer Peko  
Project Specialist

Enclosures



**TANK PROTECT ENGINEERING**

2821 WHIPPLE ROAD  
 UNION CITY, CA 94587  
 (415) 429-8088  
 (800) 523-8088  
 FAX(415) 429-8089

LAB: Trace Analysis

TURNAROUND: Normal

P.O. #: 0308

PAGE 1 OF 1

**CHAIN OF CUSTODY**

PROJECT NO <b>176B-092491</b>		SITE NAME & ADDRESS <b>6253 Dougherty Road Dublin, CA</b>				(1) TYPE OF CON-TAINER							
SAMPLER NAME, ADDRESS AND TELEPHONE NUMBER <b>Michael Casso, Tank Protect Engineering 2821 WHIPPLE ROAD, UNION CITY, CA 94587 (415) 429-8088</b>													
ID NO.	DATE	TIME	SOIL	WATER	SAMPLING LOCATION	(1) TYPE OF CON-TAINER	TOTAL LIGHT HC	AROMATIC HC	TOTAL HC (BTEX)	OIL & GREASE HC	PCC SCAN	OTHER (BTEX's)	TOTAL Lead
✓ SA-1	9/24/91	12:00	✓		@ 2.5 FEET	Brass Tube	✓	✓	✓				
✓ SA-2		11:48			@ 2.0 FEET								
✓ SA-3		11:36			@ 2.0 FEET								
✓ SSA-3	✓	12:15	✓		STOCKPILE @ 3.5 FEET	✓	✓	✓	✓				
Relinquished by (Signature) <i>Michael Casso</i>						Date / Time 9/24/91 5:00pm	Received by : (Signature)			Relinquished by : (Signature)		Date / Time	Received by : (Signature)
Relinquished by (Signature)						Date / Time	Received by : (Signature)			Relinquished by : (Signature)		Date / Time	Received by : (Signature)
Relinquished by (Signature)						Date / Time	Received for Laboratory by: (Signature) <i>John Kang</i>		Date / Time 9/24/91 5pm	Remarks pick-up soil on ice 5-day TAT 1-btes Y-4		<i>ja</i>	

DATE: 9/24/91

LOG NUMBER: 1342  
 DATE SAMPLED: 09/24/91  
 DATE RECEIVED: 09/24/91  
 DATE EXTRACTED: 10/01/91  
 DATE ANALYZED: 10/01/91  
 DATE REPORTED: 10/02/91  
 PAGE: Three

Sample Type: Soil

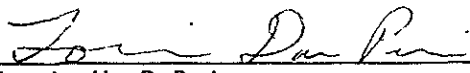
Method and Constituent:	Units	SA-1		SA-2		SA-3	
		Concentration	Reporting Limit	Concentration	Reporting Limit	Concentration	Reporting Limit
EPA Method 7420:							
Lead	ug/kg	7,900	2,500	8,200	2,500	5,000	2,500

Method and Constituent:	Units	SSA-3		Method Blank	
		Concentration	Reporting Limit	Concentration	Reporting Limit
EPA Method 7420:					
Lead	ug/kg	9,500	2,500	ND	2,500

QC Summary:

% Recovery: 92  
 % RPD: 15

Concentrations reported as ND were not detected at or above the reporting limit.

  
 Louis W. DuPuis  
 Quality Assurance/ Quality Control Manager

LOG NUMBER: 1342  
 DATE SAMPLED: 09/24/91  
 DATE RECEIVED: 09/24/91  
 DATE EXTRACTED: 09/25/91  
 DATE ANALYZED: 09/28/91 and 10/01/91  
 DATE REPORTED: 10/02/91  
 PAGE: Two

Sample Type: Soil

Method and Constituent:	Units	SA-1		SA-2		SA-3	
		Concen- tration	Reporting Limit	Concen- tration	Reporting Limit	Concen- tration	Reporting Limit
DHS Method:							
Total Petroleum Hydro- carbons as Gasoline	ug/kg	45,000	500	ND	500	4,200	500
EPA Method 8020 for:							
Benzene	ug/kg	ND	18	ND	5.0	ND	11
Toluene	ug/kg	21	17	15	5.0	28	10
Ethylbenzene	ug/kg	ND	18	ND	5.0	ND	11
Xylenes	ug/kg	1,100	44	ND	15	73	25

Method and Constituent:	Units	SSA-3		Method Blank	
		Concen- tration	Reporting Limit	Concen- tration	Reporting Limit
DHS Method:					
Total Petroleum Hydro- carbons as Gasoline	ug/kg	50,000	500	ND	500
EPA Method 8020 for:					
Benzene	ug/kg	ND	56	ND	5.0
Toluene	ug/kg	400	52	ND	5.0
Ethylbenzene	ug/kg	ND	56	ND	5.0
Xylenes	ug/kg	2,400	120	ND	15

QC Summary:

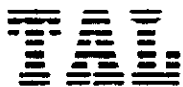
% Recovery: 130 and 110  
 % RPD: 11 and 15

Concentrations reported as ND were not detected at or above the reporting limit.

**Trace Analysis Laboratory, Inc.**

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Telephone (415) 783-6960  
Facsimile (415) 783-1512



LOG NUMBER: 1342  
DATE SAMPLED: 09/24/91  
DATE RECEIVED: 09/24/91  
DATE EXTRACTED: 09/27/91  
DATE ANALYZED: 10/01/91  
DATE REPORTED: 10/02/91

CUSTOMER: Tank Protect Engineering  
REQUESTER: Marc Zomorodi  
PROJECT: No. 176B-092491, 6253 Dougherty Road, Dublin, CA

Sample Type: Soil

Method and Constituent:	Units	SA-1		SA-2		SA-3	
		Concentration	Reporting Limit	Concentration	Reporting Limit	Concentration	Reporting Limit
DHS Method: Total Petroleum Hydrocarbons as Diesel	ug/kg	530,000	6,100	ND	1,000	240,000	1,000

*Pts per Million*  
*Pts per Bil.*

Method and Constituent:	Units	SSA-3		Method Blank	
		Concentration	Reporting Limit	Concentration	Reporting Limit
DHS Method: Total Petroleum Hydrocarbons as Diesel	ug/kg	800,000	6,100	ND	1,000

*O.K. for dump.*

QC Summary:

% Recovery: 77  
% RPD: 2.6

Concentrations reported as ND were not detected at or above the reporting limit.

*Microgram*

*0.1 Kilogram. PPB = Parts per Billion*

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25140.3 OF THE HEALTH AND SAFETY CODE.	
REPORT DATE 08/19/91	CASE #		SIGNED		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Michael Casso		PHONE (510) 429-8088	SIGNATURE	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Tank Protect Engineering of Northern California		
	ADDRESS 2821 Whipple Road Union City CA 94587				
RESPONSIBLE PARTY	NAME American Building Components <input type="checkbox"/> UNKNOWN		CONTACT PERSON Mr. Ed Omernik	PHONE (415) 828-0400	
	ADDRESS 6253 Dougherty Road Dublin CA 94568				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) American Building Components Co.		OPERATOR Mr. Ed Omernik	PHONE (415) 828-0400	
	ADDRESS 6253 Dougherty Road Dublin Alameda 94568				
	CROSS STREET Houston Place				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Health Care Services Agency		CONTACT PERSON Ravi Arulanantham	PHONE (415) 271-4320	
	REGIONAL BOARD CRWOCB - San Francisco Bay Region			PHONE ( )	
SUBSTANCES INVOLVED	(1) NAME Gasoline (Regular)		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2) NAME Diesel		<input checked="" type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 08/02/91		HOW DISCOVERED: <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 08/07/91				
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
	CASE TYPE CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input checked="" type="checkbox"/> CLEANUP UNDERWAY				
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT) Excavate and stockpile soil.				
COMMENTS	The excavation has been enlarged approximately 4 feet vertically since the first sampling event on 7/26/91.				

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100.7 OF THE HEALTH AND SAFETY CODE.	
REPORT DATE 0 <u>9</u> <u>1</u> <u>9</u> <u>9</u> <u>1</u>		CASE #			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>Michael Casco</b>		PHONE <b>(510) 429-8088</b>		SIGNATURE
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME <b>Tank Protect Engineering of Northern California</b>		
	ADDRESS <b>2821 Whipple Road</b> <span style="float: right;"><b>Union City</b> <b>CA</b> <b>94587</b></span>				
RESPONSIBLE PARTY	NAME <b>American Building Components</b> <input type="checkbox"/> UNKNOWN		CONTACT PERSON <b>Mr. Ed Omerik</b>		PHONE <b>(415) 828-0400</b>
	ADDRESS <b>6253 Dougherty Road</b> <span style="float: right;"><b>Dublin</b> <b>CA</b> <b>94568</b></span>				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) <b>American Building Components Co.</b>		OPERATOR <b>Mr. Ed Omerik</b>		PHONE <b>(415) 828-0400</b>
	ADDRESS <b>6253 Dougherty Road</b> <span style="float: right;"><b>Dublin</b> <b>Alameda</b> <b>94568</b></span>				
	CROSS STREET <b>Houston Place</b>				
IMPLEMENTING AGENCIES	LOCAL AGENCY <b>Alameda County Health Care Services Agency</b>		AGENCY NAME		CONTACT PERSON <b>Ravi Arulanantham</b>
	REGIONAL BOARD <b>CROCKER - San Francisco Bay Region</b>				PHONE <b>( )</b>
SUBSTANCES INVOLVED	(1) NAME <b>Gasoline (Regular)</b>			QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) NAME <b>Diesel</b>			<input checked="" type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 <u>8</u> <u>0</u> <u>2</u> <u>9</u> <u>1</u>		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES DATE 0 <u>7</u> <u>0</u> <u>9</u> <u>0</u>		OTHER		
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input checked="" type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
	CASE TYPE CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input checked="" type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST-CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input checked="" type="checkbox"/> CLEANUP UNDERWAY				
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT) <b>Excavate and stockpile soil.</b>				
COMMENTS	This excavation has been enlarged approximately 4 feet vertically since the first sampling event on 7/20/01.				