

R. B. MATHESON TRUCKING, INC.

P.O. BOX 6088 CONCORD, CALIFORNIA 94524

HAZMAT

94 SEP 27 AM 11:29

September 22, 1994

Ms. Jennifer Eberle
Alameda County Environmental Health
1131 Harbor Bay Pkwy., Room 250
Alameda, CA 94502-6577

RE: 2500 Poplar Street, Oakland, CA

Dear Ms. Eberle,

Enclosed please find our **Underground Storage Tank Closure Report** for the above referenced property. Included with the report is a site map indicating the location of the soil samples, copies of the hazardous waste manifests documenting transport of the removed tanks and liquids, the lab results for the soil and water samples, the accepted permits to remove the tanks issued by Alameda County and the signed approval from the City of Oakland Fire Department.

If you have any questions, please do not hesitate to contact me at (916) 686-4600.

Thank you,



Paula Bevans Wiens
R. B. Matheson Trucking, Inc.

Enclosure

UST CLOSURE REPORT

FOR

R. B. MATHESON TRUCKING, INC.
2500 POPLAR STREET
OAKLAND, CA

On August 2, 1994, at approximately 1:00 p.m. we commenced with removal of three Underground Storage Tanks, (UST), at 2500 Poplar Street, Oakland, CA. On site were Larry James of the Oakland Fire Department, Jennifer Eberle, Hazardous Materials Specialist, of the Alameda County Environmental Health Department and Christopher Canary, Licensed Contractor for R. B. Matheson Trucking, Inc. ✓

The first tank, a 1,000 gallon capacity, single wall steel UST, was located below the sidewalk on Union Street, (see attached site map). Removal revealed no obvious penetrations in the UST and minor rust. ✓ The site was excavated to 10 feet below ground surface and two soil samples were taken. The first, Lab ID #76072-1, was taken at the North end of the excavation; lab results found it to have 22 ppm for diesel and 550 ppm for gasoline. ✓ The second, Lab ID #76071-2, was taken from the South end of the excavation; lab results did not detect any diesel or gasoline at the method detection limit, (MDL), cutoffs. Both soil samples were taken as instructed by Jennifer Eberle. ✓

At approximately, 2:30 p.m., began removal of two 4,000 gallon capacity, single wall steel USTs. These were located side by side near the Poplar Street side of the property, (see attached site map). Removal of the East tank, designated as Tank B, revealed 1 or 2 one-half inch diameter holes in it. ✓ The West tank, designated as Tank A, was then removed. ✓

Earlier the same day, both tanks had all pumpable liquids, approximately 700 gallons, removed by H & H Environmental Services under manifest #93620539 ✓ and disposed of at Gibson/Pilot in Redwood City, CA. Tank B now had liquid leaking from the holes and ground water was in the pit. Tar wrap was missing from both tanks and was found lying in the pit. It appeared to be leaching into the ground water in the pit. All USTs were inerted with dry ice and hauled away by H & H Environmental Services under manifest #93620543. ✓

Soil samples were taken at the Poplar Street excavation at approximately 3:30 p.m. Sample number 3, Lab ID #76071-3, was

taken from the North end of the East tank, Tank B, at 8 feet deep. The lab result detected ~~no diesel or gasoline~~ ppm at the MDL. Sample number 4, Lab ID #76071-4, was taken at the North end of the West tank, Tank A, at 8 feet deep. The lab result revealed 44 ppm for diesel and 1,360 ppm for gasoline.

The USTs were weighted down with a soft cement slurry because they sat in ground water. This slurry was porous and retained some contamination. This slurry layer was broken through prior to taking soil samples number 5 and 6 in the South end of the excavation. Sample number 5, Lab ID #70071-5, was taken at 8 feet deep from the West tank, Tank A, and had a non-detectable result at the MDL for diesel and 1.3 ppm for gasoline. Sample number 6, Lab ID #76071-6, was taken at 8 feet deep in the South end of the East tank, Tank B, and had non-detectable results at the MDL for both diesel and gasoline.

From the time of excavation, all spoils were placed on plastic at the site and kept covered with plastic. Six samples were taken from this stockpile at 10 foot intervals and approximately 1 foot deep into the soil. These results are listed below:

<u>Lab ID #</u>	<u>Diesel PPM</u>	<u>Gasoline PPM</u>
76071-7	40.0	240.0
76071-8	7.2	5.2
76071-9	65.0	160.0
76071-10	16.0	150.0
76071-11	8.3	6.0
76071-12	1,350.0	770.0

stockpiles

6.8
Union St.

As instructed by Jennifer Eberle, the ground water and tar wrap was removed from the East/West tank excavation, Tank A and B. The ground water was removed by H & H Environmental Services under manifest #93620611, and disposed of at Gibson/Pilot in Redwood City, CA, on August 12, 1994. The tar wrap was placed on plastic and remains on site. The pit was allowed to recharge and a water sample was then taken from this. The result of this sample, Lab ID #76106-1, was 14 ppb for diesel and 60 ppb for gasoline. This sample was also tested for BETX; results are non-detectable for Benzene and Ethyl-benzene, .60 for Toluene and 2.0 for Xylenes.

1250 gal

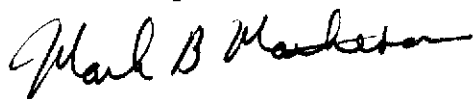
All samples, soil and water, were taken by Christopher Canary at the instruction of Jennifer Eberle. Lab results were reported by

UST Closure Report
R. B. Matheson Trucking, Inc.
Page Three

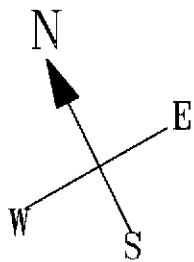
Precision Analytical Laboratory, Inc., Richmond, CA. All Certificates of Analysis and associated paperwork accompanies this report. In addition, all hazardous waste shipping manifests are included for reference.

If you have any questions regarding this report, please do not hesitate to contact my office at (916) 686-4600 or by faxing to (916) 685-8875.

Sincerely,

A handwritten signature in cursive script that reads "Mark B. Matheson".

Mark B. Matheson, Vice-President
R. B. Matheson Trucking, Inc.



POPLAR STREET

2500

S = Sump

T = Tank

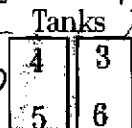
= Owned by others

= Concrete

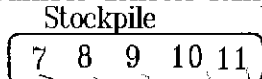
2430

1.3/ND/ND

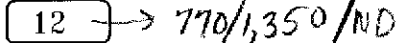
ND/ND/ND



(Number denotes sample number)



Stockpile



2430

240/40/ND

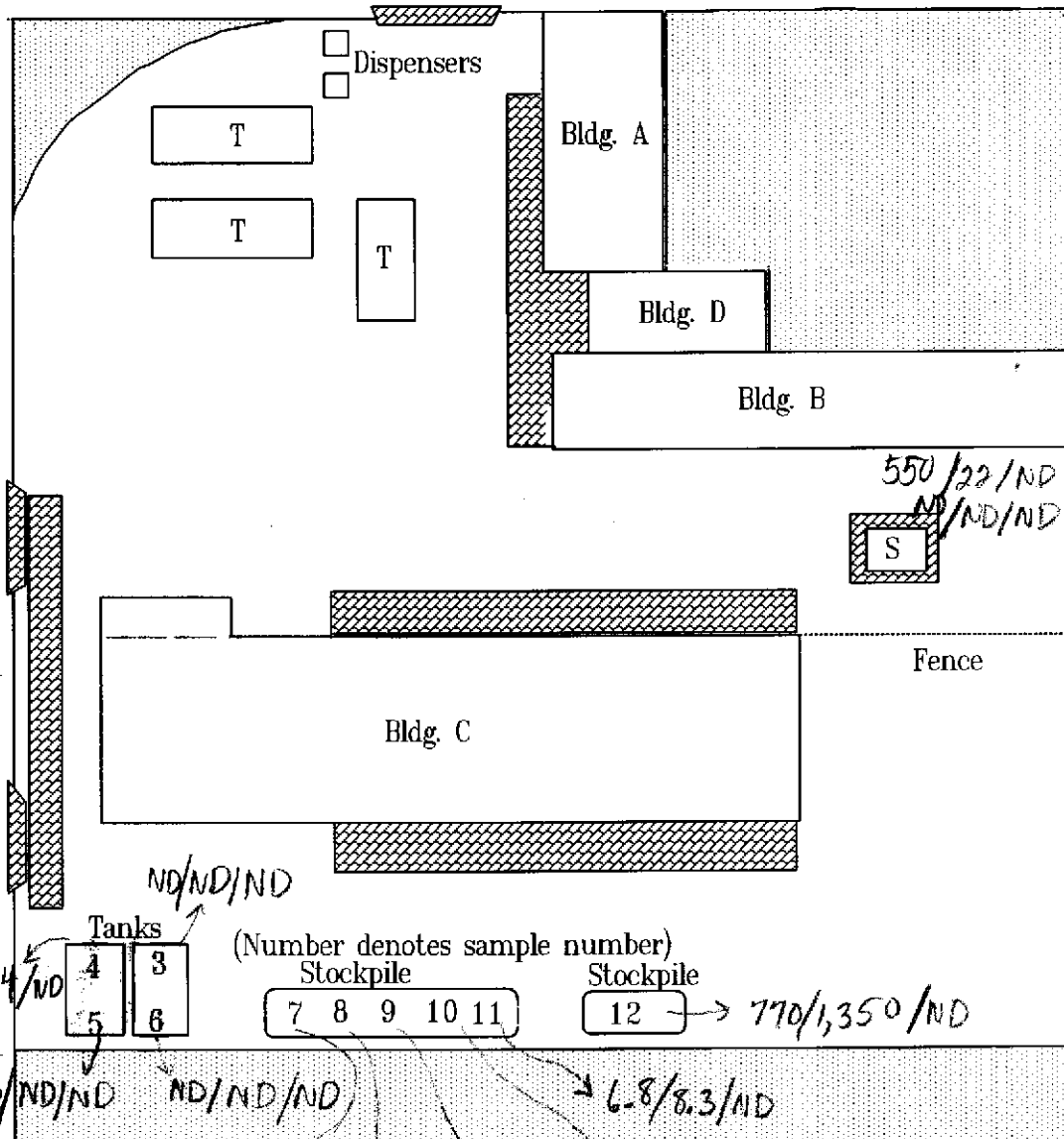
5.2/7.2/ND

160/65/ND

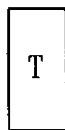
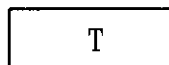
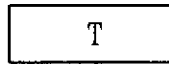
150/16/ND

TPH_g / TPH_d / benzene in ppm

USTs



Dispensers



Bldg. A

Bldg. D

Bldg. B

Bldg. C

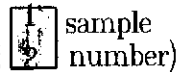
Fence



550/22/ND
ND/ND/ND

2529

(Number denotes sample number)



UNION STREET

2431

Precision Analytical Laboratory, Inc.

4136 LAKESIDE DRIVE, RICHMOND, CA 94806 PHONE (510) 222-3002 FAX (510) 222-1251

CERTIFICATE OF ANALYSIS

STATE LICENSE NO. 1150

Attn: Paula Wiens
Matheson Trucking
P.O. Box 970
Elk Grove, CA 95759

Date Received: 08/02/94
Date Extracted: 08/10/94
Date Analyzed: 08/10/94
Date Reported: 08/12/94
Job #: 76071

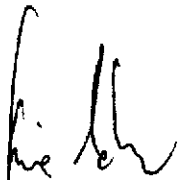
Project: Matheson Trucking
2500 Poplar Street, Oakland
Matrix: Soil

Aromatic Volatile Hydrocarbon Analysis
EPA Method 8020
mg/Kg

<u>Lab I.D.</u>	<u>Client I.D.</u>	<u>Benzene</u>	<u>MDL</u>	<u>Toluene</u>	<u>MDL</u>
76071-1	UNION ST. #1	ND<0.06	0.06	0.60	0.06
76071-2	UNION ST. #2	ND<0.005	0.005	0.024	0.005
76071-3	EAST TANK #3	ND<0.005	0.005	0.042	0.005
76071-4	WEST TANK #4	ND<0.15	0.15	0.94	0.15
76071-5	EAST TANK #5	ND<0.005	0.005	0.007	0.005
76071-6	EAST TANK #6	ND<0.005	0.005	0.007	0.005

<u>Lab I.D.</u>	<u>Client I.D.</u>	<u>Ethyl- benzene</u>	<u>MDL</u>	<u>Xylenes</u>	<u>MDL</u>
76071-1	UNION ST. #1	0.53	0.06	0.53	0.06
76071-2	UNION ST. #2	ND<0.005	0.005	ND<0.005	0.005
76071-3	EAST TANK #3	ND<0.005	0.005	ND<0.005	0.005
76071-4	WEST TANK #4	ND<0.15	0.15	0.220	0.15
76071-5	EAST TANK #5	ND<0.005	0.005	ND<0.005	0.005
76071-6	EAST TANK #6	ND<0.005	0.005	ND<0.005	0.005

MDL: Method Detection Limit. Compound below this level would not be detected.



Jaime Chow
Laboratory Director

JC/dwc



Precision Analytical Laboratory, Inc.

4136 LAKESIDE DRIVE, RICHMOND, CA 94806

PHONE (510) 222-3002

FAX (510) 222-1251

STATE LICENSE NO. 1150

Attn: Paula Wiens
Matheson Trucking
P.O. Box 970
Elk Grove, CA 95759

Date Received: 08/02/94
Date Extracted: 08/10/94
Date Analyzed: 08/10/94
Date Reported: 08/12/94
Job #: 76071

Project: Matheson Trucking
2500 Poplar Street, Oakland
Matrix: Soil

Aromatic Volatile Hydrocarbon Analysis
EPA Method 8020
mg/Kg

Table with 6 columns: Lab I.D., Client I.D., Benzene, MDL, Toluene, MDL. Rows 76071-7 to 76071-12.

Table with 6 columns: Lab I.D., Client I.D., Ethyl-benzene, MDL, Xylenes, MDL. Rows 76071-7 to 76071-12.

QA/QC: Matrix Spike Recovery for Benzene: 88%
Matrix Spike Recovery for Toluene: 88%
Matrix Spike Recovery for Chlorobenzene: 99%

Matrix Spike Duplicate Recovery for Benzene: 90%
Matrix Spike Duplicate Recovery for Toluene: 92%
Matrix Spike Duplicate Recovery for Chlorobenzene: 107%

Precision Analytical Laboratory, Inc.

4136 LAKESIDE DRIVE, RICHMOND, CA 94806

PHONE (510) 222-3002

FAX (510) 222-1251

CERTIFICATE OF ANALYSIS

STATE LICENSE NO. 1150

Attn: Paula Wiens
Matheson Trucking
P.O. Box 970
Elk Grove, CA 95759

Date Received: 08/02/94
Date Extracted: 08/10/94
Date Analyzed: 08/10/94
Date Reported: 08/12/94
Job #: 76071

Project: Matheson Trucking
2500 Poplar Street, Oakland
Matrix: Soil

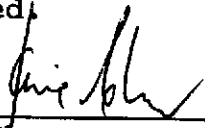
Total Petroleum Hydrocarbon Analysis
DHS Extraction Method (LUFT)
mg/Kg

Lab I.D.	Client I.D.	Diesel	MDL
76071-1	UNION ST. #1	22	1.0
76071-2	UNION ST. #2	ND<1.0	1.0
76071-3	EAST TANK #3	ND<1.0	1.0
76071-4	WEST TANK #4	44 *	1.0
76071-5	EAST TANK #5	ND<1.0	1.0
76071-6	EAST TANK #6	ND<1.0	1.0
76071-7	STOCK PILE #7	40 *	1.0
76071-8	STOCK PILE #8	7.2	1.0
76071-9	STOCK PILE #9	65	1.0
76071-10	STOCK PILE #10	16 *	1.0
76071-11	STOCK PILE #11	8.3 *	1.0
76071-12	STOCK PILE #12	1,350 *	40

* TPH Diesel Range

QA/QC: Matrix Spike Recovery for Diesel: 112%
Matrix Spike Duplicate Recovery for Diesel: 112%

MDL: Method Detection Limit. Compound below this level would not be detected.


Jaime Chow
Laboratory Director

JC/dwc



Precision Analytical Laboratory, Inc.

4136 LAKESIDE DRIVE, RICHMOND, CA 94806

PHONE (510) 222-3002

FAX (510) 222-1251

CERTIFICATE OF ANALYSIS

STATE LICENSE NO. 1150

Attn: Paula Wiens
Matheson Trucking
P.O. Box 970
Elk Grove, CA 95759

Date Received: 08/02/94
Date Extracted: 08/10/94
Date Analyzed: 08/10/94
Date Reported: 08/12/94
Job #: 76071

Project: Matheson Trucking
2500 Poplar Street, Oakland
Matrix: Soil

Total Petroleum Hydrocarbon Analysis
EPA Method 5030
mg/Kg

Table with 4 columns: Lab I.D., Client I.D., Gasoline Range, MDL. Rows include samples 76071-1 through 76071-12 with corresponding client IDs and detection limits.

QA/QC: Matrix Spike Recovery for Gasoline: 113%
Matrix Spike Duplicate Recovery for Gasoline: 101%

MDL: Method Detection Limit. Compound below this level would not be detected.

Handwritten signature of Jaime Chow

Jaime Chow
Laboratory Director

JC/dwc

Phone: 916 685 2330

FAX: 916 685 8875

Send report to: ^{Paula Wiggins} ~~Karen Jernison~~

CHAIN OF CUSTODY RECORD

PROJECT NAME AND ADDRESS: Matheson Trucking 2500 Poplar St OAKLAND					SAMPLE: (Signature) <i>Christina [Signature]</i>		ANALYSIS REQUESTED TIP IT - GAS & BTEX PH - Diesel			
CROSS REFERENCE NUMBER					DATE	TIME	SOIL	WATER	STATION LOCATION	REMARKS
	8/2/94	2:10 PM	✓		Union St. #1				X X	Matheson Truck: PO Box 970 Elk Grove, CA. 95759 <hr/> Company name & mail address: per Paula 8/12/94
	"	2:20 PM	✓		Union St #2				X X	
	"		✓		East tank #3 North				X X	
	"	3:15 PM	✓		West tank #4 North End				X X	
	"	4:30 PM	✓		East tank #5 South End				X X	
	"	4:40 PM	✓		East tank #6 South End				X X	
	"	5:00 PM	✓		Stock pile # 7				X X	
	"		✓		Stock pile # 8				X X	
	"	5:05 PM	✓		Stock pile # 9				X X	
	"	5:10 PM	✓		Stock pile # 10				X X	
	"		✓		Stock pile # 11				X X	
	"	5:15 PM	✓		Stock pile # 12				X X	
RELINQUISHED BY: (Signature) <i>Christina [Signature]</i>					DATE 8/2/94	TIME 17:20 PM	RECEIVED BY: (Signature) <i>[Signature]</i>		DATE 8/2/94	TIME 17:20 PM
RELINQUISHED BY: (Signature)					DATE	TIME	RECEIVED BY: (Signature)		DATE	TIME
RELINQUISHED BY: (Signature)					DATE	TIME	RECEIVED BY: (Signature)		DATE	TIME
RELINQUISHED BY: (Signature)					DATE	TIME	RECEIVED FOR LABORATORY BY: (Signature)		DATE	TIME

Precision Analytical Laboratory, Inc.

4136 LAKESIDE DRIVE, RICHMOND, CA 94806 PHONE (510) 222-3002 FAX (510) 222-1251

CERTIFICATE OF ANALYSIS

STATE LICENSE NO. 1150

Attn: Patricia Piethe
R.B. Matheston Holdings
P.O. Box 970
Elk Grove, CA 95759

Date Received: 08/16/94
Date Analyzed: 08/22/94
Date Reported: 08/24/94
Job #: 76106


Project: 2500 Poplar Street, Oakland
Matrix: Water

Total Petroleum Hydrocarbon Analysis
EPA Method 5030
μg/L

<u>Lab I.D.</u>	<u>Client I.D.</u>	<u>Gasoline</u>	<u>MDL</u>
76106-1	#13	60	50

QA/QC: Method Spike Recovery for Gasoline: 98%
Method Spike Duplicate Recovery for Gasoline: 93%

MDL: Method Detection Limit. Compound below this level would not be detected.



Jaime Chow
Laboratory Director

JC/dwc



Precision Analytical Laboratory, Inc.

4136 LAKESIDE DRIVE, RICHMOND, CA 94806 PHONE (510) 222-3002 FAX (510) 222-1251

CERTIFICATE OF ANALYSIS

STATE LICENSE NO. 1150

Attn: Patricia Piethe
R.B. Matheson Holdings
P.O. Box 970
Elk Grove, CA 95759

Date Received: 08/16/94
Date Analyzed: 08/22/94
Date Reported: 08/24/94
Job #: 76106

Project: 2500 Poplar Street, Oakland
Matrix: Water

Aromatic Volatile Hydrocarbon Analysis
EPA Method 602
ug/L

Table with 6 columns: Lab I.D., Client I.D., Benzene, MDL, Toluene, MDL. Data rows show results for Benzene and Toluene at Lab I.D. 76106-1 and Client I.D. #13.

QA/QC: Matrix Spike Recovery for Benzene: 113%
Matrix Spike Recovery for Toluene: 110%
Matrix Spike Recovery for Chlorobenzene: 124%
Matrix Spike Recovery for Benzene: 113%
Matrix Spike Recovery for Toluene: 108%
Matrix Spike Recovery for Chlorobenzene: 128%

MDL: Method Detection Limit. Compound below this level would not be detected.

Handwritten signature of Jaime Chow

Jaime Chow
Laboratory Director

JC/dwc



Precision Analytical Laboratory, Inc.

4136 LAKESIDE DRIVE, RICHMOND, CA 94806

PHONE (510) 222-3002

FAX (510) 222-1251

CERTIFICATE OF ANALYSIS

STATE LICENSE NO. 1150

Attn: Patricia Piethé
R.B. Matheson Holdings
P.O. Box 970
Elk Grove, CA 95759

Date Received: 08/16/94
Date Extracted: 08/17/94
Date Analyzed: 08/17/94
Date Reported: 08/24/94
Job #: 76106

Project: 2500 Poplar Street, Oakland
Matrix: Water

Total Petroleum Hydrocarbon Analysis
DHS Extraction Method (LUFT)
mg/L

<u>Lab I.D.</u>	<u>Client I.D.</u>	<u>Diesel Range</u>	<u>MDL</u>
76106-1	#13	0.14	0.050

QA/QC: Matrix Spike Recovery for Diesel: 116%
Matrix Spike Duplicate Recovery for Diesel: 113%

MDL: Method Detection Limit. Compound below this level would not be detected.

Jaime Chow
Laboratory Director

JC/dwc

CHAIN OF CUSTODY

PHONE (510)222-3002 FAX (510)222-3003

SAMPLERS (Signature):		PO#:		ANALYSIS REQUESTED										REMARKS			
PROJECT #: <u>Matteson Trucking</u>		INVOICE TO: <u>Matteson Trucking</u>		TPH-GAS (5030)	TPH-DIESEL (LUFT)	BTX (602/8020)	TTL (CAV-17) METALS	STLC METALS	TCLP METALS	OIL & GREASE (5520 B/D/E)	TOTAL HYDROCARBON (5520 F)	PCI	VOLATILES (8240)	SEMI-VOLATILES (8270)	PCB/PESTICIDES (8080)	HALOGENATED (601/8010)	
(COMPANY)		(COMPANY) <u>ETH GROWZ</u>															
(ADDRESS) <u>2500 Polar Oakland</u>		(ADDRESS)															
(CITY, ST, ZIP)		(CITY, ST, ZIP)															

CROSS REFERENCE #	DATE	TIME	MATRIX		STATION LOCATION	TPH-GAS (5030)	TPH-DIESEL (LUFT)	BTX (602/8020)	TTL (CAV-17) METALS	STLC METALS	TCLP METALS	OIL & GREASE (5520 B/D/E)	TOTAL HYDROCARBON (5520 F)	PCI	VOLATILES (8240)	SEMI-VOLATILES (8270)	PCB/PESTICIDES (8080)	HALOGENATED (601/8010)		
			S	W																
#13	8-15-94	6:45		X		X	X	X												
#13	8-15-94	6:45		X		X	X	X												
#13	8-15-94	6:45		X		X	X	X												

RELINQUISHED BY: (Signature) <u>Christy King</u>	DATE/TIME <u>8-16-94 4:50</u>	RECEIVED BY: (Signature) <u>Kalvin Sidu</u>	DATE/TIME <u>8-16-94 4:50 PM</u>
RELINQUISHED BY: (Signature)	DATE/TIME	RECEIVED BY: (Signature)	DATE/TIME
RELINQUISHED BY: (Signature)	DATE/TIME	RECEIVED BY: (Signature)	DATE/TIME

TURN AROUND TIME: * 24 HRS ___ * 48 HRS ___ * 72 HRS ___ 5 DAYS * (SURCHARGE APPLIES)

SPECIAL NOTATIONS: _____

93620539
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550
 GENERATOR
 FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 9 8 2 0 2 0 7 3 7		Manifest Document No. 2 0 5 3 9		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address MATHESON POSTAL 2500 Poplar Street, Oakland, CA. 94607					A. State Manifest Document Number 93620539								
4. Generator's Phone (510) 893-5404					B. State Generator's ID								
5. Transporter 1 Company Name H&H SHIP SERVICE COMPANY			6. US EPA ID Number C A D 0 0 4 7 7 1 1 6 8		C. State Transporter's ID 428049			D. Transporter's Phone (415) 543 4835					
7. Transporter 2 Company Name					8. US EPA ID Number								
9. Designated Facility Name and Site Address GIBSON / PILOT 475 Seaport Boulevard Redwood City, CA. 94063					10. US EPA ID Number C A D 0 4 3 2 6 0 7 0 2								
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) RQ, HAZARDOUS WASTE LIQUID, N.O.S (BENZENE) 9, NA 3082, III (D018)					12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste Number		
					No. Type		Quantity		Wt/Vol		State		
					0 0 1 T T		0 0 7 0 0 G		223				
b.									State				
c.									EPA/Other				
d.									State				
									EPA/Other				
16. Additional Descriptions for Materials Listed Above FUEL, OIL AND WATER					K. Handling Codes for Wastes Listed Above								
					a.		b.						
					c.		d.						
15. Special Handling Instructions and Additional Information JOB #14744 RELEASE #16996 24 Hr. Emergency Contact: H&H#(415)543-4835 APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.													
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name STEPHEN N. CANARY				Signature <i>[Signature]</i>				Month 0 8		Day 0 2		Year 9 4	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ESTEBAN M. PENALVER				Signature <i>[Signature]</i>				Month 0 8		Day 0 2		Year 9 4	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month		Day		Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name				Signature				Month		Day		Year	

DO NOT WRITE BELOW THIS LINE.

93620543
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 9 8 2 0 2 0 7 3 7		Manifest Document No. 0 0 0 0 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address MATHESON POSTAL 2500 Poplar Street, Oakland, CA. 94607						A. State Manifest Document Number 93620543							
4. Generator's Phone (510) 893-5404						B. State Generator's ID							
5. Transporter 1 Company Name H & H SHIP SERVICE COMPANY			6. US EPA ID Number C A D 0 0 4 7 7 1 1 6 8			C. State Transporter's ID 428038		D. Transporter's Phone (415) 543-4835					
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address H & H SHIP SERVICE COMPANY 220 TERRY A. FRANCOIS STREET SAN FRANCISCO, CA. 94107						10. US EPA ID Number C A D 0 0 4 7 7 1 1 6 8							
G. State Facility's ID						H. Facility's Phone (415) 543-4835							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Val		I. Waste Number	
						No. Type		Quantity		Wt/Val		State EPA/Other	
RESIDUE DIESEL TANKS NON-RCRA HAZARDOUS WASTE SOLID						0 0 2 T P		0 2 5 0 0		P		State 512 EPA/Other	
						RESIDUE HEATING OIL TANK NON-RCRA HAZARDOUS WASTE SOLID						0 0 1 T P	
c.												State EPA/Other	
d.												State EPA/Other	
J. Additional Descriptions for Materials Listed Above EMPTY 2,500 and 500 gallon tanks last containing diesel and heating oil. Tanks inerted with dry ice for safe transport. PROFILE #A4423						K. Handling Codes for Wastes Listed Above							
						a. 01		b. 01					
						c.		d.					
15. Special Handling Instructions and Additional Information JOB #14745 24 Hr. Emergency Contact: H & H #(415) 543-4835 APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name MARK B MATHESON				Signature <i>Mark B Matheson</i>				Month Day Year 0 8 0 2 9 4					
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ROBERT V. PETRUCCI				Signature <i>Robert V. Petrucci</i>				Month Day Year 0 8 0 2 9 4					
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month Day Year					
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name LOURDES B LOPEZ													
Signature <i>Loures B Lopez</i>				Month Day Year 0 8 1 0 2 9 4									

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
 (Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

93620611 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 9 8 2 0 2 0 7 3 7		Manifest Document No. 2 0 6 1 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address MATHESON POSTAL 2500 Poplar Street, Oakland, CA. 94607						A. State Manifest Document Number 93620611							
4. Generator's Phone (510) 893-5404						B. State Generator's ID							
5. Transporter 1 Company Name H&H SHIP SERVICE COMPANY				6. US EPA ID Number C A D 0 0 4 7 7 1 1 6 8		C. State Transporter's ID 428050		D. Transporter's Phone (415) 543-4835					
7. Transporter 2 Company Name						8. US EPA ID Number		E. State Transporter's ID					
9. Designated Facility Name and Site Address GIBSON / PILOT 475 Seaport Boulevard Redwood City, CA. 94063						10. US EPA ID Number C A D 0 4 3 2 6 0 7 0 2		G. State Facility's ID					
								H. Facility's Phone (415) 368-5511					
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) RQ, HAZARDOUS WASTE LIQUID, N.O.S (BENZENE) 9, NA 3082, III (D018)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		1. Waste Number	
						No. Type		Quantity		Wt/Vol		State	
						0 0 1 T T		0 1200 G		223			
b.										EPA/Other EU18			
c.										State			
d.										EPA/Other			
J. Additional Descriptions for Materials Listed Above FUEL, OIL AND WATER						K. Handling Codes for Wastes Listed Above							
						a.		b.					
						c.		d.					
15. Special Handling Instructions and Additional Information JOB #14795 RELEASE #17104 24 Hr. Emergency Contact: H&H#(415)543-4835 APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name JOHN BECK				Signature <i>John Beck</i>				Month 0 8		Day 1 2		Year 9 4	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ESTEBAN M PENALVER				Signature <i>Esteban M. Penalver</i>				Month 0 8		Day 1 2		Year 9 4	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month		Day		Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name				Signature				Month		Day		Year	

DO NOT WRITE BELOW THIS LINE.

CITY OF OAKLAND

PERMIT TO EXCAVATE IN STREETS OR OTHER WORK AS SPECIFIED

**CITY
OF
OAKLAND**

LOCATION OF WORK: _____ BETWEEN _____ AND _____
(Street or Address) (Street/Ave.) (Specify)

PERMISSION TO EXCAVATE IN THE PUBLIC RIGHT-OF-WAY IS HEREBY GRANTED TO:

APPLICANT _____

ADDRESS _____ PHONE #: _____

TYPE OF WORK: GAS _____ ELECTRIC _____ WATER _____ TELEPHONE _____ CABLE TV _____ SEWER _____ OTHER _____
(Specify)

NATURE OF WORK: _____

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professions Code, or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than \$500):

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 70044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).

I, as owner of the property, am exempt from the sale requirements of the above due to: (1) I am improving my principal place of residence or appurtenances thereto, (2) the work will be performed prior to sale, (3) I have resided in the residence for the 12 months prior to completion of the work, and (4) I have not claimed exemption in this subdivision on more than two structures more than once during any three-year period. (Sec. 7044, Business and Professions Code).

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law).

I am exempt under Sec. _____, B&PC for this reason _____

Signature _____ Date _____

PERMIT VOID 90 DAYS FROM DATE OF ISSUE UNLESS EXTENSION GRANTED BY DIRECTOR OF PUBLIC WORKS.

Approximate Starting Date DATE 8-2-94

Approximate Completion Date DATE _____

HOLIDAY RESTRICTION (1 NOV - 1 JAN) YES _____ NO _____

LIMITED OPERATION AREA (7AM - 9AM/4PM - 6PM) YES _____ NO _____

DATE STREET LAST RESURFACED DATE _____

SPECIAL PAVING DETAIL REQUIRED YES _____ NO _____

24-HOUR EMERGENCY PHONE NUMBER _____

PERMIT NOT VALID WITHOUT 24 HOUR NUMBER.

Telephone 238-3651 Forty-eight (48) HOURS BEFORE ACTUAL CONSTRUCTION.

ATTENTION

State law requires that contractor/owner call Underground Service Alert two working days before excavating to have below-ground utilities located. This permit is not valid unless applicant has secured an inquiry identification number issued by Underground Service Alert.

Call Toll Free: 800-642-2444 USA ID Number _____

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab C).

Policy # _____ Company Name _____

Certified copy is hereby furnished.

Certified copy is filed with the city building inspection dept.

Signature _____ Date _____

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Signature _____ Date _____

This permit issued pursuant to all provisions of Chapter 6, Article 2 of the Oakland Municipal Code.

This permit is granted upon the express condition that the permittee shall be responsible for all claims and liabilities arising out of work performed under the permit or arising out of permittee's failure to perform the obligations with respect to street maintenance. The permittee shall, and by acceptance of the permit agrees to defend, indemnify, save and hold harmless the City, its officers and employees, from and against any and all suits, claims or actions brought by any person for or on account of any bodily injuries, disease or illness or damage to persons and/or property sustained or arising in the construction of the work performed under the permit or in consequence of permittee's failure to perform the obligations with respect to street maintenance.

CONTRACTOR

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

LICENSE # AND CLASS _____ CITY BUSINESS TAX # _____

X _____ Date _____

Signature of Contractor Owner or Agent _____

Agent for Contractor Owner

INSPECTION COMPANIES & A TION HOURS W/ CONFORMANCE FEE SCHEDULE

NO REFUND W/O RECPT

07-28-94 #1

EXCV	195.00
OFFICIAL APPL	40.00
UTILITY CHECK	235.00
TOTAL	235.00

Supervisor _____
Completion Date _____
CITY INSP ITEM 2
2CL 8486 13:08TM

Initials _____
Hours _____
Date _____

Concrete _____

Asphalt _____

Sidewalk _____

Size of Cut: Sq. Ft. _____ Inches _____

Paved by _____ Type _____

Bill No. _____

Charges Backfill _____

Paving _____

Paving Insp. _____

Traffic Striping Replaced _____

Date _____

APPROVED

Engineering Services _____ Date _____

Planning _____ Date _____

Field Services _____ Date _____

Construction _____ Date _____

Traffic Engineering _____ Date _____

Electrical Engineering _____ Date _____

DIRECTOR OF PUBLIC WORKS

APPROVED BY: _____

DATE: 8-2-94

EXTENSION GRANTED BY: _____

DATE: _____

OWNER/BUILDER

WORKER'S COMPENSATION

ALAMEDA COUNTY HEALTH CARE CENTER
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621
 PHONE NO. 510/271-4320

Jennifer Eberle

ACCEPTED
 Underground Storage Tank Closure Permit Application
 Alameda County Department of Environmental Health
 80 Swan Way, San Jose, CA 95128
 Telephone: (415) 297-2200

These closure/manifestation forms shall be filed with all forms required by the Department of Environmental Health and the State and local health departments. The applicant shall be responsible for the completion of this form and the submission of all required information. The applicant shall be responsible for the completion of this form and the submission of all required information. The applicant shall be responsible for the completion of this form and the submission of all required information.

Notify this Department of any changes to the information provided on this form. Notify this Department of any changes to the information provided on this form. Notify this Department of any changes to the information provided on this form.

94 JUL 1 11 11:22

J. Eberle
 7-27-94
 See changes on p. 4 + 5

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

1. Business Name R B MATHESON HOLDINGS
 Business Owner R B MATHESON

2. Site Address 2500 POPLAR STREET
 City OAKLAND Zip 94607 Phone 510-893-5404

3. Mailing Address P O BOX 970
 City ELK GROVE Zip 95759 Phone 916-685-2330

4. Land Owner R B MATHESON
 Address P O BOX 970 City, state ELK GROVE CA Zip 95759

5. Generator name under which tank will be manifested OAKLAND YARD

EPA I.D. No. under which tank will be manifested CAD982020737

A + B forms

7-14-94

Waste removal

6. Contractor Chris Canary DBA CNC SERVICES *✓ sole ownership*
 Address P O BOX 2964 *exp 7-31-95*
 City ANTIOCH CA 94531-2964 Phone 510-754-9729
 License Type* A Haz Sub ✓ ID# 572547

*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Consultant CHRIS CANARY
 Address P O BOX 2964
 City ANTIOCH CA Phone 510-754-9729

8. Contact Person for Investigation
 Name MARK MATHESON Title OWNER
 Phone 916-685-2330

9. Number of tanks being closed under this plan 3
 Length of piping being removed under this plan unknown
 Total number of tanks at facility 6 *AST/USTs*

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 H & H ENVIRONMENTAL EPA I.D. No. CAD00477168
 Hauler License No. 44817 License Exp. Date 1/31/95
 Address PO BOX 77363
 City SAN FRANCISCO State CA Zip 94107

b) Product/Residual Sludge/Rinsate Disposal Site
 Name GIBSON EPA I.D. No. CAD043260702
 Address 475 SEAPORT BLVD
 City REDWOOD CITY State CA Zip 94063

c) Tank and Piping Transporter

Name H & H ENVIRONMENTAL EPA I.D. No. CAD004771168
Hauler License No. 44817 License Exp. Date 1/31/95
Address PO BOX 77363
City SAN FRANCISCO State CA zip 94107

d) Tank and Piping Disposal Site

Name H & H SHIP EPA I.D. No. 0334
Address 220 PERRY A FRANCOIS
City SAN FRANCISCO State CA zip 94107

11. Experienced Sample Collector

Name CHRIS CANARY
Company CNC SERVICES
Address P O BOX 2964
City ANTIOCH State CA Zip 94531 Phone 510-754-9729

12. Laboratory

Name PRECISION ANALYTICAL LABS, INC
Address 4150 LAKESIDE DRIVE
City RICHMOND State CA Zip _____
State Certification No. 211

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

VACCUM, RINSE, VACCUM, DRY ICE

15 lb dry ice per 1000 gal UST
1.5 *100*

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)		
2500 GAL	Diesel; INSTALLATION DATE UNKNOWN: NEVER USED <i>By whom? Matherson</i>	SOIL & GROUND WATER	ALL SAMPLES TO BE TAKEN FROM NATIVE SOIL 1"-2" BENEATH EACH END OF TANKS & BENEATH EVERY 20' OF PIPING
2500 GAL	DIESEL: INSTALLATION DATE UNKNOWN: NEVER USED?		
500 GAL	PROBABLY FUEL OIL UNKNOWN		
<i>→ take a sample of tank contents</i>			
ALL TANKS WERE PURCHASED INSTALLED IN THE PROPERTY FROM HAUGH ENTERPRISES IN OCT 1976 NO RECORD OF INSTALLATION			

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.

Matherson there since 1972 - they didn't use them

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan
50 YARDS	1 per 20 yd ³ if soil is to be reused onsite EVERY 25 YARDS OF EXCAVATED SOIL

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
TPH D		GCFID3550	1PPM
BTX & E		8020 or 8240	.005 PPM

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer R C FISHER & CO.

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) CHRISTOPHER N. CANARY

Signature *Christopher N. Canary*

Date 7-26-94

Signature of Site Owner or Operator

Name (please type) Karen Ferrigan / Property Manager

Signature *Karen Ferrigan*

Date 7-27-94

CITY OF OAKLAND
REPORT OF FIRE INSPECTION

ENGINE CO.

ADDRESS 2500 POLLAR ST OAK F.P.B

NAME _____

GENERAL INSPECTION PERMIT
OTHER HAZARD NOTED HAZARD ABATED

NOTICE LEFT LETTER 1st NOTICE 2nd NOTICE FINAL

DATE	VIOLATION	O.F.C.	CONTACTED
	GAS		
8-2-94 (1)	1,000 GAL LEL 4% OXY 10%		
Diesel (2)	4,000 GAL LEL 2% OXY 10%		
	LEL 2% OXY 8%		
	UNDER GROUND TANK REMOVAL		
	OK TO REMOVE		

A REINSPECTION WILL BE MADE WITHIN _____ DAYS.

FIRE PREVENTION BUREAU PHONE 273-3651

INSPECTOR Jerry James