

Envision [Maximize] [Close]

File Edit Applications Reports Tools Setup Window Help

Case Contacts [AC0000651] - [R00000339] - Red Top Electric Inc [Maximize] [Close]

Record ID: AC0000651 Related ID: R00000339 Contact ID: L0000653

Site Information
Red Top Electric Inc
4377 Adeline ST
Emeryville CA 94608

Agency Information
LEAD AGENCY
ALAMEDA COUNTY ENVIRONMENTAL HEALTH

Contact Information
GEORGE CURRAN
THOMAS CURRAN TR
57 ARBOR DR
Piedmont, CA 946101067

<i>Responsible Party Type</i>	PO	Fee Title or Property Owner
<i>Primary</i>	PRI	RP has been named a Primary RP.
<i>Owner Type</i>	PO	Property/Fee Title Owner
<i>Organization</i>	THOMAS CURRAN TR	
<i>Contact Type</i>	CON	RP Contact
<i>Start Date</i>	/ /	...
<i>End Date</i>	/ /	...

Start | [Icons] | [Inbox] | [Micros] | [Envi] | [ENV] | [System Icons] | 2:44 PM

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9432

Stid 4261

February 8, 2000

Mr. George Curran
4308 Salem Street
Emeryville, CA 94608

Re: Property at 4377 Adeline Street, Emeryville, CA 94608

LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

Dear Mr. Curran:

This letter is to inform you of new 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.

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: 4377 Adeline Street, Emeryville

February 8, 2000

Page 2 of 2

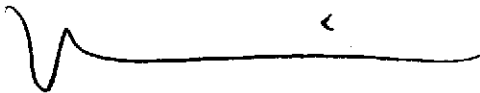
In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

- 1) consider a cleanup proposal (corrective action plan)
- 2) consider a site closure proposal
- 3) make a determination that no further action is required
- 4) issue a closure letter

You may use the enclosed "notice of proposed action" form (sample letter 3) as a template to comply with this requirement. 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) 567-6876 if you have any questions about the content of this letter.

Sincerely,



Amir K. Gholami, REHS
Hazardous Materials Specialist

cc: Chuck Headlee, RWQCB

Attachments: Sample letter 2 and Sample letter 3, which must be filled out by the Responsible Party and mailed to Alameda County.

R0339

LOP - RECORD CHANGE REQUEST FORM

printed:
10/22/98

Mark Out What Needs Changing and Hand to LOP Data Entry
(Name/Address changes go to Annual Programs Data Entry)

Insp: TP

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 4261 LOC:
 SITE NAME: Red Top Electric, Inc. DATE REPORTED : 12/05/91
 ADDRESS : 4377 Adeline St DATE CONFIRMED: 12/05/91
 CITY/ZIP : Emeryville 94608 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: S CONTRACT STATUS: 4 PRIOR CODE:3B4 EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 10/13/92
 PRELIMINARY ASMNT: DATE UNDERWAY: DATE COMPLETED:
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 10/13/92
 LUFT FIELD MANUAL CONSID: 1HSC
 CASE CLOSED: DATE CASE CLOSED:
 DATE EXCAVATION STARTED : REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: George Curran
 COMPANY NAME:
 ADDRESS: 4308 Salem Street
 CITY/STATE: Emeryville, Ca 94608

INSPECTOR VERIFICATION:			
NAME _____	SIGNATURE _____	DATE _____	
DATA ENTRY INPUT:			
Name/Address Changes Only		Case Progress Changes	
ANNPMS _____	LOP _____	DATE _____	LOP _____ DATE _____

R.P.

George & Mary Curran
4308 Salem St.
Emeryville 94608

DATE: 7/15/92

TO : Local Oversight Program

FROM: SUSAN

SUBJ: Transfer of Eligible Oversight Case

Site name: RED TOP ELECTRIC INC.

Address: 4377 Adeline St. city Emeryville zip 94608

Closure plan attached? Y N DepRef remaining \$ _____

DepRef Project # _____ STID #(if any) 4251

Number of Tanks: _____ removed? Y N Date of removal _____

Leak Report filed? Y N *not listed* Date of Discovery 12/5/91

Samples received? Y N Contamination: _____

Petroleum Y N Types: Avgas Jet leaded unleaded Diesel
fuel oil waste oil kerosene solvents *fuel oil*

Monitoring wells on site _____ Monitoring schedule? Y N

LUFT category 1 2 3 * H S C A R W G O

Briefly describe the following:

Preliminary Assessment _____

Remedial Action _____

Post Remedial Action Monitoring _____

Enforcement Action _____

230 ppm TPHg in soil.

DALZELL CORPORATION

P. O. BOX 8284
EMERYVILLE, CALIFORNIA 94608
Phone: (415) 654-7092

835-

TRANSMITTAL SHEET

91 DEC -5 AM 10:13

TO ALAMEDA COUNTY HEALTH AGENCY
80 Swan Way Room 200
Oakland, CA 94621

DATE NOVEMBER 23, 1991

SPECIFICATION NUMBER _____

ATTENTION SUSAN HUGO

SECTION _____

PROJECT 4377 Adeline St.
Emeryville, CA

OUR JOB NO. 4246

SUBCONTRACTOR _____

GENTLEMEN:

Enclosed herewith are 2 copies each of our ^{test results} ~~shop details~~ specifications, submitted brochures for subject project.

SHEETS NO. 1 thru 5 for _____

- APPROVAL
- CONSTRUCTION
- FILE
- OTHER REVIEW

REMARKS PLEASE REVIEW THESE AND GIVE ME A CALL SO WE CAN DISCUSS A CLOSURE PLAN.

IT APPEARS THAT SOME FUEL WAS SPILLED IN THE FILL AREA OF THE TANK.

Very truly yours,

DALZELL CORPORATION

By 
BRUCE E. HAMMON

cc:

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 Red Top Electric Inc Today's Date 11/5/91

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 4377 Adeline 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

1:30 PM - 3:30 PM

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

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

Comments:

LEL-670, O2A-1%
1,000 gal gasoline tank - removed.
tank appears to be in good shape -
no obvious holes. no ground water

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. Precs 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

no tank on side with Adeline

Manifest # - 90796474
hauler - Trident Truck line #204352
soil exp'd 1/9/92
3 bottom samples (2 end, 1 middle)
1 trench sample
Steel ciled samples taken
8'6" , 8'2"

Covered the stockpile

II, III

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: Susan L. Aug

Project Specialist (print) SUSAN L. HUGO

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

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 change or additions 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.

Please note change made on page 1, 4 & 5.

Susan L. Hugo
10/30/91

UNDERGROUND TANK CLOSURE PLAN

*** * * Complete according to attached instructions * * ***

1. Business Name RED TOP ELECTRIC, INC.
Business Owner RED TOP ELECTRIC, INC.
2. Site Address 4377 Adeline Street
City Emeryville, CA Zip 94619 Phone 510/351-4112
3. Mailing Address P. O. Box 3156
City Hayward, CA Zip 94544 Phone 510/351-4112
4. Land Owner Mary & George Curran
Address P. O. Box 3156 City, State Hayward, CA Zip 94544
5. Generator name under which tank will be manifested RED TOP ELECTRIC, INC. Co, Emeryville Inc
EPA I.D. No. under which tank will be manifested CAC 000637784

6: Contractor DALZELL CORPORATION

Address P. O. BOX 8284

City Emeryville, CA 94662 Phone 510/835-0732

License Type A, B, ASB certified ID# 94-1495840 *202440-contractor*

7. Consultant NONE

Address _____

City _____ Phone _____

8. Contact Person for Investigation

Name Bruce L. Hammon Title Vice President

Phone 510/835-0732

9. Number of tanks being closed under this plan ONE ✓

Length of piping being removed under this plan Approx. 20 L.F. ✓

Total number of tanks at facility ONE ✓

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 (if required, tank is currently empty) ✓

Name Erickson EPA I.D. No. CAD 009466392

Hauler License No. 019 License Exp. Date 4/30/92

Address 255 Parr Blvd.

City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site (if required) ✓

Name Erickson EPA I.D. No. CAD009466392

Address 255 Parr Blvd.

City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name ~~H & H MARINE INDUSTRIAL~~ *Erickson* EPA I.D. No. *CAD 009466392*
Hauler License No. 0334 License Exp. Date 1/31/92
Address ~~220 China Basin St.~~ *255 Park Blvd.*
City ~~San Francisco~~ *Richmond* State CA Zip 94107

d) Tank and Piping Disposal Site

Name ~~H & H SHIP SERVICE~~ *Erickson* EPA I.D. No. *CAD 009466392* ✓
Address ~~220 China Basin St.~~ *255 Park Blvd.*
City ~~San Francisco~~ *Richmond* State CA Zip 94107

11. Experienced Sample Collector

Name TRACE ANALYSIS LABORATORY, INC. ✓
Company TRACE ANALYSIS LABORATORY, INC.
Address 3423 Investment Blvd.
City Hayward State CA Zip 94545 Phone 510/783-6960

12. Laboratory

Name TRACE ANALYSIS LABORATORY, INC. ✓
Address 3423 Investment Blvd.
City Hayward State CA Zip 94545
State Certification No. 1199

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

Dry ice will be added to the tank to render it inert. The tank will be checked for LEL

* { 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.)	Proposed Location and Depth of Samples
Capacity	Use History (see instructions)		
<p><i>1000 gal approx</i></p> <p>550 gal.</p>	<p>Fuel storage tank. Installed 1980. Abandoned and pumped dry 1984. Unused to this date. Tank and piping were rinsed with clean water and pumped dry in 1984. Concrete was used to fill up fuel supply and return lines. Vent line was cut off and capped. Tank fill was capped with concrete. No additional use or work has been performed on tank since 1984.</p>	<p>Unleaded gas ✓</p> <p><i>Soil and/or ground water if present</i></p>	<p>1. Beneath tank</p> <p>2. At piping 20' maximum</p> <p><i>One sample collected from each end of the tank at the bottom, no deeper than 2 ft. at the backfill/natural soil interface.</i></p>

* { 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) 7 cubic yards	Sampling Plan ONE SAMPLE UNDER TANK ONE SAMPLE AT PIPING SEE ATTACHED PLAN <i>Stockpiled soil must be characterized depending on disposal method.</i>

X (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
THP G	DHS/GCID 3550 GC FID 5030	DHS	500 PPB 1.0 ppm
BTXE	8020 or 8240	EPA	5.0 Benzene PPB 5.0 Toluene PPB 5.0 Ethylbenzene PPB 15.0 Xylene PPB
No water analysis anticipated			5.0 ppb 5.0 ppt.

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer NATIONAL SURETY CORP.

19. Submit Plot Plan (See Instructions) ENCLOSED

20. Enclose Deposit (See Instructions) ENCLOSED

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) DALZELL CORPORATION

Signature [Handwritten Signature]

Date 9-23-91

Signature of Site Owner or Operator

Name (please type) RED TOP ELECTRIC. Co, Emeryville Inc ^{TFC}

Signature [Handwritten Signature]

Date 9/23/91

emeryville,
california
94662
p.o. box 8284
telephone 835-0732

DALZELL CORPORATION

engineering contractor for industry

Contractors License
No. 202440

TANK REMOVAL HEALTH AND SAFETY PLAN
4377 Adeline Street, Emeryville, Calif.

1. The safety officer for this project is Bruce L. Hammon, Vice President, Dalzell Corporation.
2. The existing 550 gallon underground unleaded gasoline storage tank, although it was rinsed and abandoned in 1984, may contain some hazardous materials (components of unleaded gasoline). Unleaded gasoline is an extremely explosive material and must be treated as such. Continuous monitoring for combustibile and toxic gas and oxygen deficiency with an ENMET CGS-80 TRITECTOR. The monitor should be held adjacent to the fill port of the tank during all operations involved with rendering the tank inert with dry ice and removing and loading the tank.
3. A daily tailgate safety meeting will be required for this project. (see Dalzell Accident Prevention Program).
4. The ENMET CGS-80 TRITECTOR must be calibrated each morning. Recharge the unit each night. Charge the unit with the battery off. READ AND FOLLOW THE INSTRUCTIONS ON THE BACK OF THE UNIT.
5. All personnel working around the tank must wear rubber gloves and a hard hat.
6. Under no circumstances will anyone enter the tank or enter the excavation if is more than 5"-0" deep without first installing shoring in accordance with O.S.H.A. requirements.
7. A temporary fence will be installed around the tank area, both during work hours and during non work hours.
8. During the removal of the concrete slab above the tank carefully remove the concrete plug in the fill port of the tank. Do not make any sparks while removing the plug. Check to see if the tank has any residual product inside. The tank is supposed to be rinsed and completely empty. If the tank is not empty call the office so we can arrange to have it pumped out. All excavation will be stockpiled inside the warehouse on plastic sheeting. It must also be covered with sheeting upon completion of the excavation.
9. In the event of an emergency spill call ERICKSON, INC. in Richmond at 510/235-1393.
In the event of an accident take injured party to Merritt Peralta Hospital, 350 Hawthorne Street, Oakland, CA.
10. In the event of any other emergency call 911.

EACH WORKER ON THE JOB MUST READ THIS PAGE AND THE FOLLOWING
ACCIDENT PREVENTION PROGRAM AND SIGN THEIR NAME BELOW THIS PAGE.

DALZELL CORPORATION
ACCIDENT PREVENTION PROGRAM

INTRODUCTION

As an employer, we are required by the "Construction Safety Orders" to have an accident prevention program. In addition to this legal requirement, a well run and safely administered construction job benefits everyone. Therefore, we require that the following "Accident Prevention Program", as outlined, to be adhered to by all company employees.

RESPONSIBILITY FOR SUPERINTENDENTS

- A. Demonstrate your interest in safety by establishing a firm and positive accident prevention policy that includes the supplying of tangible items like hard hats, protective clothing, safety glasses, good ladders, first aid materials and safety devices on equipment.
- B. Require foremen to give individual safety instructions and orders, as needed, to new workers and those found to be working unsafely.
- C. Require foremen to hold "toolbox" or "tail-gate" safety meetings with their crews at least every ten working days to emphasize some particular safety problem topic that needs special attention.
- D. Encourage safety suggestions from all workers; if a suggestion cannot be followed promptly, explain why to the worker.
- E. Arrange for frequent and regular field safety inspections. This should be done concurrent with regular jobsite visits.
- F. Require all field personnel to make accident prevention and hazard control an important part of their job responsibility.

ACCIDENT PREVENTION PROGRAM

COMPANY SAFETY PROGRAM FOR FIELD SUPERVISORS

The following is an outline of major items that must be incorporated into the field safety program for every one of our projects. Let it be emphasized, however, that these are the minimum requirements.

A. Field Office and Literature.

1. The following Posters, Regulations and Notices are required to be displayed in a conspicuous place on all projects so that all employees have an opportunity to review them. These can be supplied from the office as required:
 - a. CAL/OSHA Poster
 - b. Fair Employment Practice Poster
 - c. Pay Date Notice
 - d. Industrial Welfare, Commissions Hours and Working Condition Orders
 - e. Workman's Compensation Insurance Carrier (Listed on Emergency List)
 - f. Industrial Welfare Commission Minimum Wage Order or Federal Wage Determination Decision (Davis-Bacon Act) on Federally Funded Projects.
 - g. OSHA Injury Record
 - h. C. Overaa & Company, Accident Prevention Program
2. Emergency telephone numbers. CAL/OSHA requires that a list of all emergency telephone numbers be posted by the jobsite telephone. We have a poster form available for this purpose. (See Constuction Secretary)
3. First Aid Kit. Each project must have an adequate first aid kit at the jobsite. It is the responsibility of the superintendent to periodically inspect this kit and replace those items that have been depleted, or purchase a new kit as required. (See Purchasing Agent)

4. Construction Safety Orders. Each Job Office and Superintendent should have a current copy of the "Construction Safety Orders". This should be used as a handbook and guide for safety practices required for different types of work. We encourage the project Foreman to become familiar with this material. For advise and assistance check with your Project Manager or General Superintendent at the Main Office.
5. If the Owner has its own special Safety Program, facilities and/or special requirements (i.e., Chemical and Oil Companies), each foreman should be thoroughly familiar with his responsibilities.

B. The following procedures are mandatory in case of injury on the project:

1. First Aid. In many cases, this will be all that is required, however, we strongly encourage all our Foremen to take no chances with injuries. If there, is any doubt, refer the employee to a doctor. In addition, it is our policy to encourage all Foremen and Superintendents to take a certified first aid course.
2. For serious injuries, do not hesitate to call an ambulance. This telephone number should be handy and on the emergency phone list form mentioned above. Call an ambulance or have the injured party taken to the nearest emergency hospital or doctor's office as necessary. The Superintendent should be aware of the exact location of the hospital and/or doctor's office so that he can be prepared to drive any injured party there himself, if necessary.
3. Fill out the injury report form that was included in the safety packet sent to the jobsite at the beginning of the project.

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Health Services, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION
Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- c) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- d) Frequency and types of air and personnel monitoring to be used - along with the environmental sampling techniques and instrumentation. Include instrumentation maintenance and calibration methods and frequencies;
- e) Specific personal protective equipment and procedures to be used by workers to protect themselves from the identified hazards. Also state the contaminant concentrations in air - or other conditions - which will trigger changes in work or work habits to ensure workers are not exposed to high levels of hazardous chemicals or to other unsafe conditions;
- f) Confined space entry procedures (if applicable);
- g) Decontamination procedures;
- h) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, security guards, etc.);
- i) Spill containment and emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- j) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- k) Page for employees to sign indicating they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120, Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist 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 Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tanks and piping in addition to the ones being pulled.

20. DEPOSIT

A deposit, payable to Alameda County for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TOTAL LEAD AA	
	TOTAL LEAD AA			
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E	8260	CL HC AND BTX&E	8260
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TPH and BTX&E	8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E	8260		
	O & G	5520 D & F	O & G	5520 C & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni			
	METHOD 8270 FOR SOIL OR WATER TO DETECT:			
	PCB*		PCB	
	PCP*		PCP	
	PNA		PNA	
	CREOSOTE		CREOSOTE.	

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Description of sampling methods;
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Tabulation of the volume and final destination of all non-manifested contaminated soil hauled offsite.

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. **Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.**
9. **PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:**

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal

Regional Board Staff Recommendations
Preliminary Site Investigation

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from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

06/21/91

PRODUCER

Diversified Risk
 1335 Stanford Avenue
 Suite 100
 Emeryville, CA 94608

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.

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** **Fireman's Fund Insurance**
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

Dalzell Corporation
 2434 Chestnut St.
 P.O. Box 8284
 Emeryville, CA 94662

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)	ALL LIMITS IN THOUSANDS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	MZX80464298	03/22/91	03/22/92	GENERAL AGGREGATE \$ 2,000 PRODUCTS-COMP/OPS AGGREGATE \$ 2,000 PERSONAL & ADVERTISING INJURY \$ 1,000 EACH OCCURRENCE \$ 1,000 FIRE DAMAGE (Any one fire) \$ 50 MEDICAL EXPENSE (Any one person) \$ 5
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				MZA80080559
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	XOK2215480	03/22/91	03/22/92	EACH OCCURRENCE \$ 4,000 AGGREGATE \$ 4,000
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY \$ (EACH ACCIDENT) \$ (DISEASE—POLICY LIMIT) \$ (DISEASE—EACH EMPLOYEE)
A	OTHER Physical Damage Leased/Rented Auto	MZA80096253	03/22/91	03/22/92	ACV less \$500 Collision & \$250 Comprehensive Ded

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~SEND~~ **SEND** 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

Kathleen Debernardi

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
6-20-91

PRODUCER

CASEY & COMPANY INS BROKERS
P O Box 410447
San Francisco, CA 94141

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.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** National Surety Corp
COMPANY LETTER **B**
COMPANY LETTER **C**
COMPANY LETTER **D**
COMPANY LETTER **E**

INSURED

DALZELL CORPORATION
P O Box 8284
Emeryville, CA 94660

RECEIVED JUN 27 1991

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
	CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WP 80504853	1-1-91	1-1-92	STATUTORY LIMITS
					EACH ACCIDENT \$ 1,000,000
					DISEASE-POLICY LIMIT \$ 1,000,000
					DISEASE-EACH EMPLOYEE \$ 1,000,000
	OTHER				

includes "Waiver of Subrogation" as to Certificate Holder

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Re: All Operations of the Named Insured

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL SEND BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. THE COMPANY SHALL BE RESPONSIBLE FOR THE COSTS OF SUCH NOTICE.

AUTHORIZED REPRESENTATIVE