

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

August 1, 1997
STID 4027

Tadashi Nakadegawa
Oakland Unified School District
955 High St.
Oakland CA 94601

RE: Underground Storage Tank (UST),
McClymond High School, 2607 Myrtle St., Oakland CA 94607

Dear Mr. Nakadegawa,

Since our last letter to you, dated May 20, 1997, the following documents have been received in this office:

- 1) letter report from ACC, dated 7/22/97, regarding results of temporary observation well sampling.

Results from the groundwater sample indicated 130,000 ppb TPH-diesel and low concentrations of BTEX. This office agrees with the conclusion that the TPH-diesel result may be skewed high due to silts present in the groundwater. Therefore, you are requested to resample the well after properly purging it, *using a 0.45 micron filter prior to collecting a water sample for TPH-diesel analysis. The BTEX samples should be collected without the filter, since they are run via purge and trap methods.* Based on these sample results, a decision will be made regarding the oxygen releasing compound.

If you have any questions, please contact me at 510-567-6700, ext 6761.

Sincerely,

Jennifer Eberle
Hazardous Materials Specialist

cc: Dave Dement, ACC Environmental, 7977 Capwell Dr., Suite 100, Oakland CA 94621
J. Eberle/file

je.4027-A

rev'd 1-24-97 H. Co.

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 1 <u>M</u> 2 <u>M</u> 2 <u>D</u> 4 <u>D</u> 9 <u>Y</u> 6 <u>Y</u>		CASE # 2-397		SIGNED: <u>Eberle</u> DATE:		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Eileen Eisenberg		PHONE (415) 512-1555		SIGNATURE <u>Eileen Eisenberg</u>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		<input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD		COMPANY OR AGENCY NAME Golden Gate Tank Removal	
	ADDRESS 255 Shipley Street, San Francisco, CA 94107					
RESPONSIBLE PARTY	NAME Oakland Unified School Dist.		CONTACT PERSON Tadash Nakadegawa		PHONE (510) 879-8385	
	ADDRESS 955 High / Street, Oakland, CA 94601					
SITE LOCATION	FACILITY NAME (IF APPLICABLE)		OPERATOR		PHONE ()	
	ADDRESS 2607 Myrtle Street, Oakland, CA 94601					
	CROSS STREET 26th Street					
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda Co. Health, Oak. Fire		AGENCY NAME		CONTACT PERSON Jennifer Eberle	
	REGIONAL BOARD				PHONE (510) 567-6700	
SUBSTANCES INVOLVED	(1) NAME Heating Oil		QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN			
	(2)		<input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 1 <u>M</u> 2 <u>M</u> 2 <u>D</u> 4 <u>D</u> 9 <u>Y</u> 6 <u>Y</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 checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1 <u>M</u> 2 <u>M</u> 2 <u>D</u> 4 <u>D</u> 9 <u>Y</u> 6 <u>Y</u>					
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 checked="" 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 checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input 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 checked="" type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)					
COMMENTS	diesel fuel floating in gw in pit during tank removal.					

INSTRUCTIONS

EMERGENCY

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

LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25150.9, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY

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

RESPONSIBLE PARTY

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

SITE LOCATION

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

IMPLEMENTING AGENCIES

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

SUBSTANCES INVOLVED

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

DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE

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

CASE TYPE

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

CURRENT STATUS

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

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

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

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

REMEDIAL ACTION

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

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

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

SIGNATURE - Sign the form in the space provided.

DISTRIBUTION

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

1. Original - Local Tank Permitting Agency
2. Regional Water Quality Control Board
3. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
4. Owner/responsible party.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

May 20, 1997
STID 4027
page 1 of 2

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

Tadashi Nakadegawa
Oakland Unified School District
955 High St.
Oakland CA 94601

RE: Underground Storage Tank (UST),
McClymond High School, 2607 Myrtle St., Oakland CA 94607

Dear Mr. Nakadegawa,

On 12/23/96, one 5,000-gallon Underground Storage Tank (UST) was removed from the above referenced site. The UST excavation was filled with water and floating product from the UST. This water and product was removed by vacuum truck on 12/20/96, 12/23/96, 12/24/96, and 12/27/96.

Three soil samples were collected from the excavation on 12/24/96. Two additional soil samples plus one water sample were collected from the excavation on 12/27/96; the floating product appeared to be absent on this date.

An Unauthorized Leak Report (ULR) was submitted to this office on 1/24/97. This ULR form was signed by Ellen Eisenberg of Golden Gate Tank Removal. A "Tank Closure Report," prepared by Golden Gate Tank Removal, dated 1/27/97, was received in this office on 4/16/97.

Results from the soils sampled in the excavation (sidewalls) indicated minimal impact to the soil. The maximum concentrations reported were 310 ppm Total Petroleum Hydrocarbons as Diesel (TPH-d) and 0.027 ppm xylenes, while benzene, toluene, and ethylbenzene were non-detectable (ND). Results from the groundwater sample indicated 4,000 ppb TPHd, 3 ppb benzene, 3 ppb toluene, 5 ppb ethylbenzene, and 25 ppb xylenes.

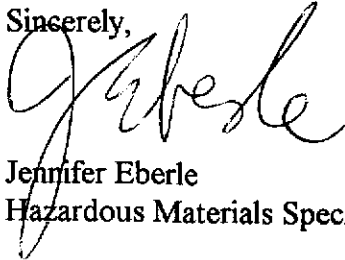
A total of 130 cubic yards of soil was offhauled from this site. A temporary observation well was installed in the backfill in the former UST excavation. To further assess the groundwater at this site, a groundwater sample should be collected from this well, and analyzed for TPH-d and BTEX. **You are requested to sample this well within 30 days, or by June 20, 1997. Please submit a letter report, detailing this work, within 60 days, or by July 20, 1997.**

If you have any questions, please contact me at 510-567-6700, ext 6761.

May 20, 1997
STID 4027
page 2 of 2
Tadashi Nakadegawa

All work should adhere to a) the Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, dated 8/10/90; and b) Article 11 of Title 23, California Code of Regulations. Reports and proposals must be submitted **under signature and seal** of a California-Registered Geologist, -Certified Engineering Geologist, or -Registered Civil Engineer.

Sincerely,



Jennifer Eberle
Hazardous Materials Specialist

cc: Dave Dement, ACC Environmental, 7977 Capwell Dr., Suite 100, Oakland CA 94621
John Carver, Golden Gate Tank Removal, 255 Shipley St., San Francisco CA 94107
J. Eberle/file

je.4027

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name McClymonds HS Today's Date 12/27/96
Site Address 2607 Myrtle St.
City Oak Zip 94607 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

water sample +
5 wall sample

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

9:53 onsite.

Comments:

They pumped 4500 gal of water from pit so far. Dave estimates they removed 200 gal diesel product from pit. Estimated size of stockpiles: Day 1 is ~60 yd³ + Day 2 is ~60 yd³. Randy said gw was at 5'9" this am before pumping, + is now at 7'3" bgs. No more floating product on gw. Took water sample: TPHd + BTX. We have preliminary results for soil samples. ND BTX on all 3 walls + 2 SP samples. Max pit wall was 310 ppm TPHd. Due to lack of BTX, overex of walls is not necessary. We still need to sample 5 wall. 10:35 Took 5 wall sample from west side at 6' (clay, HC odor, greenish) (S) 10:40 5 wall sample from middle at ~6' (clay, slight HC odor, slightly greenish) (SS). Pumped gw manifest # 96416 813 (going to Evergreen, 4500 gal). Pit is now ready to be backfilled. 10:45 Noted a dark brown sheen on edges of gw in pit. The SP from 12-26 has not yet been sampled. ACC wants to pit observation well in during backfilling.

11:10

Contact

ACC Environmental Dave Delt

Title

Senior Geologist

Signature

Dave Delt

Inspector

J. Eberle

Signature

J. Eberle

II, III

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 # _____ Site Name McClymonds HS Today's Date 12/24/96
Site Address 2706 Myrtle St.
City Oakland Zip 94607 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

Soil sampling

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

9:50 onsite

Comments:

Dave said they removed ~4000 gal water this am + ~4000 gal yesterday pm. He already took 2 soil samples, from N + W walls at ~7.5' bgs; Soil is silty clay. I saw them sample E wall at ~7' bgs. Pea gravel remains in pit. Strong HC odors.

10:10 offsite

Contact ACC Environmental
Title Dan DeMont
Signature Dan DeMont

Inspector _____
Signature [Signature]

II, III

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 # _____ Site Name M^cClaymonds HS Today's Date 12/23/96

Site Address 2607 Myrtle St.

City Oakland Zip 94607 Phone _____

page 1 of 2

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 of 5000 gal UST.

GGTR is writing TR report.

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

10:00 onsite. Dave Dement

Comments:

said they removed ~4500 gal. fm UST on 12/20, + ~1/3 was product. Left pit open over weekend, when we had alot of rain. Pit is now full of product + presumably water, but is being vacuumed by American Valley. UST is 7' diam x 16' long; ~5000 gal. Dave said UST rinsate had flash pt. of 160°; so it may contain solvents or gasoline. Rinsate was rejected at Erickson; it may have to go to L.A. We will analyze samples for TPHg + HVOCs as well as TPHd + BTEX. There are 2 fill ports: one was on top of UST + one is remote (on 26th St.). It will have to be grouted. 11:00 still pumping gw + product. 11:25 I was informed that Erickson was mistaken on the rinsate flash pt. Therefore, we will analyze samples for TPHd + BTEX only. 11:30 finished removing water + product. (4500 gal manifest # 96590424 to Evergreen). 11:55 offsite for lunch.

Contact John Carver
Title Engineer
Signature [Signature]

Inspector _____
Signature [Signature]

II, III

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 # _____ Site Name McClmonds HS Today's Date 12/23/96

Site Address 2607 Myrtle St.

City Oak Zip 94607 Phone _____

page 2 of 2

____ 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

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

10:45 onsite again.

Comments: they the UST (fiberglass) broke into pieces & is being removed in pieces onto Dexanna truck under manifest # 95996534 1:30 Steve Ng of Oakland Unified School District onsite. Pit still has gw w/ product at ~3.5' bgs. They plan to pump it out again this pm. It may require 2 more loads of trucks. UST appeared to have holes, as noted during pumpout.

2:15 left site

Contact John Carver

Title ENGINEER

Signature [Signature]

Inspector Jennifer Eberle II, III

Signature [Signature]

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

FILE COPY

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/retreat 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 ensure compliance with State and local laws. The project proposed herein is now subject for issuance of any required building permits or construction/reconstruction.

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

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

- Removal of Tank(s) and Spill
- 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: Amy Leech
(510) 567-6755

Plans are approved. You are required to adhere to this plan, including comments indicated in red ink.

A. Leech 12/11/96

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

1. Name of Business McLYMONDS HIGH SCHOOL
Business Owner or Contact Person (PRINT) TADASHI NAKADEGAWA
2. Site Address 2607 MYRTLE STREET
City OAKLAND Zip 94621 Phone 510/879-8385
OAKLAND UNIFIED SCHOOL DISTRICT.
3. Mailing Address 955 HIGH ST.
City OAKLAND Zip 94601 Phone 50/879-8385
4. Property Owner OAKLAND UNIFIED SCHOOL DISTRICT
Business Name (if applicable) _____
Address SAME AS # 3
City, State _____ Zip _____
5. Generator name under which tank will be manifested
OAKLAND UNIFIED SCHOOL DISTRICT

EPA ID# under which tank will be manifested CA 6001223536

*Issued 11/25/96
exp 2/25/97*

6. Contractor GOLDEN GATE TANK REMOVAL
Address 255 SHIREY STREET fax 415-512-0964
City SAN FRANCISCO Phone 415/512-1555
License Type* "A" *wrong #* MID# ~~1666512~~ 1616521
License Expired

*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) SAME AS # 6 *Correct*
Address _____ *# - see*
City, State _____ Phone _____ *license attached*

8. Main Contact Person for Investigation (if applicable)
Name JOHN CARVER Title _____
Company GOLDEN GATE TANK REMOVAL
Phone 415/512-1555

9. Number of underground tanks being closed with this plan ONE
Length of piping being removed under this plan N/A
Total number of underground tanks at this facility (**confirmed with owner or operator) ONE

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, INC EPA I.D. No. CAD 009 466 392
Hauler License No. 0019 License Exp. Date _____
Address 255 PARR BLVD
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 IOA EPA I.D. No. _____

Hauler License No. _____ License Exp. Date _____

Address _____

City _____ State _____ Zip _____

d) Tank and Piping Disposal Site

Name SAME AS IOA EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

11. Sample Collector

Name JOHN CARYER

Company GOLDEN GATE TANK REMOVAL

Address 255 SHIPLEY STREET

City SAN FRANCISCO State CA Zip 94107 Phone 415/512-1555

12. Laboratory

Name MOBILE ONE LABORATORIES, INC.

Address 816 CHURCH STREET

City SAN FRANCISCO State CA Zip 94114

State Certification No. 1194

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

If yes, describe. _____

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

DRY-ICE, 20 POUNDS PER 1,000 GALLON UST

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 <i>Minimum 2 samples - one at each end of UST</i>
Capacity	Use History include date last used (estimated)		
4,000	HEATING OIL	TPH-D, BTEX Soil Groundwater, if present.	2' BENEATH THE ^{native soil} TANK & FROM THE STOCKPILE → within native soil Sample at soil/water interface if ^{ground} water is present.

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

Excavated/Stockpiled Soil

Stockpiled Soil Volume (estimated)	Sampling Plan
<p>ESTIMATED 40 YDS. <i>discrete</i> 1 sample per 20 cy for on-site reuse 1 composite sample per 50 cy for off-site disposal</p>	<p>X SAMPLES WILL BE TAKEN 2' BENEATH THE TANK * SAMPLES TO BE COLLECTED IN A BRASS TUBE * SAMPLES WILL BE TRANSPORTED TO AN ANALYTICAL LABORATORY OR MOBIL LAB.</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 [] 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
<p>TAH-D: _____ BTEX: _____</p>	<p>→ 3550 → 8020 or 8240</p>	<p>8020 OR 8240</p>	<p>1 PPM .005 ppm</p>

18. Submit Worker's Compensation Certificate copy

Name of Insurer CAL - INSURANCE

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

20. Enclose Deposit (See Instructions)

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

The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.

22. Submit a closure report to this office within 60 days of the tank removal. The report must contain all information listed in item 23 of the instructions.

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business GOLDEN GATE TANK REMOVAL

Name of Individual LISA M. RUBEL

Signature [Signature] Date 11.25.96

PROPERTY OWNER OR MUST BE THE TANK OPERATOR (Circle one)

Name of Business OAKLAND UNIFIED SCHOOL DISTRICT

Name of Individual TADASHI NAKAGAWA

Signature [Signature] Date 12/2/96

rev 6/5/95

Amy Leach

Post-It® Fax Note	7671	Date	12/3	# of pages	1
To	<u>BARNETT CHAN</u>	From	<u>LISA RUBEL</u>		
Co./Dept.		Co.	<u>GGTR</u>		
Phone #		Phone #	<u>415 512-1555</u>		
Fax #	<u>510 337-9335</u>	Fax #			

18. Submit Worker's Compensation Certificate copy

Name of Insurer CAL-INSURANCE

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

20. Enclose Deposit (See Instructions).

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

The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.

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

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

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

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

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

CONTRACTOR INFORMATION

Name of Business GOLDEN GATE TANK REMOVAL

Name of Individual LISA M. RUBEL

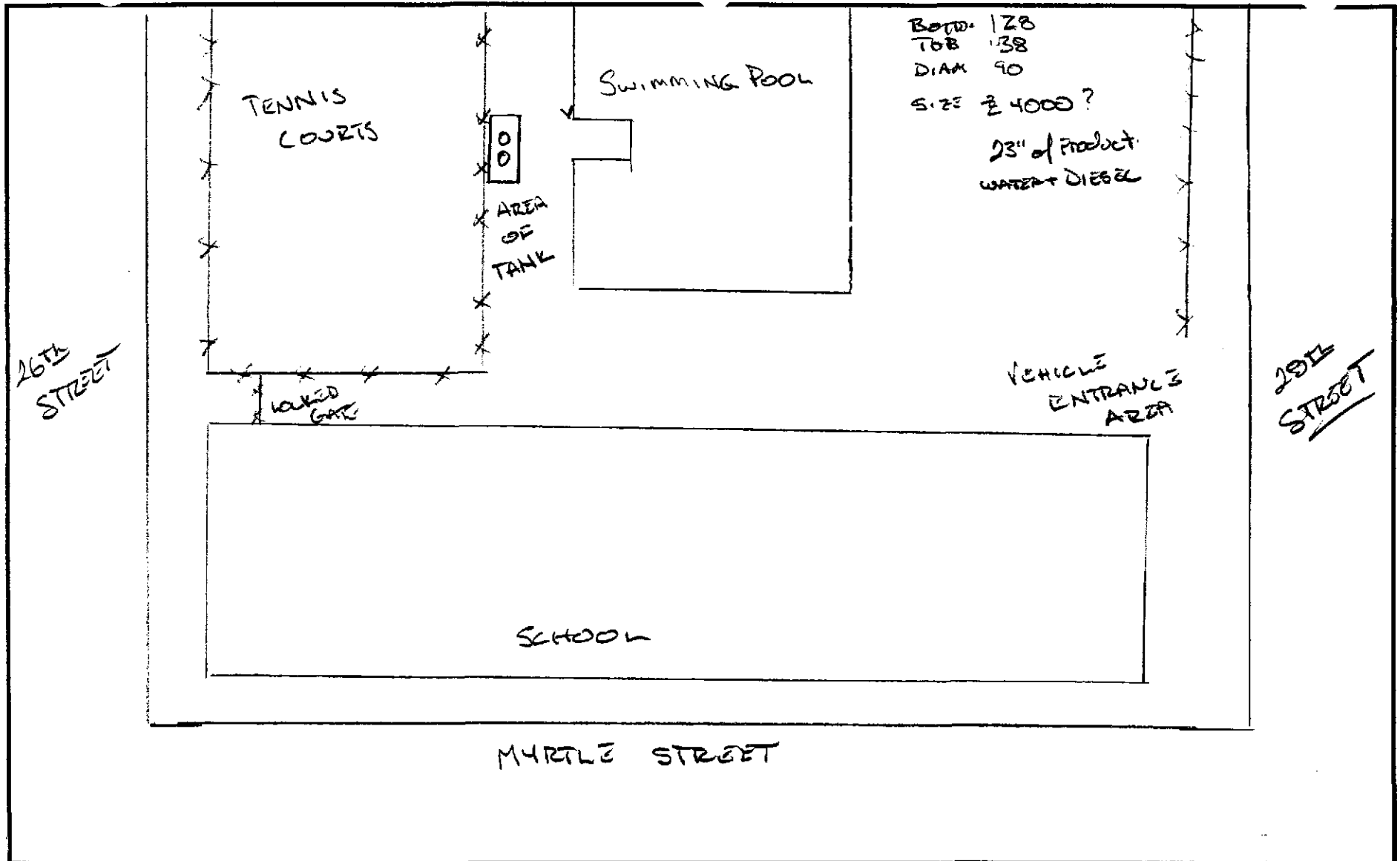
Signature Lisa M. Rubel Date 11.15.96

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business _____

Name of Individual see previous pg

Signature _____ Date _____



GOLDEN GATE TANK REMOVAL

255 Shipley Street
 San Francisco, CA 94107
 ph. 415/512-1555
 fx. 415/512-0964

ACC ENVIRONMENTAL
 McCLYMONDS H.S.
 2609 MYRTLE ST.
 OAKLAND CA

Project Number:

Drawn By:

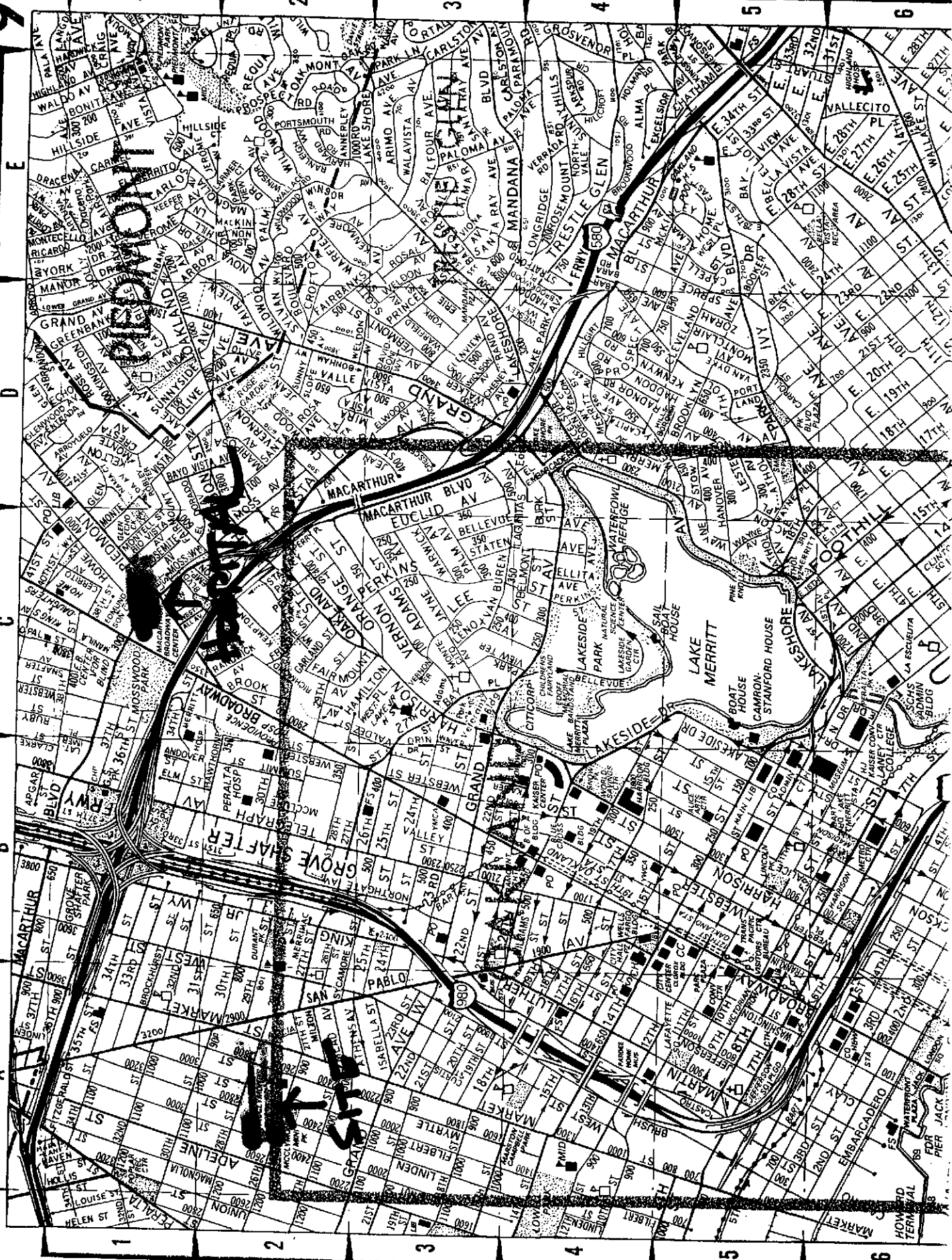
6

10-21-96

Figure Number:

1

Not to Scale



SITE HAZARD INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE

Owners Name: Oakland Unified School District
Site Address: 2607 Myrtle St.
Oakland, Ca 94621
Directions to Site: Cross Street is: 26th St.

Consultant On Site: Golden Gate Tank Removal Phone number: 415/512-1555
Site Safety Officer: Tim Hallen Phone Number: 415/512-1555
Type of Facility: High School Mobile Number: 415/559-1366
Site Activities: Drilling construction Tank Excavation Soil Excavation
 Work In Traffic Area Groundwater Extraction Vapor Extraction Above Ground Remediation
 Other: _____

Hazardous Substances

Name (CAS#)	Expected Concentration	Health Affects
<u>Heating Oil</u>	<u>Minimal</u>	<u>Headache/Nausea</u>
_____	_____	_____
_____	_____	_____

Physical Hazards

Noise Excavations/Trenches
 Traffic Other: _____
 Underground Hazards _____
 Overhead Lines _____
Potential Explosions and Fire hazards: _____

Level of Protection Equipment

A B C D See Personal Protective Equipment

Personal Protective Equipment

R = Required A = As Needed

<u>R</u> Hard Hat	<u>A</u> Safety Eye wear (Type) _____
<u>A</u> Safety Boots	<u>A</u> Respirator (Type) <u>1/2 Face</u>
<u>R</u> Orange Vest	<u>A</u> Filter (Type) <u>Carbon</u>
<u>A</u> Hearing Protection	<u>A</u> Gloves (Type) <u>Leather</u>
_____ Tyvek Coveralls	_____ Other _____

SITE HAZARD INFORMATION

Monitoring Equipment On Site

- Organic Vapor Analyzer
- Oxygen Meter
- H2S Meter
- Air Sampling Pump
- Combustible Gas Meter
- Other _____

Site Control Measures Normal Pedestrian, Orange Cones, Traffic Signs

Decontamination Procedures Warm Water Soap

Hospital/Clinic Kaiser Phone 510/596 1000

Hospital Address 280 W. McArthur Blvd. Oakland

Paramedic 911 Fire Dept. 911 Police Dept. 911

Emergency/Contingency Plans & Procedures See Safety Procedures

Site Hazard Information Provided By: Lisa M. Rubel Phone: 415/512-1555

Signature: Lisa Rubel Date: 11.26.96

1.0 PURPOSE

This operating procedure establishes minimum procedures for protecting personnel against the hazardous properties during the performance of the removal of an underground storage tank and related activities. All employees and subcontractors of Golden Gate Tank Removal shall follow this plan. This plan is developed to work with the California Occupational Safety and Health Code to quickly prepare and issue a site safety plan for the removal of an underground storage tank and the related activities.

2.0 APPLICABILITY

This procedure is applicable to the removal of underground storage tanks and the related activities. Listed below are some of, but not limited to, the activities and substances that may be encountered during the project.

Activities:

The work to be performed will include the excavation of potentially contaminated soil in order to exposed the underground storage tank; the stock piling of soil; the removal and manifested disposal of the tank; the recovery of soil samples from the excavation and stockpiled soil; and the backfill and resurfacing of the excavation.

Substances:

- Diesel Fuel Oil (Home Heating Oil)
- Lead and Unleaded Gasoline
- Diesel Fuel
- Motor Oil (used and unused)

3.0 RESPONSIBILITY AND AUTHORITY

Personnel responsible for project safety are the business unit's Health and Safety Officer (HSO), the Project Manager (PM), and the Site Safety Officer (SSO).

The HSO is responsible for reviewing and approving the site safety plan and advising both the PM and SSO on health and safety matters. The HSO has the authority to audit compliance with the provisions of the site safety plan, suspend work or modify work practices for safety reasons, and to dismiss from the site any individual whose conduct on-site endangers the health and safety of themselves and/or others.

The PM is responsible for having the site safety plan prepared and distributed to all field personnel and to an authorized representative of each firm contracted to assist with the on-site work.

The SSO is responsible for assisting the PM with on-site implementation of site safety plan. The SSO may suspend work anytime he/she determines that the provisions of the site safety plan are inadequate to ensure worker safety and inform the PM and HSO of individuals whose on-site behavior jeopardizes their health and safety or the health and safety of others.

4.0 HAZARD EVALUATION/CRITERIA

Chemical

The general types of chemical hazards associated with this project are exposure to various chemical substances, including but not limited to, petroleum hydrocarbon liquids and vapors, caustic and acidic mists, liquids and solids.

Exposure to elevated levels of hydrocarbon vapors presents potential health risks that need to be properly controlled. Work practices and methods will be monitored to limit exposures. Where elevated exposures persist, respiratory protection will be the primary control method to protect personnel from inhalation of hydrocarbon vapors.

Physical

The general types of physical hazards associated with this project are:

- Mechanical hazards: swinging objects, machinery, etc.,
- Physical lifting, shoveling, climbing(ladder), etc.,
- Electrical hazards: buried cables and overhead power lines,
- Thermal hazards: heat stress, and heat exhaustion
- Acoustical hazards: excessive noise created by machinery.

Flammability

The general types of flammable hazards associated with this project are fire hazards: natural gas and product lines, flammable petroleum hydrocarbons, and motor driven equipment.

Petroleum distillate fuels passes two intrinsic hazardous properties, namely, flammability and toxicity. The flammable property of the oil and fuels presents a far greater hazard to field personnel than toxicity because it is difficult to protect against and can result in catastrophic consequences. Being Flammable, the vapors of volatile components of crude oil and the fuels can be explosive when confined.

The probability of fire and explosion can be minimized by eliminating any one of the three factors needed to produce combustion. Two of the factors, ignition source and vapor concentration, can be controlled in many cases. Ignition can be controlled by prohibiting open fires and smoking on-site, installing spark arrestors on engines and turning off engines when lcl is approached. Vapor concentrations in the head space can be reduced by introducing dry ice (solid carbon dioxide) in the tank; the carbon dioxide gas will displace the combustible vapors.

5.0 HEALTH AND SAFETY DIRECTIVES

5.1 Site-Specific Safety Briefing

Before field work begins, all field personnel, including subcontractor employees, must be briefed on their work assignments and safety procedures contained in this document.

5.2 Personal Protective Equipment

Each field team member shall have on-site, before the commencement of work, the following personal protective equipment:

- NIOSH-approved full or half face respirator with organic vapor cartridges (cartridges will be supplied pending the work criteria).
- Hard-hat and safety vest
- Leather work boots, steel toed boots are strongly suggested
- Leather work gloves
- Ear protection, earphone type or ear plugs
- Eye protection, safety glasses and splash proof goggles

5.3 Equipment Usage

Hard-hats and safety vests must be worn at all times when on the job site.

Safety goggles must be worn when working within 10 feet of any operating heavy equipment (e.g., jackhammer, backhoe). Splash-proof goggles or face shields must be worn whenever product quantities of fuel are encountered.

Respirators must be worn whenever total airborne hydrocarbons levels in the breathing zone of field personnel reach or exceed a 15-minute average of 25 ppm. If total airborne hydrocarbons in the breathing zone exceed 100 ppm, work must be suspended, personnel directed to move a safe distance from the source, and the HSO or designee consulted.

Chemical-resistant safety boots must be worn during the performance of work where surface soil is obviously contaminated.

5.4 Monitoring

Personal exposure to ambient airborne hazards will be monitored to assure that personnel exposures do not exceed acceptable limits and that appropriate selection of protective equipment items is made. If concentrations approach criteria levels, all personnel will be notified of possible site safety changes. Audits will be conducted by the Safety Officer to insure compliance with the Safety Plan and to provide additional support as required.

5.5 Area Control

Access to hazardous and potential hazardous work sites must be controlled to reduce the probability of occurrence of physical injury and chemical exposure of field personnel, visitors and the public. A hazardous or potential hazardous area includes area where a tank removal or related activity is being performed and/or field personnel are required to wear respirators.

The boundaries of hazardous and potentially hazardous areas must be identified by cordons, barricades, and/or emergency traffic cones or posts, depending on conditions. If such areas are left unattended, signs warning of the danger and forbidding entry must be placed around the perimeter if the areas are accessible to the public. Trenches and other large holes must be guarded with wooded or metal barricades spaced no further than 20 feet apart and connected with yellow caution tape. The barricades must be placed no less than two feet from the edge of the excavation or hole.

Entry to hazardous areas shall be limited to individuals who must work in those areas. Unofficial visitors must not be permitted to enter hazardous areas while work in those areas is in progress.

Official visitors should be discouraged from entering hazardous areas, but may be allowed to enter only if they agree to abide by the safety officer and are informed of the potential dangers that could be encountered in the areas.

5.6 Decontamination

Field decontamination of personnel and equipment is not required except when contamination is obvious (visual or by odor). Recommended decontamination procedures follow:

Personnel

Gasoline, heating oil, diesel and oil should be removed from skin using a mild detergent and water. Hot water is more effective than cold. Liquid dishwashing detergent is more effective than hand soap. If weathered to an asphaltic condition, mechanic's waterless hand cleaner is recommended for initial cleaning followed by detergent and water.

Equipment

Gloves, respirators, hard-hats, boots and goggles should be cleaned as described under personnel; however, if boots do not become clean after washing with detergent and water, they should be cleaned with a strong solution of trisodium phosphate and hot water. If this fails, clean with diesel oil followed by detergent and water to remove diesel oil.

Sampling equipment, augers, vehicles undercarriages, and tires should be steamed cleaned. The steam cleaner is a convenient source of hot water for personnel and protective equipment cleaning.

6.0 SAFETY AND HEALTH TRAINING

Each individual on the job site should have been (or is preparing to[?]) attend the 40 hr. Hazardous Materials Handling Course as required by the California Occupational Safety and Health Association. In addition, the HSO conducts bi-weekly health and safety meetings.

Each morning before field work begins, all field personnel, including subcontractor employees, must attend the site-specific safety briefing at their work site to receive assignments and safety procedures.

7.0 RECORD KEEPING REQUIREMENT

The following record keeping requirements will be maintained in the program file indefinitely. The particular organization responsible for these records are also listed.

- Copy of this Health and Safety Plan - Golden Gate Tank Removal.
- Health and Safety Training Certification Form for Site Safety Officer -- Golden Gate Tank Removal.
- Any accident/illness report forms -- All Parties.
- Personal sampling results -- Golden Gate Tank Removal.
- Documentation of employees medical ability to perform work and wear respirators -- All parties.

Prepared By:

Lisa Rubel
Golden Gate Tank Removal

State of California Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code
and the Rules and Regulations of the Contractors State License Board,
the Registrar of Contractors does hereby issue this license to:

GOLDEN GATE TANK REMOVAL



to engage in the business or act in the capacity of a contractor
in the following classification(s):

A - GENERAL ENGINEERING CONTRACTOR
HAZ - HAZARDOUS SUBSTANCES REMOVAL
C-8 - CONCRETE



Witness my hand and seal this day,

April 12, 1995

Issued March 26, 1991

CERTIFIED COPY

Paul D. Johnson
Registrar of Contractors

616521

License Number

Signature of Licensee

Signature of License Qualifier

This license is the property of the Registrar of Contractors, is not
transferrable, and shall be returned to the Registrar upon demand
when suspended, revoked, or invalidated for any reason. It becomes
void if not renewed.

Current & Active



I acknowledge that I have read, understand and will comply with all the rules and regulations sited on the Golden Gate Tank Removal Site Safety Plan.

Print Name	Signature	Date
ASCENSION HORA	<i>Ascension Hora</i>	12-9-96
RANDY McManus	<i>Randy McManus</i>	12-9-96
BARRY WALLACE	<i>Barry Wallace</i>	12-10-96
_____	_____	_____
_____	_____	_____

Post-It® Fax Note	7671	Date	12/12	# of pages ▶	1
To	Amy LEECH		From	LISA RUBEL	
Co./Dept.	Alameda Health.		Co.	WATR	
Phone #			Phone #		
Fax #			Fax #		

THANK YOU!!

SafetyPro 1 (800) 305 7700



This to certify that
Randy McLaughlin
 has successfully completed
 all requirements for
HAZWOPER 8-HR REFRESHER
 29 CFR 1910.120, Title 8, 5192
 on this day 3, October, 1996
 at San Francisco, CA.
Michael Dean
 (Authorized Signature)

ATTN: ARMY LEECH -
FROM: LISA RUIZEL, 66TR

SafetyPro

1 (800) 305 7700



This to certify that
ARMY LEECH
has successfully completed
all requirements for
HAZWOPER 8-HR REFRESHER
29 CFR 1910.120, Title 8, 5192
on this day 3, October, 1996
at San Francisco, CA.
Michael Bore
(Authorized Signature)

SafetyPro 1 (800) 305 7700



This to certify that
[Signature]
has successfully completed
all requirements for
HAZWOPER 8-HR REFRESHER
29 CFR 1910.120, Title 8, 5192
on this day 3 October, 1996
at San Francisco, CA.
Michael Bass
(Authorized Signature)

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) **12/09/96**

PRODUCER
CAL Insurance & Associates
2311 Taraval street
San Francisco CA 94116

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.

SCOTT NEW BUSINESS
Phone No. **415-661-6500** Fax No. **415-661-2254**

COMPANIES AFFORDING COVERAGE	
COMPANY A	Golden Eagle Insurance Company
COMPANY B	
COMPANY C	
COMPANY D	

INSURED
GOLDEN GATE TANK REMOVAL
255 SHIPLEY STREET
SAN FRANCISCO CA 94107

COVERAGES

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"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/PROP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ COMBINED SINGLE LIMIT \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Post-It® Fax Note 7871 To: LISA From: SUSAN HALL Subject: GOLDEN GATE TANK Phone #: 415-661-6500 Fax #: 512-0964	Date: 12/10/96 # of pages: 1		BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER:	NWC417707-00	10/05/96	10/05/97	<input checked="" type="checkbox"/> WC STATUTORY LIMITS EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VOC/VEHICLES/SPECIAL ITEMS
***NOTE: 10 DAY CANCELLATION MAY BE ISSUED FOR NONPAYMENT OF PREMIUM.**

CERTIFICATE HOLDERS	CITY & CO	CANCELLATION
CITY & COUNTY OF ALAMEDA ALAMEDA COUNTY ENVIRONMENTAL HEALTH SERVICES 1131 HARBOR BAY PARKWAY ALAMEDA CA 94502-6577		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>[Signature]</i>

**ALAMEDA COUNTY ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION DIVISION
1131 Harbor Bay Parkway, Suite 250
Alameda CA 94502-6577**

Telephone: (510) 567-6700 Fax (510)337-9335

FAX TRANSMITTAL

DATE: December 6, 1996
TO: ATTN: LISA RUBEL, Golden Gate Tank Removal
FAX#: 415-512-0964
FROM: Amy Leech (510)567-6755
SUBJECT: Underground Tank Closure Plans for McClymonds High School, 2607 Myrtle St., Oakland CA 94621 (submittal date: December 2, 1996)

Total number of pages including this page: 1

Please submit the following additional information for review in regard to the subject tank closure plan:

- Copy of Golden Gate Tank Removal's Contractor's License ✓ *solid*
- Copy of Certificate of Worker's Compensation Insurance ✓
- Copies of 40 hour and/or 8 hour refresher training certificates for OSHA Health and Safety Training for all field personnel assigned to this project.
- Designate length of pipe, if any, associated the tank. ✓
- Copy of page 6 of closure plan that includes the owner/operator's signature. ✓
- A working and calibrated Combustible Gas Indicator w/an Oxygen meter is required for use during this project.
- Health and Safety Plan must include a page for employees/workers to sign acknowledging they have read and will comply with the Health and Safety Plan.

Please call me at (510)567-6755 if you have questions.

Sincerely,



Amy Leech



ENVIRONMENTAL
PROTECTION
96 NOV 32 AM 10:47

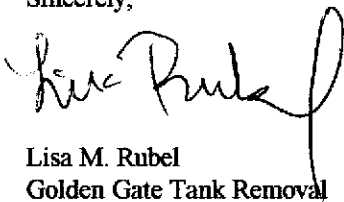
Alameda County Health Care Services Agency
Department of Environmental Health
1131 Harbor Bay Parkway, Rm. 250
Alameda, CA 94502-6577

November 27, 1996

To Whom it May Concern:

Enclosed is an application and a check for the removal of one underground storage tank located at 2607 Myrtle Street in Oakland. We would like to begin the work the week of December 9th, 1996. The owner of the property is signing the last page of the application and faxing it to me. I will then fax it to the appropriate inspector within your department. I would also appreciate it if you can please send me a receipt for the check. Please feel free to contact me with any questions, or if you need any other information pertaining to this project.

Sincerely,



Lisa M. Rubel
Golden Gate Tank Removal

12/27

OAKLAND SCHOOL DISTRICT



Jennifer FYI

DIVISION OF FACILITIES PLANNING
AND MANAGEMENT
955 High Street
Oakland, California 94601
(510) 836-8302
Fax (510) 836-8393

October 18, 1996

Mr. Kevin Tinsley
Hazardous Materials Specialist
Underground Tank Program
Alameda County
Environmental Protection Services
1131 Harbor Bay Parkway, Room 250
Alameda CA 94502-6577

STID #4027

SUBJECT: ONE UNDERGROUND STORAGE TANK LOCATED AT McCLYMONDS HIGH
SCHOOL, 2607 MYRTLE STREET, OAKLAND, CA 94607

Dear Mr. Tinsley:

We are in receipt of your letter dated September 27, 1996 regarding the above subject UST. We have obtained permission to contract with an environmental consultant and tank removal contractor to prepare a closure plan, tank removal and site mitigation, if necessary. We are scheduled to receive proposals from tank removal contractors and environmental consultants by Wednesday October 23, 1996 and intend to make a selection by Friday October 25, 1996. Work will then proceed as soon as bonds and insurance have been properly submitted and accepted by the District.

We hope that this schedule is satisfactory. Your understanding of our lengthy budget approval process and fiscal restraints will be appreciated. If you have any questions or require additional information, please contact Terrell Miller at 836-8385 (after 10/28/96 call 879-8385).

Yours truly,

A handwritten signature in black ink, appearing to read "Robert Dias", written over the typed name.

Robert Dias
Assistant Superintendent
Facilities Planning and Management

RD:TN

cc: Carole Quan, Deputy Superintendent
Terrell Miller, Director of Architecture
Steve Somsen, Director Risk Management
File

UST10176.LTR