

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.
REPORT DATE 08/03/95	CASE #	SIGNED _____ DATE _____

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT ERMA DELUCCHI	PHONE (510) 531-0197	SIGNATURE 	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME		
	ADDRESS P.O. Box 11279 Oakland, Ca. 94611			

RESPONSIBLE PARTY	NAME ERMA DELUCCHI <input type="checkbox"/> UNKNOWN	CONTACT PERSON ERMA DELUCCHI	PHONE (510) 531-0197
	ADDRESS P.O. BOX 11279, Oakland, Ca. 94611		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) AUTOMOTIVE AUTO REPAIR	OPERATOR LEONARD COREY	PHONE (510) 769-7202	
	ADDRESS 2425 Central Avenue Alameda Alameda 94501			
	CROSS STREET Park Avenue			

IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Care Services	CONTACT PERSON Juliet Shin	PHONE (510) 567-6700
	REGIONAL BOARD San Francisco Bay Region	CONTACT PERSON Kevin Graves	PHONE (510) 286-1255

SUBSTANCES INVOLVED	(1) NAME Gasoline	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 1/01/95	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1/01/95	

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
--------------	---	---

CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
-----------	--

CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input checked="" type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
----------------	--

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)	<input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT)	<input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS)	<input type="checkbox"/> CONTAINMENT BARRIER (CB) <input checked="" type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS)
	<input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)			

COMMENTS	_____
----------	-------

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

July 5, 1995

Ms. Erma DeLucchi
Automotive Auto Repair
P.O. Box 11270
Oakland, CA 94611

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

STID 4365

Re: Investigations at the Automotive Auto Repair site, located
at 2425 Central Avenue, Alameda, California

Dear Ms. DeLucchi,

This office has received and reviewed Aqua Science Engineer's (ASE) Quarterly Groundwater Monitoring Report, dated June 20, 1995. Per ASE's recommendations, quarterly groundwater monitoring shall continue for two additional quarters. Based on the concentrations observed in the next two quarterly monitoring events, the site may be considered for closure.

Please complete the attached Unauthorized Leak/Report form and submit it to this office within 30 days of the date of this letter. This is a standard form that should be completed whenever a release is identified from a petroleum underground storage tank.

If you have any questions or comments, please contact me at (510) 567-6763.

Sincerely,

Juliet Shin
Senior Hazardous Materials Specialist

ATTACHMENT

cc: Robert E. Kitay
Aqua Science Engineers
2411 Old Crow Canyon Rd., #4
San Ramon, CA 94583

Acting Chief-File



December 9, 1994

Ms. Erma DeLucchi
Automotive Auto Repair
P.O. Box 11270
Oakland, CA 94611

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

STID 4365

Re: Required investigations at the Automotive Auto Repair site,
located at 2425 Central Ave., Alameda, California

Dear Ms. DeLucchi,

According to our records, the above site was formerly operated as a gas/service station, and is currently utilized as an automotive repair facility. On October 15, 1994, four underground storage tanks (USTs) were removed from the site. The USTs consisted of one 10,000-gallon, one 6,000-gallon, and two 750-gallon tanks, two of them containing gasoline and the other two containing waste oil (the files did not specify which tanks held the gas product or waste oil). According to a letter from Zaccor Corporation, dated October 28, 1987, these tanks were pumped and triple rinsed on site and disposed of at Eastern Alameda County Disposal Site as scrap, and the resulting rinsate/effluent was handled by H & H Ship Services.

Soil samples were apparently collected from beneath these USTs and analyzed at a certified analytical laboratory. It appears that two soil samples were collected from beneath the waste oil tanks and analyzed for Oil & Grease, Total Petroleum Hydrocarbons as diesel (TPHd), and purgeable halocarbons and aromatics. Analysis results of these samples only identified trace concentrations of methylene chloride at 2.6 and 2.5 parts per billion (ppb). It appears that eight soil samples were collected from beneath the gasoline USTs. These samples were analyzed for TPHg. Analysis of these samples identified 410 parts per million (ppm) and 110 ppm TPHg in two of the samples.

This office has no information on the fate or analysis of the excavated soil. Additionally, this office has no information on the condition of the tanks or visual or olfactory observations on any field notes. According to my previous conversations with you, Mr. Lawrence Pavlak, Pavlak and Associates (Pavlak), and Jim Keller, a consultant at Blaine Tech who was involved with the tank investigations, no additional site information is currently available.

Ms. Erma DeLucchi
Re: 2425 Central Ave.
December 9, 1994
Page 2 of 3

In response to the soil contamination identified in the former tank pits, one ground water monitoring well was installed in the center of the tank pit by Pavlak on February 8, 1988. According to Pavlak's March 18, 1988 report, this well was drilled down to 25 feet below ground surface (bgs) and screened from 12 to 25 feet bgs. The water table was encountered at 14.5 feet bgs. According to our records, this well was sampled only once and identified 350 ppb TPHg.

Guidelines established by the California Regional Water Quality Control Board (RWQCB) require that further investigations be conducted when there is evidence to indicate that a release from an UST will impact or may have impacted the ground water.

Based on these guidelines, and Article 5 of Title 23 California Code of Regulations, this office is requesting that you continue to monitor the one existing monitoring well at the site for at least three additional quarters for the following contaminant constituents, to characterize any potential releases to ground water: TPHg, benzene, toluene, ethylbenzene, xylenes, and lead. At the termination of this sampling period, the site will be assessed for further investigations or for closure.

Ground water sampling and a corresponding quarterly ground water monitoring report shall be submitted to this office **within 60 days** of the date of this letter.

The referenced quarterly reports must describe the status of the investigation and must include, among others, the following elements:

- o Details and results of all work performed during the designated period of time: records of field observations and data, water level data, chain-of-custody forms, laboratory results for all samples collected and analyzed, tabulations of any free product thicknesses and dissolved fractions, etc.
- o Status of ground water contamination characterization.
- o Interpretations of results.
- o Recommendations or plans for additional investigative work or remediation.

Ms. Erma DeLucchi
Re: 2425 Central Ave.
December 9, 1994
Page 3 of 3

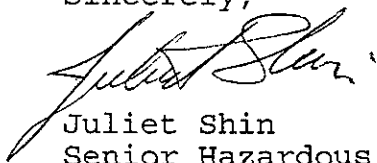
This Department will oversee the assessment and remediation of your site. Our oversight will include the review of and comment on work proposals and technical guidance on appropriate investigative approaches and monitoring schedules. The issuance of well drilling permits, however, will be through the Alameda County Flood Control and Water Conservation District, Zone 7, in Pleasanton. The RWQCB may choose to take over as lead agency if it is determined, following the completion of the initial assessment, that there has been a substantial impact to ground water.

In order to properly conduct a site investigation, you are required to obtain professional services of a reputable environmental consultant. **All reports and proposals must be submitted under seal of a California-Registered Geologist, -Certified Engineering Geologist, or -Registered Civil Engineer.**

Lastly, please complete the attached **Unauthorized Release/Leak Report Form** and submit it to this office **within 30 days of the date of this letter**. This is a standard form that is completed for record-keeping purposes when contaminant concentrations are detected in relation to a petroleum UST.

If you have any questions or comments, please contact me at (510) 567-6763.

Sincerely,



Juliet Shin
Senior Hazardous Materials Specialist

ATTACHMENT

cc: Edgar Howell

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF WATER QUALITY
UST CLEANUP PROGRAM

Invoice #: 93-4
ALAMEDA COUNTY

Page 497 of 540

SITE SPECIFIC INVOICE

sheets for this site: 1

StID: 4365 Source of Funds: -0-
Site Name: Automotive Auto Repair
Address: 2425-0Central Ave
City: Alameda Zip: 94501

Substance: -0-
Date First Reported: -0-

>>>> Labor Costs <<<<

Date of Work	Employee	Empl Class	Act Code	Hours Worked	Hour Rate	Indir. Cost	Trav/PerDiem	Total Cost
12/22/93	Juliet M SHIN	5650	215	0.8	35.50	0.1384	\$0.00	\$32.33

This is final invoice for this case: () (Check box)

Submitted by: _____ (initials)

Total this page: \$32.33
Total this site: \$32.33

FOR STATE BOARD USE

Amount Approved \$ _____
Line items disallowed _____

NOTES:

State Bd Approval: _____

Sent out NOR for this site. jms

10M:

PURCHASING DEPARTMENT
4400 MACARTHUR BLVD.
OAKLAND, CALIFORNIA 94619
TELEPHONE (510) 535-6253
FAX (510) 535-6246

Lee Colgan



COUNTY OF ALAMEDA PURCHASE ORDER

DELIVERY DATE
ON OR BEFORE
MO. DAY YEAR
07 15 93

P.O. DATE
MO. DAY YEAR
08 08 93

TERMS
NET 30 DAYS

ORDER NO.

ON ALL INVOICES
PACKAGES AND
PAPERS SHOW
ORDER NUMBER

COMPUTERLAND
LEE COLGAN
1000 BROADWAY #A100
OAKLAND, CA 94607

FOB DELIVERED
UNLESS
EXCEPTED
BELOW

TO: HAZARDOUS MATERIAL WASTE
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621

002-1-CONT 10611430094-2576751 002

10	410	430	3111	4530	ATTN: DELANEY STINEY 209 520 020 CIC 21506 HAZARD MATERIAL/WASTE
----	-----	-----	------	------	---

ITEM NO.	QUANTITY	UNIT	DESCRIPTION	BRAND/MPN/REF	EXTENSION
			SX/NOW SX/25GDM KING-B253U QUOTED BY LARRY YEARGAN 4/6/93		

ABOVE SPECIFIED HAVE BEEN DELIVERED AND CHECKED AS TO QUANTITIES AND WEIGHTS
Shirley M. Smith RECEIVED *8/14/93*

ORDERING DEPARTMENT MEMORANDUM

DELIVERIES	1ST	2ND	3RD	4TH
RY DATES				

ORDERING DEPT. COPY

INSTRUCTIONS TO ORDERING DEPARTMENT
DO NOT RETURN OR EXCHANGE MERCHANDISE WITHOUT APPROVAL FROM
PURCHASING DEPARTMENT
CHECK GOODS DELIVERED ON THIS ORDER CAREFULLY FOR DESCRIPTION
QUANTITY, SIZE AND QUALITY NOTIFY PURCHASING DEPARTMENT AT ONCE OF
ANY DEVIATIONS FROM PURCHASE ORDER
DO NOT AUTHORIZE ANY CHANGES IN THE SPECIFICATIONS OF THIS ORDER

AMOUNT ENGUMBERED

Goodhue Realty Investments

2064C ANTIOCH CT. • P.O. BOX 11279 • OAKLAND, CA 94611 • (415) 339-8900

June 20, 1988

CERTIFIED MAIL

Alameda County Department of
Environmental Health
470 27th Street, Room 322
Oakland, CA 94612
attn: Mr. Ariu Levi

Gentlemen:

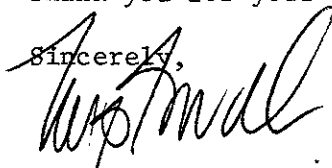
Attached please find a copy of a report from Pavlak & Associates confirming installation of a groundwater monitoring well at 2425 Central Avenue, Alameda and a copy of the Performing Laboratory Report dated June 16, 1988 as to recent water samples.

These reports are being sent to you on behalf of Mrs. Erma Delucchi and Mrs. Diane Goodhue as owners of the subject property.

If you should have any questions, please do not hesitate to contact the undersigned.

Thank you for your assistance.

Sincerely,



Neil B. Goodhue, CPM, CREA
President
Agent for Owners

Enclosures

cc: Mrs. Erma Delucchi

Closure Plan -

Date: 10-29-87

Job Name: Field Report 2425 Central Alameda

CONTRACT AGREEMENT

To: Tank Removal RE 1,10,000 1,6,000, 2,750
Gallon Tanks.

Tanks pumped clean then triple rinsed with Hydro-
Blaster Total volume of Effluent see Manifest

Removal LEL levels All less than 2 PPM
lower scale. Fire Dept on site Report

Verifies these Readings. All Related pipe lines
Removed To Building, Complete written Report
will include the following

- 1) Manifest
- 2) Dump Receipts - Tanks
- 3) 1st + Secondary site Report from Annetek labs
- 4) Engineers Report on site

Total amount of contract: \$ _____

ACCEPTANCE

You are hereby authorized to furnish all material, labor and equipment required to complete the work mentioned in the above contract of which _____ agree to pay the amount in said contract upon completion _____ days from completion to ZACCOR CO., INC.

By _____
Title _____
Date _____

Accepted by _____
Title _____
Date _____

Contractors are required by law to be licensed and regulated by the Contractor's State License Board. Any questions concerning a contractor may be referred to the registrar of the board whose address is: Contractor's State License Board, 1020 N Street, Sacramento, California 95814.

NOTICE TO OWNER

Under the Mechanics' Lien Law, any contractor, subcontractor, laborer, materialman or other person who helps to improve your property and is not paid for his labor, services or material, has a right to enforce his claim against your property.

Under the law, you may protect yourself against such claims by filing, before commencing work or improvement, an original contract for the work of improvement of a modification thereof, in the office of the county recorder of the county where the property is situated and requiring that a contract's payment bond be recorded in such office. Said bond shall be in an amount not less than fifty percent (50%) of the contract price and shall, in addition to any conditions for the performance of the contract, be conditioned for the payment in full of the claims of all persons furnishing labor, services, equipment or materials for the work described in said contract.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

J. MICHAEL LEAHY, Agency Director



470-27th Street, Third Floor
Oakland, California 94612
(415)

October 20, 1987

Ms. Erma DeLucchi & D.C. Goodhue
P.O. Box 11279
Oakland, CA 94611

Dear Ms. DeLucchi:

Your facility at 2417 Central Ave., Alameda, was inspected by this Department on October 8, 1987. This inspection found several underground storage tanks for what had once been a gas station. The auto repair shop currently operating there makes no use of the tanks, except possibly to store waste oil. After the inspection, it was found that the City of Alameda issued permits to you for the removal of the tanks. To date, a plan of closure for this facility has not been submitted to this department.

The closure of underground tanks must meet the guidelines of the California Health & Safety Code, Chapter 6.7, California Administrative Code, Title 23, Subchapter 16. At minimum, the plan must address:

1. Health and safety element
2. Disposal and/or cleaning of all tanks removed, including manifest and/or bills of lading.
3. Disposal site of tanks and/or rinsate, if tanks were cleaned on site.
4. Disposal of any soil exceeding 1,000 TPH of on site aeration procedures and BAAQMD notification and approval of aeration method.
5. The location and sampling schedule to be followed for water monitoring wells where the TPH has exceeded 100 ppm in the soil

By copy of this letter, the Regional Water Quality Control Board is being notified of the actions required for this site.

Upon submission of the plan of correction, its approval and the submission of documents including lab reports, manifests, etc., a letter of receipt will be issued. Upon completion of the plan of correction, a letter so stating will be issued; however, the final closure letter concerning this site, must be obtained from the Regional Water Quality Control Board.

Ms. Erma DeLucchi/D.C. Goodhue
P.O. Box 11279
Oakland, CA 94611
October 20, 1987
Page 2 of 2

If you have any questions concerning this matter, please contact
Ariu Levi, Hazardous Materials Specialist, at 874-7237.

Sincerely,

Rafat A. Shahid

Rafat A. Shahid, Chief,
Hazardous Materials Division

RAS:AL:mnc

cc: RWQCB
Alameda Fire Department

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAC0000039842/161153		Manifest Document No. 161153		2. Page 1 of 1		Information in the shaded areas is not required by Federal law					
3. Generator's Name and Mailing Address MRS. DeLUCCHI 2425 CENTRAL AVE. ALAMEDA, CA 94501						A. State Manifest Document Number 87616153							
4. Generator's Phone (415) 543-0491						B. State Generator's ID							
5. Transporter 1 Company Name H+H SHIP SERVICE (CAD00477) 1/168				6. US EPA ID Number		C. State Transporter's ID 800 859							
7. Transporter 2 Company Name						D. Transporter's Phone (415) 543-4835							
9. Designated Facility Name and Site Address H+H SHIP SERVICE 220 CHINA BASIN ST. SAN FRANCISCO, CA 94106 (CAD00477) 1/168						10. US EPA ID Number		G. State Facility's ID 38-1001-78					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. WASTE COMBUSTIBLE LIQUID NOS N/A 1993						12. Containers No. Type 001/TI		13. Total Quantity 100 G		14. Unit Wt/Vol		1. Waste No. State 223 EPA/Other CA/ONLY	
J. Additional Descriptions for Materials Listed Above WATER - 2070 WASTE OIL - 8070						K. Handling Codes for Wastes Listed Above a. b. c. d.							
15. Special Handling Instructions and Additional Information Gloves													
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 G. G. R. R. R.					Signature <i>[Signature]</i>			Month Day Year 11/01/5817					
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name DANIEL GERSON					Signature <i>[Signature]</i>			Month Day Year 11/01/5817					
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					

GENERATOR

TRANSPORTER

FACILITY

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAC10000391842116151		Manifest Document No. 116151		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address Mrs. DeLuochi 2425 CENTRAL AVE. ALAMEDA, CA. 94501						A. State Manifest Document Number 87616151									
4. Generator's Phone 415 543-0491						B. State Generator's ID CAC10000391842									
5. Transporter 1 Company Name AED Ship Service Co			6. US EPA ID Number CAD004771168			C. State Transporter's ID 800850		D. Transporter's Phone 543-4835							
7. Transporter 2 Company Name						E. State Transporter's ID									
8. US EPA ID Number						F. Transporter's Phone									
9. Designated Facility Name and Site Address AED Ship Service Co. 22 CHINA BASIN SAN FRANCISCO, CA						10. US EPA ID Number CAD004771168									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.			
a. WASTE Combustible liquid NA 1993						901 TITAN 1000 G						State 133 EPA/Other			
b.												State EPA/Other			
c.												State EPA/Other			
d.												State EPA/Other			
J. Additional Descriptions for Materials Listed Above OIL - GAS - WATER						K. Handling Codes for Wastes Listed Above a. b. c. d.									
15. Special Handling Instructions and Additional Information GLOVES															
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 Gary Zaccor				Signature <i>Gary Zaccor</i>				Month Day Year 11/01/87							
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name Jim Morrison				Signature <i>Jim Morrison</i>				Month Day Year 11/01/87			
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							

GENERATOR

TRANSPORTER

FACILITY

PLEASE TYPE OR PRINT

LOG NO. 10771 CO. CODE 088

PERMIT NO. 87-69015

OWNER

TRACT BLOCK PAGE LOT PARCEL

NAME MR. & MRS. J. & M. H. ...

ADDRESS 2425 CENTRAL AVE. PHONE _____

CITY ALAMEDA STATE CA ZIP _____

ARCHIT./ENGR.

NAME _____ LICENSE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

CONTRACTOR

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

LICENSE No. AND CLASS 449799 CITY BUSINESS LICENSE No. Pending 1666

CONTRACTOR NAME ZACCOR CORP

ADDRESS 791 HAMILTON AVE

CITY MENLO PARK STATE/ZIP CA 94025 PHONE _____

SIGNATURE [Signature]

OWNER/BUILDER DECLARATION

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

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale).

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

I am exempt under Sec. _____

B&P.C. for this reason _____

Owner's Signature _____ Date _____

WORKERS' COMP. INSURANCE DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C) Policy No. 0801358-81 Company State

Certified copy is hereby furnished.

Certified copy is filed with the City Central Permit Office

Applicant [Signature] Date [Date]

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

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

Applicant _____ Date _____

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

LENDER

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)

Lender's Name _____

Lender's Address _____

APPLICANT

I certify that I have read this application and state that the information given is true and correct. I agree to comply with all local ordinance and state laws relating to building construction and I make this statement under penalty of law. I hereby authorize representatives of the city/county to enter upon the above mentioned property for inspection purposes. NOTICE! This permit will expire by limitation if work is not started in 180 days or if work is abandoned for more than 180 days. Do not conceal or cover any construction until the work is inspected and the inspection is recorded on the Building Inspection Card. All inspection requests are required 24 hours in advance of the inspection, 522-4100 X279, 8:30AM to 10AM.

Contractor

Owner

Agent [Signature]

Signature of Contractor, Owner or Agent

JOB ADDRESS 2425 CENTRAL AVE

APPLICATION FOR PLUMBING/MECHANICAL PERMIT
CITY OF ALAMEDA
Central Permit Office
2263 Santa Clara Avenue
Alameda, CA 94501
(415) 522-4100 X236

DESCRIPTION OF WORK REMOVE 2 GAS TANKS
1 50 GIL TANKS

VALUATION OF WORK \$ _____

CONTACT NAME Gary Zaccor

CONTACT PHONE: 363-2181

ITEMS	NO.	FEE	TOTAL
PLUMBING			
Basins		\$ 6.00	
Baths		6.00	
Catch Basin		6.00	
Closets		6.00	
Dishwasher		6.00	
Drinking Fountain		6.00	
Fire Sprinklers		30.00	
Floor Drain		6.00	
Floor Sinks		6.00	
Garbage Disposal		6.00	
Gas Lines/Meters		6.00	
Gas Outlets		2.00	
Gas Range		6.00	
Gas Test		4.00	
Hot Tub/Spa		60.00	
Lawn Sprinklers		10.00	
Leaders Rain Water		6.00	
Sewer Abandonment		14.00	
Sewer Extension/Replacement		20.00	
Sewer Repair		10.00	
Showers		6.00	
Sinks		6.00	
Solar System		38.00	
Sumps		30.00	
Storage Tanks	<u>4</u>	20.00	<u>80.00</u>
Toilet		6.00	
Vault Toilet		20.00	
Washing Machine/Dryer		6.00	
Water Heater Res/Comm		6.00/10.00	
Water Lines/Meters		6.00	
MECHANICAL			
Air Conditioning Equip.		10.00/20.00	
Boiler		20.00	
Control Change		6.00	
Convectors		4.00	
Dryer Res/Comm.		6.00/10.00	
Fans and Blowers		10.00	
Fireplace		4.00	
Flues		4.00	
Furnace		10.00	
Heaters		10.00	
Hoods Res./Comm		4.00/30.00	
Panels and Coils		4.00	
Registers		2.00	
Vents Bath/Kitchen		4.00	
ISSUANCE FEE		6.00	6.00

Sub-Total Fees \$ 86.00

AB 941 Fee 5.00

Total Fees \$ 91.00

APPLICATION RECEIVED
DATE 8/25/87 SIGNED Vivian L. Day

APPROVAL
DATE 8-27-87 SIGNED [Signature]

ISSUED
DATE [Date] SIGNED [Signature]

3-15-88