

ENVIRONMENTAL
PROTECTION
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GOLDEN GATE TANK REMOVAL

TANK CLOSURE REPORT

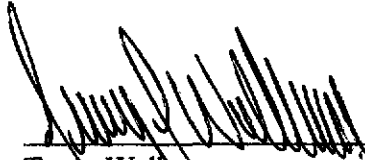
McClymonds High School
2607 Myrtle Street
Oakland, California
Job No. 7284
~~January~~ 27, 1997

prepared for

Oakland School District
c/o Mr. Tadashi Nakadegawa
Facilities Management
955 High Street
Oakland, California 94601




John Carver
Civil Engineer 23772


Tracy Wallace
Principal

GOLDEN GATE TANK REMOVAL
255 Shipley Street San Francisco, CA 94107
Phone(415) 512-1555 Fax. (415) 512-0964

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COVER SHEET

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1. SITE LOCATION

McClymonds High School occupies the whole Oakland city block bounded by 26th Street on the south, 28th Street on the north, Myrtle Street on the east and Chestnut Street on the west. The official address of the school is 2607 Myrtle Street. Figure 1 of Appendix A shows the general site vicinity. The actual location of the tank, nearby streets and school facilities are shown on the Figure 2 of Appendix A. Photographs of the project are shown on the Figure 3 of Appendix A.

2. SITE HISTORY

One underground heating oil tank was located under asphalt paving as shown on Figure 2. The tank had been used as part of the swimming pool heating system. The tank was found to be a 4,000 gallon single wall fiberglass tank measuring about 7.5 feet in diameter by 11.5 feet long. The age of the tank is unknown. The tank was not in use at the time of removal. No records of the tank use were available during the preparation of this report.

3. TANK REMOVAL

Golden Gate Tank Removal applied for and obtained permits from the City of Oakland Fire Prevention Bureau and the Alameda County Health Care Services Agency. Copies of these permits as well as copies of the State of California Underground Storage Tank Permit Application Forms A and B are included in Appendix B. All site work was performed in accordance with applicable regulations.

In December, 1996, Golden Gate Tank Removal mobilized its equipment and began work on the project. The overlying asphalt was removed and disposed of at a local recycler. The overburden soil covering the top of the tank and a portion of the sides was removed and placed in a covered stockpile on the pavement within the confines of the site. On December 20, 1996 Erickson Inc. was contracted to remove 4,100 gallons of residual product from the tank. The liquid material was transported to a licensed Treatment, Storage and Disposal Facility (TSDF) under uniform hazardous waste manifest number 96416810. A copy of the manifest is included in Appendix C. ✓

On December 23, 1996, the day of the scheduled removal, the tank excavation was ~~observed to have nearly filled with water~~ and free floating diesel product. Apparently as the excavation filled with run-off water or a rising groundwater table, the tank tried to float but because of the confining gravel, ruptured. ~~American Valley Environmental was contacted and during the morning of the 23rd,~~ 4,200 gallons of residual product and water

was removed from the tank excavation. The liquid material was transported to a licensed Treatment, Storage and Disposal Facility (TSDF) under uniform hazardous waste manifest number 96590424. A copy of the manifest is included in Appendix C. After this pumping event, water remained in the excavation at a depth of about 6 feet below the adjacent grade.

Although there was water and floating product remaining in the excavation, permission was given by Ms. Jennifer Eberle of the Alameda County Department of Public Health and by Inspector Gomez of the Oakland Fire Services Agency to remove the tank from the excavation. Because the tank had ruptured, the fiberglass continued to tear into pieces during the removal. All pieces that could be recovered were removed from the excavation.

The pieces of the tank were loaded onto a trailer licensed to haul hazardous waste. The tank pieces were then transported to a licensed TSDF under uniform hazardous waste manifest number 95996534. A copy of the manifest and an acknowledgment of a Bill of Lading is included in Appendix C. A copy of the Tank Disposal Certificate is included in Appendix B.

4. TANK AND SOIL CONDITION

During the product removal procedures, flow into the tank was observed and is indicative of a hole in the tank. The top of the tank was four feet deep, and the bottom of the tank was measured to be 11.5 feet below the adjacent pavement surface. The pavement over the tank was composed of about 4 inches of asphalt over 4 to 6 inches of aggregate base rock. The tank backfill surrounding the tank was pea gravel. The natural soil observed beyond the limits of the pea gravel was a gray and brown sandy clay to clayey sand. There were noticeable odors and staining in the excavation after the tank was removed. The pea gravel and adjacent natural soil were stained and had a definite petroleum odor. Because of the holes in the tank, the staining and odors noted during the removal and the positive analytical results, an Underground Storage Tank Unauthorized Release (Leak) / Contamination Site Report was required. A copy of the completed report is attached in Appendix B. There was much water encountered during the tank removal. Between the December 20, 1996 and December 23, 1996 pumping episodes, about 4 inches of free product accumulated on the water in the excavation. There were several episodes of pumping water and product, both before the actual removal and subsequent to the removal. Much of the water may have been related to run-off during the very heavy rains of late December 1996. However, it did appear that there was a stabilization of the water level at about 7 feet below the adjacent pavement surface. This may be considered to be the groundwater during the winter months.

Because of the level of the water in the excavation, it was decided that soil sampling would be postponed a day to allow for the lowering of the water in the excavation.

5. WATER REMOVAL AND TANK REMOVAL SAMPLING

On December 24, 1996 Erickson Inc. was contracted to remove 4,000 gallons (one full tank truck load) of floating free product and water from the excavation. The free product was sucked off the surface of the water and then the water was pumped from the excavation. The liquid was transported to a licensed Treatment, Storage and Disposal Facility (TSDF) under uniform hazardous waste manifest number 964168111. A copy of the manifest is included in Appendix C.

After the liquid removal of December 24, 1996 and at the direction of Jennifer Eberle representing the Alameda Department of Environmental Health, one soil sample was extracted from the north, east and west sidewalls of the excavation at the approximate level of the water in the excavation (between 7 and 9 feet below the adjacent pavement surface). These three samples were labeled 7284-N (north sidewall), 7284-E (east sidewall) and 7284-W (west sidewall). Two four point composite soil samples were collected from the stockpiles which had been segregated during the overburden soil removal and were numbered 7284-SP1 and 7284-SP2. Each stockpile contained about 20 cubic yards of soil. The sample locations are shown on the attached Figure 2. All samples were transported to an Envirochem Analytical, Inc. laboratory under formal chain-of-custody protocol for the required analyses.

~7.5'
bags

6. TANK REMOVAL SAMPLE RESULTS

All five soil samples were analyzed for Total Petroleum Hydrocarbons as Diesel (TPH-D), and Benzene, Toluene, Ethylbenzene and Xylene (BTEX). The following Table 1 summarizes the TPH- D and BTEX analytical results for the December 24, 1996 soil samples. "ND" indicates Non-Detectable results. The results are also tabulated on the attached Soil/Groundwater Sampling Data Form in appendix D. Copies of the laboratory reports are included in Appendix D.

TABLE 1
TANK REMOVAL SAMPLE RESULTS
(all results are in parts per million - ppm)

SAMPLE I.D.	TPH-D	BTEX
7284-SP1 (stockpile)	230 ✓	ND/ND/ND/ND
7284-SP2 (stockpile)	1,900 ✓	ND/ND/ND/ND
7284-N (excavation sidewall at 9')	250 ✓	ND/ND/ND/ND ✓
7284-E (excavation sidewall at 7')	310 ✓	ND/ND/ND/ND ✓
7284- X West (excavation sidewall at 7')	34 ✓	ND/ND/ND/ND ✓

7. DISCUSSION

Because of the groundwater, free product, and contaminated soil situation, Ms. Eberle required and recommended the following work :

1. Remove the liquid in the excavation and dispose of it,
2. Excavate contaminated soil remaining in the tank removal excavation to the extent feasible,
3. Sample the south sidewall of the excavation if possible,
4. Allow the groundwater in the excavation to recharge. Then obtain and analyze one groundwater sample,
5. Dispose of the stockpiled overburden soil and any additionally excavated soil,
6. Grout both ends of the remote fill piping,
7. Backfill the excavation with import soil
8. Restore the excavation to match the adjacent surface.

8. ADDITIONAL WORK

There was a combination of removing product and liquid from the excavation, then excavation of soil from the bottom of the excavation to below the water. The soil at the bottom of the excavation could not be dewatered. By a combination of pumping and excavation below the water level, approximately 100 cubic yards of soil was removed from the excavation. This material was stockpiled on site, enveloped in plastic sheeting. On December 27, 1996, Erickson Inc. was contracted to remove 4,500 gallons of product and water from the excavation. The liquid material was transported to a licensed Treatment,

Storage and Disposal Facility (TSDF) under uniform hazardous waste manifest number 96416813. A copy of the manifest is included in Appendix C.

The water was allowed to recharge and on December 27, 1996 additional sampling was carried out. Two soil samples (7284-S and 7284-S2) were taken from the south excavation sidewall at a depth of about 6 feet below ground surface. The water level was at about 7 feet below the ground surface at the time of sampling. The locations of the soil samples are shown on Figure 2 of Appendix A.

One groundwater sample (7284-GW) was taken from the water in the excavation using a laboratory cleaned amber one liter bottle. Two VOA vials were filled from the water in the liter bottle and the liter bottle was refilled from the excavation.

The two soil samples and one groundwater sample were analyzed for Total Petroleum Hydrocarbons as Diesel (TPH-D), and Benzene, Toluene, Ethylbenzene and Xylene (BTEX). The following Table 2 summarizes the TPH-D and BTEX analytical results for the December 27, 1996 soil and water samples. "ND" indicates Non-Detectable results. The results are also tabulated on the attached Soil/Groundwater Sampling Data Form in appendix D. Copies of the laboratory reports are included in Appendix D.

TABLE 2
ADDITIONAL WORK SAMPLE RESULTS
(all results are in parts per million - ppm)

middle of well

SAMPLE I.D.	TPH-D	BTEX
7284-S (excavation sidewall at 6')	170 ✓	ND/ND/ND/0.027 ✓
7284-S2 (excavation sidewall at 6')	150 ✓	ND/ND/ND/ND ✓
7284-GW (groundwater)	0.004 ✓ 4 ppm <i>or 4,000 ppb</i>	ND/ND/ND/0.025 3/3/5/25 ppb

The situation was discussed with Jennifer Eberle. She gave permission to backfill the excavation and grout both ends of the remote fill line. There was further discussion about the condition of the groundwater and it was decided to install a temporary observation well before and during the backfilling of the excavation. On January 2, 1997, a 4 inch diameter slotted PVC casing was installed to about 10 feet. After the casing was placed, gravel was dumped around it as a filter pack. The upper 5 feet of slot were blocked with duct tape and filling continued at a later date. The top of the temporary well was cut and a monitoring well waterproof cover was installed.

Because of continuing rains, no backfilling was carried out until January 15, 1997. On January 15, 1997, Erickson Inc. was contracted to remove 5,000 gallons of floating product and water which had accumulated in the excavation since January 2, 1997. The liquid material was transported to a licensed Treatment, Storage and Disposal Facility

(TSDF) under uniform hazardous waste manifest number 96416825. A copy of the manifest is included in Appendix C. After the water was removed, fill was imported and placed into the excavation. At this time, both ends of the remote fill were grouted closed using concrete.

Filling continued and the surface was restored to its original condition by January 24, 1997.

On January 16 and 17, 1997, the stockpiled overburden and over-excavated soil was loaded onto seven trucks and was transported to the Forward Class II facility in Manteca, California under non-hazardous waste manifest procedure. Copies of the manifests numbered 62220, 62219, 62218, 32196, 32195, 32128, and 62353 are attached in Appendix C.

ED

quantity?

9. DISCUSSION AND RECOMMENDATION

There was evidence of holes in the tank that were discovered during the removal process. The water which accumulated in the excavation had floating product on the surface during the several pumping episodes. Soil samples taken from the sidewalls near the surface of the water showed positive TPH-D results. The stockpiled overburden soil had TPH-D results, and one stockpile had a TPH-D level of 1,900 ppm. Because of these conditions, an Underground Storage Tank Unauthorized Release (Leak) / Contamination Site Report was required.

Additional work was carried to remove contaminated soil, free product and groundwater. About 90 cubic yards of contaminated soil was removed from the excavation after the tank was removed. A total of seven loads (approximately 130 cubic yards) of contaminated over-excavation soil and contaminated overburden soil was disposed of at the Forward Inc. class II facility. Both ends of the remote fill piping were sealed using concrete grout.

OK
18x7

During five pumping episodes, 21,800 gallons of free product and groundwater was removed from the tank and the excavation. All of the liquid was disposed of at a TSDF under Uniform Hazardous Waste Manifest procedures.

The groundwater sample had positive level of TPH-D of 4 parts per billion and Benzene of 3 parts per billion. A temporary observation well has been installed at the site and can be used to collect additional information regarding the groundwater.

million

The need for any further work will be decided by the Alameda County Department of Public Health and the Regional Water Quality Control Board, the regulatory agencies that have jurisdiction over leaking underground fuel tanks.

APPENDIX A

VICINITY MAP, SITE PLAN, PHOTOGRAPHS



GOLDEN GATE TANK REMOVAL

255 Shipley Street
San Francisco, California 94107
Telephone (415) 512 1555 Fax (415) 512 0964

VICINITY MAP

2607 Myrtle Street
Oakland, California

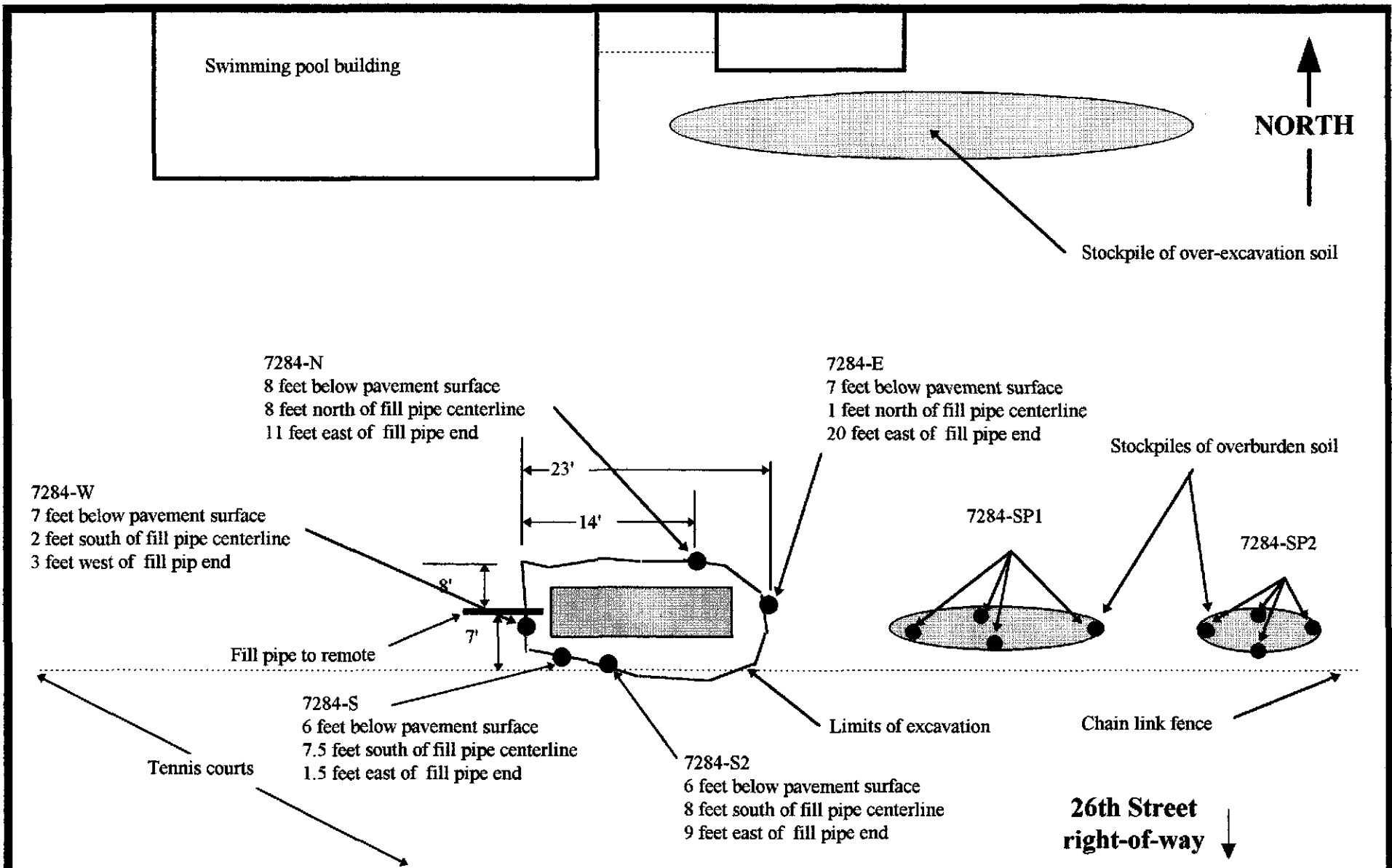
Project 7284

By: jnc

Not to scale

January, 1997

Figure 1



GOLDEN GATE TANK REMOVAL

255 Shipley Street
 San Francisco, California 94107
 Telephone (415) 512 1555 Fax (415) 512 0964

SITE PLAN

2607 Myrtle Street
 Oakland, California

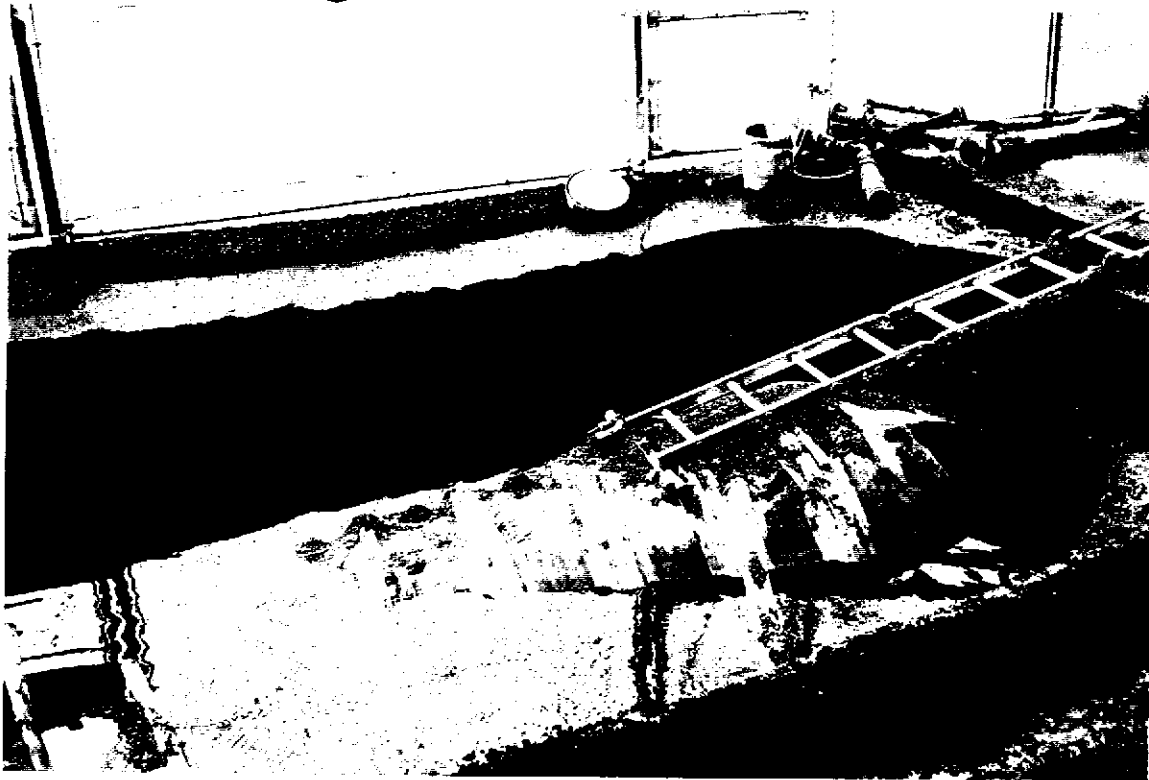
Project Number 7284

By: jnc

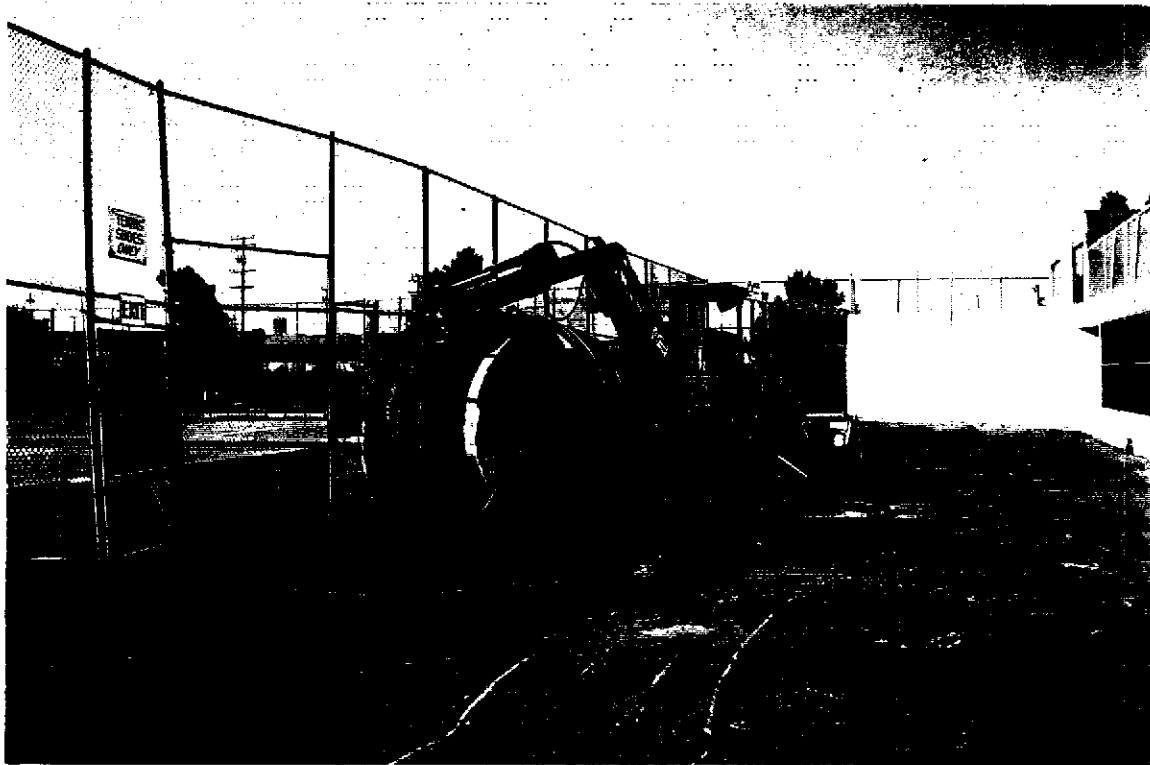
Not to scale

January, 1997

Figure 2



Tank in excavation after being exposed and after heavy rains floated it and tore the fiberglass



Tank pieces being removed from excavation

GOLDEN GATE TANK REMOVAL

255 Shipley Street
San Francisco, California 94107
Telephone (415) 512 1555 Fax (415) 512 0964

PHOTOGRAPHS

McClymonds High School
2607 Myrtle Street
Oakland, California

Project 7284

By: inc

Not to scale

January, 1997

Figure 3a



Tank pieces being loaded on trailer for disposal



Excavation secured after tank removal

GOLDEN GATE TANK REMOVAL

255 Shipley Street
 San Francisco, California 94107
 Telephone (415) 512 1555 Fax (415) 512 0964

PHOTOGRAPHS

McClymonds High School
 2607 Myrtle Street
 Oakland, California

Project 7284

By: inc

Not to scale

January, 1997

Figure 3b

January 27, 1997
McClymonds High School

Tank Removal Report
Job 7284

APPENDIX B

**PERMIT COPIES,
CERTIFICATE OF TANK DISPOSAL
LEAK REPORT**

Golden Gate Tank Removal / San Francisco, CA

City Of Oakland

FIRE PREVENTION BUREAU

421 - 14th Street, Oakland California
94612
510-238-3851



*Permit To Excavate And Install, Repair,
Or Remove Inflammable Liquid Tanks*

Oakland, California December 12, 1996

Tank Permit Number: 104-96

Permission Is Hereby Granted To:

Remove a fuel oil

Tank And Excavate Commencing:

Feet Inside: property

Line.

On The:

Site Address: 2607 Myrtle St.

Present Storage:

Owner: Oakland Unified School District

Address: 2607 Myrtle St.

Phone: 879-8385

Applicant: Golden Gate Tank Removal

Address: 255 Shipley St., San Francisco, 94107

Phone: (415)512-1555

Dimensions Of Street (sidewalk) Surface To Be Disturbed : X **No. Of Tanks** 1 **Capacity** 4000 **Gallons, Each**

Remarks

**This Permit Is Granted In Accordance With Existing City Ordinances.
Owner Hereby Agrees To Remove Tanks On Discontinuance Of Use Or When Notified By The City Authorities
When Installing, Removing Or Repairing Tanks, No Open Flame To Be On Or Near Premises.**

CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

Approved: _____
Fire Marshal

Inspected And Passed On: _____

By: _____

Inspection Fee Paid: \$ 150.00

Received By: S. Smith ck#6009 Rec#750025

NOTICE

*Before Covering Tanks, Above Certification Must Be Signed
When Ready For Inspection Notify Fire Prevention Bureau 238-3851*

THIS PERMIT MUST BE LEFT ON THE WORK SITE AS AUTHORITY THEREFORE

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

Project Specialist

ACCEPTED

Underground Storage Tank Closure Permit Application
Alameda County Division of Hazardous Materials
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

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

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

Any changes or alterations of these plans and specifications must be submitted to this Department and to the File 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 following required inspections:

- ✓ Removal of Tank(s) and Piping
- ✓ Sampling
- ✓ Final Inspection

Issuance of a) permit to operate, b) permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Contact Specialist:

Amy Leech

(510)567-6755

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 McCLYMONDS 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 CAE001222526

6. Contractor GOLI GATE TANK REMOVA
Address 255 SHREY STREET
City SAN FRANCISCO Phone 415/512-1555
License Type* "A" ID# ~~616512~~ #616521

*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
Address _____
City, State _____ Phone _____

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 CARVER

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 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
Capacity	Use History include date last used (estimated)		
4,000	HEATING OIL	TPA-D, BTE & X Soil Groundwater	2' BENEATH THE TANK & FROM THE STOCKPILE → minimum of 2 samples, one (1) at each end of UST. w/in 2 feet of natural soil. If groundwater is present, sample soil at soil/water interface. → If 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)

ESTIMATED 40 YDS.

- 1 discrete sample per 20 c.y. for on-site reuse.
- 1 composite sample per 50 c.y. for off-site disposal.

Sampling Plan

- ~~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.

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
TAH-D; BTEX	3550 → 8020 or 8240	8020 OR 8240	1 PPM 1005 PPM

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



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

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME McCLYMONDS HIGH SCHOOL		NAME OF OPERATOR		
ADDRESS 2607 MYRTLE STREET		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME OAKLAND		STATE CA	ZIP CODE 94621	SITE PHONE # WITH AREA CODE
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input checked="" type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____				
TYPE OF BUSINESS		IF INDIAN RESERVATION OR TRUST LANDS		# OF TANKS AT SITE
<input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/>		ONE
E. P. A. I. D. # (optional)				

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) HALEN, TIM		PHONE # WITH AREA CODE 415 512-1555		DAYS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	
NIGHTS: NAME (LAST, FIRST) HALEN TIM		PHONE # WITH AREA CODE 415 559-1366		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME OAKLAND UNIFIED SCHOOL DISTRICT		CARE OF ADDRESS INFORMATION 90 TADASHI NAKADEGAWA		
MAILING OR STREET ADDRESS 955 HIGH ST.		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME OAKLAND		STATE CA	ZIP CODE 94601	PHONE # WITH AREA CODE 510/879-8385

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER SAME AS #2		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME		STATE	ZIP CODE	PHONE # WITH AREA CODE

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

TY (TK) HQ **44** - [] [] [] [] [] [] [] []

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

<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

VI. LEGAL NOTIFICATION AND BILLING ADDRESS Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I. II. III.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

OWNER'S NAME (PRINTED & SIGNED) USA RMBEL	OWNER'S TITLE AS BEHALF OF OWNER	DATE MONTH/DAY/YEAR 11/26/96
---	--	--

LOCAL AGENCY USE ONLY

COUNTY # [] []	JURISDICTION # [] [] []	FACILITY # [] [] [] [] [] []
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

**THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS**

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: 2607 MYRTLE STREET

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. #	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>4000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.	
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input checked="" type="checkbox"/> 4 OIL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 3 CHEMICAL PRODUCT <input type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 2 LEADED <input checked="" type="checkbox"/> 5 JET FUEL <input checked="" 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 checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP <input type="checkbox"/> 9 BRONZE <input type="checkbox"/> 10 GALVANIZED STEEL <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 5 GLASS LINING <input type="checkbox"/> 6 UNLINED <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___	
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 2 COATING <input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 5 CATHODIC PROTECTION <input type="checkbox"/> 91 NONE <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	
E. SPILL AND OVERFILL 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 type="checkbox"/> 2 LINE TIGHTNESS TESTING <input type="checkbox"/> 3 INTERSTITIAL MONITORING <input checked="" type="checkbox"/> 99 OTHER <u>UNKNOWN</u>	

V. TANK LEAK DETECTION	
<input type="checkbox"/> 1 VISUAL CHECK <input 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 type="checkbox"/> 6 TANK TESTING <input type="checkbox"/> 7 INTERSTITIAL MONITORING <input checked="" type="checkbox"/> 91 NONE <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNKNOWN</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>UNKNOWN</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>LISA M. RUBEL</u> <i>Lisa Rubel</i>	DATE <u>11.26.96</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW			
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #
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

18. Submit Worker's Compensation Certificate copy

Name of Insurer CAL-INSURANCE

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

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 B 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 BATE TANK REMOVAL

Name of Individual LISA M. RUBEL

Signature Lisa M. Rubel Date 11/25/96

PROPERTY OWNER OR NEXT BEST TANK OPERATOR (Circle one)

Name of Business OAKLAND UNIFIED SCHOOL DISTRICT

Name of Individual TADASHI NAKANEKAWA

Signature Tadashi Nakane 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 #			

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 13175

CUSTOMER
GOLDEN GATE TA
JOB NO.
869806

FOR: ERICKSON, INC. TANK NO. 19445

LOCATION: RICHMOND DATE: 96/12/31 TIME: 13:44

TEST METHOD VISUAL GASTECH/1914 SMEN LAST PRODUCT D

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 5000 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1%
ERICKSON, INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY.
ERICKSON, INC. HAS THE APPROPRIATE PERMITS FOR, AND HAS ACCEPTED THE TANK
DELIVERED TO US FOR PROCESSING.

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration than permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

[Signature]
 REPRESENTATIVE

TITLE

[Signature]
 INSPECTOR

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 #		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Eileen Eisenberg		PHONE (415) 512-1555	SIGNATURE 		
	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. UNKNOWN		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 AGENCY NAME Alameda Co. Health, Oak. Fire		CONTACT PERSON Jennifer Eberle	PHONE (510) 567-6700		
	REGIONAL BOARD			PHONE ()		
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"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <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			
	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 checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CS) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT) <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	_____					

APPENDIX C

UNIFORM HAZARDOUS WASTE MANIFEST COPIES
NON-HAZARDOUS WASTE MANIFEST COPIES

969806

06416810
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550
 GENERATOR
 FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA C 0 0 1 2 2 2 5 3 6		Manifest Document No. 1 6 8 1 1 0		2. Page 1 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address OAKLAND UNIFIED SCHOOL DIST C/O TADASHI NAKADEGAWA 955 HIGH ST OAKLAND CA 94601											
4. Generator's Phone (510) 879-8385											
5. Transporter 1 Company Name Erickson Inc.		6. US EPA ID Number C A D 0 0 9 4 6 6 3 9 2									
7. Transporter 2 Company Name		8. US EPA ID Number									
9. Designated Facility Name and Site Address Evergreen Oil Co. 6880 Smith Avenue Newark, CA 94560		10. US EPA ID Number C A D 9 8 0 8 8 7 4 1 8									
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers								13. Total Quantity	
a. NON-RCRA Hazardous Waste Liquids Used Oil		No.		Type		Quantity		Wt/Vol			
		0		1		4100		G			
15. Special Handling Instructions and Additional Information 24 Hour Contact Golden Gate Tank + Removal 415-512-1555 SITE: 2607 MYRTLE ST OAKLAND CA											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name Randy McManus Co owner		Signature Randy McManus		Month 12		Day 20		Year 96			
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Robert Haney		Signature Robert Haney		Month 12		Day 20		Year 96	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month		Day		Year	
19. Discrepancy Indication Space											
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name		Signature		Month		Day		Year			

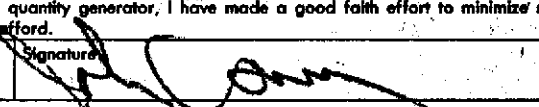
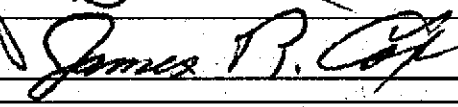
DO NOT WRITE BELOW THIS LINE.

96590424
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address		CAC00122253690414			
4. Generator's Phone		McClintock's High School 2607 Myrtle St. Oakland CA 94607			
5. Transporter 1 Company Name		6. US EPA ID Number			
7. Transporter 2 Company Name		8. US EPA ID Number			
9. Designated Facility Name and Site Address		10. US EPA ID Number			
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Val
a.		No.	Type		
NON-RCRA HAZARDOUS WASTE LIQUID		001	TT 04/200 G		
b.					
c.					
d.					
15. Special Handling Instructions and Additional Information					
Gloves Emergency phone 800-732-1145 B. Lemos					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.					
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name		Signature		Month	Day Year
Randy McManus 40 owner		Randy McManus		12	23 96
Printed/Typed Name		Signature		Month	Day Year
Tim Liggett		Tim Liggett		12	23 96
Printed/Typed Name		Signature		Month	Day Year
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month	Day Year

DO NOT WRITE BELOW THIS LINE.

95996534 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAC09122253600026		Manifest Document No. 00026		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address Oakland Unified School Dist 955 High Street - Oakland, Calif.		4. Generator's Phone 510 879-8385		510 879-8385		510 879-8385					
5. Transporter 1 Company Name Dexanna		6. US EPA ID Number CAD982438566									
7. Transporter 2 Company Name		8. US EPA ID Number									
9. Designated Facility Name and Site Address BRICKSON, INC. 255 Parr Blvd. Richmond, CA. 94801		10. US EPA ID Number CAD009466392									
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) NON-RCRA Hazardous Waste Solid Waste Empty Storage Tank.		12. Containers No. Type 0 0 1 T P		13. Total Quantity 0.250 P		14. Unit Wt/Vol					
b.											
c.											
d.											
15. Special Handling Instructions and Additional Information Keep away from sources of ignition. Always wear hardhats when working around U.G.S.T.'s 24 Hr. Contact Name Tedashi Nakadomawa (510) 879-8385 Site Location: 2607 Mertle Street - Oakland, California (McClymonds High School)											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name John Carver		Signature 				Month 1 2		Day 2 3		Year 9 6	
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name James R. Cox		Signature 				Month 1 2		Day 2 3		Year 9 6	
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name		Signature				Month		Day		Year	
19. Discrepancy Indication Space											
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name		Signature				Month		Day		Year	

DO NOT WRITE BELOW THIS LINE.

This Memorandum is intended solely for filing or record.
McClymonds High School
 2607 Mertle Street

Shipper's No. **Job#969806**
 Agent's No. **1026**

Carrier

RECEIVED, subject to the classifications and tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading,
 at **Oakland, California 12-23** 19 **96** from **Erickson, Inc. (Golden Gate Tank Removal)**

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or route, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination, it is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to **Erickson, Inc.** (Mail or street address of consignee—For purposes of notification only.)
255 Parr Blvd.
 Destination **Richmond,** State of **Calif.** Zip Code **94801** County of **Contra Costa**
 Routing **Dexanna** Delivering Carrier **Dexanna** Vehicle or Car Initial **2** No. **T-1**

Collect On Delivery and remit to: C. O. D. charge to be paid by Shipper Consignee

No. Packages	Description of Articles, Special Marks, and Exceptions	Weight (Sub. to Cor.)	Class or Rate	Check Column
1	Basic Empty Storage Tank NON-HAZARDOUS WASTE SOLID Handwritten: 19406536 Tank # 19405 10:00 to 13:30 3/5 lbs	1250 lbs		

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statements:
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
 (Signature of Consignor.)
 If charges are to be prepaid, write or stamp here, "TO BE PREPAID."
 Received \$ _____ to apply to prepayment of the charges on the property described hereon.
 Agent or Cashier
 Per _____ (the signature here acknowledges only the amount Prepaid.)
 Charges Advanced:
 \$ _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
 The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____
Golden Gate Tank Removal Shipper, Per **Dexanna** Agent, Per **[Signature]**
 Permanent post-office address of shipper, _____

(This Bill of Lading is to be signed by the shipper and agent of the carrier issuing same.)

06416814
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550
 GENERATOR FACILITY

1. UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID-No. CAC00122253616811		Manifest Document No. 1/1		2. Page 1 1 of 1		Information in the shaded areas is not required by Federal law. 4									
3. Generator's Name and Mailing Address OAKLAND UNIFORMS SCHOOL DIST C/O TADASHI NKADECANA 955 HIGH ST OAKLAND CA 94601																	
4. Generator's Phone (510) 879-8385																	
5. Transporter 1 Company Name Erickson Inc.					6. US EPA ID Number CAD009466392												
7. Transporter 2 Company Name																	
8. US EPA ID Number																	
9. Designated Facility Name and Site Address Evergreen Oil Co. 6880 Smith Avenue Newark, CA 94560					10. US EPA ID Number CAD980887418												
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total		14. Unit							
						No.		Type		Quantity		Wt/Vol					
a. NON-RCRA Hazardous Waste Liquids																	
Used Oil WATER Mixture						001		TT		04000 G							
b.																	
c.																	
d.																	
15. Special Handling Instructions and Additional Information 24 Hour Contact McJymonds High School Golden Gate TANK Removal - Ph: 415-512-1555																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name John Carver				Signature <i>John Carver</i>				Month 1/2		Day 24		Year 96					
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name Robert HANEY				Signature <i>Robert Haney</i>				Month 1/2		Day 24		Year 96	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature				Month		Day		Year	
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.																	
Printed/Typed Name				Signature				Month		Day		Year					

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

86416813

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAC00122253616813		Manifest Document No. 1 of 1		2. Page 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address OAKLAND UNIFIED SCHOOL DISTRICT 40 TADASHI NAKADEGAWA 955 HIGG ST OAKLAND CA 94601													
4. Generator's Phone (510) 879-8385													
5. Transporter 1 Company Name Erickson Inc.										6. US EPA ID Number CAD009466392			
7. Transporter 2 Company Name										8. US EPA ID Number			
9. Designated Facility Name and Site Address Evergreen Oil Co. 6880 Smith Avenue Newark, CA 94560		10. US EPA ID Number CAD980887418											
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) a. NON-RCRA Hazardous Waste Liquids Used Oil				12. Containers		13. Total Quantity		14. Unit					
				No.		Type		Quantity		Wt/Vol			
				001		TT		04500G					
				b.									
				c.									
d.													
15. Special Handling Instructions and Additional Information 24 Hour Contact GOLDEN GATE TANK Removal 415-512-1555													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Randy McManus owner				Signature <i>Randy McManus</i>				Month 1		Day 22		Year 1996	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Steve Fleming				Signature <i>Steve Fleming</i>				Month 1		Day 22		Year 1996	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month		Day		Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name				Signature				Month		Day		Year	

DO NOT WRITE BELOW THIS LINE.

86416825

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

GENERATOR

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAL001222536		Manifest Document No. 16825		2. Page 1 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address OAKLAND UNIFIED SCHOOL DIST c/o TADASHI NAKA DEGAWA. 455 HIGH ST OAKLAND CA 94601											
4. Generator's Phone (510) 879-0385											
5. Transporter 1 Company Name Erickson Inc.		6. US EPA ID Number CAD009466392									
7. Transporter 2 Company Name		8. US EPA ID Number									
9. Designated Facility Name and Site Address Evergreen Oil Co. 6880 Smith Avenue Newark, CA 94560		10. US EPA ID Number CAD980887418									
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) a. NON-RCRA Hazardous Waste Liquids Used Oil				12. Containers		13. Total Quantity		14. Unit Wt/Vol			
				No.		Type					
				001		TT		05900		G	
15. Special Handling Instructions and Additional Information 24 Hour Contact Golden Gate Tank Removal Phone: 415-512-1555											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name RANDY McMANUS owner				Signature Randy McManus				Month Day Year 01 15 98			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Robert Haney				Signature Robert Haney				Month Day Year 01 15 98			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name RANDY McMANUS owner				Signature Randy McManus				Month Day Year			
19. Discrepancy Indication Space											
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Month Day Year											

DO NOT WRITE BELOW THIS LINE.



FORWARD INCORPORATED

NON-HAZARDOUS WASTE MANIFEST WASTE TREATMENT AND DISPOSAL FACILITY

JOB ACCEPTANCE NO. [REDACTED]

TO BE COMPLETED BY THE GENERATOR

TRANSPORTER
HAULER MUST COMPLETE

FACILITY REQUIREMENTS

GENERATOR

NAME: OAKLAND UNIFIED SCHOOL DISTRICT

ADDRESS: 955 HIGH STREET

CITY, STATE, ZIP: OAKLAND, CA. 94601

PHONE: 510-879-8385

CONTACT PERSON: JOHN CARVER

SIGNATURE OF AUTHORIZED AGENT / TITLE: * Randy McMonis

DATE: 1-16-97

REQUIRED PERSONAL PROTECTIVE EQUIPMENT:

GLOVES GOGGLES RESPIRATOR HARD HAT

TY-VEK OTHER

SPECIAL HANDLING PROCEDURES:

quantity?

WASTE TYPE:

TREATMENT SOIL SLUDGE

DISPOSAL SOIL NON-FRIABLE ASBESTOS

CONSTRUCTION SOIL WOOD

OTHER ASH

RECEIVING FACILITY:

FORWARD INC. LANDFILL

9999 SOUTH AUSTIN ROAD

MANTECA, CALIFORNIA 95336

(209) 982-4298 PHONE

(209) 982-1009 FAX

GENERATING FACILITY:

2607 MYRTLE STREET

OAKLAND, CA. 94621

NAME: F. A. POLI TRUCKING

ADDRESS: 235 ROCKWOOD

CITY, STATE, ZIP: So. SAN FRANCISCO, CA.

PHONE: 415-589-7529

SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * [Signature]

DATE: 1-16-97

NOTES: 9K43560
14B604

TRUCK NUMBER: 101

END DUMP: **BOTTOM DUMP:** **TRANSFER:**

ROLL-OFF(S): **FLAT-BED:** **VAN:** **DRUMS:**

FORWARD INC. LANDFILL

Forward shall have no obligation to accept the waste if weather or other conditions impair the safe and effective disposal of the waste or if the waste impairs the safe and effective operation of the Landfill. Forward shall use reasonable efforts to promptly notify Disposer of its inability to accept the waste for any reason. If Forward's refusal to accept the waste is based on weather or other site conditions, Forward shall notify the Disposer when site conditions are expected to change such that Forward will be able to accept the waste.

REMARKS:

FACILITY TICKET NUMBER:

SIGNATURE OF AUTHORIZED AGENT: *

DATE:

DISPOSAL METHOD	(TO BE COMPLETED BY FORWARD)				
	DISPOSE	BIO	AERATE	STOCKPILE	OTHER
<input type="checkbox"/> SOIL					
<input type="checkbox"/> SLUDGE					
<input type="checkbox"/> NON-FRIABLE ASBESTOS					
<input type="checkbox"/> WOOD					
<input type="checkbox"/> ASH					
<input type="checkbox"/> OTHER					

SCHEDULING MUST BE MADE PRIOR TO 4:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. TO SCHEDULE CALL (209) 982-4298

MANIFEST # 62220



FORWARD INCORPORATED

NON-HAZARDOUS WASTE MANIFEST WASTE TREATMENT AND DISPOSAL FACILITY

JOB ACCEPTANCE NO. 518352 2

TO BE COMPLETED BY THE GENERATOR

GENERATOR
OAKLAND UNIFIED SCHOOL DISTRICT
MAILING ADDRESS
955 HIGH STREET
OAKLAND, CA, 94601
PHONE
510-879-8385
CONTACT PERSON
JOHN CARVER
SIGNATURE OF AUTHORIZED AGENT / TITLE **DATE**
** Randy W. M...* **1-16-97**

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
 GLOVES GOGGLES RESPIRATOR HARD HAT
 TY-VEK OTHER

SPECIAL HANDLING PROCEDURES:

WASTE TYPE

<input type="checkbox"/> TREATMENT SOIL	<input type="checkbox"/> SLUDGE
<input checked="" type="checkbox"/> DISPOSAL SOIL	<input type="checkbox"/> NON-FRIABLE ASBESTOS
<input type="checkbox"/> CONSTRUCTION SOIL	<input type="checkbox"/> WOOD
	<input type="checkbox"/> ASH
	<input type="checkbox"/> OTHER

RECEIVING FACILITY
FORWARD INC. LANDFILL
9999 SOUTH AUSTIN ROAD
MANTECA, CALIFORNIA 95336
(209) 982-4298 PHONE
(209) 982-1009 FAX

GENERATING FACILITY
2607 MYRTLE STREET
OAKLAND, CA, 94621

TRANSPORTER
HAULER MUST COMPLETE

NAME
F.A. POLI TRUCKING
ADDRESS
235 ROCKWOOD
CITY, STATE, ZIP
SO. SAN FRANCISCO, CA.
PHONE
415-589-7529
SIGNATURE OF AUTHORIZED AGENT OR DRIVER **DATE**
** [Signature]* **1-16-97**

NOTES:
TRUCK 9A08550
TRAILER 111V3905

TRUCK NUMBER
40

END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>	TRANSFER <input type="checkbox"/>
ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
	DRUMS <input type="checkbox"/>	

FACILITY REQUIREMENTS

FORWARD INC. LANDFILL

Forward shall have no obligation to accept the waste if weather or other conditions impair the safe and effective disposal of the waste or if the waste impairs the safe and effective operation of the Landfill. Forward shall use reasonable efforts to promptly notify Disposer of its inability to accept the waste for any reason. If Forward's refusal to accept the waste is based on weather or other site conditions, Forward shall notify the Disposer when site conditions are expected to change such that Forward will be able to accept the waste.

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT **DATE**
** [Signature]*

DISPOSAL METHOD:	(TO BE COMPLETED BY FORWARD)				
	DISPOSE	BIO	AERATE	STOCKPILE	OTHER
<input type="checkbox"/> SOIL					
<input type="checkbox"/> SLUDGE					
<input type="checkbox"/> NON-FRIABLE ASBESTOS					
<input type="checkbox"/> WOOD					
<input type="checkbox"/> ASH					
<input type="checkbox"/> OTHER					

SCHEDULING MUST BE MADE PRIOR TO 4:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. TO SCHEDULE CALL (209) 982-4298

MANIFEST # 62219



FORWARD INCORPORATED

NON-HAZARDOUS WASTE MANIFEST WASTE TREATMENT AND DISPOSAL FACILITY

JOB ACCEPTANCE NO. [REDACTED]

3

TO BE COMPLETED BY THE GENERATOR

TRANSPORTER
HAULER MUST COMPLETE

FACILITY REQUIREMENTS

GENERATOR
OAKLAND UNIFIED SCHOOL DISTRICT
955 HIGH STREET
OAKLAND, CA 94601
PHONE: 510-879-8385
CONTACT PERSON: JOHN CARVER
SIGNATURE OF AUTHORIZED AGENT / TITLE: *Randy McNamee **DATE: 1-16-97**

REQUIRED PERSONAL PROTECTIVE EQUIPMENT:
 GLOVES GOGGLES RESPIRATOR HARD HAT
 TY-VEK OTHER

SPECIAL HANDLING PROCEDURES:

WASTE RECEIVED:
 TREATMENT SOIL SLUDGE
 DISPOSAL SOIL NON-FRIABLE ASBESTOS
 CONSTRUCTION SOIL WOOD
 OTHER ASH

RECEIVING FACILITY:
FORWARD INC. LANDFILL
9999 SOUTH AUSTIN ROAD
MANTECA, CALIFORNIA 95336
(209) 982-4298 PHONE
(209) 982-1009 FAX

GENERATING FACILITY:
2607 MYRTLE STREET
OAKLAND, CA 94621

NAME: F.A. POLI TRUCKING
ADDRESS: 235 ROCKWOOD
CITY, STATE, ZIP: SO. SAN FRANCISCO, CA.
PHONE: 415 589 7529
SIGNATURE OF AUTHORIZED AGENT OR DRIVER: * **DATE: 1-16-97**

NOTES: _____
TRUCK NUMBER: _____

END DUMP **BOTTOM DUMP** **TRANSFER**
ROLL OFF(S) **FLAT-BED** **VAN** **DRUMS**

FORWARD INC. LANDFILL
 Forward shall have no obligation to accept the waste if weather or other conditions impair the safe and effective disposal of the waste or if the waste impairs the safe and effective operation of the Landfill. Forward shall use reasonable efforts to promptly notify Disposer of its inability to accept the waste for any reason. If Forward's refusal to accept the waste is based on weather or other site conditions, Forward shall notify the Disposer when site conditions are expected to change such that Forward will be able to accept the waste.
REMARKS: _____
FACILITY TICKET NUMBER: _____
SIGNATURE OF AUTHORIZED AGENT: * **DATE:** _____

DISPOSAL METHOD	(TO BE COMPLETED BY FORWARD)				
	DISPOSE	BIO	AERATE	STOCKPILE	OTHER
<input type="checkbox"/> SOIL					
<input type="checkbox"/> SLUDGE					
<input type="checkbox"/> NON-FRIABLE ASBESTOS					
<input type="checkbox"/> WOOD					
<input type="checkbox"/> ASH					
<input type="checkbox"/> OTHER					

SCHEDULING MUST BE MADE PRIOR TO 4:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. TO SCHEDULE CALL (209) 982-4298

MANIFEST # 62218

JOB ACCEPTANCE NO. [REDACTED]

TO BE COMPLETED BY THE GENERATOR

Oakland Unified School District
 9550 High Street
 Oakland, CA 94601
 510-879-8385
 John Carver
 SIGNATURE OF AUTHORIZED AGENT/TITLE: ** [Signature]* DATE: 1-16-97

TREATMENT SOIL
 DISPOSAL SOIL
 CONSTRUCTION SOIL
 SLUDGE
 NON-FRIABLE ASBESTOS
 WOOD
 ASH
 OTHER

GENERATING FACILITY:
 2607 Myrtle Street
 Oakland, CA 94621

GLOVES GOGGLES RESPIRATOR HARD HAT
 TY-VEK OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY:
FORWARD INC. LANDFILL
 9999 SOUTH AUSTIN ROAD
 MANTECA, CALIFORNIA 95336
 (209) 982-4298 PHONE
 (209) 982-1009 FAX

TRANSPORTER
HAULER MUST COMPLETE

NAME: **F.A. POL TRUCKING**
 ADDRESS: 235 Rockwood
 CITY: SO. SAN FRANCISCO
 PHONE: 415-589-7529
 SIGNATURE OF AUTHORIZED AGENT OR DRIVER: ** [Signature]* DATE: 1-16-97

NOTES: 9A2743 TRUCK NUMBER: 86

END DUMP BOTTOM DUMP TRANSFER
 ROLL-OFF(S) FLAT-BED VAN DRUMS

FACILITY REQUIREMENTS

FORWARD INC. LANDFILL

Forward shall have no obligation to accept the waste if weather or other conditions impair the safe and effective disposal of the waste or if the waste impairs the safe and effective operation of the Landfill. Forward shall use reasonable efforts to promptly notify Disposer of its inability to accept the waste for any reason. If Forward's refusal to accept the waste is based on weather or other site conditions, Forward shall notify the Disposer when site conditions are expected to change such that Forward will be able to accept the waste.

REMARKS:

FACILITY TICKET NUMBER:

SIGNATURE OF AUTHORIZED AGENT: ** [Signature]* DATE:

CUBIC YARDS:

DISPOSAL METHOD	(TO BE COMPLETED BY FORWARD)				
	DISPOSE	BIO	AERATE	STOCKPILE	OTHER
<input type="checkbox"/> SOIL					
<input type="checkbox"/> SLUDGE					
<input checked="" type="checkbox"/> NON-FRIABLE ASBESTOS					
<input type="checkbox"/> WOOD					
<input type="checkbox"/> ASH					
<input type="checkbox"/> OTHER					

SCHEDULING MUST BE MADE PRIOR TO 4:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. TO SCHEDULE CALL (209) 982-4298

MANIFEST # **32196**



NON-HAZARDOUS WASTE MANIFEST
WASTE TREATMENT AND DISPOSAL FACILITY

JOB ACCEPTANCE NO. [REDACTED]

TO BE COMPLETED BY THE GENERATOR

Oakland Unified School District
 955 High Street
 Oakland, CA 94601
 510-879-8385
 John Carver
 *Randy McNamee 1-16-97

REQUIRED PERSONAL PROTECTIVE EQUIPMENT
 GLOVES GOGGLES RESPIRATOR HARD HAT
 TY-VEK OTHER

SPECIAL HANDLING PROCEDURES:

WASTE TYPE
 TREATMENT SOIL SLUDGE
 DISPOSAL SOIL NON-FRIABLE ASBESTOS
 CONSTRUCTION SOIL WOOD
 ASH
 OTHER

RECEIVING FACILITY
FORWARD INC. LANDFILL
 9999 SOUTH AUSTIN ROAD
 MANTECA, CALIFORNIA 95336
 (209) 982-4298 PHONE
 (209) 982-1009 FAX

GENERATING FACILITY
 2607 Myrtle Street
 Oakland, CA 94621

TRANSPORTER
HAULER MUST COMPLETE

NAME: [REDACTED]
 ADDRESS: [REDACTED]
 CITY STATE ZIP: [REDACTED]
 PHONE: [REDACTED]
 SIGNATURE OF AUTHORIZED AGENT OR DRIVER: [REDACTED] DATE: 1-16-97

NOTES: TRUCK 9A28550 TRAILER 1L1V3805
 TRUCK NUMBER: 40

END DUMP BOTTOM DUMP TRANSFER
 ROLL-OFF(S) FLAT-BED VAN DRUMS

FACILITY REQUIREMENTS

FORWARD INC. LANDFILL
 Forward shall have no obligation to accept the waste if weather or other conditions impair the safe and effective disposal of the waste or if the waste impairs the safe and effective operation of the Landfill. Forward shall use reasonable efforts to promptly notify Disposer of its inability to accept the waste for any reason. If Forward's refusal to accept the waste is based on weather or other site conditions, Forward shall notify the Disposer when site conditions are expected to change such that Forward will be able to accept the waste.
 REMARKS:
 FACILITY TICKET NUMBER:
 SIGNATURE OF AUTHORIZED AGENT: [REDACTED] DATE:

DISPOSAL METHOD	(TO BE COMPLETED BY FORWARD)				
	DISPOSE	BIO	AERATE	STOCKPILE	OTHER
<input type="checkbox"/> SOIL					
<input type="checkbox"/> SLUDGE					
<input type="checkbox"/> NON-FRIABLE ASBESTOS					
<input type="checkbox"/> WOOD					
<input type="checkbox"/> ASH					
<input type="checkbox"/> OTHER					

SCHEDULING MUST BE MADE PRIOR TO 4:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. TO SCHEDULE CALL (209) 982-4298

MANIFEST # 32195

JOB ACCEPTANCE NO. [REDACTED]

6

TO BE COMPLETED BY THE GENERATOR

GENERATOR

Oakland Unified School District
 955 High Street
 Oakland, CA 94601
 510-879-8385
 John Carver
 SIGNATURE OF AUTHORIZED AGENT / TITLE: ** Randy A. Mears* DATE: 1-16-97

REQUIRED PERSONAL PROTECTIVE EQUIPMENT

GLOVES GOGGLES RESPIRATOR HARD HAT
 TY-VEK OTHER

SPECIAL HANDLING PROCEDURES:

WASTE TYPE

TREATMENT SOIL SLUDGE
 DISPOSAL SOIL NON-FRIABLE ASBESTOS
 CONSTRUCTION SOIL WOOD
 ASH
 OTHER

RECEIVING FACILITY

FORWARD INC. LANDFILL
 9999 SOUTH AUSTIN ROAD
 MANTECA, CALIFORNIA 95336
 (209) 982-4298 PHONE
 (209) 982-1009 FAX

GENERATING FACILITY

2607 Myrtle Street
 Oakland, CA 94621

TRANSPORTER
HAULER MUST COMPLETE

NAME: E.A. Poli TRUCKING
ADDRESS: 235 ROCKWOOD
CITY/STATE/ZIP: SO. SAN FRANCISCO, CA.
PHONE: 415-589-7529
 SIGNATURE OF AUTHORIZED AGENT OR DRIVER: ** J. P. [Signature]* DATE: 1-16-97

NOTES: 9043560
148604

TRUCK NUMBER: 101

END DUMP: **BOTTOM DUMP:** **TRANSFER:**
ROLL-OFF(S): **FLAT-BED:** **VAN:** **DRUMS:**

FACILITY REQUIREMENTS

FORWARD INC. LANDFILL

Forward shall have no obligation to accept the waste if weather or other conditions impair the safe and effective disposal of the waste or if the waste impairs the safe and effective operation of the Landfill. Forward shall use reasonable efforts to promptly notify Disposer of its inability to accept the waste for any reason. If Forward's refusal to accept the waste is based on weather or other site conditions, Forward shall notify the Disposer when site conditions are expected to change such that Forward will be able to accept the waste.

REMARKS:

FACILITY TICKET NUMBER:

SIGNATURE OF AUTHORIZED AGENT: ** [Signature]* DATE:

CUBIC YARDS:

DISPOSAL METHOD	(TO BE COMPLETED BY FORWARD)				
	DISPOSE	BIO	ABRATED	STOCKPILE	OTHER
<input type="checkbox"/> SOIL					
<input type="checkbox"/> SLUDGE					
<input type="checkbox"/> NON-FRIABLE ASBESTOS					
<input type="checkbox"/> WOOD					
<input type="checkbox"/> ASH					
<input type="checkbox"/> OTHER					

SCHEDULING MUST BE MADE PRIOR TO 4:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. TO SCHEDULE CALL (209) 982-4298

MANIFEST # **32128**



FORWARD INCORPORATED

NON-HAZARDOUS WASTE MANIFEST WASTE TREATMENT AND DISPOSAL FACILITY

JOB ACCEPTANCE NO. [REDACTED]

TO BE COMPLETED BY THE GENERATOR

GENERATOR
 OAKLAND Unified School District
MAILING ADDRESS
 955 HIGH Street
CITY, STATE, ZIP
 OAKLAND CA 94601
PHONE
 510 - 879 - 8385
CONTACT PERSON
 JOHN CARVER
SIGNATURE OF AUTHORIZED AGENT / TITLE **DATE**
 * Randy McManus 1-17-99

WASTE TYPE

<input type="checkbox"/> TREATMENT SOIL	<input type="checkbox"/> SLUDGE
<input checked="" type="checkbox"/> DISPOSAL SOIL	<input type="checkbox"/> NON-FRIABLE ASBESTOS
<input type="checkbox"/> CONSTRUCTION SOIL	<input type="checkbox"/> WOOD
	<input type="checkbox"/> ASH
	<input type="checkbox"/> OTHER

GENERATING FACILITY
 2607 MYRTLE ST.
 OAKLAND CA 94621

REQUIRED PERSONAL PROTECTIVE EQUIPMENT

GLOVES GOGGLES RESPIRATOR HARD HAT
 TY-VEK OTHER

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

FORWARD INC. LANDFILL
 9999 SOUTH AUSTIN ROAD
 MANTECA, CALIFORNIA 95336
 (209) 982-4298 PHONE
 (209) 982-1009 FAX

TRANSPORTER
HAULER MUST COMPLETE

NAME F.A. POLI
ADDRESS 125 SO. MAPLE
CITY, STATE, ZIP S.S.F. CA.
PHONE 415-589-7529
SIGNATURE OF AUTHORIZED AGENT OR DRIVER **DATE**
 * [Signature] 1-17-99

NOTES 3143736 **TRUCK NUMBER** F.79

<input type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP	<input checked="" type="checkbox"/> TRANSFER
<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> FLAT-BED	<input type="checkbox"/> VAN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DRUMS

FACILITY REQUIREMENTS

FORWARD INC. LANDFILL

Forward shall have no obligation to accept the waste if weather or other conditions impair the safe and effective disposal of the waste or if the waste impairs the safe and effective operation of the Landfill. Forward shall use reasonable efforts to promptly notify Disposer of its inability to accept the waste for any reason. If Forward's refusal to accept the waste is based on weather or other site conditions, Forward shall notify the Disposer when site conditions are expected to change such that Forward will be able to accept the waste.

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT **DATE**
 *

CUBIC YARDS 6.11

DISPOSAL METHOD	(TO BE COMPLETED BY FORWARD)				
	DISPOSE	BIO	AERATE	STOCKPILE	OTHER
<input type="checkbox"/> SOIL					
<input type="checkbox"/> SLUDGE					
<input type="checkbox"/> NON-FRIABLE ASBESTOS					
<input type="checkbox"/> WOOD					
<input type="checkbox"/> ASH					
<input type="checkbox"/> OTHER					

SCHEDULING MUST BE MADE PRIOR TO 4:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. TO SCHEDULE CALL (209) 982-4298

MANIFEST # 62353

APPENDIX D

**SOIL/GROUNDWATER SAMPLING DATA FORM
ANALYTICAL REPORTS, CHAIN OF CUSTODY FORMS**

CITY OF OAKLAND

SOIL/GROUND WATER SAMPLING DATA

Underground Storage Tank Site Address:

2607 Myrtle Street, Oakland, CA Job # 7284

Business Site Name:

McCymonds High School

Description Sample ID (Specify location; ie, tank, pipe, stockpile) and number	Sample Depth (Indicate depth of sample from grade)	Media (soil/water)	Date (Date Sample was collected)	Soil Type (specify if sand, clay, fill, etc.)	Laboratory Results, express in mg/kg unless otherwise specified										
					TPHg	TPHd	B	T	E	X	Lead	TOG	Cl HC	Other	
7284-SP1 stockpile	--	soil	12/24/96	pea gravel		230	ND	ND	ND	ND					
7284-SP2 stockpile	--	soil	12/24/96	pea gravel		1,900	ND	ND	ND	ND					
7284-N north sidewall of excavation	9 feet	soil	12/24/96	sand/clay		250	ND	ND	ND	ND					
7284-E east sidewall of excavation	7 feet	soil	12/24/96	sand/clay		310	ND	ND	ND	ND					
7284-W west sidewall of excavation	7 feet	soil	12/24/96	sand/clay		34	ND	ND	ND	ND					
7284-S south sidewall of excavation	6 feet	soil	12/27/96	sand/clay		170	ND	ND	ND	0.027					
7284-S2 south sidewall of excavation	6 feet	soil	12/27/96	sand/clay		150	ND	ND	ND	ND					
7284-GW groundwater	--	water	12/27/96	sand/clay		0.004	0.003	0.003	0.005	0.025					

TPHg = Total Petroleum Hydrocarbons as Gasoline

BTEX = Benzene, Toluene, Ethylbenzene, Xylene

Cl HC = Chlorinated hydrocarbon compounds

TPHd = Total Petroleum Hydrocarbon as Diesel

TOG = Total Oil and Grease

Other = Semivolatile organic compounds, heavy metals, etc.

List additional analytical results and / or additional samples on a separate sheet

Submit this form as part of the closure final report. Attach soil/ground water sampling location map.

USA LABORATORIES, INC. ●

MOBILE ENVIRONMENTAL TESTING

Phone : (408)287-6792 ● Fax : (408)287-6791

1725 Little Orchard, Suite A ● San Jose, CA 95125

Batch # : M1-109

Company: Golden Gate Tank Removal	Project Name: Myrtle St., Oakland		
Address: 255 Shipley Street San Francisco, CA 94107	Date Sampled: 12/24/96	Project #:	7284
	Date Received: 12/26/96	Sample Matrix:	Soil
Attn.: John Carver	Date Analyzed: 12/26/96	Reporting Units:	mg/Kg

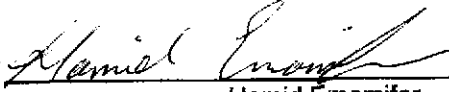
ELAP Certificate #: 2186

Sample ID	DHS LUFT Method TPH-Diesel	EPA 8020			
		B	T	E	X
Reporting Limit	10	0.005	0.005	0.005	0.005
7284 - SP1	230	ND	ND	ND	ND
7284 - SP2	1900	ND	ND	ND	ND
7284 - N	250	ND	ND	ND	ND
7284 - E	310	ND	ND	ND	ND
7284 - W	34	ND	ND	ND	ND

Quality Control Results

MS Recovery	115%	110%	112%	106%	107%
MSD Recovery	101%	130%	126%	130%	117%
RPD	13%	17%	12%	20%	8%

ND - Not detected above the reporting limit.

Reviewed and Approved by 
Hamid Emamifar
Laboratory Director

ENVIROCHEM ANALYTICAL, INC.

1725 LITTLE ORCHARD, Suite A, San Jose, CA 95125

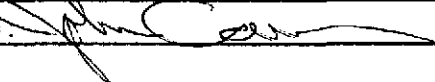
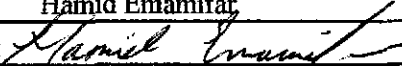
Phone (408) 287-6792

Fax (408) 287-6791

Chain of Custody

Batch #:

M1-109

Company: Golden Gate Tank Removal		Project Name: Myrtle St., Oakland		LUFT Method TPH-Diesel LUFT Method TPH-Gasoline EPA Method 8020(602)BTX EPA METHOD 418.1 TRPH EPA METHOD 413.1 TOG Total Lead EPA Method 8010 EPA Method 8270 EPA Method 8240 Title 22 Metals (CAM 17) 5 Metals (Cd,Cr,Pb,Ni,Zn)	Archive														
Address:		Site Address:																	
Project Manager: John Carver		Project/ PO #: 7284																	
Phone: (415) 512-1555 Fax: (415) 512-0964		Service Type																	
		Turn Around																	
SAMPLE ID	LOCATION DESCRIPTION	SAMPLED		# of Ctrs.	MATRIX			X	X	X	X	X	X	X	X	X	X	X	
		Time	Date		Soil	Water	Air												
7284 - SP1	4 pt Comp on SP1	9:30	12/24/96		X														
7284 - SP2	4 pt Comp on SP2	9:35	12/24/96		X														
7284 - N	North Side Wall	9:50	12/24/96		X														
7284 - E	East Side Wall	9:55	12/24/96		X														
7284 - W	West Side Wall	10:05	12/24/96		X														
Sampler's name: John Carver		Comments:																	
Sampler's signature: 																			
Relinquished by:		Received by: Hamid Emamifar		Date: 12/26/96															
Relinquished by:		Received by: 		Date: 12/26/96															



CERTIFICATE OF ANALYSIS

Lab No:	96-946	Date Sampled:	12-27-96
Client:	Golden Gate Tank Removal	Date Analyzed:	12-27-96
Project:	Myrtle St., Oakland	Date Reported:	12-30-96

Benzene, Toluene, Ethylbenzene and Xylenes by Method 8020
Diesel range hydrocarbons by EPA method 8015M

SAMPLE NO	CLIENT ID	ANALYTE	METHOD	RESULT
96-946-01	7284-S SOIL	Benzene	8020	ND
		Toluene	8020	ND
		Ethylbenzene	8020	ND
		Xylenes	8020	0.027 mg/Kg
		Diesel	8015M	170 mg/Kg
96-946-02	7284-S2 SOIL	Benzene	8020	ND
		Toluene	8020	ND
		Ethylbenzene	8020	ND
		Xylenes	8020	ND
		Diesel	8015M	150 mg/Kg
96-946-03	7284-GW Water	Benzene	8020	3 ug/L
		Toluene	8020	3 ug/L
		Ethylbenzene	8020	5 ug/L
		Xylenes	8020	25 ug/L
		Diesel	8015M	4 ug/L

Quality Control/Quality Assurance Summary-Soil

Analyte	Method	Reporting Limit	Blank	MS/MSD Recovery	RPD
Benzene	8020	0.005 mg/Kg	ND	91	7
Toluene	8020	0.005 mg/Kg	ND	92	12
Ethylbenzene	8020	0.005 mg/Kg	ND	89	15
Xylenes	8020	0.010 mg/Kg	ND	75	17
Diesel	8015M	1 mg/Kg	ND	80	1



CERTIFICATE OF ANALYSIS

Lab No:	96-946	Date Sampled:	12-27-96
Client:	Golden Gate Tank Removal	Date Analyzed:	12-27-96
Project:	Myrtle St., Oakland	Date Reported:	12-30-96

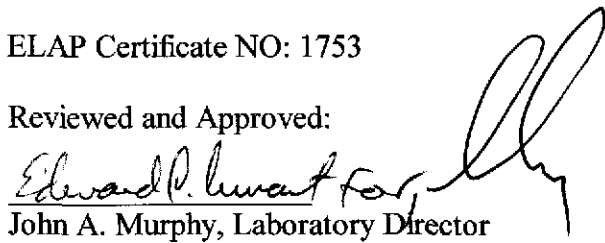
Benzene, Toluene, Ethylbenzene and Xylenes by Method 8020
 Diesel range hydrocarbons by EPA method 8015M

Quality Control/Quality Assurance Summary-Water

Analyte	Method	Reporting Limit	Blank	MS/MSD Recovery	RPD
Benzene	8020	0.5 ug/L	ND	88	7
Toluene	8020	0.5 ug/L	ND	95	12
Ethylbenzene	8020	0.5 ug/L	ND	93	15
Xylenes	8020	1.0 ug/L	ND	71	17
Diesel	8015M	0.05 ug/L	ND	80	1

ELAP Certificate NO: 1753

Reviewed and Approved:


 Edward P. Luvant
 John A. Murphy, Laboratory Director



North State Environmental Analytical Laboratory

Chain of Custody/Request for Analysis 96-946

(415) 588-9652

Client: GGTR		Phone: 512 1555		Report to: John Carver			Turnaround Time					
Mailing Address:				Billing to: GGTR			8 Hr <input type="checkbox"/>	24 Hr <input type="checkbox"/>				
Site Address: Myrtle Street Oakland				PO# / Billing Reference:			40 Hr <input type="checkbox"/>	5 Days <input type="checkbox"/>				
Sampler: John Carver		Date: 12/27/96		7284 / Myrtle St.			Other <input type="checkbox"/>					
Sample ID:	Sample Description	Container # / type	Sampling Time/Date	ANALYSIS REQUESTED							Remarks	
				TPH-D	TPH-G	BTEX	O+G					
7284-S	excavation	1 Tube	1030/12-27-96	✓		✓						
7284-S2	excavation	1 Tube	1045/12-27-96	✓		✓						
7284-GW	water	1 1/2 2 VOAS	1030/12-27-96	✓		✓						
Relinquished by: [Signature]		Date: 12/27/96 Time: 3:15		Received by: [Signature]					Yes	No		
Relinquished by:		Date: Time:		Received by:			Were samples Preserved ?		✓			
Relinquished by:		Date: Time:		Received in lab by:			In good condition ?		✓			

2 VOAS
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 c.c.