

750 460  
Alameda County

SEP 25 2008

Environmental Health

September 23, 2008

Alameda County Health Services  
1331 Harbor Bay Parkway Suite 250  
Alameda Ca 94502

Attn; Steven Plunkett

RE: Fuel Leak Case 1347 Park Street, Alameda CA 94501

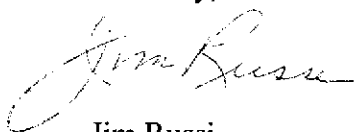
Dear Steven:

After I talked with you yesterday, I attempted to contact Jim Gribi and again today. His office has promised to have him call me back.

I will attempt to have him send you the necessary geological information the County requires. As I explained yesterday, there is not much more I can do to remediate the problem on Park Street. This would be a City of Alameda problem as the sewer lines and utilities have not been replaced over the years. They claim it is impossible to do because of the harm it would cause all the businesses on the Street and they have no funds for such a project. Most of the groundwater problem did not come from the heating oil tank that was removed from our property but from years of adjacent properties discharging their waste into our property.

I will keep you informed on my progress with Jim Gribi.

Sincerely,



Jim Russi

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RECEIVED

JUL 25 2008

ENVIRONMENTAL HEALTH SERVICES

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

July 3, 2008

STEVE & CECILIA SIMI  
STEVE & CECILIA SIMI TRUST  
2735 BROADWAY  
OAKLAND, CA 94612-3109

JAMES & ARLEEN RUSSI  
JAMES F & ARLEEN M RUSSI TRUST  
428 YORKSHIRE RD  
ALAMEDA, CA 94501

SUBJECT: GEOTRACKER STATUS FOR THE LEAKING UNDERGROUND STORAGE TANK  
(UST) CASE FOR FUEL LEAK CASE #: RO0000460; Geotracker Global ID # T0600102196;  
VACANT BUILDING, 1347 PARK ST, Alameda, CA; 94501

Ladies and Gentlemen:

A review of the case file and the State Water Resources Control Board's (SWRCB) GeoTracker website indicate that the site has not been claimed in the database; therefore electronic copies of analytical and survey data have not been uploaded to the SWRCB GeoTracker database, thus rendering the site to non-compliance status. Pursuant to California Code of Regulations, Title 23, Division 3, Chapter 16, Article 12, Sections 2729 and 2729.1, beginning September 1, 2001, all analytical data, including monitoring well samples, submitted in a report to a regulatory agency as part of the LUST program, must be transmitted electronically to the SWRCB GeoTracker system via the internet. Additionally, all permanent monitoring points utilized to collect groundwater samples (i.e. monitoring wells) and submitted in a report to a regulatory agency, must be surveyed (top of casing) to mean sea level relative to NGVD88 and latitude and longitude to sub-meter accuracy relative to NAD 83. A California licensed surveyor may be required to perform this work. Lastly, pursuant to California Code of Regulations, Title 23, Division 3, Chapter 30, Articles 1 and 2, Sections 3893, 3894, and 3895, beginning July 1, 2005, the successful submittal of electronic information (i.e. report in PDF format) shall replace the requirement for the submittal of a paper copy.

In order to remain in compliance and maintain eligibility to receive reimbursement for investigation costs from the UST Clean-up Fund, please claim your site, upload all analytical data (EDF), beginning from September 1, 2001 to current, including monitoring well survey data (GEO\_XY and GEO\_Z), and PDF reports from July 1, 2005 to current to the SWRCB's GeoTracker database website in accordance with the above-cited regulations. Survey the monitoring well(s) (if applicable), perform the electronic submittals, and submit verification to this Agency by **AUGUST 15, 2008**. Failure to comply with this requirement will result in an issuance of a Notice of Violation and possible forfeiture of reimbursement monies.

Additional information regarding the SWRCB's GeoTracker website may be obtained online at [http://www.swrcb.ca.gov/ust/electronic\\_submittal/report\\_rqmts.shtml](http://www.swrcb.ca.gov/ust/electronic_submittal/report_rqmts.shtml) or by contacting the GeoTracker Help Desk at [geotracker@waterboards.ca.gov](mailto:geotracker@waterboards.ca.gov) or (866) 480-1028.

Thank you for your cooperation. I can be reached at (510) 383-1767 to answer any questions you may have regarding this letter.

Sincerely,

Steven Plunkett  
Hazardous Materials Specialist

RECEIVED

AUG 28 2006

ENVIRONMENTAL HEALTH SERVICES

August 24, 2006

Alameda County Environmental  
Health Services Agency  
1131 Harbor Bay Parkway, 2<sup>nd</sup> Floor  
Alameda CA 94502

Attention: Amir Ghalami

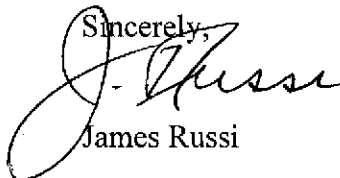
Re: Risk Management Plan  
1347 Park Street UST Site, Alameda CA  
Alameda County Site ID 5511  
GA Project No. 144-01-02

Alameda County  
AUG 28 2006  
Environmental Health

Gentlemen:

It has been almost three years since I received no response from the enclosed letter. Do you think you could do me a favor and reply to that letter soon.

Sincerely,



James Russi

Enclosure

R0460

A. Steve Simi  
2735 BROADWAY  
OAKLAND, CALIFORNIA 94612

December 8, 2005

Alameda County ENviropmental  
Health Services  
1131 Harbor Bay Parkway, 2nd Floor  
Alameda, CA 94502

Attention: Amir Ghalami

Re: 1347 Park Street

Dear Mr. Ghalami:

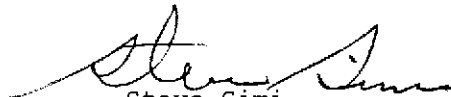
I am semi-retired and do not have voice mail, so I am mailing copies of the reports that I had completed together with a letter addressed to you in 2003 from Mr. James Russi, the current owner.

I have been under the impression that this had received closure two years ago when Eva Chew turned this over to you. I do recall her saying the work was complete and ready for closure.

Mr. Russi may also have some documents, as he used Gribi Associates to conduct some work.

I hope the enclosures help you in completing any documentation.

Sincerely,

  
Steve Simi

SS:mt  
Enclosures

RECEIVED NOV 29 2004

120460 ✓

ALAMEDA COUNTY  
NOV 29 2004  
HEALTH SERVICES AGENCY

November 23, 2004

Alameda County Environmental  
Health Services Agency  
1131 Harbor Bay Parkway, 2<sup>nd</sup> Floor  
Alameda CA 94502

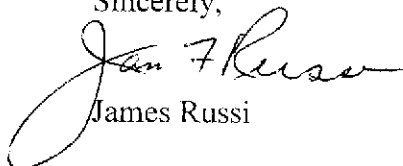
Attention: Amir Ghalami

Re: Risk Management Plan  
1347 Park Street UST Site, Alameda CA  
Alameda County Site ID 5511  
GA Project No. 144-01-02

Gentlemen:

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Sincerely,

  
James Russi

Enclosure

December 19, 2003

Alameda County Environmental  
Health Services Agency  
1131 Harbor Bay Parkway, 2<sup>nd</sup> Floor  
Alameda CA 94502

Alameda County  
AUG 28 2006  
Environmental Health

Attention: Amir Ghalami

Re: Risk Management Plan  
1347 Park Street UST Site, Alameda CA  
Alameda County Site ID 5511  
GA Project No. 144-01-02

Gentlemen:

We have been patiently waiting for your closure letter for many years. As far as we can determine we have complied with every request from your office and to date have not received any correspondence from you since 2001 where you indicated that you were going to issue a closure letter.

Recently, we submitted a risk management plan at your request and we still have not heard from you. What will it take to get a closure letter on this property? We are concerned now as the City of Alameda Public Works Department is planning to redo the infrastructure on Park St. in the near future which will probably will create another problem with the ground in that area.

Please let us know when we can expect closure.

Sincerely,

James Russi

Cc: Steve Simi

December 19, 2003

Alameda County Environmental  
Health Services Agency  
1131 Harbor Bay Parkway, 2<sup>nd</sup> Floor  
Alameda CA 94502

Attention: Amir Ghalami

Re: Risk Management Plan  
1347 Park Street UST Site, Alameda CA  
Alameda County Site ID 5511  
GA Project No. 144-01-02

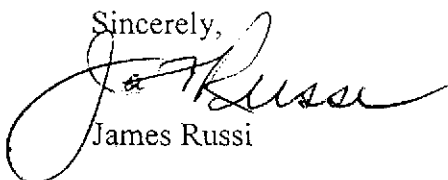
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Please let us know when we can expect closure.

Sincerely,



James Russi

Cc: Steve Simi

PO 460  
E City

Alameda County  
DEC 23 2003  
Environmental Health

December 19, 2003

Alameda County Environmental  
Health Services Agency  
1131 Harbor Bay Parkway, 2<sup>nd</sup> Floor  
Alameda CA 94502

Attention: Amir Ghalami

Re: Risk Management Plan  
1347 Park Street UST Site, Alameda CA  
Alameda County Site ID 5511  
GA Project No. 144-01-02

Gentlemen:

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Please let us know when we can expect closure.

Sincerely,

  
James Russi

Cc: Steve Simi



20 - 460

FEB 08 2002

February 6, 2002

Mr. Steve Simi  
Cochran & Celli  
2736 Broadway  
Oakland CA 94612

RE: 1347 Park Street, Alameda CA

Dear Steve:

In April of 2001, the Alameda County requested a risk management program so we could get closure on the environmental issues concerning the above property. As of today, nothing has been forthcoming from you.

If you would like, I can have Gribi Associates submit a plan to Alameda County and bill you for the cost. If you prefer to handle it yourself, please let me know the timeframe that this will be done.

Sincerely,



Jim Russi  
428 Yorkshire Rd.  
Alameda, CA 94501

Cc: Eva Chu  
Ross Anderson

ALAMEDA COUNTY  
**HEALTH CARE SERVICES**

AGENCY

DAVID J. KEARS, Agency Director



**ENVIRONMENTAL HEALTH SERVICES**

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

RO0000460

September 20, 2001

Mr. Steve Simi  
Cochran and Celli  
2735 Broadway  
Oakland, CA 94612

**RE: RMP for 1347 Park Street, Alameda, CA**

Dear Mr. Simi:

In April 5, 2001 I requested that a risk management plan (RMP) be submitted for the above referenced site that would be protective of construction workers and address soil and groundwater characterization and disposal, if warranted (see attached letter). The RMP was due by May 31, 2001. As of the date of this letter, this office has not received the required RMP. It is my understanding that Mr. John Mrakovich is unable to prepare the RMP.

Please be advised that closure will not be granted until the RMP has been reviewed and approved. If you have any questions or if I can assist in approving a qualified environmental consultant, I can be reached at (510) 567-6762.

eva chu  
Hazardous Materials Specialist

attachment

c: James Russi, 428 Yorkshire Road, Alameda, CA 94501 (w/o)

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 5511

April 5, 2001

Mr. James Russi  
428 Yorkshire Road  
Alameda, CA 94501

Mr. Steve Simi  
Cochran and Celli  
~~3330 Broadway~~ 2735 Broadway  
Oakland, CA ~~94611~~ 94612

RE: RMP for 1347 Park Street, Alameda, CA

Dear Messrs. Russi and Simi:

As you know, I am reviewing the case file for the above referenced site to determine if closure is warranted at this time. Groundwater monitoring at the site revealed the presence of a thick, viscous product in well MW-1. It is my belief that the product is localized, not very mobile, and should not pose any significant risk to human health. However, during future construction or excavation in the area, construction workers may encounter residual soil and groundwater contamination. A risk management plan (RMP) should be prepared that will be protective of construction workers and address soil and groundwater characterization and disposal.

The RMP is due within 45 days of the date of this letter, or by **May 31, 2001**. If you have any questions, I can be reached at (510) 567-6762.

eva chu  
Hazardous Materials Specialist

email: John Mrakovich

simi-7

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

ENVIRONMENTAL PROTECTION

1131 Harbor Bay Parkway, Suite 250

Alameda, CA 94502-6577

(510) 567-6700

FAX (510) 337-9335

StID 5511

April 26, 2000

Mr. James Russi  
428 Yorkshire Road  
Alameda, CA 94501

Mr. Steve Simi  
Cochran and Celli  
3330 Broadway  
Oakland, CA 94611

RE: QMR for 1347 Park Street, Alameda, CA

Dear Messrs. Russi and Simi:

I have completed review of AllCal Environmental's March 2000 *Report of Groundwater Monitoring Well Installation* prepared for the above referenced site. That report documented the work performed during the installation of a groundwater monitoring well (MW-1) at the site. The initial groundwater sample collected on February 28, 2000 contained up to 570 parts per billion total petroleum hydrocarbons as gasoline (ppb TPHg), 150,000ppb TPH as diesel (TPHd), 10,000ppb TPH as motor oil (TPHmo), 70 ppb naphthalene, and trace levels of benzene, toluene, ethylbenzene, and xylenes (BTEX).

At this time you should continue with quarterly monitoring/sampling of groundwater from Well MW-1. Groundwater should be analyzed for TPHg, TPHd, TPHmo, BTEX, and PAHs. Quarterly monitoring reports (QMR) are due 60 days upon completion of field work. The next sampling event should be in May 2000.

If you have any questions, I can be reached at (510) 567-6762.

eva chu  
Hazardous Materials Specialist

# Connell

Since

**AUTO CENTER**

1936

ENVIRONMENTAL  
PROTECTION

00 MAR 22 AM 9:47

2735 BROADWAY AUTO ROW • OAKLAND, CA 94612  
(510) 588-2000 • FAX (510) 588-2005

March 20, 2000

Ms. Eva Chu  
Alameda County Health Care Services Agency  
Environmental Protection  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577

Dear Eva:

I have enclosed a copy of ALLCAL Environmental's report for your records.

Since I do not understand these reports, I would appreciate you letting me know what you think.

Thanks,



Steve Simi

SS:mt  
Enclosure

**Jeep** • **CHRYSLER** • **Plymouth** • **ISUZU**

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

ENVIRONMENTAL PROTECTION (LOP)

1131 Harbor Bay Parkway, Suite 250

Alameda, CA 94502-6577

(510) 567-6700

FAX (510) 337-9335

StID 5511

February 7, 2000

Mr. Steve Simi  
Cochran & Celli  
3330 Broadway  
Oakland, CA 94611

**RE: Work Plan Approval for 1347 Park Street, Alameda, CA**

Dear Mr. Simi:

I have completed review of AllCal Environmental's February 2000 *Workplan for Groundwater Monitoring Well Installation* prepared for the above referenced site. The proposal to install a one-inch diameter groundwater monitoring well immediately adjacent to former boring IB-1 is acceptable. Groundwater will be analyzed for TPHg, TPHd, TPHmo, BTEX, MTBE, and PNAs. Please direct the laboratory to prepare groundwater samples with a silica gel cleanup prior to TPHd and TPHmo analyses.

Field work should commence within 45 days of the date of this letter. Please inform this office at least 72 hours prior to the start of field activities. If you have any questions, I can be reached at (510) 567-6762.

eva chu

Hazardous Materials Specialist

email: John Mrakovich ([mrakovich@worldnet.att.net](mailto:mrakovich@worldnet.att.net))

c: James Russi, 428 Yorkshire Road, Alameda, CA 94501

# Cochran & Celli

Since AUTO CENTER 1936



3330 Broadway • Oakland, CA 94611  
(510) 450-6600 • FAX (510) 652-6645

December 20, 1999

Ms. Eva Chu  
Hazardous Materials Specialist  
Alameda County Health Care Service  
1131 Harbor Bay Parkway  
Alameda, CA 94502

Dear Ms. Chu:

I am in receipt of your letter and forwarded it to AllCal Environmental of Hayward, who I have retained to test the current wells and install a permanent well as per your request.

AllCal Environmental will be contacting you soon, and we shall meet your February 14, 2000 date unless new information dictates something different.

Sincerely,

Steve Simi

SS:mt

cc: AllCal Environmental

99 DEC 23 PM 3:25

ENVIRONMENTAL  
PROTECTION

CHEVROLET

**Jeep**

CHRYSLER

**Plymouth**

BUICK

**mazda**

**ISUZU**

# Cochran & Celli

Since AUTO CENTER 1936



3330 Broadway • Oakland, CA 94611  
(510) 450-6600 • FAX (510) 652-6645

December 16, 1999

Ms. Eva Chu  
Hazardous Materials Specialist  
Alameda County Health Care Services  
1131 Harbor Bay Parkway  
Alameda, CA 94502

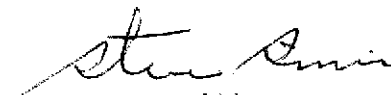
Sear Ms. Chu:

Although I paid for the work performed, I do not have a copy of their November report or any information on Gribi Associates.

Would you please forward a copy of the report so that I can contact them to make further arrangements.

Thank you,

Sincerely,



Steve Simi

SS:mt

ENVIRONMENTAL  
PROTECTION  
99 DEC 21 AM 10:40

CHEVROLET

**Jeep**

CHRYSLER

*Plymouth*

BUICK®

**mazda**

**ISUZU**



ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

ENVIRONMENTAL PROTECTION

1131 Harbor Bay Parkway

Alameda, CA 94502-6577

(510) 567-6700

(510) 337-9432

StID 5511

December 13, 1999

Mr. James Russi  
428 Yorkshire Road  
Alameda, CA 94501

Mr. Steve Simi  
Cochran and Celli  
3330 Broadway  
Oakland, CA 94611

**RE: Permanent Groundwater Monitoring Well for 1347 Park Street,  
Alameda, CA**

Dear Messrs. Russi and Simi:

I have completed review of Gribi Associates' November 1998 report titled *Report of Soil and Groundwater Investigation* prepared for the above referenced site. The report summarized investigations conducted in September 1998 that included the drilling and sampling of three temporary soil borings (IB-1 through IB-3) immediately adjacent to the former heating oil underground storage tank (UST). The purpose of the investigation was to assess the extent of soil and groundwater contamination due to the release from the former heating oil UST.

Elevated petroleum hydrocarbon constituents were noted in soil and groundwater from boreholes IB-1 and IB-3. At this time, site closure is not recommended for the site. Rather, a permanent groundwater monitoring well should be installed near former boring IB-1 to further evaluate groundwater quality beneath the site. A workplan for this next phase of investigation is due within 60 days of the date of this letter, or by **February 14, 2000**.

If you have any questions, I can be reached at (510) 567-6762.

eva chu  
Hazardous Materials Specialist

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 5511

August 31, 1998

Mr. James Russi  
428 Yorkshire Road  
Alameda, CA 94501

**RE: Work Plan Approval for 1347 Park Street, Alameda, CA**

Dear Mr. Russi:

I have completed review of Gribi Associates' August 1998 "Workplan to Conduct Soil Boring Investigation" for the above referenced site. The proposal to drill three borings to the east, south, and west sides of the former UST excavation pit and collect soil and water samples is acceptable. The east sample, which is proposed along the parking lane of Park Street, should be relocated further north, northeast of the proposed location. All samples will be analyzed for TPHd and BTEX. The sample with the highest concentration of TPHd should also be analyzed for PAHs, using EPA Method 8270.

Field work should commence with 60 days of the date of this letter. If you have any questions, I can be reached at (510) 567-6762.

eva chu  
Hazardous Materials Specialist

c: Jim Gribi  
884 Vintage Ave  
Suisun, CA 94585

## FACSIMILE TRANSMITTAL

Date: JULY 14, 1998

To: EVA CHU  
ALAMEDA COUNTY HEALTH  
SERVICES AGENCY

Fax No: (510)337-9335

From: JIM GRIBI  
Phone/Fax: (707)864-5543

Number of pages (including this transmittal):

Eva,

I thought you might be interested to see a site plan I prepared for the Jim Russi site proposal. I haven't finalized the proposal, so the boring locations are only tentative.

Thanks!

*Jim*

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 5511

June 30, 1998

Mr. James Russi  
428 Yorkshire Rd  
Alameda, CA 94501

RE: PSA for 1347 Park Street, Alameda, CA

Dear Mr. Russi:

In December 1995 I had sent a letter (see attachment) to Mr. Simi requesting that a workplan be submitted to address the extent and severity of soil and groundwater contamination at the above referenced site due to the release of petroleum product from the former underground storage tank. Since then the property has been sold to you. And, I understand there was money set aside in escrow for additional site assessment.

Title 23 of the California Code of Regulations (23CCR), Section 2652(d), requires the owner or operator of an UST facility to submit reports every three months, or at a more frequent interval as specified by the local agency or regional water board, until investigation and cleanup are complete. In addition, the California Health and Safety Code (CHSC), Section 25298, states that underground storage tank closure is incomplete until the responsible party characterizes and remediates the contamination resulting from product discharge.

This letter is a request for further subsurface investigations. A workplan is due within 60 days of the date of this letter, or **by August 30, 1998**. Also enclosed is Appendix A, which contains the major elements to include in the investigation.

If you have any questions, I can be reached at (510) 567-6762.

eva chu  
Hazardous Materials Specialist

enclosures

c: Steve Simi  
Cochran & Celli  
3330 Broadway  
Oakland, CA 94611

simi-2

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ARNOLD PERKINS, DIRECTOR  
RAFAT A. SHAHID, DEPUTY DIRECTOR

Certified Mailer #

Alameda County Environmental Health Dept  
Environmental Protection Division  
1131 Harbor Bay Parkway, Room 250  
Alameda CA 94502-6577  
(510) 567-6700 fax: (510) 337-9331

January 19, 1996

Mr. Richard Williams, Property Owner  
3228 Garfield Avenue  
Alameda, CA 94501

RE: 1349 Park Street, Alameda, CA 94501

Dear Mr. Williams:

This office received information from the City of Alameda that there is an underground at the above address. Yesterday I went to the site, and saw physical evidence that an underground tank may still be in the ground. **If the underground tank has been removed, please submit documentation to this office within 30 days of the receipt of this letter for the following:**

1. Verification of the removal of the tank
2. Removal date
3. Laboratory report for samples taken during the removal.

In accordance to the State of California requirement identified below, **if the underground tank is still in the ground, it must be permanently closed. Please submit documentation to this office within 30 days of the receipt of this letter to close this tank.**

Section 2670(c) Title 23, California Code of Regulations, states "The permanent closure requirements for Section 2672 shall apply to those underground storage tanks in which the storage of hazardous substances has ceased and the tanks will not be used, or are not intended for use, for the storage of hazardous substances within the next 12 consecutive months."

If you have any questions, please contact me at (510) 567-6774.

Sincerely,

  
Larry Seto  
Sr. Hazardous Materials Specialist

cc: Eva Chu, Environmental Protection  
Capt. Steve McKinley, Alameda Fire  
files

4/29/96 - Htr from P.O.

yes, there is UST at site - P.O.

looking into funding to remove  
UST

Richard Williams (The Courtyard)

510/521-1521

0.2

## SEMCO

James C. Bateman Petroleum Services, Inc.  
1741 Leslie Street, San Mateo, CA 94402  
Environmental & General Engineering Contractors  
License No. 449864 A, B, C-61/D40  
(415) 572-8033

RECEIVED  
PROCESSED  
06 JAN 22 PM 1:49

DATE: January 18, 1996

TO: Eva Chu  
Alameda County Health Care Agency  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502

REGARDING: Underground tank removal closure information

JOB NAME: Steve Simi

JOB LOCATION: 1347 Park Street, Alameda, CA

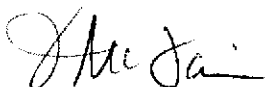
JOB DESCRIPTION: Excavation and removal of one 1500 gallon underground heating oil tank. Excavation was backfilled and resurfaced with concrete. Approximately 44 tons of contaminated soil was offhauled to REMCO.

WE ARE SENDING YOU THE FOLLOWING ITEMS:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Laboratory Analysis      | <input checked="" type="checkbox"/> Chain of Custody        |
| <input checked="" type="checkbox"/> Hazardous Waste Manifest | <input checked="" type="checkbox"/> Tank Disposition Record |
| <input checked="" type="checkbox"/> REMCO soil manifests     |   |

REMARKS: Information for your records. If you need anything further, please call.

COPIES TO: Steve Simi



Jack McLain

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



ARNOLD PERKINS, DIRECTOR  
RAFAT A. SHAHID, DEPUTY DIRECTOR

DEPARTMENT OF PUBLIC HEALTH  
499 Fifth Street  
Oakland, California 94607  
(510)

StID 5511

December 20, 1995

Mr. Steve Simi  
Cochran and Celli  
3330 Broadway  
Oakland, CA 94611

RE: PSA for 1347 Park Street, Alameda, CA 94501

Dear Mr. Simi:

I have completed review of the laboratory analytical results of soil samples collected on November 21, and December 7, 1995 from the underground storage tank (UST) excavation at the above referenced site. Results verify that an unauthorized release of fuel products has occurred with the use of the former UST.

At this time, additional investigations are required to delineate the extent of soil, and possibly groundwater, contamination resulting from the fuel release. Such an investigation shall be in the form of a **Preliminary Site Assessment**, or PSA. The information gathered by the PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The PSA must be conducted in accordance with the RWQCB Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and Article 11 of Title 23, California Code of Regulations. The major elements of such an investigation are summarized in the attached Appendix A.

The PSA proposal is due **within 45 days** of the date of this letter. Once the proposal is approved, field work should commence within 60 days. A report must be submitted within 45 days after the completion of this phase of work at the site. Subsequent reports are to be submitted quarterly until this site qualifies for RWQCB "sign off." All reports and proposals must be submitted under seal of a California Registered Geologist, Certified Engineering Geologist, or Registered Civil Engineer.

In order to proceed with this site investigation, you should obtain the professional services of a reputable environmental consultant. Your responsibility is to have the consultant submit for review a proposal outlining planned activities for this phase of the investigation.

Please be advised that this is a formal request for technical reports pursuant to Title 23, CCR, Section 2722(c). Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by this agency.

Steve Simi  
re: PSA for 1347 Park St, Alameda  
December 20, 1995

Page 2

Should you have any questions about the content of this letter,  
please contact me at (510) 567-6762.

Sincerely,



eva chu  
Hazardous Materials Specialist

cc: Don Lindsay, Gallagher & Lindsay, 2424 Central Ave, Alameda  
94501  
files



Page 1

white -env.health  
yellow -facility  
pink -files

ALAMEDA COUNTY, DEPARTMENT OF  
ENVIRONMENTAL HEALTH  
Hazardous Materials Inspection Form

1131 Harbor Bay Pkwy.  
Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700

II, III

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MAT'L

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

III. UNDERGROUND TANKS (Title 23)

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

Site ID # 5511 Site Name Vacant Bldg Today's Date 12-7-95

Site Address 1347 Park St

City Alameda Zip 94501 Phone \_\_\_\_\_

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

Inspection Categories:

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

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

Comments:

Out at site at 10:45 AM to over sampling of sidewalls in tank pit. No groundwater was observed in pit, however water & product were observed in pit. The water was resulting from a broken sewer line on the east end of pit & the product was being brought in the pit w/ the water. A horizon of non stained/stained soil was noted on all four sidewalls. This appears to be the normal g.w. level. The stained soil, on all four sidewalls appeared to go from 8' to 13' bgs. One soil sample was collected from the west end at ~ 11' bgs. Soil was stained w/ odor. Sample collected of very sandy material. The sample collected from the north wall was collected from ~ 12' bgs. Was stained sandy w/ odor. Sample collected from east wall from ~ 12' bgs. Brass tube was stuck in sampler so soil was transferred to another brass tube. All samples collected to II, III →

Contact: James Atkinson

Title: Superintendent

Signature: James Atkinson

Inspector: Juliot Shier

Signature: Juliot Shier

Page 1

white - env. health  
yellow - facility  
pink - files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy.  
Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700

## Hazardous Materials Inspection Form

II, III

Site ID # 5511 Site Name Vacant Bldg Today's Date 12.7.95

Site Address 1347 Park St

City Alameda Zip 94501 Phone \_\_\_\_\_

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

### Inspection Categories:

- ☐ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ☐ II. Business Plans, Acute Hazardous Materials
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\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

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- ☐ 9. Modification 25505(b)

### II.B ACUTELY HAZ. MATLS

- ☐ 10. Registration Form Filed 25533(a)
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- ☐ 4. Release Report 2651
- ☐ 5. Closure Plans 2670

- ☐ 6. Method
  - 1) Monthly Test
  - 2) Daily Vadose Semi-annual groundwater One time soils
  - 3) Daily Vadose One time soils Annual tank test
  - 4) Monthly Groundwater One time soils
  - 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/groundwater mon.
  - 6) Daily Inventory Annual tank testing Cont pipe leak det
  - 7) Weekly Tank Gauge Annual tank testing
  - 8) Annual Tank Testing Daily Inventory
  - 9) Other

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

- ☐ 11. Monitor Plan 2632
- ☐ 12. Access. Secure 2634
- ☐ 13. Plans Submit 2711
  - Date:
- ☐ 14. As Built 2635
  - Date:

### Comments:

Out at site at 10:45 AM to over sampling of sidewalls in tank pit. No groundwater was observed in pit, however water & product were observed in pit. The water was resulting from a broken sewer line on the east end of pit & the product was being brought in the pit w/ the water. A horizon of non stained/stained soil was noted on all four sidewalls. This appears to be the normal g.w. level. The stained soil, on all four sidewalls appeared to go from 8' to 13' bgs. One soil sample was collected from the west end at ~11' bgs. Soil was stained w/ odor. Sample collected of very sandy material. The sample collected from the north wall was collected from ~12' bgs. Was stained sandy, w/ odor. Sample collected from east wall from ~12' bgs. Brass tube was stuck in sampler so soil was transferred to another brass tube. All samples collected to II, III →

Rev 6/88

Contact: James Peterson

Title: Superior

Signature: James Peterson

Inspector: Juliet Shun

Signature: Juliet Shun

white - env. health  
yellow - facility  
pink - files

ALAMEDA COUNTY, DEPARTMENT OF  
ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy.  
Suite 250  
Alameda, CA 94502-6577  
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Hazardous Materials Inspection Form

II, III

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II.B ACUTELY HAZ. MATLS

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|                               | One time soils             |             |
|                               | Annual tank test           |             |
|                               | 4) Monthly Gndwater        |             |
|                               | One time soils             |             |
| New Tanks                     | 5) Daily Inventory         |             |
|                               | Annual tank testing        |             |
|                               | Cont pipe leak det         |             |
|                               | Vadose/gndwater mon.       |             |
|                               | 6) Daily Inventory         |             |
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|                               | 14. As Built               | 2635        |
| New Tanks                     | Date:                      |             |

Site ID # 5511 Site Name Vacant Lot Today's Date 12.7.95

Site Address 1347 Park St

City Alameda Zip 94501 Phone \_\_\_\_\_

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

Inspection Categories:

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

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

Comments:

This paint have been moist to wet. Sample collected from south wall was collected from ~12 bgs, was sandy, moist, stained, w/odor. Sewer pipe well probably be fixed today + the public works dept. has been notified. Today, gravel will be placed up to beneath the sewer pipe. After the sewer pipe is fixed, they will backfill w/ clean material.

Contact: JAMES A. TCHISON

Title: SUPERVISOR

Signature: James A. Tchison

Inspector: Juliet Shin

Signature: Juliet Shin

II, III

white - env. health  
yellow - facility  
pink - files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy.  
Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700

## Hazardous Materials Inspection Form

II, III

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|                               | 13. Plans Submit           | 2711        |
|                               | Date:                      |             |
|                               | 14. As Built               | 2635        |
| Date:                         |                            |             |

Site ID # 5511 Site Name Vacant Lot

Today's Date 12.7.95

Site Address 1347 Park St

City Alameda Zip 94501 Phone

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

#### Inspection Categories:

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

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

#### Comments:

This point have been moved to west. Sample collected from south wall was collected from ~12 bags, was sandy, moist, stained, w/odor. Sewer pipe well probably be fixed today + the public works dept. has been notified. Today, gravel will be placed up to beneath the sewer pipe. After the sewer pipe is fixed, they will backfill w/ clean material.

Contact: JAMES ATCHISON

Title: SUPERVISOR

Signature: James Atchison

Inspector: Juliet Shin

Signature: Juliet Shin

II, III



white - env. health  
yellow - facility  
pink - files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy  
Alameda CA 94502  
510/567-6700

## Hazardous Materials Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name \_\_\_\_\_ Today's Date 11/21/95

Site Address 1347 Park St

City Alameda Zip 94 Phone \_\_\_\_\_

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

### Inspection Categories:

- ☐ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ☐ II. Hazardous Materials Business Plan, Acutely Hazardous Materials
- ☐ III. Under ground Storage Tanks

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

### Comments:

Manifest # 95269874 by Dexanne to Erickson  
0% LEL 18% O<sub>2</sub>

Install 1937

1500 gallon two steel home heating (kerosene) UST

2 holes noted (on bottom and on end ~ 1" length)  
corrosion + pitting noted throughout

North



Fill end

① SS at 11' wet - stained sand w/ strong odor -

② SS at 11' wet - " " " " " "

③ " " 14' wet - slight stain w/ sl to no odor

Analyze soil samples ① and ③ for TPH-D, BTEX and  
PNA's.

A

Contact \_\_\_\_\_

Title \_\_\_\_\_

Signature Randy Morgan

Inspector Eva Chy

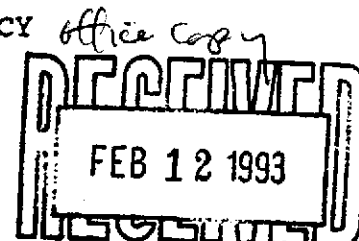
Signature W. Smith

II, III





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



*ESB:dhm 11/8/95*  
*Note changes/additions in RED*

**ACCEPTED**

Underground Storage Tank Closure Permit Application  
Alameda County Division of Hazardous Materials  
1131 Harbor Bay Parkway, Suite 200  
Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure 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/destruction.

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

Any change or alteration of these plans and specifications must be submitted to this Department and to the Fire and Building Inspectors. Department to determine if such changes meet the requirements of State and local laws.

Notify this Department at least 72 hours prior to the following required inspections:

☒ Removal of Tank(s) and Piping  
☒ Sampling  
☒ Final Inspection

Issuance of a) permit to operate, b) permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

**\*THERE IS A FINANCIAL PENALTY FOR  
NOT OBTAINING THESE INSPECTIONS:**

Contact Specialist:

**UNDERGROUND TANK CLOSURE PLAN**

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

1. Business Name Vacant building  
Business Owner Steve Simi
  2. Site Address 1347  
1437 Park Street  
City Alameda Zip            Phone (510) 748-1798  
c/o Gallagher & Lindsay, Inc.
  3. Mailing Address 2424 Central Avenue  
City Alameda, CA Zip 94501 Phone (510) 748-1789
  4. Land Owner Steve Simi  
Address c/o Gallagher & Lindsay, Inc.  
2424 Central Ave City, State Alameda, CA Zip 94501
  5. Generator name under which tank will be manifested Steve Simi
- EPA I.D. No. under which tank will be manifested CAC000754624



6. Contractor SEMCO  
Address 1217 S. 7th Street  
City Modesto Phone (209) 524-9653  
License Type\* A,B,C61/D40 ID# 449864

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

7. Consultant N/A  
Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

8. Contact Person for Investigation  
Name Chuck Kiper Title Vice Pres.  
Phone (209) 524-9653

9. Number of tanks being closed under this plan 1  
Length of piping being removed under this plan 0  
Total number of tanks at facility 1

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 Evergreen Vacuum Service EPA I.D. No. CAD980695761  
Hauler License No. 0620950070120 License Exp. Date 6-30-96  
Address 6880 Smith Avenue  
City Newark State CA Zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site

Name Evergreen Vacuum Service EPA I.D. No. CAD980695761  
Address 6880 Smith Avenue  
City Newark State CA Zip 94560

c) Tank and Pipeline Transporter

Name Erickson, Inc EPA I.D. No. CAD009466392  
Hauler License No. 0019 License Exp. Date 7-31-96  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. 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 1217 S. 7th Street  
City Modesto State CA Zip 95351 Phone (209) 524-9653

12. Laboratory

Name North State Environmental  
Address 90 West South Spruce Street  
City South San Francisco State CA Zip 94080  
State Certification No. 1753 ✓

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

If yes, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Describe methods be used for rendering tank inert

High Pressure hot water detergent wash

20 lbs. dry ice per 1000 gallon tank capacity

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)		
1500 gallon	Diesel heating oil	Soil Water if encountered	2 ft. below tank in native soil

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)	Sampling Plan
	<p>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 analyzed for constituents of tank.</p> <p><i>Sample 1/50 cy for disposal, 1/20 cy for re-use.</i></p>

**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
Diesel	TPH-D  BTEX	3050  8020	1 PPM  5 PPB (Xylene 10 PPB)

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

## 18. Submit Worker's Compensation Certificate copy

Name of Insur Golden Eagle Insurance

## 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) Jack McLainSignature Date 10-25-95

## Signature of Site Owner or Operator

Name (please type) RONALD LINDSEY GALLAGHER & LINDSEYSignature  P.P.S. AgentDate 10/25/95

SEMCO

1217 SO. 7TH STREET  
MODESTO, CA 95351  
(209) 524-9653

PLOT PLAN TO ACCOMPANY  
APPLICATION FOR PERMIT TO REMOVE  
UNDERGROUND STORAGE TANK(S)

Date: 10/25/95

Address of job:

1347 PARK ST. ALAMEDA, CA

Number of tanks:

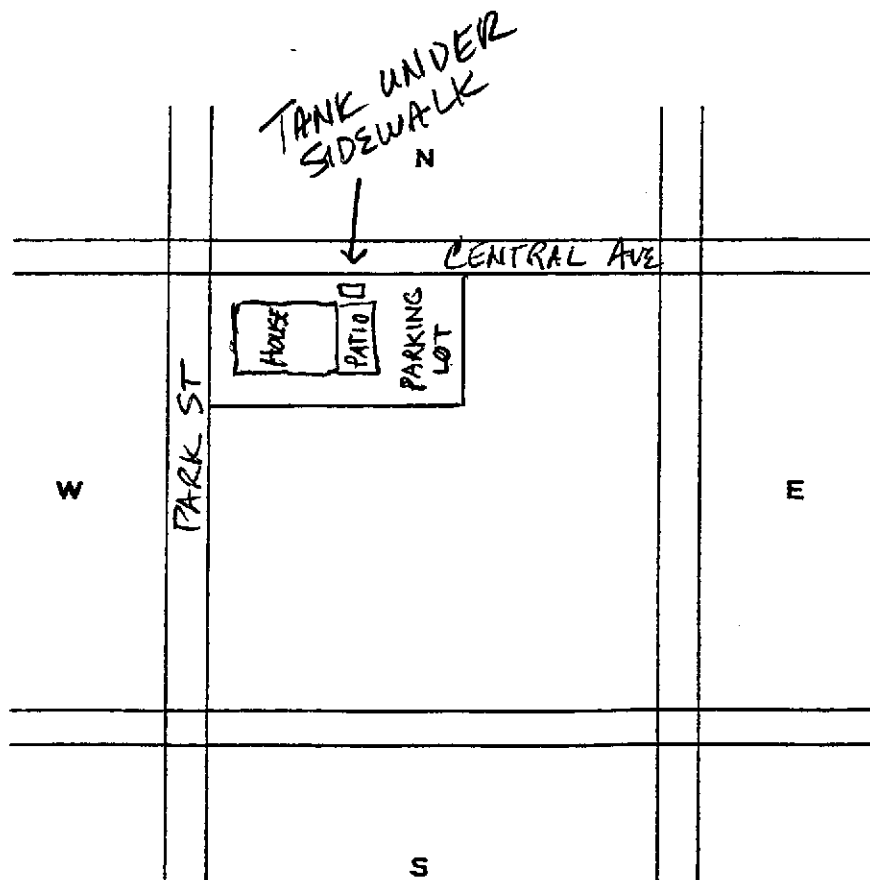
1

Description of tank(s):

1500 GAL. HEATING OIL

Signature of Applicant:

*[Signature]*



# **S E M C O**

## **SITE SAFETY PLAN**

**FOR**

## **UNDERGROUND STORAGE TANK REMOVAL/CLOSURE**

**JOB SITE ADDRESS:  
1347 Park Street  
Alameda, CA**

**JOB NUMBER: 95-4468**

**Prepared By: Jack McLain**

ENVIRONMENTAL  
PROTECTION  
95 NOV -2 PM 2:16

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## **INTRODUCTION**

SEMCO has adopted the following health & Safety Plan and procedures for the excavation and/or closure of underground petroleum storage tanks and associated activities. 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.

## **1.0. SCOPE OF WORK:**

Excavation and removal of one 1500 gallon underground storage tank, formerly containing C-6 heating oil, and accessible piping. Tank will be purged of all remaining residues, and these residues will be stored on site in 55 gallon D.O.T. approved drums until they are hauled away for disposal by a certified hazardous materials hauler.

The tank will be inerted with a minimum of 30 lbs. of dry ice per 1,000 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. When this level is obtained the tank will be removed and samples will be collected per the approved work plan.

### **1.1. Responsibilities of Other Agencies Present:**

- 1.1.1. The Environmental Health Department is responsible for approval and inspection of procedures, including excavation, sample procurement and integrity of work plan.**
- 1.1.2. The Fire Department is responsible for inspection relative to safe procedures and condition of tank prior to removal.**

## 2.0. HAZARDS, SPECIAL PRECAUTIONS

### 2.1. Special Precautions:

During the course of excavation, 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:

*Identify action levels* 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.

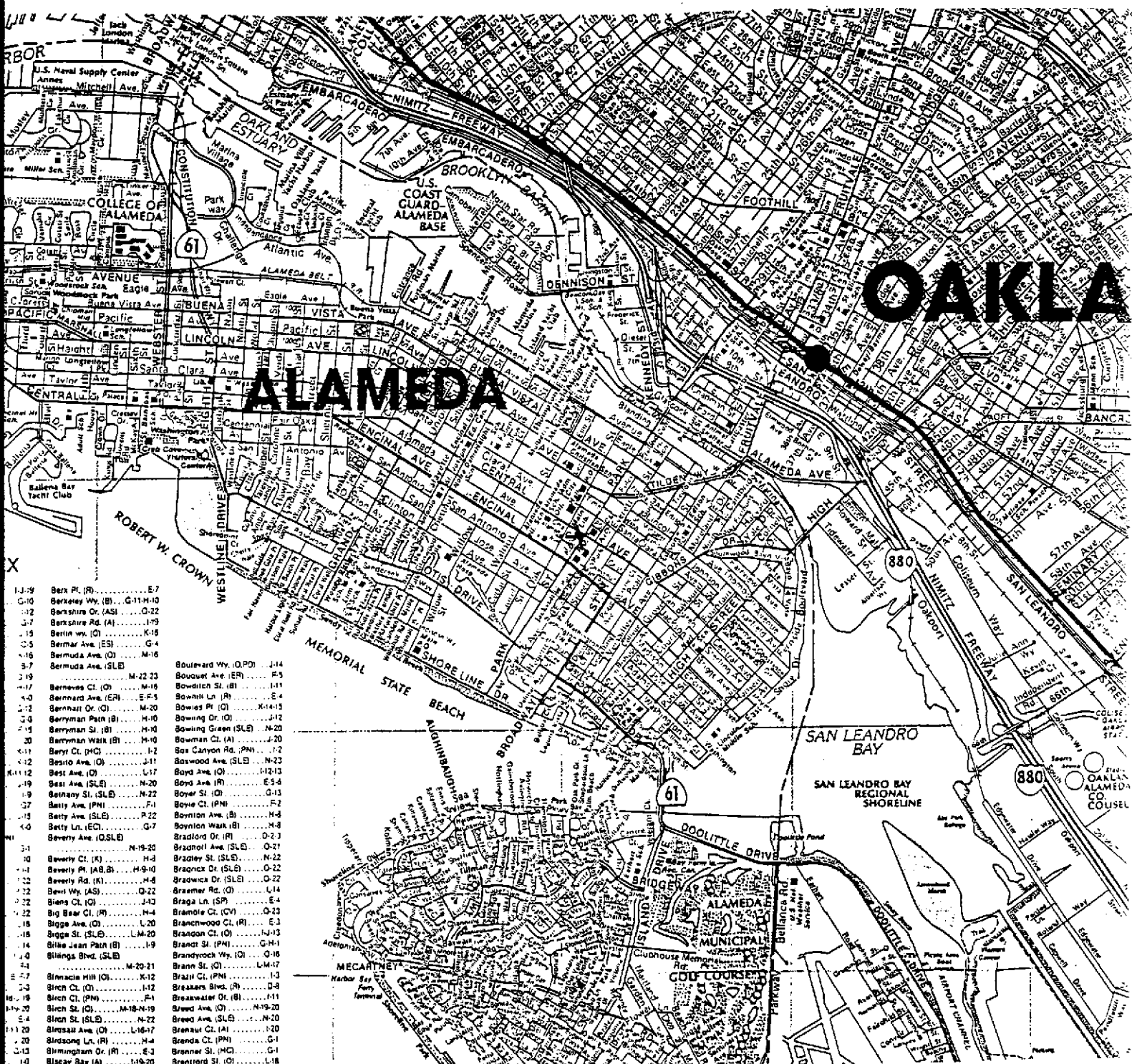
#### 2.1.2. Flammability and Combustibility Consideration:

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 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.

### 3.0. JOBSITE VICINITY MAP



#### 4.0. SITE MAP

PLOT PLAN TO ACCOMPANY  
APPLICATION FOR PERMIT TO REMOVE  
UNDERGROUND STORAGE TANK(S)

Date: 10/25/95

Address of job:

1347 PARK ST. ALAMEDA, CA

Number of tanks:

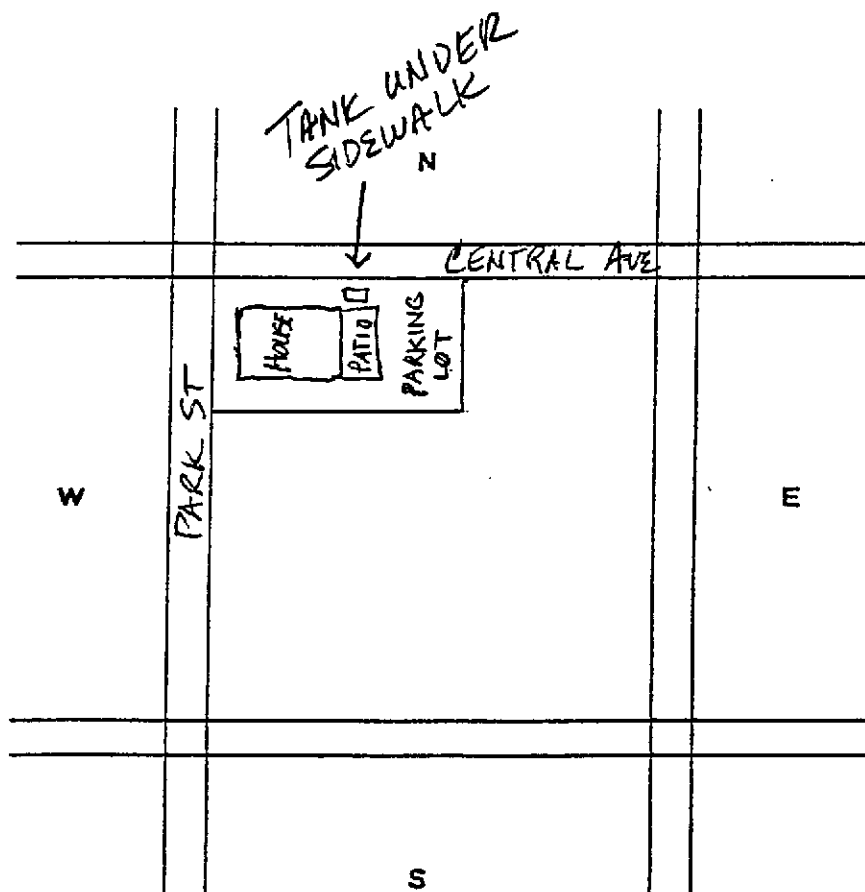
1

Description of tank(s):

1500 GAL. HEATING OIL

Signature of Applicant:

*[Signature]*



## 5.0. PERSONNEL:

5.1. Project Manager      Name - *Chuck Kiper*

- 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      Name *Chuck Kiper*

- 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, excavations 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      *- must have appropriate OSHA training per 29 CFR 1910.120*

- 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 Cartridges  
              Tyvek or Poly-Coated Tyvek

**6.0. EMERGENCY SERVICES:**

**6.1. Persons to contact in case of emergency:**

- a. **PROJECT MANAGER**  
Name: Chuck Kiper  
Phone: (209) 524-9653
- b. **CLIENT CONTACT**  
Name: Don Lindsay  
Phone: (510) 748-1798
- c. **SITE CONTACT**  
Name: Chuck Kiper  
Phone: (209) 524-9653
- d. **SITE SAFETY OFFICER**  
Name: Chuck Kiper  
Phone: (209) 524-9653
- e. **ALTERNATE SITE SAFETY OFFICER**  
Name: Randy McManus  
Phone: (209) 524-9653
- f. **HEALTH & SAFETY COORDINATOR**  
Name: Richard Downs  
Phone: (209) 524-9653
- g. **GOVERNMENT CONTACTS**  
Name: Eva Chu  
Department: Alameda County Health Care Services  
Phone: (510) 271-4320

**6.2. Hospitals In Area: Alameda Hospital. 2070 Clinton Ave. Alameda**  
Phone: (510) 522-3700

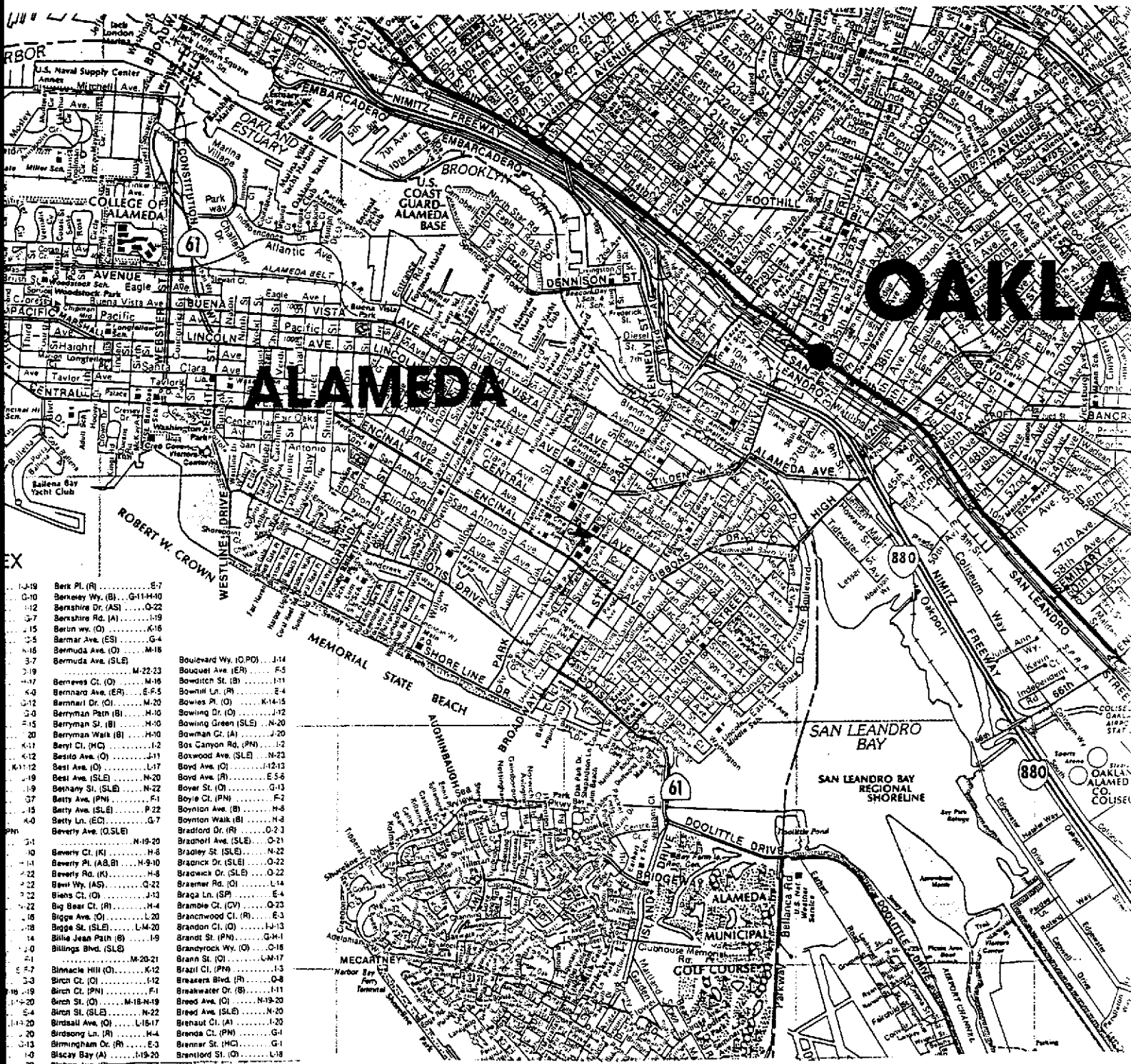
**6.3. Emergency Routes:**  
See Hospital Route Map, Page 11

**6.4. Ambulance Service:**  
Dial 911

**6.5. Fire Prevention: Alameda Fire Department**  
Phone: (510) 748-4601



## 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, the 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 it's 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 11.

*If spill occurs --*

**9.0. SAFETY EQUIPMENT:**

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

LEL meter

OSHA-Approved First Aid Kit

40BC Fire Extinguisher

Half Face Respirator with Organic Vapor Cartridges

**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

# fax

SEMCO

James C. Bateman Petroleum Services, Inc.  
1217 South 7th Street, Modesto, CA 95351  
License #449864 A, B, C61/D40

(209) 524-9653 FAX: (209) 524-0503

Date:

11/9/95

To: EVA CHU

Firm: ALAMEDA CO.

Fax #: (510) 337-9335

Phone #:

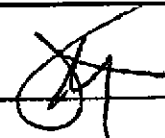
From: JACK McLAIN - SEMCO

Subject: SITE SAFETY PLAN

Pages: 5

Message:

Eva - Here are the pages where I made the changes  
to the site safety plan for 1347 PARK ST, ALAMEDA,  
tank removal. Please let me know if it's ok. Thanks,



### **INTRODUCTION**

SEMCO has adopted the following Health & Safety Plan and procedures for the excavation and/or closure of underground petroleum storage tanks and associated activities. 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.

- \* All personnel involved in tank removal or associated activities have received appropriate OSHA Hazwoper training and participate in a SEMCO medical surveillance program per 29 CFR 1910.120.

## **2.0. HAZARDS, SPECIAL PRECAUTIONS**

### **2.1. Special Precautions:**

During the course of excavation, 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 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.

#### **✕ 2.1.4. Action Levels for Contaminant Concentrations in Air:**

If workers detect "Nuisance Odors" at their work areas, Level C protection will be implemented and monitoring will then be conducted. The readings will be taken at the worker's "Breathing Zone" utilizing an organic vapor analyzer (OVA), and using the following guidelines:

&lt;150ppm

Level D protection

150-250 ppm

Level C protection

&gt;250ppm

Level B protection

If "Hot Spots" are encountered Level C protection will be worn at all times and periodic monitoring will be conducted no less than once every half hour or when areas of significant concentration is noted. The OVA is calibrated to 100 ppm Isobutylene and serviced by Environmental Instruments Company at regular intervals.



**8.0. CONTINGENCY PLAN:**

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

- \* - If Possible, remove injured or exposed person(s) from immediate danger.
- Medical attention for the injured person immediately.
- Notify the Site Safety Officer.
- Depending on the type and severity of the injury, the 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 it's 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 12.
- \* - EMERGENCY PHONE NUMBERS -- See page 11.  
Cellular phones will be available on site at all times.
- \* If the emergency involves release of hazardous liquids, immediate steps will be taken to contain the liquids utilizing absorbant or diking material and proper clean-up procedures will be implemented.

# ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
04/14/95

PRODUCER  
Insurance Center of Merced  
2908 North G Street  
P. O. Box 2268  
Merced, CA 95344

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY  
A Golden Eagle Ins. Co

INSURED  
Semco, Inc.  
1217 South 7th Street  
Modesto, CA 95351

COMPANY  
B

COMPANY  
C

COMPANY  
D

## COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NWC30190001	04/05/95	04/05/96	X STATUTORY LIMITS
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$1,000,000
					DISEASE-POLICY LIMIT \$1,000,000
					DISEASE-EACH EMPLOYEE \$1,000,000
	OTHER				

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

TEN DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM.  
All California Operations

## CERTIFICATE HOLDER

County of Alameda  
80 Swan Way, Room 200  
Oakland, CA 94621

## CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Wayne Mighere

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A**  
COMPLETE THIS FORM FOR EACH FACILITY/SITE



<b>MARK ONLY ONE ITEM</b>	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

**I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)**

DBA OR FACILITY NAME <b>VACANT BLDG.</b>		NAME OF OPERATOR	
ADDRESS <b>1347 PARK ST</b>		NEAREST CROSS STREET <b>CENTRAL AVE</b>	PARCEL # (OPTIONAL)
CITY NAME <b>ALAMEDA</b>		STATE <b>CA</b>	ZIP CODE <b>(510) 523-748-1798</b>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*			
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____			
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <b>1</b>
		E. P. A. I. D. # (optional)	<b>CAC 000754624</b>

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <b>STEVE SIMI</b>		PHONE # WITH AREA CODE <b>(510) 748-1798</b>	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <b>STEVE SIMI</b>		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS <b>90 GALLAGHER + LINDSAY, INC. 2424 CENTRAL AV</b>		<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY	
CITY NAME <b>ALAMEDA</b>		STATE <b>CA</b>	ZIP CODE <b>94501</b>
		PHONE # WITH AREA CODE <b>(510) 748-1798</b>	

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <b>STEVE SIMI</b>		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS <b>90 GALLAGHER + LINDSAY, INC. 2424 CENTRAL AV</b>		<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY	
CITY NAME <b>ALAMEDA</b>		STATE <b>CA</b>	ZIP CODE <b>94501</b>
		PHONE # WITH AREA CODE <b>(510) 748-1798</b>	

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.**

TY (TK) HQ **44** -

**V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED**

<input checked="" type="checkbox"/> BOX TO INDICATE	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

**VI. LEGAL NOTIFICATION AND BILLING ADDRESS**    Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:	I. <input type="checkbox"/>	II. <input checked="" type="checkbox"/>	III. <input type="checkbox"/>
--	-----------------------------	---	-------------------------------

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

OWNER'S NAME (PRINTED & SIGNED) <b>JACK MCCLAIN</b>	OWNER'S TITLE <b>AGENT FOR OWNER</b>	DATE MONTH/DAY/YEAR <b>10/24/95</b>
--	---	--

**LOCAL AGENCY USE ONLY**

COUNTY # <input type="text"/> <input type="text"/>	JURISDICTION # <input type="text"/> <input type="text"/> <input type="text"/>	FACILITY # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: VACANT BLDG.

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D. # <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>1500</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>FUEL OIL - C6 HEATING OIL</u> A.S.#:					

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input type="checkbox"/> NO <input type="checkbox"/>		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____		

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	<input checked="" type="radio"/> 1 SUCTION	<input type="radio"/> 2 PRESSURE	<input type="radio"/> 3 GRAVITY	<input type="radio"/> 99 OTHER
B. CONSTRUCTION	<input checked="" type="radio"/> 1 SINGLE WALL	<input type="radio"/> 2 DOUBLE WALL	<input type="radio"/> 3 LINED TRENCH	<input type="radio"/> 95 UNKNOWN
				<input type="radio"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="radio"/> 1 BARE STEEL	<input type="radio"/> 2 STAINLESS STEEL	<input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	<input type="radio"/> 4 FIBERGLASS PIPE
	<input type="radio"/> 5 ALUMINUM	<input type="radio"/> 6 CONCRETE	<input type="radio"/> 7 STEEL W/ COATING	<input type="radio"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="radio"/> 9 GALVANIZED STEEL	<input type="radio"/> 10 CATHODIC PROTECTION	<input type="radio"/> 95 UNKNOWN	<input type="radio"/> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>NONE</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNK</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>5</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	---

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) JACK McLAIN

DATE 10/24/95

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME VACANT BLDG.		NAME OF OPERATOR	
ADDRESS 1347 PARK ST		NEAREST CROSS STREET CENTRAL AVE	PARCEL # (OPTIONAL)
CITY NAME ALAMEDA		STATE CA	ZIP CODE
SITE PHONE # WITH AREA CODE (510) 523-748-1798			
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY			
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST			
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 1
		E. P. A. I. D. # (optional)	CAC 000754624

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) STEVE SIMI	PHONE # WITH AREA CODE (510) 748-1798	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME STEVE SIMI		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS 90 GALLAGHER + LINDSAY, INC. 2424 CENTRAL AV		<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY	
CITY NAME ALAMEDA		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
STATE CA		ZIP CODE 94501	PHONE # WITH AREA CODE (510) 748-1798

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER STEVE SIMI		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS 90 GALLAGHER + LINDSAY, INC. 2424 CENTRAL AV		<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY	
CITY NAME ALAMEDA		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
STATE CA		ZIP CODE 94501	PHONE # WITH AREA CODE (510) 748-1798

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TY (TK) HQ 44- [ ] [ ] [ ] [ ] [ ] [ ]

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED

<input checked="" type="checkbox"/> BOX TO INDICATE	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

VI. LEGAL NOTIFICATION AND BILLING ADDRESS Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:	I. <input type="checkbox"/>	II. <input checked="" type="checkbox"/>	III. <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

OWNER'S NAME (PRINTED & SIGNED) JACK MCCLAIN	OWNER'S TITLE AGENT FOR OWNER	DATE MONTH/DAY/YEAR 10/24/95
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LOCAL AGENCY USE ONLY

COUNTY # [ ] [ ]	JURISDICTION # [ ] [ ] [ ]	FACILITY # [ ] [ ] [ ] [ ] [ ] [ ]
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED
DBA OR FACILITY NAME WHERE TANK IS INSTALLED: <u>VACANT BLDG.</u>				

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>1500</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input checked="" type="checkbox"/> 5 JET FUEL	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>FUEL OIL - CG HEATING OIL. A.S.#:</u>					

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U <input type="radio"/> 2 PRESSURE	A U <input type="radio"/> 3 GRAVITY	A U <input type="radio"/> 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALL	A U <input type="radio"/> 2 DOUBLE WALL	A U <input type="radio"/> 3 LINED TRENCH	A U <input type="radio"/> 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A <input checked="" type="radio"/> 1 BARE STEEL	A U <input type="radio"/> 2 STAINLESS STEEL	A U <input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="radio"/> 4 FIBERGLASS PIPE
	A U <input type="radio"/> 5 ALUMINUM	A U <input type="radio"/> 6 CONCRETE	A U <input type="radio"/> 7 STEEL W/ COATING	A U <input type="radio"/> 8 100% METHANOL COMPATIBLE W/FRP
	A U <input type="radio"/> 9 GALVANIZED STEEL	A U <input type="radio"/> 10 CATHODIC PROTECTION	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER <u>NONE</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNK</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>5</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	---

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) JACK McLAIN

DATE 10/24/95

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.

SITE INFORMATION:

Site ID Number  
(if known)

Vacant Building

Name of Site

1347 Park Street

Street Address

Alameda, CA

City, State & Zip Code

I designate the following person or business to receive any refund due at the completion of all deposit/refund projects:

SEMCO


Name

1741 LESLIE STREET

Street Address

SAN MATEO, CA 94402

City, State & Zip Code

 SEMCO  
Signature of Payor

10-25-95

Date

Jack McLain

Name of Payor  
(PLEASE PRINT CLEARLY)

SEMCO

Company Name of Payor

RETURN FORM TO:

County of Alameda, Environmental Protection  
1131 Harbor Bay Parkway, Rm 250  
Alameda CA 94502-6577  
Phone#(510) 567-6700

rev. 4/8/95; classmate/RTW

STATE OF CALIFORNIA

STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD

DEPARTMENT OF

**Consumer  
Affairs**

*Building Quality*



## HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: TERRY D. HAMILTON

License No.: 449864

Namestyle: SEMCO \* JAMES C. BATEMAN PETROLEUM SERVICES INC.

WITNESS my hand and official seal this  
25 day of JULY, 1988

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

131-36 (1/88)

A1548



CONTRACTORS STATE LICENSE BOARD

*Building Quality*

ISSUED 12-15-83  
CERTIFIED COPY

No. 445864

This license is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. It becomes void if not renewed.

*Contractor's License*

Pursuant to the provisions of Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:

SEMCO-JAMES C BATEMAN PETROLEUM SERVICES INC

to engage in the business or act in the capacity of a contractor in the following classification(s):

- C61 SERVICE STATION EQUIPMENT & MAINTENANCE
- B GENERAL BUILDING CONTRACTOR
- A GENERAL ENGINEERING CONTRACTOR

WITNESS my hand and sealed this  
7TH day of AUGUST 1984.



STATE AND CONSUMER SERVICES AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS

*J. K. Maloney*  
Registrar of Contractors

*Terry Hamilton* President  
Signature of Licensee

*Terry Hamilton*  
Signature of person who qualified  
on behalf of the licensee

**ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
DEPOSIT / REFUND ACCOUNT SHEET**

printed 11/07/95

**SITE INFORMATION**

Vacant Bldg  
1347 Park St  
Alameda 94502  
Site Contact: Steve Simi  
Site Phone : 748-1798

StID: 5511	Site#: 3826
PROJECT#: 3826A	
PROJECT TYPE: *** R ***	
INSP: Juliet M Shin	EC
ACCT. SHEET PG #:	

**PROPERTY OWNER INFORMATION**

Owner Contact:  
Owner Phone :

**PAYOR INFORMATION**

Semco  
1217 S - 7th St  
Modesto CA 95351 #725  
Payor Contact:  
Payor Phone : 209-524-9653

Date	Action Taken	Time		Hours Spent/ Depstd	Hour Balance	Money Spent/ Depositd	Money Balance
		In	Out				
11/07/95	Rept# 767626 Deposit of \$603.00 @ \$90/hour			+6.69	+6.69	\$603.00	\$603.00
11/07/95	Admin. Charge: 1 hour	.....	.....	1.00	5.69	\$513.00	\$513.00
11/8/95	Review close plan			0.7			
11/9/95	Approve S Safety plan			0.3			
11/11/95	Plan removal			1.5			
12/4/95	Transfer to LOP						
	close account						

**UPON COMPLETION OF PROJECT**

PROJ COMPLETED BY : [Signature] ATTACH: ☐ State Forms A, B & C  
DATE OF COMPLETION : 12/4/95 DATE SENT TO BILLING: \_\_\_\_\_  
TOTAL COST OF PROJECT: \_\_\_\_\_ REFUND AMOUNT: \_\_\_\_\_ Rev. 5/95

\* Billing adjustment forms needed when site is in our UST program.

REPORT: WrkShtA (Admin)

## FACSIMILE TRANSMITTAL

DATE: JULY 16, 1994

TO: STEVE SIMI

FROM: JIM RUSSI

PHONE: 536-2100

FAX: 638-2324

STEVE,

ENCLOSED IS A PROPOSAL FROM GRIBI ASSOCIATES TO CONDUCT THE SOIL BORING INVESTIGATION ON PARK ST.

AS YOU KNOW, YOU HAVE AGREED TO BEAR THE ENTIRE COST OF THIS INVESTIGATION.

IF YOU WISH SOMEONE ELSE TO DO SAME, PLEASE LET EVA CHU AND MYSELF KNOW IMMEDIATELY. OTHERWISE, PLEASE SIGN THE AUTHORIZATION TO PROCEED AND FAX IT TO ME AT THE ABOVE NUMBER.

NUMBER OF PAGES: 10

EVA - COPY OF FRONT PAGE FOR RECORDS.