

06/19/90 13:03

415 732 6444



June 19, 1990

Ms. Pamela J. Evans
Hazardous Materials Specialist
Alameda County Health Agency
Division of Hazardous Materials
80 Swan Way, Rm. 200
Oakland, CA 94621

SUBJECT: NIP ASSOCIATES TANK REMOVAL, 19100 MISSION BLVD., HAYWARD, CA

Dear Ms. Evans:

Attached are copies of the analytical results from the sample beneath the
oil tank (sample # 287-01) and the final sample beneath the oil tank
(sample # 287-003).

Based on these results, DECON Environmental Services, Inc. (DECON) requests
your authorization to backfill the excavation.

Upon completion of the project, DECON will forward a copy of our final report
including copies of all analytical results and manifests, to you.

If you have any questions, please call me at (415) 732 - 6444.

Sincerely,

A handwritten signature in cursive script, appearing to read "Christopher D. Kwoka".

Christopher D. Kwoka
Operations Manager



July 11, 1990

Mr. Cliff Sherwood
N.I.P. Associates
16999 Grovenor Drive
Castro Valley, CA 94546

SUBJECT: TANK REMOVAL PROJECT, 19100 MISSION BLVD., HAYWARD, CA.

Dear Mr. Sherwood:

DECON Environmental Services, Inc. (DECON) contracted with N.I.P. Associates to remove two underground storage tanks at 19100 Mission Blvd. in Hayward, CA.

The two underground tanks were located in an alleyway between two buildings. The larger tank, 550 gallon capacity, contained unleaded gasoline. The smaller tank, 280 gallon capacity, contained waste oil.

Two permits and a letter notification were required. DECON applied for and obtained the permits for the tank closure from the Alameda County Department of Environmental Health and the Eden Consolidated Fire Protection District. In addition, DECON notified the Bay Area Air Quality Management District by letter more than five days prior to the tank removal. Copies of the two permits and the letter notification are enclosed.

DECON removed the asphalt above the two tanks and excavated the soil to expose the tops of the tanks on Monday June 4, 1990. Following excavation, the residual product was removed from the tanks and both tanks were cleaned by pressure washing three times. There was approximately 250 gallons of residual gasoline and 50 gallons of waste oil remaining in the tanks. At the end of the day the excavation was protected with barricades and caution tape.

The rinsate from cleaning the tanks and the residual product that was removed from the tanks was transported under a manifest to Herrick Oil Distributors in Santa Cruz, a facility permitted to accept residual fuels. A copy of the manifest is attached.

On Tuesday, June 5, the tanks were inerted with dry ice. Approximately 20 pounds of ice was added to the 550 gallon tank and 15 pounds of dry ice was added to the 280 gallon tank. The LEL levels and oxygen levels were checked on both tanks and found to be 0% LEL and <5% oxygen on both tanks. The tanks were removed from the excavation, inspected for corrosion and holes, loaded onto a DECON truck licensed to haul hazardous waste, manifested and transported to Erickson, Inc. a TSD facility permitted to accept tanks for disposal. A copy of the manifest is enclosed.

After the tanks were removed from the excavation, soil samples were collected from beneath the tanks. Two soil samples, one from beneath each tank, were collected from the excavation. The samples were transported to Superior Analytical Laboratory, Inc. for analysis.

The sample beneath the gasoline tank was analyzed for total petroleum hydrocarbons (TPH) using modified method 8015 and for benzene, toluene, ethylbenzene, and xylenes (BTEX) using methods 5030 and 8020. The analytical results showed no detectable levels of TPH or ethylbenzene and xylenes and only trace levels of benzene and toluene. The sample from beneath the waste oil tank was analyzed for oil and grease using method 503E. The analytical result showed 51 ppm total oil and grease. Copies of the analytical results and the chain of custody forms are attached.

The analytical results were transmitted to yourself and to Ms. Pamela J. Evans with the Alameda County Department of Environmental Health. Ms. Evans requested additional excavation and soil samples be collected and analyzed from beneath the waste oil tank.

The necessity to collect and analyze additional samples was discussed with you. It was decided that the samples would be analyzed on a rush basis.

DECON collected soil samples from beneath the waste oil tank at depths of one, two, and three feet by hand augering on June 8, 1990. In addition, a composite sample of the excavated soil pile was collected. The samples were sent to Sequoia Analytical Laboratory for analysis. The one foot sample revealed high levels of oil and grease and the three foot sample showed no detectable levels of oil and grease. The composite of the sample from the soil pile showed 770 ppm of total oil and grease. Copies of these analytical results and the chain of custody form are attached.

Based on these analytical results, an additional three feet of soil was removed from the bottom of the excavation from below the waste oil tank.

Final analytical results were transmitted to Ms. Evans and permission to backfill the excavation was granted. The excavation was backfilled on June 26, 1990.

The soil that was excavated from around the tanks requires disposal at a Class II facility that will accept low levels of contaminated soil under a non-hazardous waste manifest. DECON is currently profiling the soil for disposal at Liquid Waste, Inc. Upon acceptance of the soil by Liquid Waste, DECON will load and transport the soil to this facility for disposal.

If you have any questions pertaining to any aspect of this project, please do not hesitate to contact me at (415) 732-6444.

Sincerely,

Christopher D. Kwok

Christopher D. Kwok
President

cc: Ms. Pamela J. Evans, Alameda County Department of Environmental Health

NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR

NAME NIP Associates EPA I.D. NO. C I A C I 0 1 0 1 0 | 2 | 3 | 2 | 1 9 | 3 | 5

ADDRESS 19100 Mission Blvd.

CITY, STATE, ZIP Hayward, California 94541 PHONE NO. (415) 732-6444

CONTAINERS: No ~~100~~ VOLUME 18 180 CU. YD. WEIGHT _____

TYPE: TANK TRUCK DUMP TRUCK DRUMS CARTONS OTHER _____

WASTE DESCRIPTION waste oil contaminated soil GENERATING PROCESS tank removal

COMPONENTS OF WASTE			COMPONENTS OF WASTE		
	PPM	%		PPM	%
1. Soil		100	5. Cr	32	
2. Waste Oil	770		6. CU	14	
3. CD	ND		7. Zn	42	
4. Pb	6.9		8. Ni	36	

PROPERTIES: pH 6-9 SOLID LIQUID SLUDGE SLURRY OTHER _____

HANDLING INSTRUCTIONS: _____

THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.

Tom T. Coffin [Signature] 7-16-90
 TYPED OR PRINTED FULL NAME & SIGNATURE DATE

TRANSPORTER

NAME Dillard Trucking, Inc. EPA I.D. NO. C I A D I 9 | 8 | 1 | 6 | 9 | 2 | 8 | 0 | 9

ADDRESS 3 Rt 1 Box 73 SERVICE ORDER NO. _____

CITY, STATE, ZIP Byron, CA 94514 PICK UP DATE _____

PHONE NO. (415) 634-0567

TRUCK UNIT I.D. NO. 1K048 [Signature] 7/10/90
 TYPED OR PRINTED FULL NAME & SIGNATURE DATE

TSD FACILITY

NAME ~~Kinnick~~ Liquid Waste Management, Inc. EPA I.D. NO. C I A D I 9 | 8 | 0 | 6 | 3 | 6 | 3 | 3 | 1

ADDRESS Star Route Box 4 27621 Westside Hwy LANDFILL OTHER _____

CITY, STATE, ZIP McKittrick, CA 93251

PHONE NO. (303) 762-7366 [Signature] 7-16-90
 TYPED OR PRINTED FULL NAME & SIGNATURE DATE

GEN	OLD NEW	L	A	TONS
TRANS		S	B	<u>20.02</u>
C/O		RT CD		HWDF NONE

DISCREPANCY Ph. 6.03

NON-HAZARDOUS WASTE DATA FORM

TO BE COMPLETED BY GENERATOR

NAME NIP Associates EPA ID. NO. CA1C101G012131291815

ADDRESS 19100 Mission Blvd.

CITY, STATE, ZIP Hayward, CA 94541 PHONE NO. (415) 732-6444

CONTAINERS: No 1 VOLUME 18 ~~100~~ cu. vd. WEIGHT _____

TYPE: TANK TRUCK DUMP TRUCK DRUMS CARTONS OTHER _____


WASTE DESCRIPTION waste oil contaminated soil GENERATING PROCESS tank removal

COMPONENTS OF WASTE			COMPONENTS OF WASTE		
	PPM	%		PPM	%
1 Soil		100	5 Cr	32	
2 Waste Oil	770		6 Cu	14	
3 Cd	N.D.		7 Zn	42	
4 Pb	6.9		8 Ni	36	

PROPERTIES: pH 6-9 SOLID LIQUID SLUDGE SLURRY OTHER _____

HANDLING INSTRUCTIONS: _____

THE GENERATOR CERTIFIES THAT THE WASTE AS DESCRIBED IS 100% NON-HAZARDOUS.

Tim T. Coffin  7-16-90
 TYPED OR PRINTED FULL NAME & SIGNATURE DATE

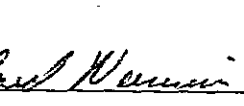
TRANSPORTER

NAME Dillard Trucking, Inc. EPA ID. NO. CA1D191S11619231019

ADDRESS Rt. 1 Box 73 SERVICE ORDER NO. _____

CITY, STATE, ZIP Byron, CA 94514 PICK UP DATE _____

PHONE NO. (415) 634-0567

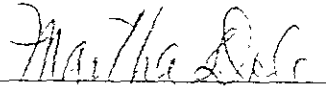
TRUCK UNIT, I.D. NO. 22077 F Richard NANNINI  7-16-90
 TYPED OR PRINTED FULL NAME & SIGNATURE DATE

TSD FACILITY

NAME Liquid Waste Management, Inc. EPA ID. NO. CA1D19181016136181311

ADDRESS Star Route Box 4 27621 Westside Hwy DISPOSAL METHOD LANDFILL OTHER _____

CITY, STATE, ZIP Byron McKitterick, CA 93251

PHONE NO. (505) 762-~~7307~~ 7366 MARTHA DOLE  7-16-90
 TYPED OR PRINTED FULL NAME & SIGNATURE DATE

GEN	OLD NEA	L	A	TONS <u>12.49</u>
TRANS		S	B	
C/O		AT CO	HWDF NONE	

DISCREPANCY Ph. 6.0

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name NIP Associates Today's Date 6/5/90

II.A BUSINESS PLANS (Title 19)

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

Site Address 19100 Mission Blvd
 City Hayward Zip 94541 Phone 881-5300

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

Inspection Categories:

- ___ i. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ___ ii. Business Plans, Acute Hazardous Materials
- iii. Underground Tanks

II.B ACUTELY HAZ. MATLS

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

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

III. UNDERGROUND TANKS (Title 23)

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

- Monitoring for Existing Tanks
- ___ 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
Semi-annual groundwater
One time soils
 - 3) Daily Vadose
One time soils
Annual tank test
 - 4) Monthly 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

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

Rev 6/88

Comments:

Tank removal by Decon Environmental
550 gal unleaded tank & manifest 90203857
280 gal waste oil tank 28071
Manny Patterle was responsible for operation.
These tanks had not been used recently. Berkeley
Porsche had occupied this address and used the
tanks until moving to another location in
Livermore. Some product left in each tank.
Tanks appeared in fair condition.
Tanks to be hauled to Erickson, Richmond.
Tanks inerted by washing + dry ice. Explosimeter
on site and used. One certified fire exting-
uisher on site. Observed Decon employee standing
in ~ 6' deep excavation hole.
Left over product + residue will be either taken
to Hedrick Co. in Santa Cruz or picked up by
Refinery Services
No visible contamination in tank pit.
Sampling was done by Manny Patterle - 1 from
beneath the middle of each tank.

No permits or other records pertaining to past ^{for} II, III
 this site are currently in our files

Contact: Manny Patterle
 Title: Pro-Ject manager
 Signature: Manny Patterle

Inspector: _____
 Signature: Patricia J. [Signature]

For more information regarding drummed waste disposal by June 15th, 1990

white - env.health
 yellow - facility
 pink - files

ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621
 (415) 271-4320

BUSINESS PLAN - PART I

1. Business Name _____
 Site Address _____
 City _____ Zip _____
 Mailing Address _____
 City _____ Zip _____
2. Contact Person _____ Phone No. _____
3. Total Area of Business in Square Feet _____
4. Hazardous Materials/Waste Storage and Handling Area in Square Feet: _____

5. HAZARDOUS SUBSTANCES OR WASTES OVER 55 GALLONS*, 500 LBS.* OR 200 CUBIC FEET *

	Gallons* (liquid)	Pounds* (solid)	Cubic Feet* (gaseous)	Number of Items
Hazardous Materials				
Hazardous Waste				
GRAND TOTAL				

OWNER OR OPERATOR'S SIGNATURE _____

PRINTED NAME _____

DATE _____

* Metric Equivalents may be used

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address						A. State Manifest Document Number					
NIP Associates 19100 Mission Blvd. Hayward, CA 94541						90203858					
4. Generator's Phone (415) 886-3300						B. State Generator's ID					
5. Transporter 1 Company Name				6. US EPA ID Number		C. State Transporter's ID					
DCCOR Environmental Services Inc						D. Transporter's Phone					
7. Transporter 2 Company Name				8. US EPA ID Number		E. State Transporter's ID					
						F. Transporter's Phone					
9. Designated Facility Name and Site Address						G. State Facility's ID					
Wedrick Distributors 210 Encinal Santa Cruz, CA 95062						H. Facility's Phone					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit	
						No. Type		Quantity		Wt./Vol	
a. Petroleum Hydrocarbon contaminated water (non-RCRA Hazardous Waste Liquid)						1 17 2 1		0.14460		J	
b.										State	
c.										EPA/Other	
d.										State	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above					
Water contaminated with gas and oil; tank rinsate						a.		b.		c.	
						c.		d.		d.	
15. Special Handling Instructions and Additional Information											
Avoid contact. Wear appropriate protective clothing and equipment.											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name						Signature		Month		Day Year	
Timothy T. ...						<i>[Signature]</i>		11		11 1993	
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature		Month		Day Year	
						<i>[Signature]</i>					
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature		Month		Day Year	
19. Discrepancy Indication Space											
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19											
Printed/Typed Name						Signature		Month		Day Year	
						<i>[Signature]</i>					

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

GENERATOR

TRANSPORTER

FACILITY

Do Not Write Below This Line

72030

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. [Barcode]	Manifest Document No. 21711	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address NIP Associates 16999 Grovernor Dr. Castro Valley, CA 94546			A. State Manifest Document Number 90203857		B. State Generator's ID
4. Generator's Phone (415) 886-5300			C. State Transporter's ID 103644		D. Transporter's Phone
5. Transporter 1 Company Name DECON Environmental Services			E. State Transporter's ID		F. Transporter's Phone
7. Transporter 2 Company Name			8. US EPA ID Number		G. State Facility's ID CA 900946639
9. Designated Facility Name and Site Address Erickson, Incorporated 255 Farr Blvd. Richmond, CA 94801			10. US EPA ID Number		H. Facility's Phone
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. Waste, empty storage tanks: Non-RCRA Hazardous Waste Solids			002	001,000	
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above 1/Empty, unleaded Gasoline Tank # 3649, Iced with 100 lbs. dry ice per 1,000 gal. capacity. 1/Empty, Waste Oil Tank # 3649, Iced with 100 lbs. dry ice per 1,000 gal. capacity.			K. Handling Codes for Wastes Listed Above a. 01		
15. Special Handling Instructions and Additional Information Avoid contact. Wear appropriate protective equipment & clothing. Site address: 19100 Mission Blvd, Hayward, CA Tank # 3648 3649					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name TIMOTHY T. JEFFIN			Signature		Month Day Year 12/3/90
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name			Signature		Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name			Signature		Month Day Year
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19					
Printed/Typed Name Shannon L.../			Signature		Month Day Year 12/05/90

ERICKSON, INC.
TANK CERTIFICATION

CUSTOMER: NIP Associates GENERATOR NIP Associates

LOCATION: 19100 Mission Blvd. Hayward CA EPA I.D. # CAC000282985

HAZ. WASTE TAX # _____ MANIFEST # 90203857

1. TANK # - 3648 3649

CAPACITY - _____

DIAMETER - _____

LENGTH - _____

STEEL/
GLASS - _____

LAST
CONTAINED- _____
(SEE TABLE A)

TABLE A: LG-LEADED GAS, UG-UNLEADED GAS, D-DIESEL, WO-WASTE OIL,
FO-FUEL OIL, SPECIFY MATERIAL LAST CONTAINED IF OTHER.

** I hereby declare that the tank(s) listed above are fully and accurately described, and that the tank(s) have been numbered to correspond with the information provided above.

2. CUSTOMER SIGNATURE _____ DATE _____

3. TANK PROCESSING: _____ JOB # _____

REC'D - _____

CLEANED - _____

G.F.CERT- _____

OFF SITE- _____

DEST. - _____

WASTE SOLIDS - _____

WASTE RINSATE - _____

WASTE OIL - _____

ERICKSON SUPERVISOR SIGNATURE _____ DATE _____

For assistance in completing this form call Shannan Lowry (415)235-1393
(Rev. 3/2/89)

CHAIN OF CUSTODY RECORD

PROJECT NO. <i>287</i>		PROJECT NAME <i>NIP ASSOCIATES</i>					PARAMETERS								INDUSTRIAL HYGIENE SAMPLE	Y N	
SAMPLERS: (Signature)				(Printed)				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">NO. OF CONTAINERS</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">TPH-GAS</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">BTEX</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">SD30</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">PET D11503E</div> </div>								REMARKS	
FIELD SAMPLE NUMBER	DATE	TIME	COMP.	GRAB	STATION LOCATION												
<i>287-01</i>	<i>6-5</i>			<input checked="" type="checkbox"/>	<i>FUEL TANK</i>	<i>1</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>									
<i>287-02</i>	<i>6-5</i>			<input checked="" type="checkbox"/>	<i>WASTE OIL TANK</i>	<i>1</i>		<input checked="" type="checkbox"/>									
Relinquished by: (Signature) <i>Mauro Petterle</i>		Date / Time <i>6-5-90 12:30</i>		Received by: (Signature)		Relinquished by: (Signature)		Date / Time		Received by: (Signature)							
(Printed) <i>Mauro Petterle</i>				(Printed)		(Printed)				(Printed)							
Relinquished by: (Signature)		Date / Time		Received for Laboratory by: (Signature)		Date / Time		Remarks									
(Printed)				<i>Wright</i>		<i>6/5/90 12:30</i>		<i>24 TAT</i>									

SUPERIOR ANALYTICAL LABORATORY, INC.

1555 BURKE, UNIT I • SAN FRANCISCO, CA 94124 • PHONE (415) 647-2081

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

LABORATORY NO.: 52099
CLIENT: Decon Environmental Services
CLIENT JOB NO.: 287

DATE RECEIVED: 06/05/90
DATE REPORTED: 06/06/90

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS
by Modified EPA SW-846 Method 5030 and 8015

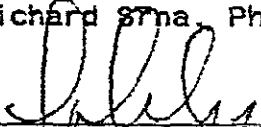
LAB #	Sample Identification	Concentration (mg/kg) Gasoline Range
1	287-01	ND<1

mg/kg - parts per million (ppm)
Minimum Detection Limit for Gasoline in Soil: 1mg/kg

QAQC Summary:

Daily Standard run at 2mg/L: %DIFF Gasoline = <15
MS/MSD Average Recovery = 99%: Duplicate RPD = 8%

Richard Stna, Ph.D.


Laboratory Director

OUTSTANDING QUALITY AND SERVICE

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

ACCEPTED
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 470 - 2/11, 3rd Fl., 1st Floor
 Oakland, CA 94612
 Telephone: (415) 875-7237

This plan has been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to the plans indicated by this Department are to assure compliance with State and local laws. The project proposed is now allowed for issuance of any required building permits for construction. A copy of these accepted plans must be on file and available to all contractors and craftsmen involved with the removal. Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- Removal of Tank and Piping
- Sampling
- Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

PE 5/24/90

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name NIP Associates
 Business ~~Owner~~ Contact Cliff Sherwood/Tim Coffin et al
2. Site Address 19100 Mission Blvd
 City Hayward Zip 94541 Phone _____
3. Mailing Address 16999 Grovenor Drive
 City Castro Valley Zip 94546 Phone (415) 886-5300
4. Land Owner Same as business
 Address _____ City, State _____ Zip _____
5. EPA I.D. No. CAC 000 282 985
6. Contractor DECON Environmental Services, Inc.
 Address 26102 Eden Landing Road, Suite 4
 City Hayward, California 94545 Phone (415) 732-6444
 License Type A & Haz ID# 545726
7. Consultant None
 Address _____
 City _____ Phone _____

8. Contact Person for Investigation

Name Chris Kwoka Title President
Phone (415) 732-6444

9. Total No. of Tanks at facility 2

10. Have permit applications for all tanks been submitted to this office? Yes [] No []

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name Refineries Service EPA I.D. No. CAD 083166728
Address P.O. Box 1171
City Patterson State CA Zip 95363

b) Rinsate Transporter

Name Refineries Services EPA I.D. No. CAD 083166728
Address P.O. Box 1171
City Patterson State CA Zip 95363

c) Tank Transporter

Name DECON Environmental Services EPA I.D. No. CAD 982468183
Address 26102 Eden Landing Road, Suite 4
City Hayward State CA Zip 94545

d) Tank Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD 009466392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

e) Contaminated Soil Transporter

Name DECON Environmental Services EPA I.D. No. CAD 982468183
Address 26102 Eden Landing Road, Suite 4
City Hayward State CA Zip 94545

12. Sample Collector

Name _____
 Company DECON Environmental Services, Inc.
 Address 26102 Eden Landing Road, Suite 4
 City Hayward State CA Zip 94545 Phone (415) 732-6444

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)*		
280 550	waste oil unleaded gasoline	soil, water if groundwater present	6" into native soil beneath the tank, fill or pump end of tank One sample per tank

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

If yes, describe. _____

15. NFPA methods used for rendering tank inert? Yes [x] No []

If yes, describe. Rinse tanks with water and TSP until LEL <10%, fill tank
with dry ice (15 lbs per 1000 gallon tank capacity).

An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name Superior Labs
 Address 1555 Burke Street, Suite I
 City San Francisco State CA Zip 94124
 State Certification No. 220

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
TPH-Gasoline	5030	Modified 8015
BTEX	5030	8020
PET oil & grease	5030	503E

18. Submit Site Safety Plan

19. Workman's Compensation: Yes [x] No []

 Copy of Certificate enclosed? Yes [x] No []

 Name of Insurer State Compensation Insurance Fund

20. Plot Plan submitted? Yes [x] No []

21. Deposit enclosed? Yes [x] No []

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

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 and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. 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.

Signature of Contractor

Name (please type) Chris Kwoka

Signature *Chris Kwoka*

Date 5/22/90

Signature of Site Owner or Operator

Name (please type) TIMOTHY T. JOFFIN

Signature *Timothy T. Joffin*

Date May 22, 1990

RECEIVED JAN 03 1990

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JANUARY 2, 1990

POLICY NUMBER: 1164551 - 90
CERTIFICATE EXPIRES: 1-1-91

For Information Purposes Only:

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ten days' advance written notice to the employer.

We will also give you TEN days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.


PRESIDENT

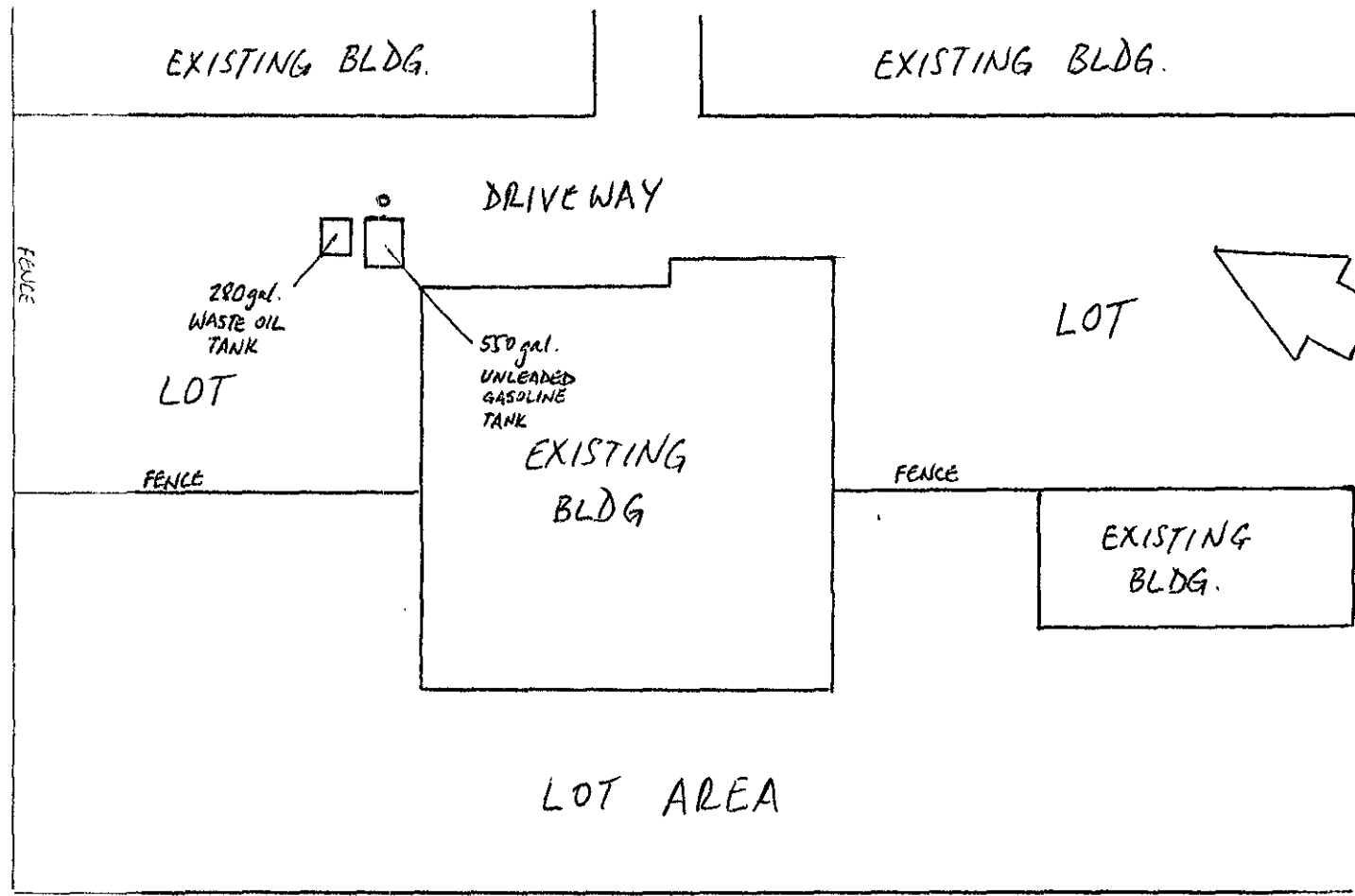
EMPLOYER'S LIABILITY LIMIT: \$3,000,000 PER OCCURRENCE.

EMPLOYER

DECON ENVIRONMENTAL SERVICES INC.
26102 EDEN LANDING RD., # 4
HAYWARD
CA 94545

PLOT PLAN

SCALE 1" = 13'



Site Safety Plan

Background Info:

Project Name: NIP Associates
Job Number: 287
Project Manager: Manuel Petterle
Client Contact: Tim Coffin, Cliff Sherwood
Site Name: NIP Automotive Repair Center
Site Address: 19100 Mission Blvd. Hayward
Overall Objective of Site Work: Excavate 2 tanks, 280 gal, 550 gal
Proposed Date of Site Work: June 5, 1990
Source of Site Info: Client
Will Site Officials
Accompany Work Personnel: Yes
Work Time Limitations: No
Warning for Site Evacuation: Verbal

Site Description:

Current status: Automobile Repair
Prior status: Same
Materials Handled, Disposed, or Stored: Gasoline, waste oil
Potential Degradation Products: Phenols, benzene, xylenes, toluene
Industrial Processes/Procedures: Bulk handling of motor fuels; draining of machine oil

HAZARDS: DESCRIPTION, PROTECTION AND MONITORING

The following substances are known or suspected to be currently or historically onsite:

<u>Substance</u>	<u>Physical State</u>	<u>TLV (ppm)</u>	<u>Exposure Characteristics</u>
Gasoline	Liquid	300	Headaches, dizziness, nausea
Waste Oil	Liquid, semisolid	5	" " " " " " " "

Potential Environmental Hazards: Spillage of gasoline may cause soil or groundwater contamination; contact from pressure washing, splashing dripping liquid exposure

Potential Worker Hazards: Excavation, heavy equipment, exposure to gasoline explosion, fire

Potential Physical Hazards Onsite: Trenches, noisy operations, explosion, fire

Overall Hazard Estimation: Low, as long as safety guidelines are followed.

Required Personal Protective Equipment (optional as noted)

The following levels of personal protection have been designated: (NOTE: No eating, drinking or smoking is allowed in work areas) During all pumping and washing operations, hoses, pump and affected tanks should be grounded. In addition, two fire extinguishers should be placed in close proximity to the excavation area/s, within easy reach in case of emergency.

Level of Protection: D

Location(s) to be used: On site

Equipment to be used consists of hard hat, eye protection, cloth coveralls, leather boots with steel toes and shanks, work gloves, neoprene boots.

When to use: During all onsite work; dermal protection for all workers in contact with soil

Level of Protection: C

Location to be used: On site

Equipment to consist of Level D protection plus dermal and respiratory protection including neoprene gloves, Tyvek coveralls and American Optical air purifying respirators with AO-52 cartridge filters

When to use: When HNu TPH reading is greater than 100ppm in breathing zone.

Required Decontamination Equipment: Pressure Washer

Disposal of Contaminated Materials or Equipment: Tank rinsate will be disposed of at a licensed disposal or recycling facility. Underground tank will be transported as hazardous to a TSD facility where it will be triple rinsed and salvaged as scrap metal.

Monitoring

1. Direct Reading Monitoring Equipment (e.g., Draeger tubes, HNu):

Equipment: LEL meter - O₂-H₂S, GasTech model 3220

Location to be used: Excavation site

When to use: Prior to tank removal (15-20% LEL) to monitor work conditions

2. Action Levels for Monitoring Results:

Equipment: Explosimeter, GasTech model 3220

Action Level: 15% LEL

Action (type and duration): Tank must be rendered inert, below LEL specified by inspector

3. Medical Monitoring: None

ONSITE ORGANIZATION AND COORDINATION

General

The following personnel are designed to carry out the stated job functions onsite:

Project Team Leader: Christopher Kwoka

Site Safety Officer: Christopher Kwoka

Contractors onsite (state function): DECON Environmental -
Tank excavation

Government Agency Reps: Alameda County Representatives, Eden
Consolidated Fire District, Bay Area Air
Quality Management District

Site Access Control

Access to the site will be controlled such that no unauthorized person enters within the following boundaries: Within barricades or 25 feet of excavation.

EMERGENCY MEDICAL CARE AND PROCEDURES

Nearest emergency medical facility:

(see attached map)

Facility Name: Grove Eden Hospital

Address: 20103 Lake Chabot Road, Castro Valley

Telephone: (415) 537-1234

Emergency Telephone Numbers:

Fire: 911

Police: 911

Ambulance: 911

Hotline (e.g., Poison Control Center): (415) 666-2845

Emergency First Aid for Substances Present:

<u>Substance</u>	<u>Exposure Symptoms</u>	<u>First Aid</u>
Gasoline	Dizziness, nausea, headache	Evacuate to open air area

First Aid Equipment Onsite:

<u>Equipment</u>	<u>Location</u>
First Aid Kit	Adjacent to Excavation
Fire Extinguisher	Adjacent to Excavation
Emergency Eye Wash	Adjacent to Excavation

Onsite Emergency Procedures:

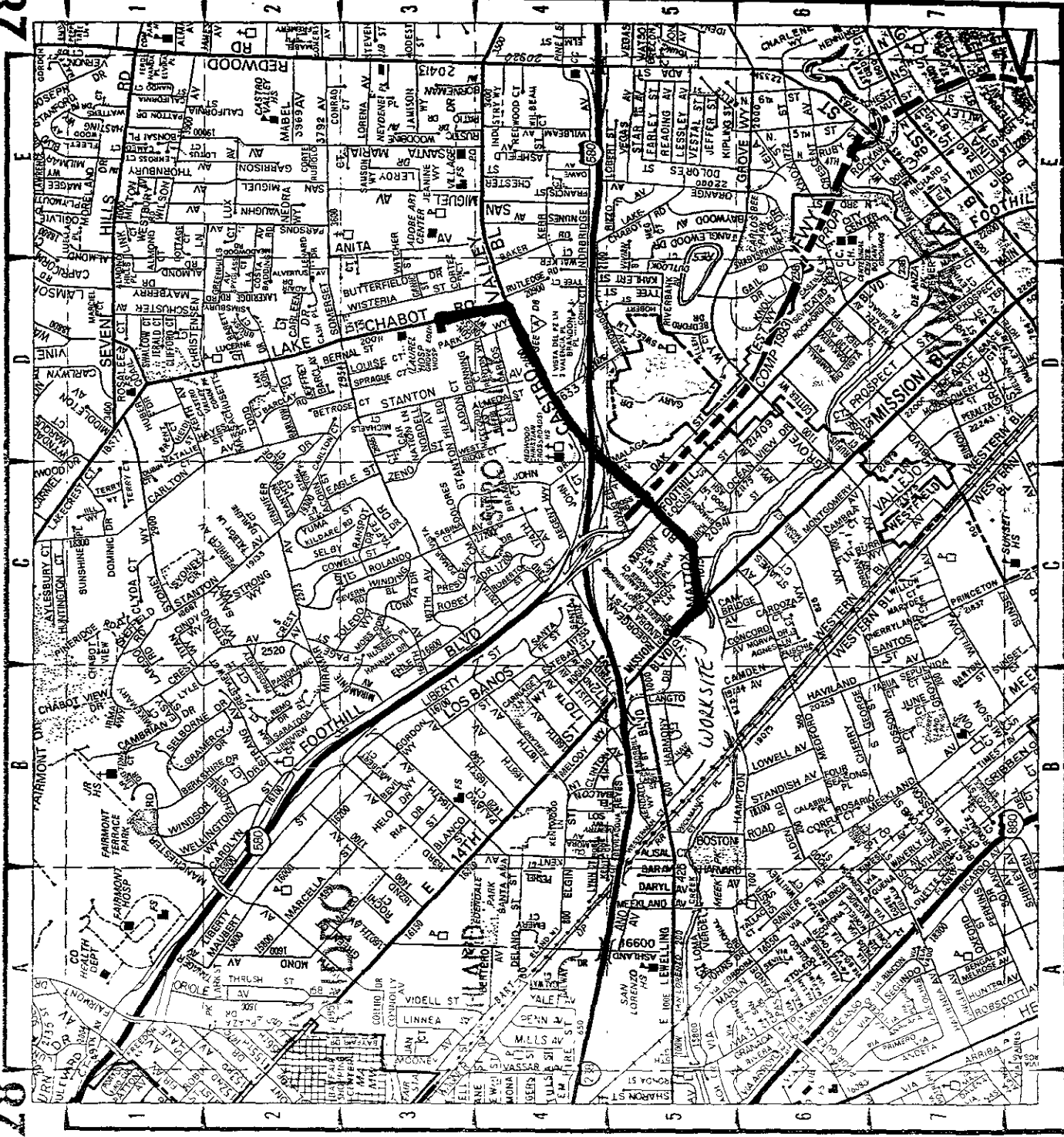
1. Personal injury or illness: Administer first aid; call ambulance if necessary; transport to Grove Eden Hospital.
2. Fire or Explosion: Turn off all motorized equipment; evacuate working area; meet at designated upwind location.
3. Earthquake: Turn off all motorized equipment; evacuate working area; meet at designated upwind location.
4. Hazardous Material Spill or Release: Turn off all motorized equipment; evacuate work area in an upwind direction of the spill or release; meet at designated upwind location.
5. Personal Protective Equipment Failure: If any site worker experiences a failure or alteration of protective equipment that affects the protection factor, that person and his/her buddy shall immediately leave the Exclusion Zone. Reentry shall not be permitted until the equipment has been repaired or replaced.
6. Other Equipment Failure: If any other equipment onsite fails to operate properly, the project team leader and site safety officer shall be notified and then shall determine the effect of this failure on continuing operations onsite. If the failure affects the safety of personnel or prevents completion of the work plan tasks, all personnel shall leave the Exclusion Zone until the situation is evaluated and appropriate actions taken.

MAP TO HOSPITAL

28

28

FOR CONTINUATION SEE MAP 31



1,545.

1,542.

FOR CONTINUATION SEE MAP 58

1,533.

1,531.

446.

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**EDEN CONSOLIDATED
FIRE PROTECTION DISTRICT**

427 PASEO GRANDE • SAN LORENZO, CALIFORNIA 94580
(415) 670-5853

FIRE PERMIT

NO: 90-601
ISSUE DATE 6-1-90
EXPIRATION DATE 6-7-90

NAME OF BUSINESS
DECON Environmental Services

BUSINESS ADDRESS
26102 Eden Landing Rd. 732-6444

THE BUSINESS (AND ITS LOCATION, LISTED ABOVE) PURSUANT TO THE PROVISIONS OF THE ALAMEDA COUNTY FIRE CODE, HAVING MADE APPLICATION IN DUE FORM AND BEING IN COMPLIANCE WITH APPLICABLE CODES, AND ORDINANCES, IS HEREBY GRANTED PERMISSION FOR THE FOLLOWING TYPES OF OPERATIONS:

Removal of 2 underground flammable liquids storage tanks located at
19100 Mission Blvd, Hayward.

UPON ACCEPTANCE OF THIS PERMIT, THE PERMITTEE AGREES TO COMPLY WITH ALL ORDINANCE PROVISIONS NOW ADOPTED OR THAT MAY BE HEREAFTER ADOPTED.

THIS PERMIT MUST BE KEPT ON THE PREMISES AT ALL TIMES

FIRE PREVENTION BUREAU
James R. Fedward



EDEN CONSOLIDATED

FIRE PROTECTION DISTRICT

429 PASEO GRANDE • SAN LORENZO, CALIFORNIA 94580
(415) 670-5853

FIRE PERMIT APPLICATION

INSTRUCTIONS

The Fire Code of Alameda County requires a Permit from the Fire Prevention Bureau be obtained by individuals or businesses engaged in operations listed on the reverse side of this application. Please complete this application as required and submit it to above address.

BUSINESS NAME DECON Environmental Services, Inc.		BUSINESS PHONE NO. 732-6444 415/XXXXXXX	
BUSINESS ADDRESS 26102 Eden Landing Road, Suite 4; Hayward CA 94545		ZIP CODE	
MAILING ADDRESS same as business address		ZIP CODE	
OWNER OR AUTHORIZED REPRESENTATIVE Warren XXXX Dodge <i>Warren Dodge Vice President</i>			

The above named Business/Individual hereby makes application for a Permit in accordance with applicable Codes and Ordinances for the following type of operation (refer to reverse side for appropriate category):

ENTER ITEM NUMBER - DESCRIPTION - FIRE CODE ARTICLE NO.

ITEM NO. 18	DESCRIPTION Underground storage tank removal (waste oil & gasoline, 2 tanks)	FIRE CODE ARTICLE NO. 79
COMMENTS		

NOTE
Once issued, this Permit must be kept on the premises, and shall not take the place of any License required by law. Permits must be renewed on or before the expiration date, and shall not be transferable and any change in use, occupancy, operation or ownership shall require a new Permit. Upon acceptance of a Permit, the Permittee agrees to comply with all Ordinance provisions now adopted or that may be hereafter adopted.

SIGNATURE OF APPLICANT <i>Warren Dodge</i>	DATE 5/29/90
---	-----------------

DO NOT FILL IN BELOW - FOR FIRE DEPARTMENT USE ONLY

PERMIT NUMBER 90-601	EXPIRATION DATE 6-7-90	PERMIT APPROVED <input checked="" type="checkbox"/>	PERMIT DENIED <input type="checkbox"/>
COMMENTS REMOVED - 6-5-90 @ 1500			
PERMIT ISSUED BY <i>James A. ...</i>		DATE 6/1/90	



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

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

NOTIFICATION FORM

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

SITE INFORMATION

SITE ADDRESS 19100 Mission Blvd

CITY, STATE, ZIP Eden Consolidated, CA (unincorporated Hayward) 94541

OWNER NAME NIP Associates

SPECIFIC LOCATION OF PROJECT Parking lot

<p>TANK REMOVAL</p> <p>SCHEDULED STARTUP DATE <u>6/5/90</u></p> <p>VAPORS REMOVED BY:</p> <p><input checked="" type="checkbox"/> WATER WASH</p> <p><input checked="" type="checkbox"/> VAPOR FREEING (CO²)</p> <p><input checked="" type="checkbox"/> VENTILATION</p>	<p>CONTAMINATED SOIL EXCAVATION</p> <p>SCHEDULED STARTUP DATE _____</p> <p>STOCKPILES WILL BE COVERED? YES _____ NO _____</p> <p>ALTERNATIVE METHOD OF AERATION (DESCRIBE BELOW):</p> <p>_____</p> <p style="text-align: center;">(MAY REQUIRE PERMIT)</p>
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CONTRACTOR INFORMATION

NAME DECON Environmental Services, Inc CONTACT Warren Dodge

ADDRESS 26102 Eden Landing Road, Suite 4 PHONE (415) 732-6444

CITY, STATE, ZIP Hayward, CA 94545

CONSULTANT INFORMATION (IF APPLICABLE)

NAME None CONTACT _____

ADDRESS _____ PHONE () _____

CITY, STATE, ZIP _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ BY _____ (INIT.)

CC: INSPECTOR NO. _____ DATE _____ BY _____ (INIT.)

TELEPHONE UPDATE: CALLER _____ CHANGE MADE _____

BAACMD N # _____