

A. A. JOHNSON & SON, INC.

1164 Sixty Sixth Street
Oakland, California 94608

January 25, 2005

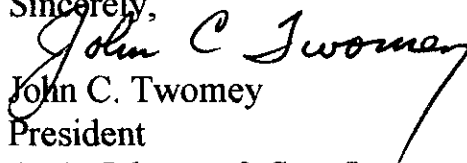
Environmental Health Services
1131 Harbor Bay Parkway Suite 250
Alameda, California 94502-6577

Subject: Certified List of Record Fee Title Owners for
1164 66th Street, Oakland, California
Fuel Leak Case RO0000325

Gentlemen:

In accordance with Section 25297.15(a) of Chapter 6.7
Of the Health & Safety Code, I, John C. Twomey,
President of A. A. Johnson & Son, Inc. certify that
A. A. Johnson & Son, Inc. is the sole landowner for
The above site.

Sincerely,


John C. Twomey
President
A. A. Johnson & Son, Inc.

Alameda County
JAN 28 2005
Environmental Health Services

A. A. JOHNSON & SON, INC.

1164 Sixty Sixth Street
Oakland, California 94608

January 25, 2005

Environmental Health Services
1131 Harbor Bay Parkway Suite 250
Alameda, California 94502-6577

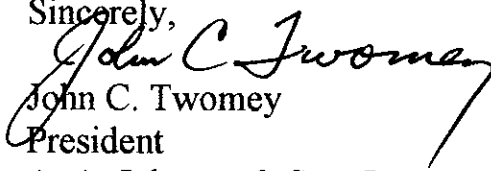
Subject: NOTICE OF PROPOSED ACTION
SUBMITTED TO LOACL AGENCY
FOR 1164 - 66TH STREET, OAKLAND
Fuel Leak Case RO0000325

Gentlemen:

In accordance with Section 25297.15(a) of
Chapter 6.7 of the Health & Safety Code,
I, John C. Twomey, President of A. A.
Johnson & Son, Inc. certify that I have
Notified all responsible landowners of the
Enclosed proposed action:

Local agency intention to issue
A closure letter

Sincerely,


John C. Twomey
President
A. A. Johnson & Son, Inc.

A A Johnson & Son, Inc.
1164 66th St.
Oakland, CA 94608

To —

Barney Chan

Environmental Protection
1131 Harbor Bay Parkway #250
Alameda, Ca
94502

To —

Attn: Barney Chan



November 10, 2004

Mr. John Twomey
A. A. Johnson and Son Inc.
1160 66th St.
Oakland CA 94608

Dear Mr. Twomey:

Subject: Fuel Leak Case RO0000325, 1164 66th St., Oakland, CA 94608

LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

This letter is to inform you of legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

For purposes of implementing these sections, you have been identified as the primary or active responsible party. Please provide to this agency, within twenty (20) calendar days of receipt of this notice, a complete mailing list of all current record owners of fee title to the site. You may use the enclosed "list of landowners" form (sample letter 2) as a template to comply with this requirement. If the list of current record owners of fee title to the site changes, you must notify the local agency of the change within 20 calendar days from when you are notified of the change.

In addition, our office is considering your request for site closure. Please also complete and submit a "notice of proposed action submitted to local agency" form. You may use sample letter 3, enclosed.

If you are the sole landowner, please indicate that on the landowner list form. The following notice requirements do not apply to responsible parties who are the sole landowner for the site.

LANDOWNER NOTIFICATION

Re: 1164 66th St., Oakland CA 94608

November 10, 2004

Page 2 of 2

Before approving a cleanup proposal or site closure proposal, determining that no further action is required, or issuing a closure letter, the local agency will take all reasonable steps necessary to accommodate responsible landowner participation in the cleanup and site closure process and will consider all input and recommendations from any responsible landowner.

Please call me at (510) 567-6765 should you have any questions about the content of this letter.

Sincerely,



Barney M. Chan
Hazardous Materials Specialist

Attachments

C: B. Chan, D. Drogos ✓

SAMPLE LETTER (2): LIST OF LANDOWNERS FORM

Name of local agency
Street address
City

SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR (*Site Name and Address*)

(Note: Fill out item 1 if there are multiple site landowners. If you are the sole site landowner, skip item 1 and fill out item 2.)

1. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:

2. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I am the sole landowner for the above site.

Sincerely,

Signature of primary responsible party

Name of primary responsible party

SAMPLE LETTER 3: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY

Name of local agency
Street address
City

SUBJECT: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY
FOR (*Site Name and Address*)

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I have notified all responsible landowners of the enclosed proposed action. Check space for applicable proposed action(s):

- cleanup proposal (corrective action plan)
- site closure proposal
- local agency intention to make a determination that no further action is required
- local agency intention to issue a closure letter

Sincerely,

Signature of primary responsible party

Name of primary responsible party

cc: Names and addresses of all record fee title owners

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

February 27, 2003

Ms. Phyliss Smith
A.A. Johnson & Son, Inc.
1164 66th St.
Oakland, CA 94608

Dear Ms. Smith:

Subject: Fuel Leak Case RO0000325, 1164 66th St., Oakland, CA 94608

Alameda County Environmental Health, Local Oversight Program staff has received and reviewed the February 13, 2003 Workplan for Site Investigation prepared by Stellar Environmental Solutions, Inc. The work plan proposes to advance two boreholes using a Geoprobe, collect grab groundwater samples and analyze the samples for MTBE using EPA Method 8260.

Your work plan is approved. Please notify our office when this work is scheduled.

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist

✓ C: B. Chan, files

Mr. Bruce Rucker, Stellar Environmental Solutions, 2198 Sixth St., Suite 201, Berkeley, CA 94710
Mr. John Twomey, 1164 66th St., Oakland, CA 94608

MTBE wpap1164 66th St

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

February 3, 2002

Ms. Phylliss Smith
A.A. Johnson & Son, Inc.
1164 66th St.
Oakland, CA 94608

Dear Ms. Smith:

Subject: Fuel Leak Case RO0000325, 1164 66th St., Oakland, CA 94608, Request for MTBE Analysis

Alameda County Environmental Health, Local Oversight Program (LOP) has received and reviewed the August 2002 Site Closure Assessment Report for the reference site prepared by Stellar Environmental Solutions. Additional information is necessary to progress your site towards case closure. Because of State Water Resources Control Board requirements, a groundwater sample from beneath the former gasoline tanks must be sampled and tested for MTBE prior to consideration of site closure. You are referred to the January 15, 1999 letter to Mr. Walt Pettit of the SWRCB from William Attwater, Chief Counsel. Therefore, please provide a work plan to accomplish this sampling and analysis as soon as possible.

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Barney M. Chan". The signature is written in a cursive, flowing style.

Barney M. Chan
Hazardous Materials Specialist

C.B. Chan, files

Mr. Bruce Rucker, Stellar Environmental Solutions, 2198 Sixth St., Suite 201, Berkeley, CA 94710
Mr. John Twomey, 1164 66th St., Oakland, CA 94608

MTBE Req1164 66th St

AA JOHNSON & SON, INC
1164 - 66th STREET
OAKLAND, CA 94608

5/29/92
92 JUN -

Susan -

Enclosed is data for
your review.

We hope to close this
case as soon as possible.

Please call me if you
need any further information

Sincerely,

John Swomey
658-9796

A. A. JOHNSON & SON, INC.

CONCRETE CONSTRUCTION

1164 - 66TH STREET - OAKLAND, CALIFORNIA 94608
Telephone 658-9796

May 28, 1992

Alameda Co. Dept. of Environmental Health
80 Swan Way # 200
Oakland, CA 94621

EPA # 000617912

Attn: Susan Hugo

Removal of underground tanks at 1164 - 66th Street, Oakland, California:

Side walls and bottom of pit were over excavated

Ground water was pumped and removed

Excavated soil was removed to Redwood Landfill

Enclosed please find copies of all documents and data regarding the above.

Sincerely,

John Swomey

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name AGA Johnson Today's Date 12/13/91

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Stds. 25503(b)
- ___ 3. R/R Cors > 30 days 25503.7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Deficiency 25505(a)
- ___ 9. Modification 25505(b)

Site Address 1164 - 66th St
 City Oakland Zip 94608 Phone _____

II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N) _____
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

___ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- ___ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ___ II. Business Plans, Acute Hazardous Materials
- ___ III. Underground Tanks

10:00 AM -

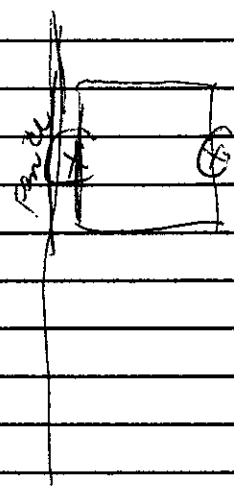
* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

III. UNDERGROUND TANKS (Title 23)

- General**
- ___ 1. Permit Application 25284 (H&S)
- ___ 2. Pipeline Leak Detection 25292 (H&S)
- ___ 3. Records Maintenance 2712
- ___ 4. Release Report 2651
- ___ 5. Closure Plans 2670
- ___ 6. Method
- 1) Monthly Test
- 2) Daily Vadose
Semi-annual groundwater
One time soils
- 3) Daily Vadose
One time soils
Annual tank test
- 4) Monthly Groundwater
One time soils
- 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/groundwater mon.
- 6) Daily Inventory
Annual tank testing
Cont pipe leak det
- 7) Weekly Tank Gauge
Annual tank testing
- 8) Annual Tank Testing
Daily Inventory
- 9) Other _____
- ___ 7. Prets Tank Test 2643
Date: _____
- ___ 8. Inventory Rec. 2644
- ___ 9. Soil Testing 2646
- ___ 10. Ground Water. 2647
- Monitoring for Existing Tanks**
- ___ 11. Monitor Plan 2632
- ___ 12. Access. Secure 2634
- ___ 13. Plans Submit 2711
Date: _____
- New Tanks**
- ___ 14. As Built 2635
Date: _____

Comments:

Additional over excavation performed on both sides (120 ppm & 28 ppm contamination)



Copies of manifests for - tanks, ground water & receipts of stockpiled. Soil disposal needs to be submitted

Rev 6/88

II, III

Contact: _____
 Title: _____
 Signature: _____

Inspector: _____
 Signature: _____

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name A.A. Johnson & Sons Today's Date 11/13/91

Site Address 1164 66th St

City Emeryville Zip 94608 Phone _____

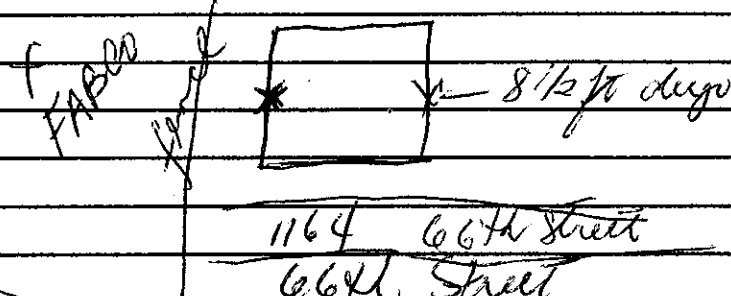
MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

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

Comments: 9:00 AM - 10:00 AM
Over excavated - 2 sidewall soil samples collected
one groundwater sample collected



Sheen on groundwater - at 11 ft deep

X Myers Dunn

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Stas. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
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- General**
- 1. Permit Application 25284 (H&S)
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- 5. Closure Plans 2670
- Monitoring for Existing Tanks**
- 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
 - Semi-annual groundwater
 - One time soils
 - 3) Daily Vadose
 - One time soils
 - Annual tank test
 - 4) Monthly Gndwater
 - One time soils
 - 5) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - Vadose/gndwater mon.
 - 6) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - 7) Weekly Tank Gauge
 - Annual tank test
 - 8) Annual Tank Testing
 - Daily Inventory
 - 9) Other _____
- 7. Precs Tank Test 2643
 - Date: _____
- 8. Inventory Rec. 2644
- 9. Soil Testing 2646
- 10. Ground Water. 2647
- New Tanks**
- 11. Monitor Plan 2632
- 12. Access. Secure 2634
- 13. Plans Submit 2711
 - Date: _____
- 14. As Built 2635
 - Date: _____

II, III

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: Maureen L. Auger

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 1 1 1 1 1 1 1 9 1 1 | | CASE # | | SIGNED: <i>Susan L. Hugo</i> DATE: 11/13/91 | | |
| REPORTED BY | NAME OF INDIVIDUAL FILING REPORT John Twomey | | PHONE (510)658-9796 | | SIGNATURE <i>John C Twomey</i> | |
| | REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER | | COMPANY OR AGENCY NAME A.A. Johnson & Son | | | |
| | ADDRESS 1164 - 66th Street STREET Oakland CITY CA STATE 94608 ZIP | | | | | |
| RESPONSIBLE PARTY | NAME A.A. Johnson & Son <input type="checkbox"/> UNKNOWN | | CONTACT PERSON John Twomey | | PHONE (510)658-9796 | |
| | ADDRESS 1164 - 66th Street STREET Oakland CITY CA STATE 94608 ZIP | | | | | |
| SITE LOCATION | FACILITY NAME (IF APPLICABLE) A.A. Johnson & Son | | OPERATOR John Twomey | | PHONE (510)658-9796 | |
| | ADDRESS 1164 - 66th Street STREET Oakland CITY Alameda COUNTY 94608 ZIP | | | | | |
| | CROSS STREET San Pablo | | | | | |
| IMPLEMENTING AGENCIES | LOCAL AGENCY AGENCY NAME Alameda County Health Agency | | CONTACT PERSON Susan L. Hugo | | PHONE (510)271-4320 | |
| | REGIONAL BOARD S.F. Bay Region | | CONTACT PERSON EDDY SO | | PHONE (510)464-1255 | |
| SUBSTANCES INVOLVED | (1) NAME Gasoline | | QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN | | | |
| | (2) | | <input type="checkbox"/> UNKNOWN | | | |
| DISCOVERY/ABATEMENT | DATE DISCOVERED 0 9 1 1 1 1 8 9 1 1 | | HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER | | | |
| | DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN | | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" 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 0 9 1 1 1 1 8 9 1 1 | | | | | |
| 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 checked="" type="checkbox"/> UNDETERMINED <input 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 checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY | | | | | |
| | CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT) | | | | | |
| COMMENTS | COMMENTS | | | | | |

BILLING ADJUSTMENT FORM

| Billing Acct.# | |
|-------------------------------------|---------------|
| <input type="checkbox"/> | Generator...H |
| <input type="checkbox"/> | HMMP.....L |
| <input checked="" type="checkbox"/> | UST.....T |

Date: 9/18/91

HazMat StID#: _____

Caller: _____

Phone: _____

Company Name : A. & A. Johnson & Son

Site Address : 1164 - 66th St. Emeryville 94608

Requested Changes : 2 UGT's removed 9/18/91

Initials: SL

Rescind Bill with explanation and date (if available):

Generator _____

HMMP (AB2185) _____

UST 2 UGT's removed 9/18/91

Continue Billing With Following Changes:

From : _____ To : _____

Change number of EMPLOYEES _____

Change number of TANKS _____

HMMP (AB2185)

Updated information

Business Name _____ Phone: _____

SITE Address _____
City Zip

BILLING Address _____
City Zip

Inspector: Steven L. Huggs Date: 9/23/91

Sent to Billing
on ___/___/___
Rev 4/91 Mac-BillAdj-2

2% LEL
6% O2

2.30
1.0

white - env. health
yellow - facility
pink - files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

80 Swan Way, #200
Oakland, CA 94621
(415) 271-4320

II, III

Site ID # _____ Site Name A.A. JOHNSON Today's Date 9/18/91

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Stds. 25503(b)
- ___ 3. RR Cars > 30 days 25503.7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Deficiency 25505(a)
- ___ 9. Modification 25505(b)

Site Address 1164 - 66th St.

City Emeryville Zip 94608 Phone _____

___ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- ___ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ___ II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N) _____
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) _____
- ___ 19. Trade Secret Requested? 25538

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

III. UNDERGROUND TANKS (Title 23)

- General**
- ___ 1. Permit Application 25284 (H&S)
 - ___ 2. Pipeline Leak Detection 25292 (H&S)
 - ___ 3. Records Maintenance 2712
 - ___ 4. Release Report 2651
 - ___ 5. Closure Plans 2670

- Monitoring for Existing Tanks**
- ___ 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose Semi-annual groundwater One time soils
 - 3) Daily Vadose One time soils Annual tank test
 - 4) Monthly Gndwater One time soils
 - 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/gndwater mon.
 - 6) Daily Inventory Annual tank testing Cont pipe leak det
 - 7) Weekly Tank Gauge Annual tank testing
 - 8) Annual Tank Testing Daily Inventory
 - 9) Other _____

- ___ 7. Precis Tank Test Date: 2643
- ___ 8. Inventory Rec. 2644
- ___ 9. Soil Testing . 2646
- ___ 10. Ground Water. 2647

- New Tanks**
- ___ 11 Monitor Plan 2632
 - ___ 12 Access Secure 2634
 - ___ 13 Plans Submit Date _____ 2711
 - ___ 14 As Built Date _____ 2635

Comments:
UGT Removal
1-1000 gal gasoline tank 1.0% LEL, 2.3% O2
1-8000 gal gasoline tank 2% LEL; 6% O2

Free floating products under the 8000 gal tank

1164 66th St Tanks have no obvious holes.

Manufact # 2 tanks - 90533581,

oil @ H&S - 90533575

one - sample taken from each end of tanks
Stockpiled soil must be characterized
Pump the groundwater w/ floating product. Test groundwater, recharge & notify the dept before taking any substrate.

Contact: Kevin Johnson
Title: Contractor
Signature: [Signature]

Inspector: _____
Signature: [Signature]

II, III

**ALameda COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320**

Project Specialist (print) SUSAN L. HUGO

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 released for issuance of any required building permits for construction.

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

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- Removal of Tank and Piping
- Sampling
- Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

**Note change made on page 4 of site safety plan.*

*Susan L. Hugo
8/15/91*

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name A.A. JOHNSON & SON
Business Owner JOHN TWOMEY PHYLISS SMITH
 2. Site Address 1164 66th ST.
City OAKLAND Zip ~~94608~~ 94608 Phone (415) 658-9796
 3. Mailing Address SAME
City _____ Zip _____ Phone _____
 4. Land Owner AA JOHNSON & SON, INC
Address 1164 - 66th STREET City, State OAKLAND, CA 94608 Zip _____
 5. Generator name under which tank will be manifested AA JOHNSON & SON, INC
7/22/91 CAC 000 617-912 1164 - 66th STREET
OAKLAND, CA 94608
- EPA I.D. No. under which tank will be manifested 324-1781

6. Contractor R. W. JOTHSTON & SONS
Address 801 53RD AVE
City OAKLAND, CA 94601 Phone (415) 261-9429
License Type A, B, C33 ID# 289839

7. Consultant ICAP CONSULTING ENGINEERING, INC.
Address 368TH & KTH STS 940 ADAMS ST. SUITE "R"
City BETHLEHEM, CA Phone (707) 796-6915

8. Contact Person for Investigation
Name DICK BURGE Title SUPERINTENDENT
Phone (415) 261-9424

9. Number of tanks being closed under this plan 2
Length of piping being removed under this plan 25'±
Total number of tanks at facility ?

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

**** Underground tanks are hazardous waste and must be handled **
as hazardous waste**

a) Product/Residual Sludge/Rinsate Transporter
Name HAIT SHIP CO. EPA I.D. No. CA0009771168
Hauler License No. 00334 License Exp. Date 1/31/92
Address 220 CHHA BASIN
City SAN FRANCISCO State CA Zip 94107

b) Product/Residual Sludge/Rinsate Disposal Site
Name SAME AS "A" EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

c) Tank and Piping Transporter

Name SAME AS "A" EPA I.D. No. _____
Hauler License No. _____ License Exp. Date _____
Address _____
City _____ State _____ Zip _____

d) Tank and Piping Disposal Site

Name SAME AS "A" EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

11. Experienced Sample Collector

Name MARDO KAPRALIAN
Company KAPRALIAN ETC., INC.
Address ~~3814 1/2 ST.~~ 940 ADAMS ST. SUITE "R"
City BETHESDA State VA zip 94570 Phone (707) 746-

12. Laboratory

Name SEQUOIA ANALYTICAL LABS
Address 2599 MIDDLEFIELD RD
City REDWOOD CITY State CA zip 94063
State Certification No. _____

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

RINSE / PRESSURE WASH & DRY ICE WILL BE USED
TO RENDER TANKS INERT

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 plugged.

The Bay Area Air Quality Management District (771-6000), along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of explosion proof combustible gas meters to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas meter on site to verify tank inertness.

15. Tank History and Sampling Information

| Tank | | Material to be sampled (tank contents, soil, ground-water, etc.) | Location and Depth of Samples |
|----------|--|--|---|
| Capacity | Use History (see instructions) | | |
| 8000 | STEEL-SINGLE WALL STEEL GASOLINE | SOL AND/OR GROUND WATER - WHATEVER IS REQUIRED. | ONE SAMPLE UNDER EACH END OF TANK NO DEPTH THICK - then 2 ft AND 1 ft 20' OF PIPING REMOVED. |
| 1000 | STEEL-SINGLE WALL GASOLINE | | |

≈ 12'
DEEP
≈ 0'
DEEP
bottom

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

| Excavated/Stockpiled Soil | |
|---|--|
| Stockpiled Soil Volume (Estimated) 18 YARDS ± | Sampling Plan 1 COMPOSITE SOIL SAMPLE / 50 YD ³ |

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

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.

| Contaminant Sought | EPA, DHS, or Other Sample Preparation Method Number | EPA, DHS, or Other Analysis Method Number | Method Detection Limit |
|--------------------|---|---|------------------------|
| LEADED GAS | 5030 8020 PREP. METHOD AA PREP. | TPH & GC/FID → BTEX (8020) → TOTAL LEAD, AA | 1 mg/kg 0.05 mg/kg |
| UNLEADED GAS | 5030 8020 PREP. METHOD | TPH & GC/FID → BTEX (8020) → | 1 mg/kg 0.05 mg/kg |

17. Submit Site Health and Safety Plan (See Instructions)

Name of Insurer REPUBLIC LIABILITY

- 19. Submit Plot Plan (See Instructions)
- 20. Enclose Deposit (See Instructions)
- 21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)
- 22. Submit a closure report to this office within 60 days of the tank removal. This report must contain all the information listed in item 22 of the instructions.

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

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

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

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

Signature of Contractor

Name (please type) R.W. JOHNSTON & SON BY STEVE JOHNSTON

Signature R.W. JOHNSTON & SON BY [Signature]

Date 7/22/91

Signature of Site Owner or Operator

Name (please type) JOHN TWOMEY AA JOHNSON & SON, INC

Signature [Signature] 1164 [] STREET
OAKLAND, CA 94608

Date 7-20-91

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

06/27/91

| | |
|--|---|
| PRODUCER Putnam, Knudsen & Wiekling, Inc. P.O. Box 24205 Oakland, CA 94623 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |
| INSURED R. W. Johnston & Son 801 53rd Avenue Oakland, CA 94601 | COMPANIES AFFORDING COVERAGE |
| | COMPANY LETTER A Fireman's Fund |
| | COMPANY LETTER B Republic Indemnity |
| | COMPANY LETTER C |
| | COMPANY LETTER D |
| | COMPANY LETTER E |

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

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|---|--|---------------|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY | MXX80387571 | 09/01/89 | 09/01/92 | GENERAL AGGREGATE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS-COMP/OP AGG. \$ 2,000,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | PERSONAL & ADV. INJURY \$ 1,000,000 |
| | OWNER'S & CONTRACTOR'S PROT | | | | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | FIRE DAMAGE (Any one fire) \$ 50,000 |
| | | | | | MED. EXPENSE (Any one person) \$ 5,000 |
| A | AUTOMOBILE LIABILITY | MXA80091783 | 09/01/90 | 09/01/91 | COMBINED SINGLE LIMIT \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE \$ |
| <input type="checkbox"/> HIRED AUTOS | | | | | |
| <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| <input type="checkbox"/> GARAGE LIABILITY | | | | | |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | AGGREGATE \$ |
| B | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY | (92)PC998177 | 07/01/91 | 07/01/92 | STATUTORY LIMITS |
| | | | | | EACH ACCIDENT \$ 1,000,000 |
| | | | | | DISEASE—POLICY LIMIT \$ 1,000,000 |
| | | | | | DISEASE—EACH EMPLOYEE \$ 1,000,000 |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 RE: INSURED'S CALIFORNIA OPERATIONS. JPW/LM/PRS

| | |
|---|---|
| CERTIFICATE HOLDER ALAMEDA COUNTY HEALTH HAZARDOUS MATERIALS DIV. 80 SWAN WAY OAKLAND, CA 91621 | CANCELLATION : Ten Day Notice for Non-Payment of Premium SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ADVISE BY MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ... |
| | AUTHORIZED REPRESENTATIVE |

TIN SITED

77

GRAVEL YARD

UNDEVELOPED SITE

PARKING LOT

PUMP ISLAND W/2 PUMPS

8000 GAL U.G. TANK

1000 GAL U.G. TANK

VENT POLES

CONCRETE DRIVE

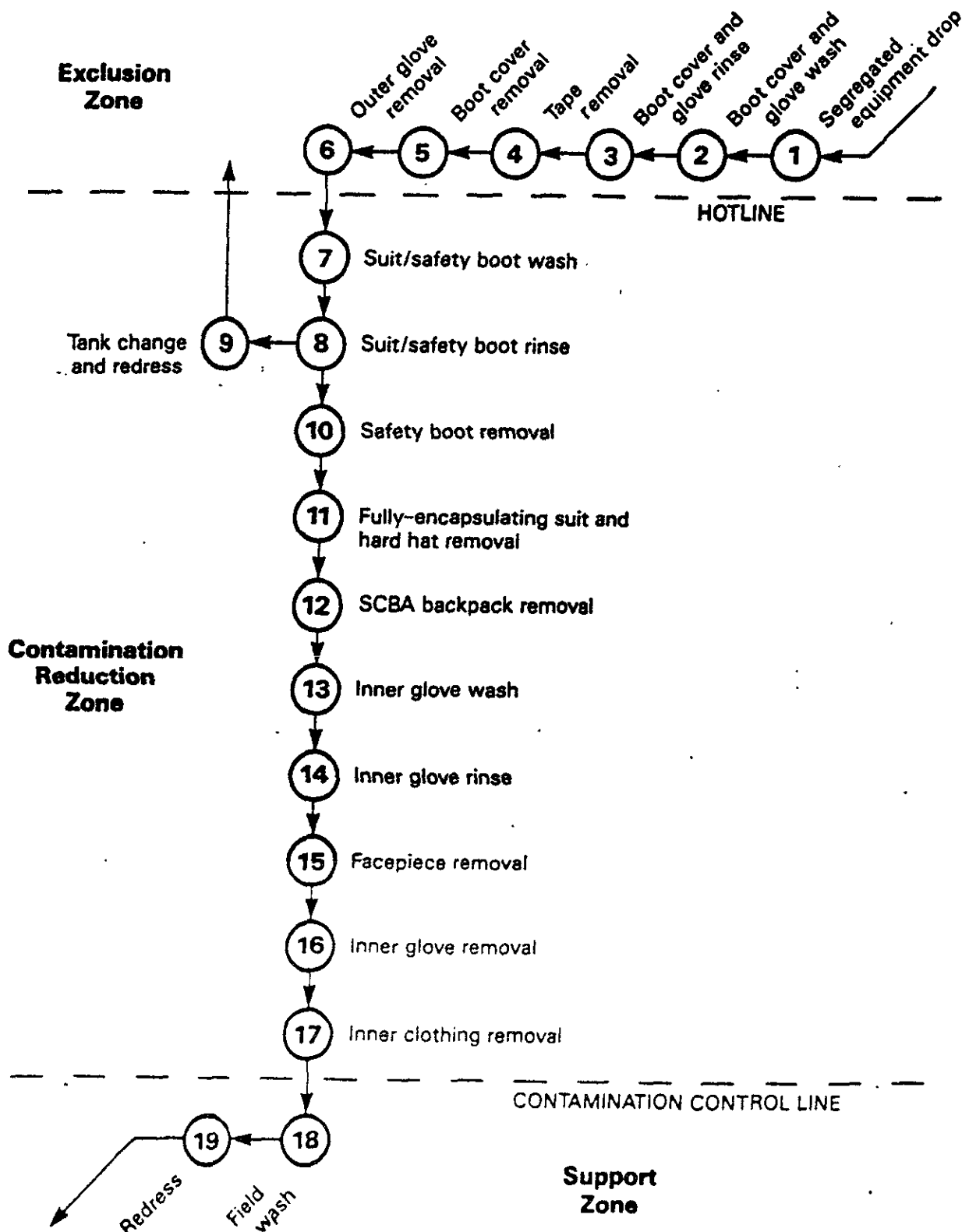
1169 66TH ST.

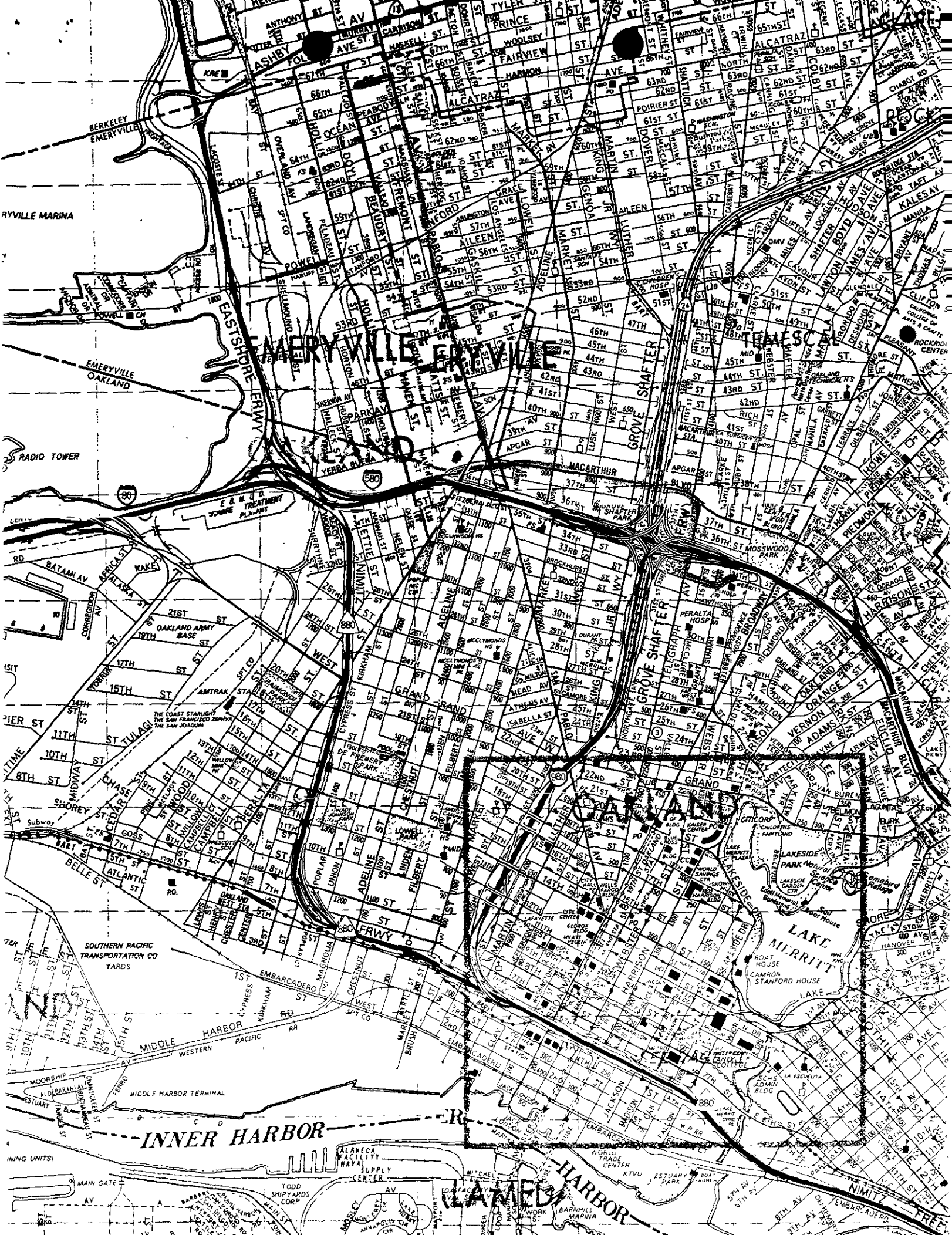
OFFICE

66TH ST.

SCALE: 1"=16'-0"

DECONTAMINATION PROCEDURES





R. W. JOHNSTON & SON
GENERAL CONTRACTORS
801 - 53RD AVENUE
OAKLAND, CALIFORNIA 94601

* Fire Extinguisher & LEL meter must be at the site

JULY 29, 1991

SITE HEALTH AND SAFETY PLAN

A: CURTIS SCHOON

SAFE WORK PRACTICES:

TO MAINTAIN A STRONG SAFETY AWARENESS AND ENFORCE SAFE PROCEDURES AT A SITE, A LIST OF STANDING ORDERS SHOULD BE DEVELOPED WHICH STATE THE PRACTICES THAT MUST ALWAYS BE FOLLOWED AND THOSE THAT MUST NEVER OCCUR IN THE CONTAMINATED AREAS ON SITE.

SAMPLE STANDING ORDERS FOR ALL PERSONNEL ON SITE.

NO SMOKING, EATING, DRINKING, OR APPLICATION OF COSMETICS IN THE ZONE.

NO MATCHES OR LIGHTERS IN THIS ZONE.

HAVE SCBA AVAILABLE IN THIS ZONE.

IF YOU DISCOVER ANY SIGNS OF EXPLOSIVITY, OR UNUSUAL CONDITIONS, EXIT IMMEDIATELY AND REPORT THIS FINDING TO YOUR SUPERVISOR.

POSTED CONSPICUOUSLY AT LOCATION.

REVIEWED BY FIELD TEAM LEADER OR PROJECT TEAM LEADER WITH THE FIELD CREW AT THE BEGINNING OF EACH WORK DAY.

IN ADDITION TO THE STANDING ORDERS, A HAZARDOUS SUBSTANCE INFORMATION FORM THAT LISTS THE NAMES AND PROPERTIES OF CHEMICALS PRESENT ON SITE SHOULD BE PREPARED AND POSTED CONSPICUOUSLY. EMPLOYEES SHOULD BE BRIEFED ON THE CHEMICAL INFORMATION AT THE BEGINNING OF THE PROJECT OR WHENEVER THEY FIRST JOIN THE WORK TEAM. DAILY SAFETY MEETINGS SHOULD BE HELD FOR ALL EMPLOYEES.

WORKING WITH TOOLS AND HEAVY EQUIPMENT IS A MAJOR HAZARD AT SITES. THE FOLLOWING PRECAUTIONS WILL HELP PRECLUDE INJURIES DUE TO SUCH HAZARDS:

TRAIN PERSONNEL IN PROPER OPERATING PROCEDURES.

INSTALL ADEQUATE ON SITE ROADS, SIGNS, LIGHTS, AND DEVICES.

USE EQUIPMENT AND TOOLS THAT ARE INTRINSICALLY SAFE AND NOT CAPABLE OF SPARKING AND PNEUMATICALLY AND HYDRAULICALLY DRIVEN EQUIPMENT

WHERE PORTABLE ELECTRIC TOOLS AND APPLIANCES CAN BE USED, USE

R. W. JOHNSTON & SON
GENERAL CONTRACTORS
801 - 53RD AVENUE
OAKLAND, CALIFORNIA 94601

THREE-WIRE GROUNDED EXTENSION CORDS TO PREVENT ELECTRIC SHOCKS.

AT THE START OF EACH WORK DAY, INSPECT BRAKES, HYDRAULIC LINES, LIGHT SIGNALS, FIRE EXTINGUISHERS, FLUID LEVELS, STEERING, AND SPLASH PROTECTION.

KEEP ALL NON-ESSENTIAL PEOPLE OUT OF THE WORK AREA.

B: REMOVE TANKS:

POTENTIAL FIRE, EXPLOSION, RASH FROM SKIN BEING IN CONTACT WITH GASOLINE, DIESEL FUEL, AND/OR WASTE OIL. POTENTIAL HARMFUL VAPOR MAY BE PRESENT.

NO PERSON TO ENTER AN EXCAVATION OF OVER FIVE FEET DEEP.

OPEN EXCAVATIONS WILL BE PRESENT ON SITE.

C: TASKS FOR THE DAY:

POSSIBLE HAZARDS ASSOCIATED WITH TANKS.

EXPLANATION OR REMINDER OF SAFEST WAYS TO MANAGE TANKS.

GO OVER ANY UNUSUAL TASKS WHICH MAY BE ENCOUNTERED.

POINT OUT THAT ABOVE ALL, COMPANY POLICY IS "SAFETY FIRST"

D: CONTINUOUS AIR AND PERSONAL MONITORING WILL BE DONE WITH A BACHARACH BRAND "SENTINEL 4" MODEL MULTI-GAS AIR MONITOR. MAINTENANCE CALIBRATION OF THE UNIT WILL BE CARRIED OUT THROUGH THE MANUFACTURER, ACCORDING TO SUGGESTED INTERVALS.

E: SPECIFIC PERSONAL PROTECTIVE EQUIPMENT AND PROCEDURES TO BE USED BY WORKERS TO PROTECT THEMSELVES FROM THE IDENTIFIED HAZARDS, ARE AS FOLLOWS:

SUITABLE WORK CLOTHING, INCLUDING, BUT NOT LIMITED TO, GLOVES, GOGGLES, HARD HAT, AND SCBA, IF REQUIRED.

ADDITIONAL PROTECTIVE CLOTHING, IF REQUIRED.

FENCING, BARRICADES, AND WARNING TAPE, AS REQUIRED.

F: DECONTAMINATION PROCEDURES WILL FOLLOW THE ENCLOSED CHART.

G: MEASURES TO BE TAKEN TO SECURE SITE, EXCAVATION, AND STOCK PILED SOIL DURING AND AFTER WORK HOURS WILL INCLUDE BARRICADES, CAUTION TAPE, LOCKED FENCING, AND PLASTIC COVERING FOR STOCKPILES.

H: EMERGENCY/CONTINGENCY PLAN:

R. W. JOHNSTON & SON
GENERAL CONTRACTORS
801 - 53RD AVENUE
OAKLAND, CALIFORNIA 94601

OAKLAND FIRE DEPARTMENT STATION #5, 934 34TH STREET, OAKLAND,
CA (415) 444-1616

ALAMEDA COUNTY ENVIRONMENTAL HEALTH: 80 SWAN WAY, OAKLAND, CA
(415) 271-4320

EMERGENCY: 911

MERRITT HOSPITAL: 350 HAWTHORNE AVENUE, OAKLAND, CA,
(415) 420-6080

DIRECTIONS FROM SITE: SEE MAP.

TO CLOSE TANKS, FIRST PRODUCT WILL BE REMOVED. THE LINES WILL THEN BE TRIPLE RINSED BACK INTO THE TANKS. NEXT, TANKS WILL BE TRIPLE RINSED WHILE RINSATE IS VACUUMED FROM TANKS. RINSATE WILL BE DISPOSED OF LAWFULLY. THIS PLAN LEAVES NO SPILL POSSIBILITIES TO BE CONTAINED.

I HAVE READ AND AGREE TO COMPLY WITH R. W. JOHNSTON & SON'S SITE HEALTH SAFETY PLAN, DATED JULY 29, 1991..

NAME:

DATES: