

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
470 - 27TH ST., RM. 322
OAKLAND, CA 94612
PHONE NO. 415/874-7237

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, CA 94612
Telephone: (415) 874-7237

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

One copy of these accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.
Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- Removal of Tank and Piping
- Sampling
- Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Rathorne

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name NA

Business Owner A. B. VARNI

2. Site Address 2691 Castro Valley Boulevard

City Castro Valley Zip 94546 Phone NA

3. Mailing Address 22771 MAIN STREET

City Hayward Zip 94541 Phone 886-5000

4. Land Owner A. B. VARNI

Address 22771 MAIN STREET City, State Hayward, CA Zip 94541

5. EPA I.D. No. CAC 000 093 037

6. Contractor EES, INC.

Address 41674 Christy Street

City Fremont, Ca 94538-3114 Phone (415) 659-0404

License Type A, BI ID# 464324

7. Other (Specify) NA

Address _____

City _____ Phone _____

Project # USD 5700

Fee Paid 300.00

Date 6/17

8. Contact Person for Investigation

Name Timothy G. Loeb Title ENVIRONMENTAL Specialist

Phone (415) 659-0404

9. Total No. of Tanks at facility 1

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

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name NA EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

b) Rinsate Transporter

Name NA EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

c) Tank Transporter

Name STANCO EPA I.D. No. CAD 063 547 996

Address 12475-A LLAGAS AVE

City SAN MARTIN State CA Zip 95046

d) Contaminated Soil Transporter

Name STANCO EPA I.D. No. CAD 063 547 996

Address 12475-A LLAGAS AVE

City SAN MARTIN State CA Zip 95046

12. Sample Collector

Name AL MEQUET

Company EES, INC

Address 41674 CHRISTY ST.

City FREMONT State CA Zip 94538 Phone 659-0404

13. Sampling Information for each tank or area

Tank or Area	Material sampled	Location & Depth
# I Capacity 1000 GAL Historic Contents (past 5 years) [REDACTED] WASTE OIL	BACKFILL Sample native soil at backfill/soil interface	ONE SAMPLE UNDER EACH END OF TANK

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

If yes, describe. UNKNOWN

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

If yes, describe. Tank will be rendered inert using dry ice at a rate of 1.5 #/100 Gallons of Tank* Volume

16. Laboratories

Name SEQUOIA ANALYTICAL LABS
 Address 2549 MIDDLEFIELD ROAD
 City Redwood City State CA Zip 94063
 State Certification No. 145

* An explosion-proof combustible gas meter shall be used to verify tank inertness to < 10% LEL - 3 -

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
TOTAL OILS/GREASE CHEMICALS	EPA 3550 4120	→ Standard Methods Standard Methods 8010 and 803 E (gravimetric)
Volatile Organic Compounds	_____	EPA 8240 or 8010 and 8020
Total Petroleum Hydrocarb.	EPA 3550 (high boilers)	DHS/RWQCB Method (GC/FID)
Total Petroleum Hydrocarb.	EPA 5030 (low boilers)	DHS/RWQCB Method (GC/FID)
...	...	EPA Method 8150 ...

18. Site Safety Plan submitted? Yes [] No [X]

19. Workman's Compensation: Yes [X] No []

Copy of Certificate enclosed? Yes [X] No []

Name of Insurer ~~...~~ MORRIS, TEMPLE & TREAT OF ARKANSAS

20. Plot Plan submitted? Yes [X] No []

21. Deposit enclosed? Yes [X] No []

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

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

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

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

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

Signature of Contractor

Name (please type) Timothy G. Loeb for EES, INC.

Signature Timothy G Loeb

Date 6-14-88

Signature of Site Owner or Operator

Name (please type) JACK G TABEL

Signature Jack S Tabel

Date 6-14-88

*Anthony Varri
OK'd this signature
over the phone. on
6/22/88
K.C.*

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. A copy of your approved plan must be sent to the landowner.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A

SAMPLING RESULTS

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

INSTRUCTIONS

2. SITE ADDRESS

Address at which closure or modification is taking place.

5. EPA I.D. NO.

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

6. CONTRACTOR

Prime contractor for the project.

7. OTHER

List professional consultants here.

12. SAMPLE COLLECTOR

Persons who are collecting samples.

13. SAMPLING INFORMATION

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

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

16. LABORATORIES

Laboratories used for chemical and geotechnical analyses.

17. CHEMICAL METHODS:

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

Contaminant - Specify the chemical to be analyzed.

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

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

NOTE:

Method Numbers are available from certified laboratories.

18. SITE SAFETY PLAN

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

19. ATTACH COPY OF WORKMAN'S COMPENSATION

20. PLOT PLAN

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

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

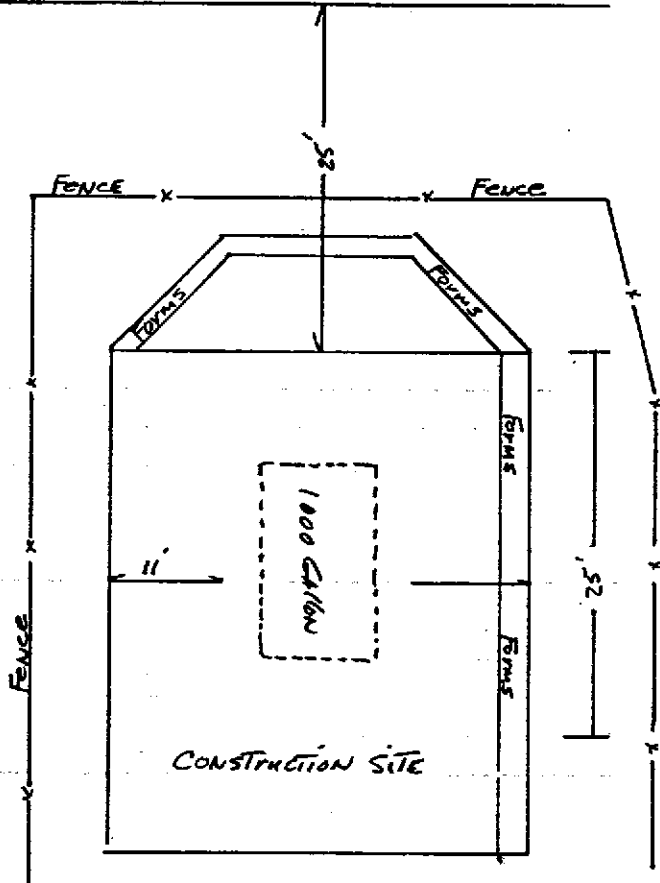
NO SCALE
NO EXISTING STRUCTURES ON SITE

LAKE CHARLOT
ROAD



CASTRO VALLEY BLVD

BOBS BIG BOY
RESTAURANT



DEAD END

HILLSIDE

42.381 50 SHEETS 3 SQUARE
42.382 100 SHEETS 3 SQUARE
42.383 200 SHEETS 3 SQUARE





CERTIFICATE OF INSURANCE

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

4/29/88

PRODUCER

MORRIS TEMPLE & TRENT OF ARK.
INC. 96 W WINDSOR
LITTLE ROCK AR 72209THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS
NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND,
EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	LIBERTY MUTUAL INSURANCE CO
COMPANY LETTER	B	NATIONAL UNION
COMPANY LETTER	C	STATE COMPENSATION INS FUND
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

ENVIRONMENTAL SYSTEMS CO.,
ENSCO INC. ENSCO ENVIRONMENTAL
SERV. INC.,
BOX 8513 LITTLE ROCK
AR 72205

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
E	GENERAL LIABILITY	HGL8019540	5/01/88	5/01/89	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$	\$
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS					5,000	5,000
	<input checked="" type="checkbox"/> CONTRACTUAL				PERSONAL INJURY		\$
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
	<input checked="" type="checkbox"/> PERSONAL INJURY						
A	AUTOMOBILE LIABILITY	AS1391064977	4/01/88	4/01/89	BODILY INJURY (PER PERSON)	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	5,000
	<input checked="" type="checkbox"/> HIRED AUTOS						
	<input checked="" type="checkbox"/> NON-OWNED AUTOS	MCS 90 EDSMNT					
	<input checked="" type="checkbox"/> GARAGE LIABILITY						
	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
C	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	1035061-87	8/03/87	8/03/88	STATUTORY		
					\$ 3000	(EACH ACCIDENT)	
					\$ 3000	(DISEASE-POLICY LIMIT)	
	OTHER				\$ 3000	(DISEASE-EACH EMPLOYEE)	
E	FIXED BASED EIL	PLL5648786	11/03/87	11/03/88	5,000, / 10,000,		
E	OFFSIGHT EIL	PLL5648845	5/01/88	5/01/89	1,000, / 2,000,		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ALL STATES ENDORSEMENT ON WORKERS COMPENSATION
SUDDEN & GRADUAL POLLUTION CONDITIONS FOR WHITE BLUFF, EL DORADO & DALTON

CERTIFICATE HOLDER

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Ken Fluker

019115