

921-11-1:15

TANK REMOVAL ACTIVITY REPORT

JOB LOCATION:

4629 MARTIN LUTHER KING JR. WAY
OAKLAND, CALIFORNIA

5520 DF
02.418.1

PREPARED BY:

S E M C O
1741 LESLIE STREET
SAN MATEO, CA 94402
(415) 572-8033

S E M C O
ENVIRONMENTAL CONTRACTORS & GENERAL ENGINEERING
LICENSE # 449864 A, B, C-61/D-40
HAZARDOUS SUBSTANCE CERTIFICATION
1741 LESLIE STREET
SAN MATEO, CALIFORNIA 94402
(415) 572-8033

This tank removal activity report is submitted to you for your files. SEMCO will document the removal and excavation of the tank from the site. SEMCO will provide sampling locations, site logs where applicable and deliver detailed analytical reports with chain of custody procedures. Finally, SEMCO will supply manifests for the disposal of the tank as well as appropriate gas free certificate / documentation for final disposition of the tank.

This property is located at 4629 Martin Luther King Jr. Way, Oakland

REMOVAL AND DISPOSAL OF FUEL STORAGE TANKS

Five underground fuel storage tanks were excavated and removed from the site on July 15, 1992. Tank abandonment was performed by James C. Bateman Petroleum Services, Inc. "dba" SEMCO Environmental Contractors, License # 449864, Classification A, B, C-61/D40, Hazardous Substance Certification.

The tanks were as follows:

- 1-10,000 gallon fuel oil
- 2-2000 gallon fuel oil
- 1-1000 gallon gasoline
- 1-250 gallon gasoline

It was determined that the tanks were dry before removal procedures were begun. The tanks were inerted by washing them with a hot water detergent wash, followed by placing solid carbon dioxide (dry ice) in the tanks to eliminate any explosive vapors that may have existed.

The tanks were transported off site by Richard Hamilton Trucking and delivered to Erickson, Inc. in Richmond for disposal. The tanks were transported on manifests # 92278162 & 92278165.

After the tanks were removed, soil samples were collected. A total of fifteen samples were collected, (see attached analysis and location map). Composite samples were taken from the excavated spoils that had been stockpiled in the warehouse. (The dirt remains on site inside the building).

SEMCO is pleased to present this tank removal activity report to you for your files. We would, of course, be happy to answer any questions you may have.

APPENDIX

- 1) ANALYTICAL RESULTS
CHAIN OF CUSTODY
SAMPLING LOCATION MAP
- 2) PERMITS
- 3) MANIFESTS
- 4) INSPECTORS SITE LOG (IF APPLICABLE)
- 5) DAILY SAFETY BRIEFING REPORT
SIGNATURE PAGE FROM SITE SAFETY PLAN



Superior Precision Analytical, Inc.

835 Arnold Drive, Suite 106 • Martinez, California 94553 • (510) 229-0166 / fax (510) 229-0916

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 86242
 CLIENT: SEMCO
 CLIENT JOB NO.: MILLER & MILLER

DATE RECEIVED: 07/16/92
 DATE REPORTED: 07/23/92
 DATE SAMPLED : 07/15/92

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS
 by MODIFIED EPA SW-846 METHOD 5030 and 8015

LAB #	Sample Identification	Concentration (mg/kg) Gasoline Range
2	#2 250-8'	ND<1
3	#3-1K-S-10'	ND<1
4	#4-1K-N-8.5'	ND<1

mg/kg - parts per million (ppm)

Method Detection Limit for Gasoline in Soil: 1 mg/kg

QAQC Summary:

Daily Standard run at 2mg/L: RPD Gasoline = <15
 MS/MSD Average Recovery = 90 %: Duplicate RPD = 0

Richard Srna, Ph.D.

Charles Green Sr
 Laboratory Director



Superior Precision Analytical, Inc.

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C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 86242
 CLIENT: SEMCO
 CLIENT JOB NO.: MILLER & MILLER

DATE RECEIVED: 07/16/92
 DATE REPORTED: 07/23/92
 DATE SAMPLED: 07/15/92

ANALYSIS FOR BENZENE, ~~TOLUENE, ETHYL BENZENE & XYLENES~~
 by EPA SW-846 Methods 5030 and 8020

LAB #	Sample Identification	Concentration (ug/kg)			
		Benzene	Toluene	Ethyl Benzene	Xylenes
2	#2 250-8'	ND<3	ND<3	ND<3	ND<3
3	#3-1K-S-10'	ND<3	ND<3	ND<3	ND<3
4	#4-1K-N-8.5'	ND<3	ND<3	ND<3	ND<3

ug/kg - parts per billion (ppb)

Method Detection Limit in Soil: 3 ug/kg

QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15%
 MS/MSD Average Recovery = 103 %: Duplicate RPD = <2

Richard Srna, Ph.D.

Charles Srna
 Laboratory Director



Superior Precision Analytical, Inc.

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C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 86242
CLIENT: SEMCO
CLIENT JOB NO.: MILLER & MILLER

DATE RECEIVED: 07/16/92
DATE REPORTED: 07/22/92
DATE SAMPLED : 07/15/92

ANALYSIS FOR TOTAL LEAD by SW-846 Method 6010

LAB #	Sample Identification	Concentration (mg/kg) Total Lead
1	#1 BACKGROUND	450
2	#2 250-8'	30
3	#3-1K-S-10'	7
4	#4-1K-N-8.5'	10

mg/kg - parts per million (ppm)

Method Detection Limit for Lead in Soil: 5 mg/kg

QAQC Summary: MS/MSD Average Recovery : 97 %
Duplicate RPD : 0

Richard Srna, Ph.D.

Charles Srna
Laboratory Manager

CHAIN OF CUSTODY AND ANALYSIS REQUEST

LAB NO. 715/92-420

Section I

Consultant Name SEMCO
 Office Location 1741 Loebe Rd. San Mateo, CA 94402
 Fax No. (415) 572-9734
 Project Manager C. Kiper
 Phone (415) 572 8033

Send Coolers to : Modesto San Mateo
 Project No. / P.O. No. Miller & Miller

TURN AROUND TIME
 (Circle One)
 Same Day
 24 Hrs
 48 Hrs
 72 Hrs
 5 Day

SUPERIOR ANALYTICAL, INC
 Martinez San Francisco
 415/229-1512 415/647-2081

Sampler James M. Thompson
 Regulatory Agency Alameda County

Section II										Analysis Request				Section III		Sample Information		
Sample Identification	S=Soil W=Water Matrix	TPH - G & D	TPH - Low Level D	TPH - G	BTXE	O&G	8010	8240	Metals	Others * Subject to Subcontracting	Date	Time	Containers		Bioremediation <input type="checkbox"/>	Contamination <input type="checkbox"/>	Sampling Remarks	
													Quantity	Pres.				
1 #1 - Background	S										7/15/92	420	1					
2 #2 - 850-8'	S			X	X							549	1					
3 #3 - 1K-5-10'	S			X	X							555						
4 #4 - 1K-N-8.5'	S			X	X							558						
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		

Please Initial:
 Samples Stored in ice. NR
 Appropriate containers NR
 Samples preserved NR
 VOA's without headspace NA
 Comments:

Relinquished by <u>[Signature]</u> Organization <u>SEMCO</u>	Date/Time <u>7/15/92 7:30 pm</u>	Received by <u>[Signature]</u> Organization <u>EXPRESS IT CORP</u>	Please Initial: Samples Stored in Ice <input checked="" type="checkbox"/> Appropriate Containers <input checked="" type="checkbox"/> Samples Preserved <input checked="" type="checkbox"/> VOA's without Headspace <input checked="" type="checkbox"/> Comments
Relinquished by _____ Organization _____	Date/Time <u>7/16/92 7:31 AM</u>	Received by <u>[Signature]</u> Organization <u>EXPRESS IT</u>	
Relinquished by _____ Organization _____	Date/Time <u>7/16/92 9:07</u>	Received by <u>[Signature]</u> Organization <u>Superior</u>	



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C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 86256
 CLIENT: SEMCO
 CLIENT JOB NO.: NIGHTINGALE

DATE RECEIVED: 07/16/92
 DATE REPORTED: 07/24/92
 DATE SAMPLED : 07/16/92

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES
 by EPA SW-846 METHODS ~~5030 and 8020~~

LAB #	Sample Identification	Concentration (ug/kg)			
		Benzene	Toluene	Ethyl Benzene	Xylenes
1	#5-10K-E-11'4"	ND<8	ND<8	13	32
2	#6-10K-C-14'	ND<3	ND<3	ND<3	ND<3
3	#7-10K-W-13'	ND<15	ND<15	62	160
4	#8-2KW-W-8'6"	ND<3	ND<3	ND<3	ND<3
5	#9-2KW-E-7'6"	ND<3	ND<3	ND<3	ND<3
6	#10-2KE-W-8'	ND<3	ND<3	ND<3	ND<3
7	#11-2KE-E7'6"	ND<3	5	ND<3	ND<3
8	#12-COMP-W	ND<8	8	32	91
9	#13-COMP-W	ND<8	ND<8	14	18

ug/kg - parts per billion (ppb)

Method Detection Limit in Soil: 3 ug/kg

QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15%
 MS/MSD Average Recovery = 103%: Duplicate RPD = < 2

Richard Srna, Ph.D.

Charles Srna
 Laboratory Director



Superior Precision Analytical, Inc.

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C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 86256
 CLIENT: SEMCO
 CLIENT JOB NO.: NIGHTINGALE

DATE RECEIVED: 07/16/92
 DATE REPORTED: 07/24/92
 DATE SAMPLED : 07/16/92

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES
 by EPA SW-846 Methods 5030 and 8020

LAB #	Sample Identification	Concentration (ug/kg)			
		Benzene	Toluene	Ethyl Benzene	Xylenes
10	#14-1K-COMP	ND<3	ND<3	ND<3	ND<3
11	#15-250-COMP	ND<3	ND<3	ND<3	ND<3

ug/kg - parts per billion (ppb)

Method Detection Limit in Soil: 3 ug/kg

QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15%
 MS/MSD Average Recovery = 103%: Duplicate RPD = < 2

Richard Srna, Ph.D.

Charles D. Srna
 Laboratory Director



Superior Precision Analytical, Inc.

835 Arnold Drive, Suite 106 • Martinez, California 94553 • (510) 229-0166 / fax (510) 229-0916

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 86256
CLIENT: SEMCO
CLIENT JOB NO.: NIGHTINGALE

DATE RECEIVED: 07/16/92
DATE REPORTED: 07/24/92
DATE SAMPLED : 07/16/92

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS?
by Modified EPA SW-846 Method 8015

LAB #	Sample Identification	Concentration (mg/kg) Diesel Range
1	#5-10K-E-11'4"	100 *
2	#6-10K-C-14'	ND<10
3	#7-10K-W-13'	500 *
4	#8-2KW-W-8'6"	28 *
5	#9-2KW-E-7'6"	61 *
6	#10-2KE-W-8'	ND<10
7	#11-2KE-E7'6"	130 *
8	#12-COMP-W	1000 *
9	#13-COMP-W	500 *

mg/kg - parts per million (ppm)

* Diesel range concentration. The pattern observed in the chromatogram was not typical of diesel and suggested the presence of hydrocarbons heavier than diesel #2.

Method Detection Limit for Diesel in Soil: 10 mg/kg

QAQC Summary:

Daily Standard run at 200mg/L: RPD Gasoline = N/A
RPD Diesel = 1
MS/MSD Average Recovery = 104%; Duplicate RPD = 1

Richard Srna, Ph.D.

Charles Brown
Laboratory Director



Superior Precision Analytical, Inc.

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C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 86256
CLIENT: SEMCO
CLIENT JOB NO.: NIGHTINGALE

DATE RECEIVED: 07/16/92
DATE REPORTED: 07/24/92
DATE SAMPLED : 07/16/92

ANALYSIS FOR ~~TOTAL OIL AND GREASE~~
by STANDARD METHODS 5520F

LAB #	Sample Identification	Concentration (mg/kg) Oil & Grease
1	#5-10K-E-11'4"	290
2	#6-10K-C-14'	99
3	#7-10K-W-13'	240
4	#8-2KW-W-8'6"	700
5	#9-2KW-E-7'6"	290
6	#10-2KE-W-8'	4000
7	#11-2KE-E7'6"	900
8	#12-COMP-W	1600
9	#13-COMP-W	710

mg/kg - parts per million (ppm)

Method Detection Limit for Oil and Grease in Soil: 50 mg/kg

QAQC Summary: MS/MSD Average Recovery: 74%
Duplicate RPD : 9

Richard Srna, Ph.D.

Charles Srna
Laboratory Director



Superior Precision Analytical, Inc.

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C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 86256
 CLIENT: SEMCO
 CLIENT JOB NO.: NIGHTINGALE

DATE RECEIVED: 07/16/92
 DATE REPORTED: 07/24/92
 DATE SAMPLED : 07/16/92

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS
 by MODIFIED EPA SW-846 METHOD 5030 and 8015

LAB #	Sample Identification	Concentration (mg/kg) Gasoline Range
10	#14-1K-COMP	ND<1
11	#15-250-COMP	ND<1

mg/kg - parts per million (ppm)

Method Detection Limit for Gasoline in Soil: 1 mg/kg

QAQC Summary:

Daily Standard run at 2mg/L: RPD Gasoline = <15
 MS/MSD Average Recovery = 90%: Duplicate RPD = 1

Richard Srna, Ph.D.

Charles Srna
 Laboratory Director



Superior Precision Analytical, Inc.

835 Arnold Drive, Suite 106 • Martinez, California 94553 • (510) 229-0166 / fax (510) 279-0916

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 86256
 CLIENT: SEMCO
 CLIENT JOB NO.: NIGHTINGALE

DATE RECEIVED: 07/16/92
 DATE REPORTED: 07/24/92
 DATE SAMPLED: 07/16/92

ANALYSIS FOR TOTAL LEAD
 by SW-846 Method 6010

LAB #	Sample Identification	Concentration (mg/kg) Total Lead
10	#14-1K-COMP	37
11	#15-250-COMP	52

mg/kg - parts per million (ppm)

Method Detection Limit for Lead in Soil: 5 mg/kg

QAQC Summary: MS/MSD Average Recovery : 97%
 Duplicate RPD : 0

Richard Srna, Ph.D.

Charles D. Srna
 Laboratory Manager

06136

CHAIN OF CUSTODY AND ANALYSIS REQUEST

LAB NO. _____

Section I

Consultant Name SEMCO
 Office Location 1741 Leese Rd. San Mateo, CA 94402
 Fax No. (415) 572-9734
 Project Manager C. KIPER
 Phone (415) 572 8033

TURN AROUND TIME
 (Circle One)
 Same Day _____
 24 Hrs _____
 48 Hrs _____
 72 Hrs _____
 5 Day 5 Day

SUPERIOR ANALYTICAL, INC.
 Martinez San Francisco
 415/229-1512 415/647-2081

Send Coolers to : Modesto San Mateo
 Project No. / P.O. No. NIGHTINGALE

Sampler M. TAMBRONI
 Regulatory Agency ALAMEDA COUNTY HAZ WAST

Section II		Analysis Request										Section III		Sample Information				
Sample Identification	S=Soil W=Water Matrix	TPH - G & D	TPH - Low Level D	TPH - G	BTXE	ORG	8010	8240	Metals	Others * Subject to Subcontracting	Total Pb	Date	Time	Containers		Bioremediation <input type="checkbox"/>	Contamination <input type="checkbox"/>	Sampling Remarks
														Quantity	Pres.			
1#5-10K-E-11'4"	S		X		X	X						7/16/92	1					Please Initial: _____ Samples Stored in Ice: <u>Yes</u> Appropriate Containers: <u>Yes</u> Samples Preserved: _____ VOA's without headspace: _____ Comments: _____
2#6-10K-C-14'	S		X		X	X						7/16/92	1					
3#7-10K-W-13'	S		X		X	X						7/16/92	1					
4#8-2KW-W-8'6"	S		X		X	X						7/16/92	1					
5#9-2KW-E-7'6"	S		X		X	X						7/16/92	1					
6#10-2KW-W-8'	S		X		X	X						7/16/92	1					
7#11-2KE-E-7'6"	S		X		X	X						7/16/92	1					
8#12-COMP-W	S		X		X	X						7/16/92	4					
9#13-COMP-W	S		X		X	X						7/16/92	4					
10#14-1K-COMP	S		X		X	X						7/16/92	1					
11#15-250-COMP	S		X		X	X						7/16/92	1					
12																		

Relinquished by [Signature]
 Organization SEMCO
 Date/Time 9/16/92 2:30
 Relinquished by [Signature]
 Organization EXPRESS IT 1505
 Date/Time 7/16/92
 Relinquished by [Signature]
 Organization Superior Lab
 Date/Time 7/16/92 11:45

Received by [Signature]
 Organization EXPRESS IT 1435
 Date/Time 7/16/92
 Received by [Signature]
 Organization Superior Lab 1505
 Date/Time 7/16/92
 Received by [Signature]
 Organization SAC
 Date/Time 7/17/92 10:00

Please Initial [Signature]
 Samples Stored in Ice Yes
 Appropriate Containers Yes
 Samples Preserved Yes
 VOA's without Headspace NA
 Comments _____

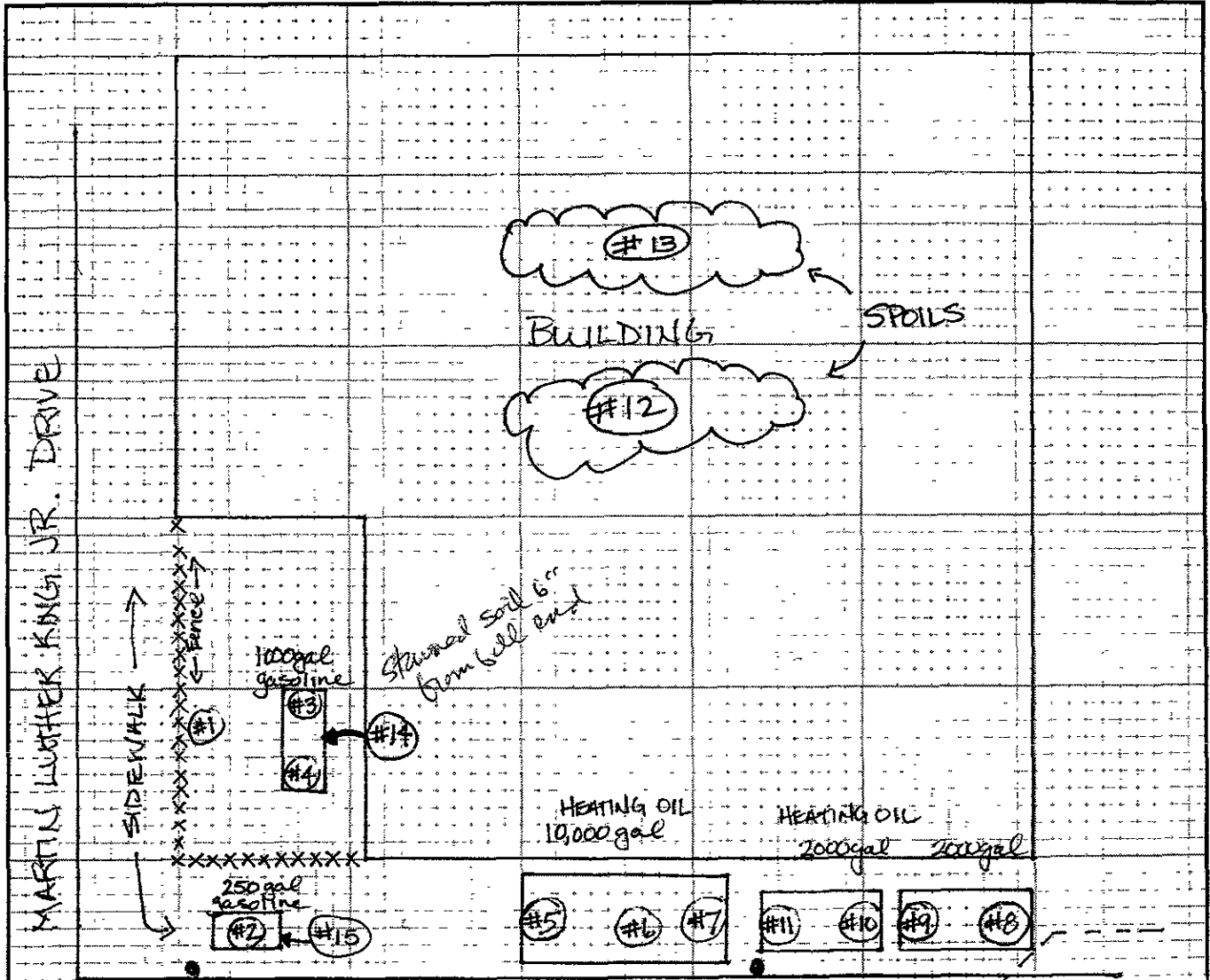
SEMCO
 1741 Leslie Street
 San Mateo, Calif. 94402
 (415) 572-8033

License No. 449864
 A, B, & C-61/D40
 Hazardous Substance Certificate

SEMCO
 431 W. Hatch Rd.
 Modesto, Calif. 95351
 (209) 524-9653

SITE PLAN

SUBMITTED TO:		DESCRIPTION OF JOB:	
		Job	
		Address 4629 MARTIN LUTHER KING JR. DR	
		City OAKLAND	State CA
		Phone	Date 9-1-92



(#) = SAMPLE LOCATION
 ● TELEPHONE POLE
 --- PIPE CABLE



THIS MAP NOT DRAWN TO SCALE

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 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.

*Please note change made on page 5.
Susan L. Hugo
6/22/92*

UNDERGROUND TANK CLOSURE PLAN

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

1. Business Name N/A
Business Owner N/A
 2. Site Address 4629 Martin Luther King Jr. Way
City Oakland Zip 94623 Phone N/A
 3. Mailing Address 102 Flying Cloud Isle
City Foster City Zip 94404 Phone (415) 574-1222
 4. Land Owner Elkan and Irene Jackson, Trustees; Lynn M. Nightingale, Trustee
Address 102 Flying Cloud Isle City, State CA Zip 94404
 5. Generator name under which tank will be manifested Elkan and Irene Jackson, Trustees; and Lynn M. Nightingale, Trustee.
- EPA I.D. No. under which tank will be manifested CAC000804680

6. Contractor SEMCO
Address 1741 Leslie Street
City San Mateo, CA 94402 Phone (415) 572-8033
License Type A, B & C-61 ID# 449864
7. Consultant N/A
Address _____
City _____ Phone _____
8. Contact Person for Investigation
Name Chuck Kiper Title Vice-President
Phone (415) 572-8033
9. Number of tanks being closed under this plan 4
Length of piping being removed under this plan Undetermined
Total number of tanks at facility 4
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 Allied Petroleum EPA I.D. No. CAD980675128
Hauler License No. 1168 License Exp. Date 4/30/93
Address P.O. Box 193
City Hilmar State CA Zip 95327

b) Product/Residual Sludge/Rinsate Disposal Site

Name Refineries Services EPA I.D. No. CAD083166728
Address 13331 West Hwy 33
City Patterson State CA Zip 95363

c) Tank and Piping Transporter

Name RHT Trucking EPA I.D. No. CAD982471591
Hauler License No. 2753 License Exp. Date 4/30/93
Address 1336 Pauline
City Modesto State CA Zip 95351

d) Tank and Piping Disposal Site

Name Erickson EPA I.D. No. CAD009466392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Chuck Kiper
Company SEMCO
Address 1741 Leslie Street
City San Mateo State CA Zip 94402 Phone (415) 572-8033

12. Laboratory

Name Superior Analytical
Address 1555 Burke, Unit 1
City San Francisco State CA Zip 94124
State Certification No. 1332 & 319

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

High pressure hot water detergent wash. 20 lbs per 1000

gallons dry ice.

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)		
250 gal.	gasoline	soil/water	2 feet below in native soil
350 gal	gasoline	soil/water	2 feet below in native soil
2-4000 gal.	Heating Oil tanks are also on this property but not regulated by Alameda County and will be removed at the same time.		

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) Anywhere from approx. 25 to 100 cy	Sampling Plan Soil samples taken from the tank excavation will be collected, placed in brass tubes, sealed with foil, teflon caps, sealed with approved tape, placed on ice, transported to State certified lab under chain of custody and analysed for constituents of tank. <i>Stockpiled soil must be characterized depending on disposal method.</i>

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
<u>Unleaded Gas</u>	TPH G BTX&E	GCFID(5030) 8020 or 8240	TPH G BTX&E GCFID(5030) 602 or 624
<u>Diesel</u>	TPH D BTX&E	(sonication) 8020 or 8240	TPH D BTX&E GCFID(5030) (sonication) 602 or 624
<p><i>The following detection limits per RWQCBS guidelines must be followed.</i></p> <p> <i>TPH G - 100 ppm (soil)</i> <i>TPH D - 10 ppm (soil)</i> <i>BTX&E - 5 or 5 ppm (soil)</i> </p>			

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

18. Submit Worker's Compensation Certificate copy
Name of Insurer Fairmont Insurance Company
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) Chuck Kiper
Signature *Chuck Kiper*
Date 5/18/92

Signature of Site Owner or Operator

Name (please type) Lynn M. Nightingale, Trustee
Signature *Lynn M. Nightingale, Trustee*
Date May 15, 1992

Excavation Permit Granted _____ No. _____

CITY OF OAKLAND

Tank Permit

Permit to Excavate and Install, Repair, or Remove Inflammable Liquid Tanks. No. 9590

Oakland, California, June 29, 19 92

PERMISSION IS HEREBY GRANTED TO ~~excavate~~ remove ~~excavate~~ Gasoline tank and excavate commencing _____ feet inside _____ line

on the south side of 47th Street Street Avenue _____ feet _____ of _____ Street Avenue

House No. 4629 Martin Luther King Jr. Wy. Street Avenue _____ Present Storage _____

Owner Elkan & Irene Jackson, Tr. Lynn M. Nightingale, Tr. Address 102 Flying Cloud Isle, Foster City San Mateo Phone 415-574-1222

Applicant SEMCO Address 1741 Leslie St. San Mateo City San Mateo Phone 415-572-8033

Dimensions of street (sidewalk) surface to be disturbed _____ X _____ Number of Tanks 2 Capacity 4000 Gallons, each. 350
1 250

Remarks: _____

This Permit is granted in accordance with existing City Ordinances.
Owner hereby agrees to remove tanks on discontinuance of use or when notified by the City Authorities.
When installing, removing or repairing tanks, no open flame to be on or near premises.

Approved _____ Fire Marshal

Approved _____ Drainage Division Engineering Dept.

EXCAVATING PERMIT

Issued in accordance with Ord. No. 278 CMS, Sec. 6-2.04

_____ square feet of digging or removal granted.

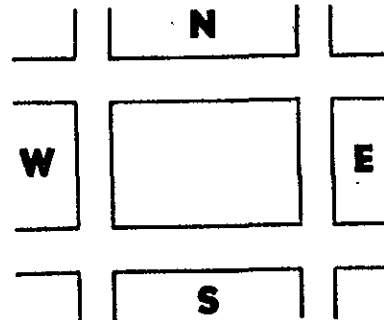
The receipt of \$ _____ special deposit is hereby acknowledged.

GENERAL DEPOSIT.

BUREAU OF PERMITS AND LICENSES.

Inspection Fee Paid - - - - - \$200.00 ck#8542 rec#669734

Received by G. M. Johnson
FIRE PREVENTION BUREAU



CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

Inspected and passed on _____ 19 _____

By _____ Fire Marshal

NOTICE

Before Covering Tanks, Above Certificate Must Be Signed.

When ready for inspection notify Fire Prevention Bureau, 238-3851
238

THIS PERMIT MUST BE LEFT ON THE WORK AS AUTHORITY THEREFOR.

CITY OF OAKLAND
REPORT OF FIRE INSPECTION

ENGINE CO.

ADDRESS 4629 Martin Luther King

Chuck Ripen

NAME SEMCO

(415) 572-8033

GENERAL INSPECTION

PERMIT
OTHER

HAZARD NOTED

HAZARD ABATED

NOTICE LEFT LETTER

1st NOTICE

2nd NOTICE

FINAL

DATE	VIOLATION	O.F.C.	CONTACTED
7.15.92	WITNESSED TANK PULL:	ANY HOLES?	WAS TANK WRAPPED?
	TANK#1 3,000 LEL: 1.0 O ₂ : 0	YES	YES
	TANK#2 2,000 LEL: 1.5 O ₂ : 0	NO	YES
	TANK#3 1,000 LEL: 7.5 O ₂ : 1.0	YES	YES
	TANK#4 280 LEL: 2.0 O ₂ : 2.5	YES	YES
	TANK#5 12,000 LEL: 0 O ₂ : 4.0	NO	NO

Hauled by: RHT Certificate No. 302578

A REINSPECTION WILL BE MADE WITHIN _____ DAYS.

FIRE PREVENTION BUREAU PHONE 278-3851
INSPECTOR Charles Holmes

CITY OF OAKLAND

PERMIT TO EXCAVATE IN STREETS OR OTHER WORK AS SPECIFIED

EXC 150.00
App Fee 30.00
180.00

LOCATION OF WORK: 4629 MARTIN LUTHER KING JR BLVD BETWEEN 47TH AVE AND WEST STREET
(Street or Address) (Street/Ave.) (Specify)

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

APPLICANT SEWCO

ADDRESS 1741 LESLIE ST SAN MATEO, CA 94402 PHONE #: 415-572-8032

TYPE OF WORK: GAS _____ ELECTRIC _____ WATER _____ TELEPHONE _____ CABLE TV _____ SEWER _____ OTHER UST

NATURE OF WORK: EXCAVATE AND REMOVE (4) UNDERGROUND STORAGE TANKS (Specify) 07-10-92

APPL 30.00
EXCV 150.00
SUBT LOGY 180.00
CHECK 180.00

OFFICIAL USE ONLY
#1 UTILITY COMPACT REPORT 300 10:1 TM

OWNER/BUILDER

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec 7045 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 7-13-92

Approximate Completion Date DATE 7-17-92

HOLIDAY RESTRICTION (1 NOV - 1 JAN) YES NO

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

DATE STREET LAST RESURFACED DATE 170

SPECIAL PAVING DETAIL REQUIRED YES NO

24-HOUR EMERGENCY PHONE NUMBER 415-377-8660
PERMIT NOT VALID WITHOUT 24 HOUR NUMBER
Telephone 273 3668 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 201 978

WORKER'S COMPENSATION

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 being furnished

Certified copy is filed with the city bonding inspection dept

Signature [Signature] Date 7-10-92

(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 [Signature] Date 7-10-92

NOTICE TO APPLICANT: If after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

This permit is issued pursuant to all provisions of Chapter 9, 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 claims, costs or damages, if by any person for or on account of any bodily injury, death or illness, or damage to persons and/or property sustained or arising in the performance 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 # 44986A / APPL / UST AND CLASS _____ TAX # _____

Signature of Contractor, Owner or Agent [Signature] Date 7-10-92

Agent for Contractor Owner

Supervisor _____
Completion Date _____

CITY INSPECTOR'S REPORT

	BACKFILL	PAVING
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	_____	Date _____
Engineering Services	<u>[Signature]</u>	Date <u>7-10-92</u>
Planning	_____	Date _____
Field Services	_____	Date _____
Construction	_____	Date _____
Traffic Engineering	_____	Date _____
Electrical Engineering	_____	Date _____
DIRECTOR OF PUBLIC WORKS	<u>[Signature]</u>	
APPROVED BY	<u>[Signature]</u>	
DATE	<u>7-10-92</u>	
EXTENSION GRANTED BY	_____	
DATE	_____	



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-8000

REGULATION 8, RULE 40
Aeration of Contaminated Soil and
Removal of Underground Storage Tanks

NOTIFICATION FORM

- Removal or Replacement of Tanks.
- Excavation of Contaminated Soil

SITE INFORMATION

base

SITE ADDRESS 4629 Martin Luther King Way
 CITY, STATE, ZIP Oakland, California 94623
 OWNER NAME Lynn Nightingale
 SPECIFIC LOCATION OF PROJECT North section of property

TANK REMOVAL SCHEDULED STARTUP DATE 7/13/92
CONTAMINATED SOIL EXCAVATION SCHEDULED STARTUP DATE _____

VAPORS REMOVED BY:
 WATER WASH High pressure hot water detergent wash
 VAPOR FREEING (CO²) 20 lbs per 1000 gallons of dry ice
 VENTILATION purge with air

STOCKPILES WILL BE COVERED? YES _____ NO _____
 ALTERNATIVE METHOD OF AERATION (DESCRIBE BELOW):
 _____ (MAY REQUIRE PERMIT)

CONTRACTOR INFORMATION

NAME SEMCO CONTACT CHUCK OR RONDA KIPER
 ADDRESS 1741 LESLIE STREET PHONE (415) 572-8033
 CITY, STATE, ZIP SAN MATEO, CALIFORNIA 94402

CONSULTANT INFORMATION (IF APPLICABLE)

NAME _____ CONTACT _____
 ADDRESS _____ PHONE () _____
 CITY, STATE, ZIP _____

FOR OFFICE USE ONLY.

DATE RECEIVED 7/9/92 BY Bly
 CC: INSPECTOR NO. 524 DATE 7/13/92 (INIT.) BY Bly
 TELEPHONE UPDATE: CALLER _____ CHANGE MADE _____
 BAAQMD # _____

92278162
 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. CAC 000804680	Manifest Document No. 781162	2. Page 1 1 of 1	Information in the shaded areas is not required by Federal law
3. Generator's Name and Mailing Address Miller & Miller c/o Lynn Nightingale, as Trustee of Uncle Sid Estate, 250 Executive Park Blvd., #3100, San Francisco, CA 94134		4. State Manifest/Document Number 92278162		5. State Generator ID 000804680	
5. Transporter 1 Company Name RICH HAMILTON TRUCKING		6. US EPA ID Number CAD982471591		7. State Transporter ID 002598	
7. Transporter 2 Company Name		8. US EPA ID Number		8. State Transporter ID	
9. Designated Facility Name and Site Address ERICKSON 255 PARR BLVD. RICHMOND, CA 94801		10. US EPA ID Number CAD0009466392		9. State Facility ID 0009466392	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
a. EMPTY WASTE STORAGE TANK NON RCRA HAZARDOUS WASTE SOLID.		0104 TIP	20000	P	512
b.					NONE
c.					
d.					
Additional Description for Material Listed Above TANK ICED WITH 45 LBS DRY ICE PER 1000 GAL CAPACITY PRIOR TO TRANSPORT #914, 915, 916, 917		16. Handling Codes for Waste Listed Above 01			
15. Special Handling Instructions and Additional Information Site Location: 4629 Martin Luther King Jr. Way KEEP AWAY FROM SOURCE OF IGNITION. ALWAYS WEAR HARD HATS AND GLASSES WHEN WORKING AROUND U.S.T.S. OBSERVE PROPER PROCEDURES. NO SMOKING WITHIN 50 FEET OF TANK; 24 HOUR CONTACT; Lynn Nightingale AND PHONE; (415) 468-0167					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the 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 federal, state and international laws. 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 Lynn Nightingale		Signature <i>Lynn Nightingale</i>		Month 07	Day Year 15 92
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Bill Triant		Signature <i>Bill Triant</i>		Month 07	Day Year 15 92
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 Donald Kessner		Signature <i>Donald Kessner</i>		Month 07	Day Year 15 92

DO NOT WRITE BELOW THIS LINE.

92278165
 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. CIA C 090804 680 7 8 1 6 5	Manifest Document No. 1 of 1	2. Page 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Miller & Miller, c/o Lynn Nightingale, as Trustee of Uncle Sid Estate, 250 Executive Park Blvd #3100, San Fran 94134					
4. Generator's Phone (415) 468-0167					
5. Transporter 1 Company Name RICH HAMILTON TRUCKING		6. US EPA ID Number CIA D 9 8 2 4 7 1 5 9 1			
7. Transporter 2 Company Name		8. US EPA ID Number			
9. Designated Facility Name and Site Address ERICKSON 255 PARR BLVD. RICHMOND, CA 94801		10. US EPA ID Number CIA D 0 0 9 4 6 6 3 9 2			
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	
a. EMPTY WASTE STORAGE TANK NON RCRA HAZARDOUS WASTE SOLID.		No. 0101	Type TIP	12000	P
b.					
c.					
d.					
TANK TIED WITH 4500 LB. DRY ICE PER 1000 GAL CAPACITY. PRIDE TO TRANSPORT. # 91459					
15. Special Handling Instructions and Additional Information Site: 4629 Martin Luther King Jr. Way, Oakland KEEP AWAY FROM SOURCE OF IGNITION. ALWAYS WEAR HARD HATS AND GLASSES WHEN WORKING AROUND U.S.T.S. OBSERVE PROPER PROCEDURES. NO SMOKING WITHIN 50 FEET OF TANK; 24 HOUR CONTACT; Lynn Nightingale AND PHONE; (415) 468-0167					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the 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 federal, state and international laws. 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 Lynn Nightingale		Signature <i>Lynn Nightingale</i>		Month 07	Day 11 Year 92
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Bill Hart		Signature <i>Bill Hart</i>		Month 07	Day 12 Year 92
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 Donald H. Gerson					
Signature <i>Donald H. Gerson</i>		Signature <i>Donald H. Gerson</i>		Month 07	Day 15 Year 92

DO NOT WRITE BELOW THIS LINE

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 07978

CUSTOMER SEMCO
JOB NO. 79031

FOR: Erickson, Inc. TANK NO. 9114

LOCATION: Richmond DATE: 07/21/92 TIME: 08:57:13

TEST METHOD Visual Gastech/1314 SMPX LAST PRODUCT FO

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

TANK SIZE 2000 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

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

STANDARD SAFETY DESIGNATION

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

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

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

[Signature]
REPRESENTATIVE

TITLE

[Signature]
INSPECTOR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 07998

CUSTOMER SEMCO
JOB NO. 79034

Erickson, Inc. 9115

FOR: _____ TANK NO. _____

Richmond 07/21/92 10:46:26

LOCATION: _____ DATE: _____ TIME: _____

Visual Gastech/1314 SMPN FO

TEST METHOD _____ LAST PRODUCT _____

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

2000 Gallon Tank

SAFE FOR FIRE

TANK SIZE _____ CONDITION _____

OXYGEN 20.9%

REMARKS: _____

LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

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

STANDARD SAFETY DESIGNATION

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

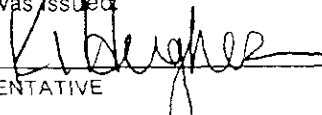
SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration that permitted under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

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

REPRESENTATIVE

TITLE

INSPECTOR



DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 07966

CUSTOMER SEMCO
JOB NO. 79034

FOR: Erickson, Inc. TANK NO. 9116

LOCATION: Richmond DATE: 07/20/92 TIME: 08:22:45

TEST METHOD Visual Gastech/1314 SMPN LAST PRODUCT LG

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

TANK SIZE 250 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

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

STANDARD SAFETY DESIGNATION
SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.
SAFE FOR FIRE Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit, and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration that permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector

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

K. Hughes REPRESENTATIVE TITLE INSPECTOR OR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard - Richmond, California 94801

NO. 07942

CUSTOMER SEMCO
JOB NO. 79034

FOR: Erickson, Inc. 9117
TANK NO. _____

LOCATION: Richmond DATE: 07/16/92 TIME: 09:56:10

Visual Gastech/1314 SMPN LG

TEST METHOD _____ LAST PRODUCT _____

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

TANK SIZE 1000 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

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

STANDARD SAFETY DESIGNATION

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

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

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

REPRESENTATIVE *[Signature]*

TITLE _____

INSPECTOR *[Signature]*

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 08008

CUSTOMER SEMCC
JOB NO. 79031

FOR: Erickson, Inc. TANK NO. 9149

LOCATION: Richmond DATE: 07/22/92 TIME: 06:10:13

TEST METHOD Visual Gastech/1314 SMPN LAST PRODUCT FO

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

TANK SIZE 10000 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

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

STANDARD SAFETY DESIGNATION

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

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

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

K. Deegan REPRESENTATIVE TITLE INSPECTOR [Signature]

92182453

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-5350

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. DAD0008161808212		Manifest Document No. 13		2. Page 1 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address Lynn Nitigale 210 Excelsior Park Blvd. #340 San Francisco, CA				A. State Manifest Document Number 92182453		B. State Generator ID DAD0008161808212		C. State Transporter ID DAD0008161808212			
4. Generator's Phone (415) 468-4477				6. US EPA ID Number DAD0008161808212		D. Transporter's Phone DAD0008161808212		E. State Transporter ID DAD0008161808212			
5. Transporter 1 Company Name P. T. H. E. M.				8. US EPA ID Number DAD0008161808212		F. Transporter's Phone DAD0008161808212		G. State Facility ID DAD0008161808212			
7. Transporter 2 Company Name				10. US EPA ID Number		H. Facility Phone DAD0008161808212					
9. Designated Facility Name and Site Address METHUEN'S PESTICIDE 1701 TOWNWAY 53 MANTENO, CA 95353				11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity			
						No.		Type			
						1		11			
						3950		G			
						1750		G			
						CK		G			
								G			
								G			
								G			
								G			
								G			
1. Additional Descriptions for Materials Listed Above 42% water B.S.W. 58% oil (34% water 8% Solids)				K. Handling Codes for Wastes Listed Above		a. 01		b.			
						c.		d.			
15. Special Handling Instructions and Additional Information USE APPROPRIATE PROTECTIVE GEAR DESIGNATED FACILITY EMERGENCY CONTACT # (800) 374-4444 GENERATOR EMERGENCY CONTACT # (415) 468-4477											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the 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 federal, state and international laws.											
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 C. Kypreos Ex Lynn Nitigale				Signature C. Kypreos Ex Lynn Nitigale				Month 07		Day 14	
17. Transporter 1 Acknowledgement of Receipt of Materials								Year 91			
Printed/Typed Name C. Kypreos				Signature C. Kypreos				Month 07		Day 14	
18. Transporter 2 Acknowledgement of Receipt of Materials								Year 91			
Printed/Typed Name				Signature				Month		Day	
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 L. P. P. P.				Signature L. P. P. P.				Month 07		Day 14	
								Year 91			

DO NOT WRITE BELOW THIS LINE.

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CA10004804680	Manifest Document No. 821434	2. Page 1 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address 250 Executive Park Blvd C/O LYNN NEGOTIABLE S.H.U. CONTRACTING CO 44134		A. State Manifest Document Number 92182434		B. State Generator's ID CA10004804680	
4. Generator's Phone (415) 468-0167		C. State Transporter's ID CA10004804680		D. Transporter's Phone (800) 874-4444	
5. Transporter 1 Company Name ALLIED PETROLEUM		6. US EPA ID Number CA10004804680		E. State Transporter's ID CA10004804680	
7. Transporter 2 Company Name		8. US EPA ID Number		F. Transporter's Phone	
9. Designated Facility Name and Site Address WET PILES SERVICE 10331 N HWY 35 PATTERSON, CA 95363		10. US EPA ID Number CA10004804680		G. State Facility's ID CA10004804680	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	15. Wagon Number
a. WET PILES HAZARDOUS WASTE LIQUID NOS NA 918		1 1 TIT	16300	0	State EPA/C
b.					State EPA/C
c.					State EPA/C
d.					State EPA/C
J. Additional Descriptions for Materials Listed Above 95% WATER AND RINSE 5% FUEL		K. Handling Codes for Wastes Listed Above a. 01 b. c. d.			
15. Special Handling Instructions and Additional Information USE APPROPRIATE PROTECTIVE GEAR DESIGNATED FACILITY EMERGENCY CONTACT # (800) 874-4444 GENERATOR EMERGENCY CONTACT # (415) 468-0167 <i>Job site: 4621 Martin Luther King Jr Hwy C/O Kelly C.I</i>					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the 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 federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name		Signature		Month Day Year 07 13 91	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Colin Kelly		Signature Colin Kelly		Month Day Year 07 13 91	
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 Michael H. Kretz		Signature Michael H. Kretz		Month Day Year 07 13 91	

92182434
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL OIL SPILL CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-85

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-5050.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. Manifest Document No. 2. Page 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
 Lynn Nightingale
 230 Executive Park Blvd.
 #200 San Francisco, CA

A. State Manifest Document Number
 89182181

4. Generator's Phone (415) 468-0167 94134

B. State Generator's ID

5. Transporter 1 Company Name 6. US EPA ID Number

C. State Transporter's ID

7. Transporter 2 Company Name 8. US EPA ID Number

D. State Transporter's ID

9. Designated Facility Name and Site Address
 REFINERIES SERVICE
 13301 N HWY 03
 PATTERSON, CA 95363

G. State Facility's ID
 H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

a.	12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste Code
	No.	Type			
NON RCRA HAZARDOUS WASTE LIQUID NOS NA 9189	1	TIT	11500	G	State EPA/OSHA
b.					State EPA/OSHA
c.					State EPA/OSHA
d.					State EPA/OSHA

J. Additional Descriptions for Materials Listed Above
 95% WATER AND RINSEATE
 5% FUEL

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
 USE APPROPRIATE PROTECTIVE GEAR
 DESIGNATED FACILITY EMERGENCY CONTACT # (800) 874-4444
 GENERATOR EMERGENCY CONTACT #(415) 468-0167

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the 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 federal, state and international laws.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Signature Month Day Year
 Lynn Nightingale C. King for Lynn Nightingale 07/14/92

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name Signature Month Day Year
 Colin Kelley Col. Kelley 07/14/92

18. Transporter 2 Acknowledgement of Receipt of Materials
 Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

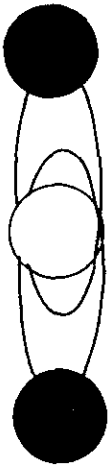
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
 Printed/Typed Name Signature Month Day Year
 Stephen A. Reed 07/14/92

DO NOT WRITE BELOW THIS LINE.

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA1C1008304161801	Manifest Document No. 214 EK	2. Page 1 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Lynn Nightingale 250 Executive Park Blvd #3100 San Francisco CA		A. State Manifest Document Number 92182464		B. State Generator's ID CA1C1008304161801		
4. Generator's Phone (415) 468-0167		6. US EPA ID Number 94124		C. State Transporter's ID 302573		
5. Transporter 1 Company Name ALLIED PETROLEUM		8. US EPA ID Number CA1D191016171511218		D. Transporter's Phone (209) 576-8500		
7. Transporter 2 Company Name		10. US EPA ID Number		E. State Transporter's ID		
9. Designated Facility Name and Site Address REFINERIES SERVICE 13331 N Hwy 333 PATTERSON, CA, 95303		10. US EPA ID Number CA1D108311667210		F. Transporter's Phone		
9. Designated Facility Name and Site Address		10. US EPA ID Number		G. State Facility's ID CA1D108311667210		
9. Designated Facility Name and Site Address		10. US EPA ID Number		H. Facility's Phone (800) 874-4444		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number	
a. NON-HAZARDOUS WASTE LIQUID NOS NA 9183 CK		No.	Type		State 221	
b. Waste oil Combustible Liquid 11.5 Gal #1270		1	TT		EPA/Other	
c.		1	TT	1050	G	
d.					State EPA/Other	
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above				
42% WATER AND RINSATE		a.				
58% FUEL		b.				
		c.				
		d.				
15. Special Handling Instructions and Additional Information USE APPROPRIATE PROTECTIVE GEAR DESIGNATED FACILITY EMERGENCY CONTACT # (800) 874-4444 GENERATOR EMERGENCY CONTACT # (415) 468-0167						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the 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 federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name		Signature		Month Day Year		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year		
Printed/Typed Name Colin Kelley		Signature <i>Colin Kelley</i>		07/11/91		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year		
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 17						
Printed/Typed Name		Signature		Month Day Year		

DO NOT WRITE BELOW THIS LINE.



Abel Carbonic

CUSTOMER NUMBER	PURCHASE ORDER NO.	DATE
		7/15/91
		212136

BY ACCEPTING THIS ORDER, CUSTOMER AGREES TO ALL OF THE TERMS AND CONDITIONS SET FORTH HEREIN, INCLUDING THOSE PRINTED ON THE REVERSE SIDE

NAME SEMCO	ACCEPTED BY: <i>Patricia R. Wright</i>
SHIPPED TO 92-0505	

20 SOLID	21 HALF	22 SLICES	23 ROCKS	24 AIRPORT	29 WET ICE	
UNIT	DESCRIPTION				CODE	POUNDS
30	DRY-ICE	ORM-A	UN1845	23	1500	

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF
 ENVIRONMENTAL HEALTH

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

page 1 of 6

Hazardous Materials Division Inspection Form

Site ID# _____ Site Name MKL Property Today's Date 2/15/92
 Site Address 4629 MLK Way EPA ID# _____
 City OAKLAND Zip 94607 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

Inspection Categories: 1000
 I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 II. Business Plans, Acute Hazardous Materials
 III. Underground Tanks removal.

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

- IA GENERATOR (Title 22)**
- ___ 1. Waste ID 66471
 - ___ 2. EPA ID 66472
 - ___ 3. > 90 days 66508
 - ___ 4. Label dates 66508
 - ___ 5. Biennial 66493
-
- Manifest**
- ___ 6. Records 66492
 - ___ 7. Correct 66484
 - ___ 8. Copy sent 66492
 - ___ 9. Exception 66484
 - ___ 10. Copies Rec'd 66492
-
- Misc.**
- ___ 11. Treatment 66371
 - ___ 12. On-site Disp. (H.S.&C.) 26189.5
 - ___ 13. Ex Haz. Waste 66570
-
- Prevention**
- ___ 14. Communications 67121
 - ___ 15. Aisle Space 67124
 - ___ 16. Local Authority 67126
 - ___ 17. Maintenance 67120
 - ___ 18. Training 67105
-
- Contn. gency**
- ___ 19. Prepared 67140
 - ___ 20. Name List 67141
 - ___ 21. Copies 67141
 - ___ 22. Emg. Coord. Trng. 67144
-
- Containers, Tanks**
- ___ 23. Condition 67241
 - ___ 24. Compatibility 67242
 - ___ 25. Maintenance 67243
 - ___ 26. Inspection 67244
 - ___ 27. Buffer Zone 67246
 - ___ 28. Tank Inspection 67259
 - ___ 29. Containment 67245
 - ___ 30. Safe Storage 67261
 - ___ 31. Freeboard 67257

Comments:
 Note there are 5 USTs at the site instead of 4 - appropriate bill modification needed for closure of all tanks. Oakland file

On site for removal of 5 USTs - plan previously approved by SHug on office. Since 10/30 Oakland fire dept on site.

There are 2 gasoline tanks at the facility that had not been used since early 1970's the other tanks are boiler fuel tanks from a steam cleaning plant and have not been used for many years.

Note in the area of the fuel oil tanks the soil shows signs of staining + odors are present.

The 5th tank is 10,000 - 12,000 gallons of fuel oil and is filled - it is being checked by a pumped truck - Albee Petroleum needs manifest copy to present to AlCo #2

- LB TRANSPORTER (Title 22)**
- ___ 32. Applic./Insurance 66428
 - ___ 33. Comp. Cert./CHP Insp. 66448
 - ___ 34. Containers 66465
-
- Manifest**
- ___ 35. Vehicles 66465
 - ___ 36. EPA ID #s 66531
 - ___ 37. Correct 66541
 - ___ 38. HW Delivery 66543
 - ___ 39. Records 66544
-
- Cont'n's**
- ___ 40. Name/ Covers 66545
 - ___ 41. Recyclables 66800

Rev 6/88

Contact Chuck Kim Inspector Ron De
 Title: Environmental Health Officer Signature _____
 Signature: Chuck Kim _____

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 Division Inspection Form

2 of 6

Site ID# _____ Site Name MLK Property Today's Date 7/15/92
 Site Address 4529 MLK EPA ID# _____
 City Oakland Zip 94607 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? **Y N**
 Hazardous Waste generated per month? _____

Inspection Categories:
 I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 II. Business Plans, Acute Hazardous Materials
 III. Underground Tanks tank pull

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

- LA GENERATOR (Title 22)**
- ___ 1. Waste ID * 66471
 - ___ 2. EPA ID 66472
 - ___ 3. > 90 days 66508
 - ___ 4. Label dates 66508
 - ___ 5. Biennial 66493
-
- Manifest**
- ___ 6. Records 66492
 - ___ 7. Correct 66484
 - ___ 8. Copy sent 66492
 - ___ 9. Exception 66484
 - ___ 10. Copies Rec'd 66492
-
- Misc.**
- ___ 11. Treatment 66371
 - ___ 12. On-site Disp. (H.S.&C.) 26189.5
 - ___ 13. Ex Haz. Waste 66570
-
- Prevention**
- ___ 14. Communications 67121
 - ___ 15. Aisle Space 67124
 - ___ 16. Local Authority 67126
 - ___ 17. Maintenance 67120
 - ___ 18. Training 67105
-
- Contn. Agency**
- ___ 19. Prepared 67140
 - ___ 20. Name List 67141
 - ___ 21. Copies 67141
 - ___ 22. Emg. Coord. Tmg. 67144
-
- Containers, Tanks**
- ___ 23. Condition 67241
 - ___ 24. Compatibility 67242
 - ___ 25. Maintenance 67243
 - ___ 26. Inspection 67244
 - ___ 27. Buffer Zone 67246
 - ___ 28. Tank Inspection 67259
 - ___ 29. Containment 67245
 - ___ 30. Safe Storage 67261
 - ___ 31. Freeboard 67257
-
- LB TRANSPORTER (Title 22)**
- ___ 32. Applic./Insurance 66428
 - ___ 33. Comp. Cert./CHP Inso. 66448
 - ___ 34. Containers 66465
-
- Manifest**
- ___ 35. Vehicles 66466
 - ___ 36. EPA ID #s 66531
 - ___ 37. Correct 66541
 - ___ 38. HW Delivery 66543
 - ___ 39. Records 66544
-
- Units**
- ___ 40. Name/ Covers 66545
 - ___ 41. Recyclables 66800

Comments:
 Inspector Holms
 first tanks to be pulled - grabbed Oakland FD
 * note several photos taken of site
 2000, 02 = 1. LEL = 0
 2000, 02 = 1.5 LEL = 0
 1000, 02 = 75 LEL = 1
 280, 02 = 2. LEL = 2.5
 10, 000 = 2 ppm
 * Provide copy of site safety report if final submitted
 3" 1000 gals stored in tank structure.
 4th 250 10/02
 2nd tank 4000
 1st tank 4000 removed

Contact [Signature]
 Title [Signature] Inspector [Signature]
 Signature [Signature] Signature [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 Division Inspection Form

3 of 1

Site ID# _____ Site Name MLK Property Today's Date 1/1/
 Site Address 4629 MLK Wa EPA ID# _____
 City Oakland Zip 94612 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

Inspection Categories:

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

LA GENERATOR (Title 22)

- ___ 1. Waste ID * 66471
- ___ 2. EPA ID 66472
- ___ 3. > 90 days 66508
- ___ 4. Label dates 66508
- ___ 5. Biennial 66493
- ___ 6. Records 66492
- ___ 7. Correct 66484
- ___ 8. Copy sent 66492
- ___ 9. Exception 66484
- ___ 10. Copies Rec'd 66492
- ___ 11. Treatment 66371
- ___ 12. On-site Disp. (H.S.&C.) 26189.5
- ___ 13. Ex Haz. Waste 66570
- ___ 14. Communications 67121
- ___ 15. Aisle Space 67124
- ___ 16. Local Authority 67126
- ___ 17. Maintenance 67120
- ___ 18. Training 67105
- ___ 19. Prepared 67140
- ___ 20. Name List 67141
- ___ 21. Copies 67141
- ___ 22. Emg. Coord. Tmg. 67144
- ___ 23. Condition 67241
- ___ 24. Compatibility 67242
- ___ 25. Maintenance 67243
- ___ 26. Inspection 67244
- ___ 27. Buffer Zone 67246
- ___ 28. Tank Inspection 67259
- ___ 29. Containment 67245
- ___ 30. Safe Storage 67261
- ___ 31. Freeboard 67257

Comments:

4000
 The 1st tank removed has litters on the bottom that has leaked into the pd. otherwise the tank appears solid. Solid the get contains contaminated soil also present photographs taken
 * not soil streppilled inside of facility (indows)
4000
 The second tank removed from west to east has a truck fuel oil and water solution underneath the tank. (photo taken) to be pumped out by pumper trucks
 Note there was unknown amount of product under former tank.

LB TRANSPORTER (Title 22)

- ___ 32. Applic./Insurance 66428
- ___ 33. Comp. Cert./CHP Inso. 66448
- ___ 34. Containers 66465
- ___ 35. Vehicles 66465
- ___ 36. EPA ID #s 66531
- ___ 37. Correct 66541
- ___ 38. HW Delivery 66543
- ___ 39. Records 66544
- ___ 40. Name/ Covers 66545
- ___ 41. Recyclables 66800

1215
 The 3rd tank is a 1000 gallon tank off the street to the North full end of the tank has 6" of soil 6" from the end of the tank
 Note provided by sides with inathomeg
 via ac form 222 to the relevant authority

Rev 6/88

Contact: [Signature] Title: [Signature] Inspector: Brian [Signature]
 Signature: [Signature] 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 Division Inspection Form

page 4 of 5

Site ID# _____ Site Name MKK Property Today's Date 7/15/92
 Site Address 4625 MLK Way EPA ID# _____
 City Oakland Zip 94 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER *left of 2/15*
- II. Business Plans, Acute Hazardous Materials *in Feb 3/15*
- III. Underground Tanks *Richard H. ...*

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HSC)

LA GENERATOR (Title 22)

- ___ 1. Waste ID 66471
- ___ 2. EPA ID 66472
- ___ 3. > 90 days 66508
- ___ 4. Label dates 66508
- ___ 5. Biennial 66493
- ___ 6. Records 66492
- ___ 7. Correct 66484
- ___ 8. Copy sent 66492
- ___ 9. Exception 66484
- ___ 10. Copies Rec'd 66492
- ___ 11. Treatment 66371
- ___ 12. On-site Disp. (H.S.&C.) 25189.5
- ___ 13. Ex Haz. Waste 66570
- ___ 14. Communications 67121
- ___ 15. Aisle Space 67124
- ___ 16. Local Authority 67126
- ___ 17. Maintenance 67120
- ___ 18. Training 67105
- ___ 19. Prepared 67140
- ___ 20. Name List 67141
- ___ 21. Copies 67141
- ___ 22. Emg. Coord. Trng. 67144
- ___ 23. Condition 67241
- ___ 24. Compatibility 67242
- ___ 25. Maintenance 67243
- ___ 26. Inspection 67244
- ___ 27. Buffer Zone 67246
- ___ 28. Tank Inspection 67259
- ___ 29. Containment 67245
- ___ 30. Safe Storage 67261
- ___ 31. Freeboard 67257

Comments:

Handwritten notes:
 # four (4) tank is a 280 gallon gasoline tank. Following removed from the tank had several holes from rust in seal staining noted -
 returned to site for sampling protocol/purpose on the 5th and fuel tank is in improper location unapproved. Large amount of contaminated soil is present in the soil to other side of the tank.
 Note get to be left open and fenced pending verification samples - City of Oakland to be notified by contractor.
 Note background had sample taken
 tests to be accomplished. (3 day turn around) on 280 + 1000 (gas) TPH, Heavy Metals BTEX on 7000, 1000, 10000 TPH, TOF BTEX
 # of samples: 280 - 1 single fill end 1000 & samples
 continued

LB TRANSPORTER (Title 22)

- ___ 32. Applic./Insurance 66428
- ___ 33. Comp. Cert./CHP Insp. 66448
- ___ 34. Containers 66465
- ___ 35. Vehicles 66465
- ___ 36. EPA ID #s 66531
- ___ 37. Correct 66541
- ___ 38. HW Delivery 66543
- ___ 39. Records 66544
- ___ 40. Name/ Covers 66545
- ___ 41. Recyclables 66800

Contact _____
 Title _____
 Signature _____

Inspector: Richard H. ...
 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 Division Inspection Form 5 of 5

Site ID# _____ Site Name MLK Property Today's Date 7/15/92
 Site Address 4625 Martin Luther King Way EPA ID# _____
 City Oakland Zip 94 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

- LA GENERATOR (Title 22)**
- ___ 1. Waste ID * 66471
 - ___ 2. EPA ID 66472
 - ___ 3. > 90 days 66508
 - ___ 4. Label dates 66508
 - ___ 5. Biennial 66493
- Manifest**
- ___ 6. Records 66492
 - ___ 7. Correct 66484
 - ___ 8. Copy sent 66492
 - ___ 9. Exception 66484
 - ___ 10. Copies Rec'd 66492
- Misc.**
- ___ 11. Treatment 66371
 - ___ 12. On-site Disp. (H.S.&C.) 26189.5
 - ___ 13. Ex Haz. Waste 66570
- Prevention**
- ___ 14. Communications 67121
 - ___ 15. Aisle Space 67124
 - ___ 16. Local Authority 67126
 - ___ 17. Maintenance 67120
 - ___ 18. Training 67105
- Contn. gency**
- ___ 19. Prepared 67140
 - ___ 20. Name List 67141
 - ___ 21. Copies 67141
 - ___ 22. Emg. Coord. Tmg. 67144
- Containers, Tanks**
- ___ 23. Condition 67241
 - ___ 24. Compatibility 67242
 - ___ 25. Maintenance 67243
 - ___ 26. Inspection 67244
 - ___ 27. Buffer Zone 67246
 - ___ 28. Tank Inspection 67259
 - ___ 29. Containment 67245
 - ___ 30. Safe Storage 67261
 - ___ 31. Freeboard 67257

Comments:

#2 4000 2 samples 1
 to be / ① 4000 2 samples
 7/14/92 ⑤ 10,000 3 samples.
 1 large tank # 11/10/91
 5 PM 5th tank to come out of pit.
 note Tank(s) pits 3+4 to be sampled
 today (The gas tanks). The other pits will
 be sampled tomorrow AM.
 note associated piping manifested with
 the #3 tank.
 manifest # 922 7/1/65
 upon removal there was stored below soil under
 the tank (several photos taken of tank + pit
 there were no apparent holes in tank)
 Shreehaney Co. R HT Hay Waste Hauler # 362578
 sup 4/93
 sample # 1 out of 275 gal taken @ 8 feet below
 sample # 2 of 1000 gal @ 5 feet and 6' 10"
 sample # 3 of 1000 gal @ 10 feet and 8' 10"
 note activity in air 7/14

- LB TRANSPORTER (Title 22)**
- ___ 32. Applic./Insurance 66428
 - ___ 33. Comp. Cert./CHP Insp. 66448
 - ___ 34. Containers 66465
- Manifest**
- ___ 35. Vehicles 66465
 - ___ 36. EPA ID #s 66531
 - ___ 37. Correct 66541
 - ___ 38. HW Delivery 66543
 - ___ 39. Records 66544
- Cont'n's**
- ___ 40. Name/ Covers 66545
 - ___ 41. Recyclables 66800

Rev 6/88

Contact: Chuck Kipson
 Title: Vice President Inspector: Ben De
 Signature: Chuck Kipson 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 Division Inspection Form

Site ID# _____ Site Name MLK Property Day 2
Tank pulled
Today's Date 7/16/92

Site Address 4625 MLK Way EPA ID# _____

City Oakland Zip 94 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? **Y N**
 Hazardous Waste generated per month? _____

- Inspection Categories:**
- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 - II. Business Plans, Acute Hazardous Materials
 - III. Underground Tanks used Sampling Chase Bunker

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (H&S&C)

- I.A. GENERATOR (Title 22)**
- 1. Waste ID # 66471
 - 2. EPA ID # 66472
 - 3. > 90 days 66508
 - 4. Label dates 66508
 - 5. Biennial 66493
-
- Manifest**
- 6. Records 66492
 - 7. Correct 66484
 - 8. Copy sent 66492
 - 9. Exception 66484
 - 10. Copies Rec'd 66492
-
- Misc.**
- 11. Treatment 66371
 - 12. On-site Disp. (H.S.&C.) 26189.5
 - 13. Ex Haz. Waste 66570
-
- Prevention**
- 14. Communications 67121
 - 15. Aisle Space 67124
 - 16. Local Authority 67126
 - 17. Maintenance 67120
 - 18. Training 67109
-
- Contingency**
- 19. Prepared 67140
 - 20. Name List 67141
 - 21. Copies 67141
 - 22. Emg. Coord. Trng. 67144
-
- Containers, Tanks**
- 23. Condition 67241
 - 24. Compatibility 67242
 - 25. Maintenance 67243
 - 26. Inspection 67244
 - 27. Buffer Zone 67246
 - 28. Tank Inspection 67259
 - 29. Containment 67245
 - 30. Safe Storage 67261
 - 31. Freeboard 67257

Comments:

8:00 not ready 1/25
 → to sample

Will return at 10:00 pm as per Contract

*note on return to site, stockpiled soil has been returned to get wet and being a.) characterized - I have appraised Contractor of proper protocol - regarding returning spoils to site.

(Sampling # 1 from EAS end of former #5ust
 #2 sample #12.5 from middle of #5 @ 14' 0"
 #3 sample #3.2 from West end of #5 pit @ 13' 0"
 #4 sample #4.2 from fur W @ 4000' @ 8' 6"
 #5 sample #5 from EAS end of #1 tank @ 7' 6"
 #6 sample #6 from West end of #2 tank @ 8' 0"
 #7 sample #7 from east end of #2 tank @ 7' 6"

- I.B. TRANSPORTER (Title 22)**
- 32. Applic./Insurance 66428
 - 33. Comp. Cert./CHP Ins. 66448
 - 34. Containers 66465
-
- Manifest**
- 35. Vehicles 66466
 - 36. EPA ID #s 66531
 - 37. Correct 66541
 - 38. HW Delivery 66543
 - 39. Records 66544
-
- Misc.**
- 40. Name/ Covers 66545
 - 41. Recyclables 66800

*provide Closure report including samples results to Alameda County Division of Hazardous Material

*provide characterization of stockpiled soil spoils - I provide to disposition

Contact: _____
 Title: _____ Inspector: Ben Allen
 Signature: _____ Signature: _____

DAILY SAFETY BRIEFING REPORT

Project # 92-0505 Date 2/13/92 Time 10:30 AM

Project Name Meller & Decker

Project Location 4629 Martin Luther King Jr. Way Oakland

Client/Address 40 Flynn on Mt Diablo as trustee for Emil Sed & Stat.
250 Executive Park Blvd, #3100, S.F. Ca 94134

Project Activity Remove: 2-4000 H10;
1-Apr 350 G; 1-Apr 250 G.

SAFETY TOPICS

CHEMICAL HAZARDS-Benzene, Toluene, Xylene, Ethyl Benzene,
Freon, Diesel, [redacted], Petroleum Hydrocarbons

PHYSICAL HAZARDS-Open excavation, debris piles, exposed
pipng, cave-ins, moving equipment, electrical shock

RESPIRATORY PROTECTIVE EQUIPMENT-Half-face respirator with
organic vapor cartridges if necessary

SAFETY/PERSONAL PROTECTIVE EQUIPMENT/CLOTHING (List
specifically for each activity)- Hard hats, steel toe shoes,
safety glasses, uniform shirt, protective gloves

SPECIFIC INSTRUCTIONS-No smoking, eating, drinking, or
chewing within 25' of the excavation, wash hands before doing
any of the above

HOSPITAL/CLINIC Nessick Hospital PHONE (510) 845-0310

HOSPITAL ADDRESS 2001 Dwight Way, Berkeley

PARAMEDIC () 911 FIRE DEPT. () 911 POLICE () 911

EMERGENCY PROCEDURES-Treat minor injuries on site, transport
victim to hospital if necessary

-ATTENDEES-

NAME (Please Print)	NAME (Signature)
<u>David Hove</u>	<u>[Signature]</u>
<u>Patrick L. Dyer</u>	<u>Patrick L. Dyer</u>
<u>Jason R. Kelley</u>	<u>Jason R. Kelley</u>
<u>Chuck Ryan</u>	<u>Chuck Ryan</u>

Meeting Conducted By Patrick L. Dyer

Supervisor David Hove

DAILY SAFETY BRIEFING REPORT

Project # 92-0505 Date 7-14-92 Time 8:30

Project Name Miller & Miller

Project Location 41629 Martin Luther King Jr. Way Oakland

Client/Address: c/o Lynn & Nightingale ex Trustee of Uncle Sam Estate, 250 Executive Park Blvd, #3100, 5th Fl. CA 94132

Project Activity Remove 1-400 H10; 1 Apr 3-50 E; 1 Apr 2nd E.

SAFETY TOPICS

CHEMICAL HAZARDS-Benzene, Toluene, Xylene, Ethyl Benzene, Freon, Diesel, [redacted], Petroleum Hydrocarbons

PHYSICAL HAZARDS-Open excavation, debris piles, exposed piping, cave-ins, moving equipment, electrical shock

RESPIRATORY PROTECTIVE EQUIPMENT-Half-face respirator with organic vapor cartridges if necessary

SAFETY/PERSONAL PROTECTIVE EQUIPMENT/CLOTHING (List specifically for each activity)- Hard hats, steel toe shoes, safety glasses, uniform shirt, protective gloves

SPECIFIC INSTRUCTIONS-No smoking, eating, drinking, or chewing within 25' of the excavation, wash hands before doing any of the above

HOSPITAL/CLINIC Wesnick Hosp. PHONE (510) 845-0310

HOSPITAL ADDRESS 2001 Dwight Way, Berkeley

PARAMEDIC () (911) FIRE DEPT. () (911) POLICE () (911)

EMERGENCY PROCEDURES-Treat minor injuries on site, transport victim to hospital if necessary

-ATTENDEES-

NAME (Please Print)

NAME (Signature)

PATRICK [unclear]

Patrick H. Vogel

[unclear]

[unclear]

Tom B. Kelley

Tom B. Kelley

Site Manager [unclear]

Tom B. Kelley

Meeting Conducted By Patrick H. Vogel

Supervisor [unclear]

DAILY SAFETY BRIEFING REPORT

Project # 92-0505 Date 7/15/92 Time 8:00am

Project Name Miller & Miller

Project Location 4629 Martin Luther King Jr. Way, Oakland
c/o Byron Nightingale, as Insulator for Uncle Sid Estate

Client/Address 250 Executive Park Blvd., #3100, S.F. CA 94134
2-4000 H103

Project Activity Re-work: 1-APX 350G; 1-APX 250G.

SAFETY TOPICS

CHEMICAL HAZARDS-Benzene, Toluene, Xylene, Ethyl Benzene, Freon, Diesel, [REDACTED], Petroleum Hydrocarbons

PHYSICAL HAZARDS-Open excavation, debris piles, exposed piping, cave-ins, moving equipment, electrical shock

RESPIRATORY PROTECTIVE EQUIPMENT-Half-face respirator with organic vapor cartridges if necessary

SAFETY/PERSONAL PROTECTIVE EQUIPMENT/CLOTHING (List specifically for each activity)- Hard hats, steel toe shoes, safety glasses, uniform shirt, protective gloves

SPECIFIC INSTRUCTIONS-No smoking, eating, drinking, or chewing within 25' of the excavation, wash hands before doing any of the above

HOSPITAL/CLINIC Versick Hospital PHONE (510) 845-6310

HOSPITAL ADDRESS 2001 Dwight Way, Berkeley

PARAMEDIC () 911 FIRE DEPT. () 911 POLICE () 911

EMERGENCY PROCEDURES-Treat minor injuries on site, transport victim to hospital if necessary

-ATTENDEES-

NAME (Please Print)

NAME (Signature)

<u>Robert F Hayes</u>	<u>[Signature]</u>
<u>Jason B. Kelley</u>	<u>[Signature]</u>
<u>Pat Vigil</u>	<u>[Signature]</u>
<u>Dee Jensen</u>	<u>[Signature]</u>

Meeting Conducted By [Signature]

Supervisor [Signature]

10.0 Signatures & Acknowledgments:

I acknowledge having read and understood the preceding Health & Safety Plan:

Patrick K. Vigil 7-13-92
Signature Date

Stewart R. Wade 07/14/92
Signature Date

Robert J. Weyen 7/13/92
Signature Date

Cole Kelly 7/14/92
Signature Date

Jan R. Kelly 7/13/92
Signature Date

Lynne Hightower 7/13/92
Signature Date

Chuck Kim 7/13/92
Signature Date

Michael J. [unclear] 7/14/92
Signature Date

Patrick K. Vigil 7/14/92
Signature Date

Ann P. Oles ABC Hazmat 7/15/92
Signature Date

[unclear] 7-14-92
Signature Date

Valida Holmes FIRE 7/15/92
Signature Date

[unclear] 7-14-92
Signature Date

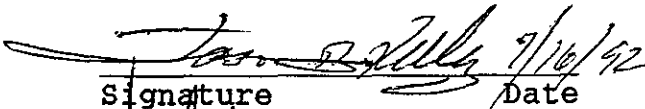
Patrick K. Vigil 7/16/92
Signature Date

10.0 Signatures & Acknowledgments:

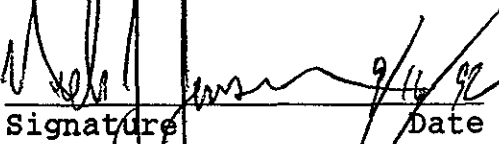
I acknowledge having read and understood the preceding Health & Safety Plan:


Signature _____ Date 7/16/92

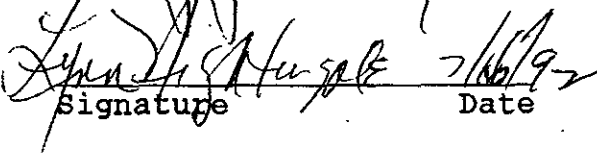
Signature _____ Date


Signature _____ Date 7/16/92

Signature _____ Date


Signature _____ Date 7/16/92

Signature _____ Date


Signature _____ Date 7/16/92

Signature _____ Date

Signature _____ Date

Signature _____ Date

Signature _____ Date

Signature _____ Date

Signature _____ Date

Signature _____ Date

SITE SAFETY PLAN
FOR
UNDERGROUND STORAGE TANK REMOVAL/CLOSURE

JOBSITE ADDRESS:

4629 MARTIN LUTHER KING JR. WAY
OAKLAND, CALIFORNIA

PREPARED BY:

JAMES C. BATEMAN PETROLEUM SERVICES, INC.

"dba"
SEMCO
1741 LESLIE STREET
SAN MATEO, CALIFORNIA 94402

431 WEST HATCH ROAD
MODESTO, CALIFORNIA 95351

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SEMCO has adopted the following Health & Safety Plan and procedures for the removal and/or closure of underground petroleum storage tanks and associated piping. The purpose of this plan is to provide health and safety guidelines to be adhered to while all work is in progress.

All personnel involved with the tank removal or associated activities will have an assigned responsibility. The outlined responsibilities will establish standards for personnel protective wear and safety procedures, and will provide for emergency actions which could arise during project operations.

SCOPE OF WORK

1.0 Scope of Work:

The tanks will be purged of all remaining residues, and these residues will be stored on site in a 55 gallon approved drum until they are hauled away or pumped out for disposal by a certified hazardous materials hauler.

The tanks will be inerted with a minimum of 20 lbs of dry ice per 1000 gallons of tank capacity. More ice will be added if necessary to displace the oxygen in the tank to a concentration level below the OSHA approved lower explosive limit, this will be achieved by using a Gastech 1314. When this level is obtained the tanks will be removed, and samples will be collected per the approved work plan.

1.1 Responsibilities of Other Agencies if Present:

- a. The Environmental Health Department is responsible for approval and inspection of procedures, including tank removal, sample procurement and integrity of work plan.
- b. The Fire Department is responsible for inspections relative to safe procedures and conditions of the tank prior to removal.

HAZARDS, SPECIAL PRECAUTIONS

2.0 Hazards, Special Precautions:

2.1 Special Precautions:

During the course of underground storage tank removal, workers could be exposed to petroleum hydrocarbon vapors, liquids, or other wastes. The following precautions will be observed by all individuals engaged in the tank removal activity.

2.1.1 Toxicity Considerations, Petroleum Substances:

All individuals should be aware of appropriate health precautions. When high concentrations of petroleum hydrocarbon vapors are inhaled, symptoms of intoxication may result. These symptoms, range from simple dizziness to unconsciousness. Care will be exercised to minimize exposure to these substances when they are present. Avoid skin contact with petroleum substances whenever possible. Use soap and water to remove any petroleum product that contacts skin.

2.1.2 Flammability and Combustibility Consideration:

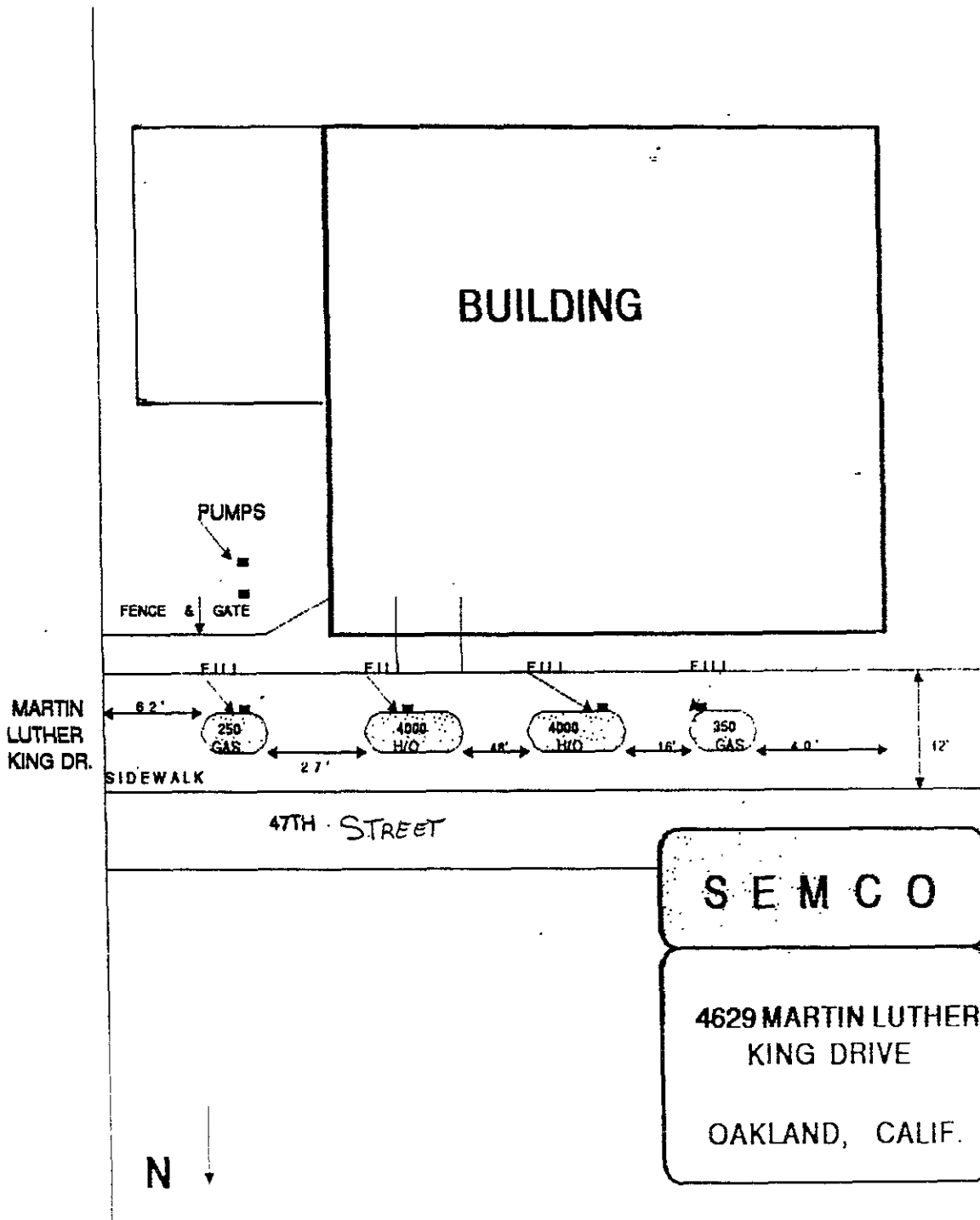
Flammable and combustible vapors are likely to be present in the work area. Precautions will be taken to eliminate all potential sources of ignition, to prevent the discharge of static electricity during venting, and to prevent the accumulation of vapors.

2.1.3 Physical Considerations:

During the excavation of underground storage tanks, some physical hazards can be present, in the form of large holes, exposed piping, debris piles, and excavation equipment. All workers will be aware of these hazards and take all necessary actions to eliminate accidents, when left unattended the excavated area will be appropriately marked and barricaded at all times.

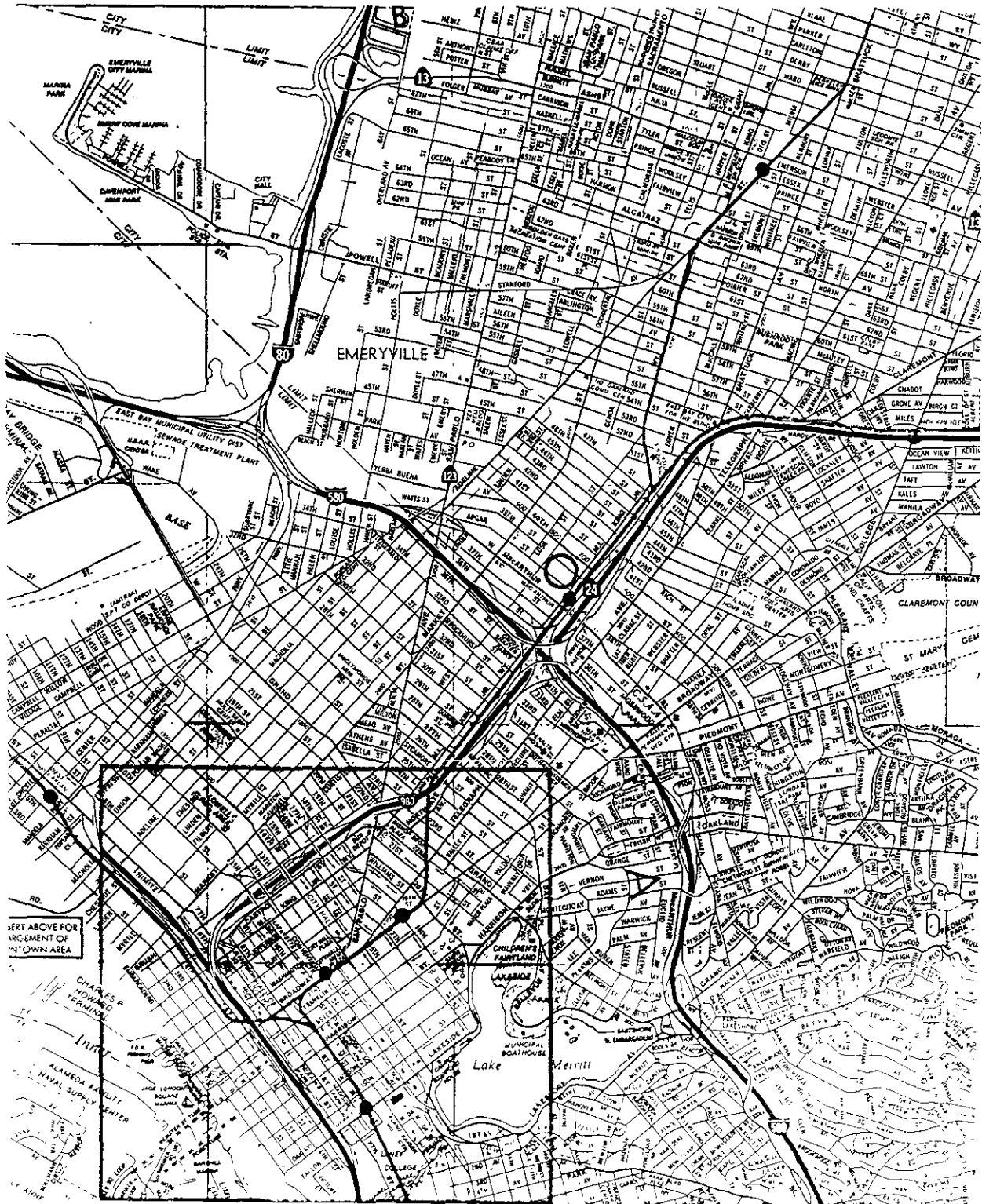
JOBSITE VICINITY MAP

3.0 Jobsite Vicinity Map



SITE MAP

4.0 Site Map



PERSONNEL

5.0 Personnel
SEMCO Employees

5.1 Project Manager

- Manages field operations.
- Ensures the Work Plan is completed on schedule.
- Briefs the field teams on their specific assignments.
- Participates in the preparation of the Site Safety Plan.
- Serves as a liaison with public officials.

5.2 Site Safety Officer

- Implements and enforces the SSP.
- Assures that all on-site personnel have received a copy of the SSP, have read it and understand it.
- Conducts frequent inspections of site conditions, facilities, equipment, and activities to determine if the SSP is adequate and being followed.
- Conducts daily "tailgate" meetings to explain the plan of work for the day, mention potential hazards of the site.
- Ensures that protective clothing and equipment are properly stored and maintained.
- Knows emergency procedures, excavation routes, and notifies local emergency services when necessary.
- Notifies the Health and Safety Manager of all accidents and injuries that occur on site.

5.3 On-Site Personnel:

- Are required to document their full understanding of the SSP before starting work by signing that they have read the SSP and understand it.
- Complies with the SSP.
- Notifies the SSO of unsafe conditions
- On-Site employees are held responsible to perform only those tasks for which they believe they are qualified and in their opinion are safe.

LEVEL D: Safety Glasses
 Steel Toe Shoes
 Hard Hats
 Uniform shirt/pants

LEVEL C: Safety Glasses or Goggles w/side shields
 Hard Hats
 Steel Toe Safety Shoes
 Half of Full Face Respirator with Organic
 Vapor Cartridge.
 Tyvek or Ploy-Coated Tyvek

EMERGENCY SERVICES

6.0 Emergency Services

6.1 Persons to contact in case of emergency:

- a. PROJECT MANAGER
Name: Chuck Kiper
Phone: (415) 572-8033
(415) 860-8221 Mobile
(415) 377-8660 Pager
- b. CLIENT CONTACT
Name: Lynn M. Nightingale
Phone: (415) 574-1222
- c. SITE CONTACT
Name: Chuck Kiper or Mike Tambroni
Phone: (415) 572-8033 (415) 572-8033
- d. SITE SAFETY OFFICER
Name: Chuck Kiper
Phone: (415) 572-8033
- e. ALTERNATE SITE SAFETY OFFICER
Name: Mike Tambroni
Phone: (415) 572-8033
- f. HEALTH & SAFETY COORDINATOR
Name: Milton Tiffin
Phone: (209) 524-9653

6.2 Hospitals In Area:
Peralta Hospital (510) 541-4900
450 - 30th Street, Oakland

6.3 Emergency Routes
See Hospital Route Map, Page 10

6.4 Ambulance Service:
Dispatch Service (510) 541-4900 or Dial 911

6.5 Fire Prevention:
Oakland Fire Department
(510) 273-3853

6.6 Fire Department:
DIAL 911

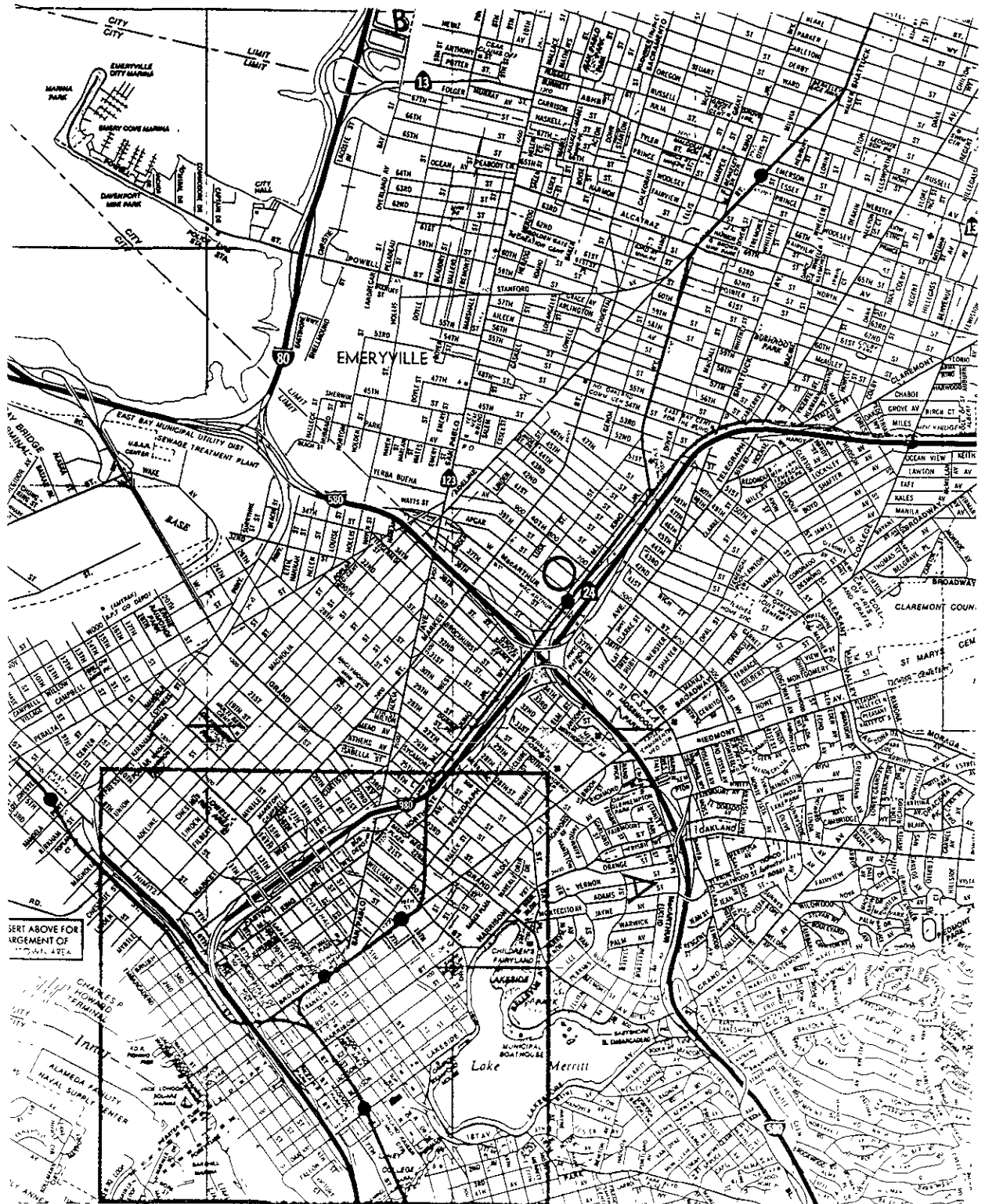
6.7 A First Aid Kit will be on site:

6.8 Barricades:
Job site will be barricaded off and construction tape will be used around working area, when work area is left unattended.

6.9 Fire Extinguishers will be present on site:

HOSPITAL ROUTE MAP

7.0 Hospital Route Map



8.0 Contingency Plan:

If an injury occurs, the following action will be taken:

- Medical attention for the injured person immediately.
- Notify the Site Safety Officer.
- Depending on the type and severity of the injury, SEMCO'S occupational physician will be notified.
- The injured person's personnel office will be notified.
- An incident report will be prepared. The Site Safety Officer will be responsible for its preparation and submittal to the Health and Safety Direction and corporate personnel office within 24 hours.
- The Site Safety Officer will assume charge during a medical emergency.
- EMERGENCY ROUTES--see Hospital Route Map, Page 10

SAFETY EQUIPMENT

9.0 Safety Equipment:

9.1 As a minimum, the following equipment will be on site:

LEL Meter - Gastech 1314
OSHA - Approved First Aid Kit
40BC Fire Extinguisher
Half Face Respirator with Organic Vapor Cartridges

10.0 Safety Training

SEMCO'S field employees have received their certificates of training as required by OSHA-SARA agencies, with refresher courses as needed.

11.0 SEMCO requires all Class I truck drivers to have a mandatory physical once a year. SEMCO supplies health insurance to all employees and administers random and mandatory drug and alcohol testing.

10.0 Signatures & Acknowledgments:

I acknowledge having read and understood the preceding Health & Safety Plan:

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date