



Underground Storage Tank Cleanup

CL R0683 R6

State Water Resources Control Board



Winston H. Hickox
Secretary for
Environmental

Division of Clean Water Programs
1001 I Street • Sacramento, California 95814
P.O. Box 944212 • Sacramento, California • 94244-2120
(916) 341-5714 • FAX (916) 341-5806 • www.swrcb.ca.gov/cwphome/ustcf

Gray Davis
Governor

Protection The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our website at www.swrcb.ca.gov.

MAR - 2 2001

Karen Mcneil
Pressure Cast Products Corporation
4210 12th St E
Oakland, CA 94601

STID 4880

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), REQUEST FOR FURTHER DOCUMENTATION DURING INITIAL REVIEW: CLAIM NUMBER 016309; FOR SITE ADDRESS: 4210 12TH ST E & 4201 14TH ST, OAKLAND

After reviewing your claim application to the Cleanup Fund, we find that the following additional information is needed to determine your eligibility for placement on the Priority List:

PRE 1990 PERMIT

A copy of the permit to own or operate the UST from the local implementing agency dated between January 1, 1984 and January 1, 1990 (pursuant to Chapter 6.7 of the Health and Safety Code).

If you were not subject to the permit requirement, submit documentation to confirm this claim. Situations where the permit was not required by January 1, 1990, can include: a) you removed all USTs prior to January 1, 1990; and not replaced; b) you decommissioned all USTs pursuant to the direction of the regulatory agency prior to January 1, 1984; c) you sold the property and tanks by January 1, 1990.

If you were subject to the permit requirement but failed to comply by January 1, 1990, you can request the State Board to waive the requirement as a condition for eligibility. To request a waiver, complete the enclosed "Permit Waiver Request" form and return with any additional information requested below.

NOTE: Failure to respond to this request within thirty (30) calendar days from the date of this letter may result in an ineligibility determination of your claim.

If you have any questions, please contact me at (916) 341-5714.

Sincerely,

ORIGINAL SIGNED BY

Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

Enclosure

cc: Mr. Steve Morse
RWQCB, Region 2
1515 Clay Street, Ste. 1400
Oakland, CA 94612

Ms. Susan Hugo
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577

Listing of HAZMAT - FULL SITE HISTORY since 1987 for StID # 4880
as of 03/13/2001 all Activity Codes

SITE NAME & ADDRESS:

Pressure Cast Products -- 4210 E 12th St , Oakland CA 94601

InspDat	Insp Act	InspT	StID	Proj#	COMMENTS	DailBDat
=====	=====	=====	=====	=====	=====	=====

Archived Dailies:

InspDat	Insp Act	InspT	StID	DRPro	Comment	DailBDat
02/24/1994	BC	45	0.5	4880	2439A tank removal plan review	-0-
03/02/1994	BC	45	0.4	4880	2439A conv with P. Ferreira and fax info	-0-
03/16/1994	BC	42	2.25	4880	2439A tank removal	-0-
04/01/1994	BC	42	3.	4880	2439A tank removal	-0-
05/09/1994	AG	11	1.	4880	-0- -0-	-0-
05/09/1994	AG	51	0.5	4880	-0- -0-	-0-
05/09/1994	AG	120	2.5	4880	-0- -0-	-0-

Current Dailies:

NO WORK FOR THIS SITE IS IN CURRENT DAILIES:

Complete

DAY & NIGHT
TEL. PHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Park Boulevard - Richmond, California 94801

NO. 18572

CUSTOMER
JOB NO. 84703

FOR Erickson, Inc. TANK NO. 13482
Richmond DATE 04/18/94 TIME 11:44:28
 LOCATION Visual Gastech/1314 SMPN D

TEST METHOD _____ LAST PRODUCT _____

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

TANK SIZE 350 Gallon Tank CONDITION SAFE FOR FIRE

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

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

ERICKSON INC. HAS THE APPROPRIATE PERMITS FOR, AND HAS ACCEPTED THE TANK SHIPPED TO US FOR PROCESSING.

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

STANDARD SAFETY DESIGNATION

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

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

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

REPRESENTATIVE [Signature] TITLE _____ INSPECTOR [Signature]

ENVIRONMENTAL
PROTECTION

95 OCT -5 PM 1:41

R068302

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 AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.
REPORT DATE M: ___ D: ___ Y: ___		CASE # _____
SIGNED _____		DATE _____

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Paul Ferreira Scott Co.		PHONE (510) 895-2333	SIGNATURE
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Pressure Cast Co.	
	ADDRESS 4210 E. 12th St. Oakland Ca 94601			

RESPONSIBLE PARTY	NAME Pressure Cast Co. <input type="checkbox"/> UNKNOWN		CONTACT PERSON Bill McNeil	PHONE (510) 532-7310
	ADDRESS 4210 E. 12th St. Oakland Ca 94601			

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Pressure Cast Co.		OPERATOR Bill McNeil	PHONE (510) 532-7310
	ADDRESS 4210 E. 12th St. Oakland Alameda 94601			
	CROSS STREET _____			

IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Environment		AGENCY NAME Alameda County Environment	CONTACT PERSON Barney Chan	PHONE (510) 567-6765
	REGIONAL BOARD _____		PHONE ()		_____

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

DISCOVERY/ABATEMENT	DATE DISCOVERED 04/15/94		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 type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER: Remove tank / over excavate		
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE: _____				

SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
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CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
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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				
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) <input checked="" 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 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)				
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COMMENTS
 Over excavation performed & sampled N/D, monitoring well installed, No Ground water found.

70705

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's USEPA ID No. CA1001100240444191 Manifest Document No. 01

3. Generator's Name and Mailing Address:
Resource Corp Co
1200 E. 14th St
Oakland, CA
 4. Generator's Phone: (510) 532-7510

5. Transporter 1 Company Name: ERICKSON Inc 6. US EPA ID Number: CA10009466392

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

9. Designated Facility Name and Site Address: Erickson, Inc.
255 Parr Blvd.
Richmond, Ca. 94801 10. US EPA ID Number: CA10009466392

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol
	No.	Type		
a. <u>NON-RCRA Hazardous Waste Solid. Waste Empty Storage Tank.</u>	<u>001</u>	<u>TP</u>	<u>00350</u>	<u>P</u>
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

15. Special Handling Instructions and Additional Information:
Keep away from sources of ignition. Always wear hardhats when working around U.G.S.T.'s 24 Hr. Contact Name Bill McNiel & Phone (510) 532-7310

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws.
 If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: DAVID BUNCE Signature: David Bunce Month: 04 Day: 15 Year: 94

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name: RICHARD ASBE OWNER'S AGENT Signature: [Signature] Month: 04 Day: 15 Year: 94

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

19. Discrepancy Indication Space:
3. NO ZIP CODE
16. DRIVER SIGNED IN GENERATOR SECTION
17. GENERATOR SIGNED IN DRIVER SECTION

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
 Printed/Typed Name: DAVID SATO Signature: DAVE SATO Month: 04 Day: 15 Year: 94

DO NOT WRITE BELOW THIS LINE.

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

GENERATOR FACILITY

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

BC #4880

20683 CL

Article Number

418: 484 701

MR. BILL MCNEIL
 PRESSURE CAST PRODUCTS
 4210 E. 12TH STREET
 OAKLAND CA 94601

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

3/22/94

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.