

ALAMEDA COUNTY HEALTH CARE SERVICES - ENVIRONMENTAL PROTECTION

MEMORANDUM

DATE: September 23, 1994

TO: ENVIRONMENTAL PROTECTION STAFF

FROM: EDGAR HOWELL, ^{E. Howell} CHIEF, ENVIRONMENTAL PROTECTION DIVISION

SUBJ: COMMUNICATION

It has come to the attention of the management team that it is virtually impossible for the support staff to locate a specialist for a client and be available to both answer phones and serve the public at the counter, therefore we will all wear our pagers during working hours even in the office and the support staff can page us. If you are going to the field be sure to alert the support staff and especially the staff on phone duty that you will be out of the office and when you will return, otherwise you will be paged and may have difficulty responding to the office.

IN ANY CASE ALWAYS RESPOND TO YOUR PAGERS.

This technique will enhance our ability to serve the public in a timely manner.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

STID 4400

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

August 23, 1994

Ms. Muriel Stockel
3461 Almosta Road
Placerville, CA 95667

RE: 3234 CASTRO VALLEY BOULEVARD

Dear Ms. Stockel:

I have recently been in contact with David Glick of GeoPlexus, Inc. who also recently provided me with some previously-missing information. The information Mr. Glick provided is needed to "flesh out" the report I am in the process of compiling for the San Francisco Bay Regional Water Quality Control Board (RWQCB), a requirement of the site closure process.

Some additional information is still needed and is proving thus far to be somewhat problematic. A significant volume of soil was excavated from the area around the former tank pit. We understand that this material was eventually transported for disposal off-site. We need all documents which support this activity, i.e., transportation receipts or bills-of-lading, disposal receipts, total volume, laboratory results, etc.

Mr. Glick informs me that, although KTW & Associates managed this task, no bonafide report was generated. However, I understand that you may have received some documentation with respect to this activity from KTW which may prove useful to us. Would you please see what you can do to get any of this information to me?

Please call me at 510/567-6783 should you have any questions.

Sincerely,


Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Assistant Agency Director
David Glick, GeoPlexus, Inc.
Tom Gregory, KTW & Associates

Donald L. Jones Company

Commercial Property Development
Consulting, Brokerage & Investments

FOR AMERICAN METAL PROPERTIES

August 12, 1994

Mr. Edgar B. Howell, III, Chief
Contract Project Director
State Water Resources Control Board
Division of Clean Water Programs
80 Swan Way, Room 200
Oakland, CA 94621

Dear Mr. Howell:

We received the Notice of Requirement to Reimburse (see copy attached) and are not sure why.

American Metal Properties is NOT the responsible party #1, but the Estate of Martha Arnold and on her behalf Muriel Stockel.

Please check your records and send us a corrected copy.

Thank you very much.

Sincerely,


Kordula M. Gardner
Property Manager

P.S. I tried repeatedly to phone your office but was unable to reach you.

July 29, 1994

ALAMEDA COUNTY HEALTH CARE SERVICES
DEPT OF ENVIRONMENTAL HEALTH
1131 HARBOR BAY PARKWAY, 2nd FLOOR
ALAMEDA, CALIFORNIA 94502-6577

RE: 3234 Castro Valley Blvd.
Scott Seery, case worker

Alameda County Health Care Services,

Enclosed please find check #212 in the amount of \$80.25 to close our account, per letter dated July 22, 1994 from Scott Seery. According to his letter we will be transferred into the Local Oversight Program for the remainder of our closure process.

Sincerely,
Mitzi Stockel
Muriel (Mitzi) Stockel
3461 Almosta Rd.
Placerville, CA 95667
916-626-5102

1 enclosure
c file

V

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

July 22, 1994

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

Ms. Muriel Stockel
3461 Almosta Road
Placerville, CA 95667

RE: 3234 CASTRO VALLEY BOULEVARD, CASTRO VALLEY

Dear Ms. Stockel:

I received and reviewed your July 9, 1994 letter requesting an update on your case closure status. Today I checked the balance of the account initially established for the project in 1990 for the investigation of the tank leak at your site. Presently this account is \$80.25 in arrears.

For your information, the group for which I work is under contract with the State Water Resources Control Board (SWRCB) as a Local Oversight Program (LOP) agency. The LOP agencies oversee the investigation and cleanup of leaking underground storage tank (UST) sites, such as yours. Your case will be transferred into the county's LOP for the duration of our continued handling of your case through case closure.

The county is reimbursed by the SWRCB as case-specific time is dedicated to your project. Monies used for this purpose are derived from the Federal Petroleum Trust Fund (Fund). The SWRCB, in turn, will invoice you for some portion of these costs in order to reimburse the Fund.

Your case and closure request will be reviewed by myself. Case-specific data will be inputted into a SWRCB computer format, along with a narrative presenting a summary of case-specific facts. Internal quality control standards are followed in that two of my counterparts will also review the merit of your case. Concurrence by all is required before the case is then referred on to the San Francisco Bay Regional Water Quality Control Board (RWQCB) for review. The RWQCB is given 30 days to review the case. The RWQCB must also officially concur with the merit of your case closure petition before this case may be closed. Once concurrence is received, a case closure letter is issued by this agency.

The next correspondence you receive will be a notification that your case was transferred into our LOP program. This letter will also (again) present the billing process I just described.

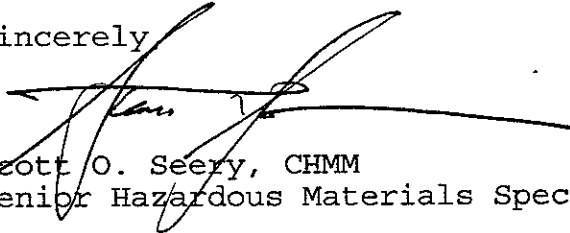
Ms. Muriel Stockel
RE: 3234 castro Valley Blvd.
July 22, 1994
Page 2 of 2

Once your case is transferred into the LOP database, the process of case review, report preparation, quality control checks, RWQCB review, and issuance of a final case closure document will take approximately between 6-10 weeks. The need to address higher-priority issues may affect this approximate schedule. This process began today.

Please remit a check for the sum of \$80.25 so that your account may be closed. This check should be made payable to Alameda County. Please attach a short note indicating the address of the project site and that the case worker is Scott Seery. You will receive an accounting of all charges from our billing unit once this account is closed.

You may reach me at 510/337-2866 should you have any further questions.

Sincerely



Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Assistant Agency Director
Tom Peacock, ACDEH, LOP

Norma 7/22

Please transfer to LOP + assign STD#

DATE: 7/22/94
TO : Local Oversight Program
FROM: Scott
SUBJ: Transfer of Eligible Local Oversight Case

#4400

Site name: ~~Maribel~~ Estate of Martha Arnold
Address: 3234 Castro Valley Blvd city Castro Valley CA 94566

TO BE ELIGIBLE FOR LOP A CASE MUST MEET 3 QUALIFICATIONS:

1. Number of Tanks: 1 removed? Y N Date of removal 3-9-90
2. Samples received? (Y) N Contamination level: _____
(ppm and type of test)

Contamination should be over 100 ppm TPH to qualify for LOP

3. Petroleum (Y) N Types: Avgas Jet leaded unleaded Diesel
fuel oil waste oil kerosene solvents
- DepRef remaining \$ -80.25 Closed with Candace/Leslie? Y N
(If no explain why?)

IF YOUR SITE MEETS ALL OF THE ABOVE QUALIFICATIONS YOU SHOULD DO THE FOLLOWING TO TRANSFER THE SITE:

1. YOU MUST CLOSE THE DEPOSIT REFUND CASE AT THIS TIME. YOU MUST ACCOUNT FOR ALL TIME YOU HAVE SPENT ON THE CASE AND TURN IN THE ACCOUNT SHEET TO LESLIE. IF THERE ARE FUNDS STILL REMAINING IT IS STILL BETTER TO TRANSFER THE CASE TO LOP AS THE RATE FOR LOP ALLOWS THE ADDITION OF MANAGEMENT AND CLERICAL TIME. DO NOT ATTEMPT TO CONTINUE TO OVERSEE THE SITE SIMPLY BECAUSE THERE ARE FUNDS REMAINING!
2. COMPLETE THE A AND B PERMIT APPLICATION FORMS AND GIVE TO CONNIE/ELAINE
3. GIVE THE ENTIRE CASE TO THE PROPER LOP STAFF UPSTAIRS FOR THEM TO DO THE REST OF THE TRANSFER AND YOU ARE DONE!

84A-112-10-2

American Metal Properties
2201 Broadway #11101 7/23/90
Oakland 94612

~~Maribel~~ Maribel Stockel
3461 Alamosa Rd
Placerville 95667

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

July 22, 1994

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

Ms. Muriel Stockel
3461 Almosta Road
Placerville, CA 95667

RE: 3234 CASTRO VALLEY BOULEVARD, CASTRO VALLEY

Dear Ms. Stockel:

I received and reviewed your July 9, 1994 letter requesting an update on your case closure status. Today I checked the balance of the account initially established for the project in 1990 for the investigation of the tank leak at your site. Presently this account is \$80.25 in arrears.

For your information, the group for which I work is under contract with the State Water Resources Control Board (SWRCB) as a Local Oversight Program (LOP) agency. The LOP agencies oversee the investigation and cleanup of leaking underground storage tank (UST) sites, such as yours. Your case will be transferred into the county's LOP for the duration of our continued handling of your case through case closure.

The county is reimbursed by the SWRCB as case-specific time is dedicated to your project. Monies used for this purpose are derived from the Federal Petroleum Trust Fund (Fund). The SWRCB, in turn, will invoice you for some portion of these costs in order to reimburse the Fund.

Your case and closure request will be reviewed by myself. Case-specific data will be inputted into a SWRCB computer format, along with a narrative presenting a summary of case-specific facts. Internal quality control standards are followed in that two of my counterparts will also review the merit of your case. Concurrence by all is required before the case is then referred on to the San Francisco Bay Regional Water Quality Control Board (RWQCB) for review. The RWQCB is given 30 days to review the case. The RWQCB must also officially concur with the merit of your case closure petition before this case may be closed. Once concurrence is received, a case closure letter is issued by this agency.

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Ms. Muriel Stockel
RE: 3234 castro Valley Blvd.
July 22, 1994
Page 2 of 2

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Please remit a check for the sum of \$80.25 so that your account may be closed. This check should be made payable to Alameda County. Please attach a short note indicating the address of the project site and that the case worker is Scott Seery. You will receive an accounting of all charges from our billing unit once this account is closed.

You may reach me at 510/337-2866 should you have any further questions.

Sincerely



Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Assistant Agency Director
Tom Peacock, ACDEH, LOP

July 9, 1994
01:12 PM 01 JUL 94

Alameda County Health Care Services Agency
Dept. of Environmental Health
80 Swan Way, Rm 200
Oakland, California 94621

Scott O. Seery, Chmm
Senior Hazardous Material Specialist

RE: 3234 Castro Valley Blvd.

Dear Scott:

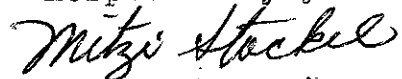
This letter concerns our site closure request that was mailed to you on February 24, 1994.

We were unable to reach you by phone on July 7, and 8, 1994 due to a continuous busy signal, so am writing to request an update on this project.

The last letter I sent to you was dated May 31, 1994 and we last talked on the phone June 13, 1994. We still need to know how to proceed with the closing of the wells so we can be done with them once and for all.

Please contact me by mail and let me know when we will be allowed to complete this.

Respectfully yours,



Muriel (Mitzi) Stockel
3461 Almosta Rd.
Placerville, CA 95667
916-626-5102

May 31, 1994

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPT. OF ENVIRONMENTAL HEALTH
80 SWAN WAY, RM 200
OAKLAND, CALIFORNIA 94621

SCOTT O. SEERY, CHMM
SENIOR HAZARDOUS MATERIALS SPECIALIST

RE: 3234 CASTRO VALLEY BLVD.

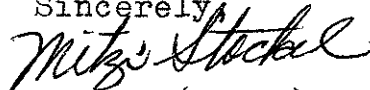
Dear Scott:

After I talked to David Glick of Geo Plexus, Inc. on February 18, 1994 he sent to you on February 24, 1994 a Site Closure Report for the above referenced property. When I talked to David he said you had not recieved his original report dated October 26, 1994, so he was sending you a copy of that report. At that time David told me it would be 6 to 8 weeks before we heard from you.

It has now been over 13 weeks since our site closure report was sent and we have not heard anything from your agency or RWQCB. Would you please check on this and let us know how we can proceed with this closure.

I left a message on your voice mail today at 2:12 P.M. concerning this subject. We would like to complete this project in the not to distant future with your help. Thanking you in advance for your help.

Sincerely,



Muriel (Mitzi) Stockel
3461 Almosta Road
Placerville, CA 95667
916-626-5102

c file

94 JUN -3 PM 2:49

ALCO
HAZMAT

STATE WATER RESOURCES CONTROL BOARD

DIVISION OF CLEAN WATER PROGRAMS
2014 T STREET, SUITE 130
P.O. BOX 944212
SACRAMENTO, CALIFORNIA 94244-2120
(916) 227-4307
(916) 227-4530 FAX



MAR 22 1994

Estate of Martha Arnold
Muriel A. Stockel
3461 Almosta Road
Placerville, CA 95667

UNDERGROUND STORAGE TANK CLEANUP FUND, CLAIM NO. 001309

The State Water Resources Control Board (State Board) takes pleasure in issuing the attached Letter of Commitment in an amount not to exceed \$62,000. This Letter of Commitment is based upon our review of the corrective action costs incurred to date and your application received on January 17, 1992 and may be modified by the State Board in writing by an amended Letter of Commitment.

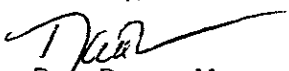
The State Board will take steps to withdraw this Letter of Commitment after 90 calendar days from the date of this transmittal letter unless you proceed with due diligence with your cleanup effort. This means that you must take positive, concrete steps to ensure that corrective action is proceeding with all due speed. For example, if you have not started your cleanup effort, you must obtain three bids and sign a contract with one of these bidders within 90 calendar days. If your cleanup effort has already started and was delayed, you must resume the expenditure of funds to ensure that your cleanup is proceeding in an expeditious manner. You are reminded that you must comply with all regulatory agency time schedules and requirements. We constantly review the status of all active claims, and failure to proceed with due diligence will be grounds for withdrawal of this Letter of Commitment.

You should read the terms and conditions listed in the Letter of Commitment. Also attached you will find:

- A "Reimbursement Request Instructions" package. You should retain this package for future reimbursement requests. Among other information, the package includes instructions for completion of the "Reimbursement Request" form and the "Spreadsheet". These instructions must be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988. Included in these instructions are samples of Reimbursement Request forms and completed Spreadsheets. Within the package also included are:
 - A "Bid Summary Sheet" to document data on bids received.
 - Recommended Minimum Invoice Cost Breakdown.
 - A "Certification of Non-Recovery From Other Sources" which must be returned before any reimbursements can be made.
- "Reimbursement Request" forms which you must use to request reimbursement of costs incurred.
- "Spreadsheet" forms which you must use in conjunction with your Reimbursement Request.
- "Vendor Data Record" (Std. Form 204) which must be completed and returned with your first Reimbursement Request.

If you have any questions regarding the Letter of Commitment or the Reimbursement Request package, please contact Blessy Torres at (916) 227-4535.

Sincerely,


Daye Deaner, Manager
Underground Storage Tank
Cleanup Fund Program

Attachments

cc: California Regional Water Quality
Control Board, San Francisco Bay Region
Attn: Steven Ritchie
2101 Webster Street, Suite 500
Oakland, CA 94612

Alameda County EHD
Attn: Tom Peacock
80 Swan Way, Room 200
Oakland, CA 94621

LETTER OF COMMITMENT FOR REIMBURSEMENT OF COSTS

CLAIM NO: 001309

AMENDMENT NO: 0

CLAIMANT: Estate of Martha Arnold

BALANCE FORWARD: \$0

CO-PAYEE:

THIS AMOUNT: \$62,000

c/o Muriel A. Stockel

CLAIMANT ADDRESS: 3461 Almosta Road
Placerville, CA 95667

NEW BALANCE: \$62,000

TAX ID / SSA NO.: 56-8288615

Subject to availability of funds, the State Water Resources Control Board (State Board) agrees to reimburse Estate of Martha Arnold (Claimant) for eligible corrective action costs at 3234 Castro Valley Boulevard, Castro Valley, CA 94546 (Site). The commitment reflected by this Letter is subject to all of the following terms and conditions:

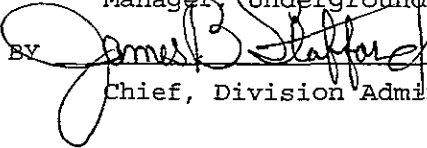
1. Reimbursement shall not exceed \$62,000 unless this amount is subsequently modified in writing by an amended Letter of Commitment.
2. The obligation to pay any sum under this Letter of Commitment is contingent upon availability of funds. In the event that sufficient funds are not available for reasons beyond the reasonable control of the State Board, the State Board shall not be obligated to make any disbursements hereunder. If any disbursements otherwise due under this Letter of Commitment are deferred because of unavailability of funds, such disbursements will promptly be made when sufficient funds do become available. Nothing herein shall be construed to provide the Claimant with a right of priority for disbursement over any other claimant who has a similar Letter of Commitment.
3. All costs for which reimbursement is sought must be eligible for reimbursement and the Claimant must be the person entitled to reimbursement thereof.
4. Claimant must at all times be in compliance with all applicable state laws, rules and regulations and with all terms, conditions, and commitments contained in the Claimant's Application and any supporting documents or in any payment requests submitted by the Claimant.
5. No disbursement under this Letter of Commitment will be made except upon receipt of acceptable Standard Form Payment Requests duly executed by or on behalf of the Claimant. All Payment Requests must be executed by the Claimant or a duly authorized representative who has been approved by the Division of Clean Water Programs.
6. Any and all disbursements payable under this Letter of Commitment may be withheld if the Claimant is not in compliance with the provisions of Paragraph 5 above.
7. Neither this Letter of Commitment nor any right thereunder is assignable by the Claimant without the written consent of the State Board. In the event of any such assignment, the rights of the assignee shall be subject to all terms and conditions set forth in this Letter of Commitment and the State Board's consent.
8. This Letter of Commitment may be withdrawn at any time by the State Board if completion of corrective action is not performed with reasonable diligence.

IN WITNESS WHEREOF, this Letter of Commitment has been issued by the State Board this 8th day of March, 1994.

STATE WATER RESOURCES CONTROL BOARD

BY 

Manager, Underground Storage Tank Cleanup Fund Program

BY 

Chief, Division Administrative Services

STATE USE :
CALSTARS CODING :
0550 - 569.02 - 30530

\$

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

August 6, 1992

Ms. Muriel Stockel
3461 Almosta Road
Placerville, CA 95667

RE: 3234 CASTRO VALLEY BOULEVARD

Dear Ms. Stockel:

Attached please find a copy of the format developed by the San Francisco Bay Regional Water Quality Control Board (RWQCB) meant to assist responsible parties in developing comprehensive final reports summarizing the results of environmental investigations and cleanup. Reports which follow this format aid the local agencies and RWQCB in review of cases considered for potential case closure.

Your site has been investigated since June 1990. Our review of monitoring data generated over the last 26 months indicates only minor environmental impacts resulted from the unauthorized underground storage tank release. Therefore, we encourage you to have your consultant prepare the referenced final report in preparation for final RWQCB review, and eventual case closure.

Please call me at 510/271-4530 should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Scott O. Seery', written over a horizontal line.

Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

enclosure

cc: Rafat A. Shahid, Assistant Agency Director, Env. Health
Rich Hiatt, RWQCB
Bob Bohman, Castro Valley Fire Department
David Glick, Geo Plexus, Inc. (w/enclosure)

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

May 6, 1992

Mrs. Mitzi Stockel
3461 Almosta Road
Placerville, CA 94667

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

RE: GROUND WATER SAMPLING FREQUENCIES; 3234 CASTRO VALLEY BOULEVARD,
CASTRO VALLEY

Dear Mrs. Stockel:

Following review of the February 17, 1992 request from Mr. David Glick of Geo Plexus, Inc., and evaluation of sampling and gradient information presented to date, the Department approves a reduction in sampling frequencies. Please continue to sample all wells **semiannually** for the next year. Following review of data generated during the next year, the Department will consider this case for closure should the data support such an opinion.

Please call me at 510/271-4320 should you have any questions.

Sincerely,



Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Assistant Agency Director, Environmental Health
Edgar Howell, Chief, Hazardous Materials Division
Gil Jensen, Alameda County District Attorney's Office
Rich Hiett, RWQCB
Howard Hatayama, DTSC
Bob Bohman, Castro Valley Fire Department
David Glick, Geo Plexus, Inc.
753 North 9th Street, Ste. 131
San Jose, CA 95112-3150

April 12, 1991

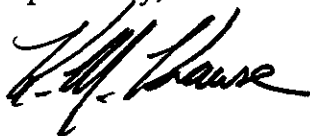
Mr. Scott Seery
Alameda County Health Care Services Agency
Department of Environmental Health
80 Swan Way, Room 200
Oakland, California 94621

Scott:

As per our phone conversation, the groundwater monitoring program for the former Stockel property has been sent to you for your review. You have noted that well number five (No. 5) was damaged by the contractor who built the restaurant on the property. Since it was an upgradient well, I hope this is not of too great of a concern. We were unable to access the wells for sampling during February due to the construction activities, but now that the site work is complete, we do not foresee any more delays of that nature.

Please note that the levels have remained relatively static throughout the duration of this program; please call me with your comments.

Respectfully,



Kevin M. Krause
Vice President
K.T.W. & Associates, Inc.

91 APR 19 AM 10:07



43289 Osgood Road, Fremont, Calif. 94539
(415) 623-0480
Cal. State Cont. Lic. # 572427

October 16, 1990

Mr. Scott Seery
Alameda County Health
Care Services Agency
80 Swan Way, Room 200
Oakland, California 94621

Mr. Seery:

K.T.W. & Associates has been retained by Ms. Muriel Stockel to address the potentially hazardous debris located on her property at 3234 Castro Valley Boulevard, Castro Valley, California.

Per your request, the area has been secured with fencing pending dispensation of the drums, etc. The material will be handled as follows:

1. The empty, non-hazardous drums will be crushed and disposed of.
2. The dry, empty paint cans, etc., will be disposed of at a Class III Landfill.
3. The drum containing waste oil will be pumped out by an approved recycler, and disposed of.
4. The containers containing liquid will be consolidated into the remaining drum, profiled, and disposed of as hazardous.

Should you have any questions, Mr. Seery, please do not hesitate to call.

Respectfully,

A handwritten signature in cursive script that reads 'Kevin M. Krause'.

Kevin M. Krause
Vice President
K.T.W. & Associates
KK/emm

4 x 55 gal [5 wells?]

- ① - open-top type w/
oily residue on top
- ② open-top (no lid)
w/retuse; likely
has smaller containers
of hazwaste inside
- ③ liquid-type drum
w/spigot (waste oil?)
- ④ one marked "Stoekel/Witzi",
purge H₂O? Hazwaste
label (7-24-90) "flammable"

AFTER FIVE DAYS RETURN TO

Approx 9 x 5 gal containers w/
most empty; but all but
one formerly contained
thinners or paint

Uncountable 1 gal containers
most are paint
Some lubes

5 x 1 gal glass bottles
2 have clear liquid

At least one empty CHLORDANE bottle
in drum w/retuse

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Certified Mailer # P 062 127 941

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

July 5, 1990

Mrs. Mitzi Stockel
3461 Almosta Road
Placerville, CA 94667

RE: SITE ASSESSMENT; 3234 CASTRO VALLEY BLVD., CASTRO VALLEY

Dear Mrs. Stockel:

We are in receipt and have completed review of the June 27, 1990 David C. Glick Associates preliminary site assessment (PSA) report, as addressed to KTW and Associates, which documents the initial assessment of soil and ground water at the referenced site during May and June, 1990. This work involved the installation of five (5) ground water monitoring wells, ground water sampling and analyses, advancement of twelve (12) borings (one of which was completed as a monitoring well), soil sampling and analyses of all borings, excavation and stockpiling of soils impacted by fuel hydrocarbons, and backfilling of the excavation.

The noted PSA report indicates, among others, that the analyses of soil samples collected during the advancement of all monitoring well borings failed to detect the presence of fuel hydrocarbon constituents. Soils collected during the advancement of certain other borings (i.e., B4-8 and 10) did show evidence of fuel hydrocarbon contamination and, hence, were used to guide the over-excavation of impacted soils. Although no volatile fuel constituents (BTEX) were detected in ground water sampled from the monitoring wells, 100ppb of gasoline was detected in ground water collected from MW-5 on June 4, 1990.

Continued monitoring of the ground water is currently required according to the following schedule:

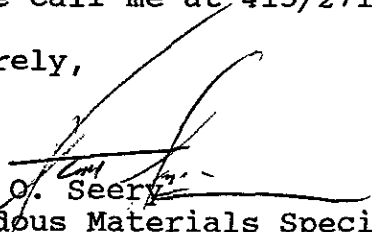
- 1) Water levels of each well must be measured and recorded monthly for the next year, and then quarterly thereafter, allowing sufficient ground water information to be gathered and analyzed to interpret seasonal trends in ground water flow;
- 2) All wells are to be sampled monthly for the first quarter (3 mos.). The monthly sampling frequency may be reduced after the first three months to quarterly sampling provided the concentrations of target compounds remain nondetectable (ND), stabilize, or taper off. Monthly sampling shall continue in any wells which show increases in concentrations, or which fail to stabilize.

Mrs. Mitzi Stockel
RE: 3234 Castro Valley Blvd., Castro Valley
July 5, 1990
Page 2 of 2

- 3) All wells at the inferred "leading edge" of the contaminant plume (MW-1, -4, and -5) are to be sample monthly to continually confirm their ND status. Well MW-5 should be closely watched; if the next sampling event shows the presence of any fuel constituents, additional wells may be required further down gradient;
- 4) Submit plans for the remediation of contaminated soils excavated from the site, as discussed on page 8 of the June 27, 1990 David C. Glick Associates report;
- 5) Summary reports are to be generated and submitted to this Department and to the RWQCB quarterly for the duration of this project through final "sign off" by the RWQCB.

Should you have any questions regarding the content of this letter, please call me at 415/271-4320.

Sincerely,


Scott O. Seery
Hazardous Materials Specialist

cc: Rafat A. Shahid, Assistant Agency Director, Department of
Environmental Health
Edgar Howell, Chief, Hazardous Materials Division
Gil Jensen, Alameda County District Attorney's Office
Lester Feldman, RWQCB
Howard Hatayama, DHS
Bob Bohman, Castro Valley Fire Department
Kevin Krause, KTW & Associates
David Glick, David C. Glick Associates

P 062 127 941

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

Sent to	mitzi Stuckel	
Street and No	3461 Almosta Rd	
P.O. State and ZIP Code	Placerville, 94667	
Postage		\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom Date and Address of Delivery		
TOTAL Postage and Fees		\$
Postmark or Date		

PS Form 3800, June 1983

SCOTT -

THE ATTACHED ADDRESSES
THE REVISED SCOPE OF WORK
@ 3234 CASTRO VALLEY BLVD.
PLEASE NOTE THAT THIS
ADDITIONAL SERIES OF BORINGS/WELLS
WILL BEGIN THIS FRIDAY (05-11-90)
WITH YOUR APPROVAL. PLEASE
CALL ME UPON YOUR COMPLETION
OF THE REVIEW OF THIS
ADDITIONAL WORK.

RESPECTFULLY -

Kevin M. Krause

90 MAY - 7 AM 9:27

April 19, 1990

Department of Environmental Health
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621

RE: 3234 Castro Valley Blvd.
Castro Valley, CA
Martha W. Arnold,
Owner

ATTN: Scott O. Seery
Hazardous Materials Specialist

Your letter of April, 11, 1990 received on April 16, 1990. We have already been in contact with Keven Krause of KTW & Associates to proceed with this project.

Enclosed please find check #843 in the amount of \$375.00 as a deposit per your request to cover costs incurred by your department as stated in your letter of April 11, 1990. Please advise as to how and when this money will be applied and used.

Respectfully,

Mitzi Stockel

Muriel (Mitzi) Stockel
Agent for Owner
Martha W. Arnold

1 enclosure
c file

Remediation

568848
81-414-19-05 YAM/IE

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



April 18, 1990

Mrs. Mitzi Stockel
3461 Almosta Road
Placerville, CA 94667

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

RE: PRELIMINARY SITE ASSESSMENT WORK PLAN PROPOSAL: 3234 CASTRO
VALLEY BLVD., CASTRO VALLEY

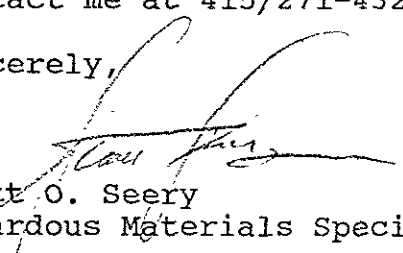
Dear Mrs. Stockel:

We are in receipt and have completed review of the April 17, 1990 KTW & Associates proposal entitled, "Work Plan for Preliminary Site Characterization Investigation", for the investigation of subsurface contamination at the noted site. We have accepted this work plan with the following conditions:

- 1) Field QA/QC protocol must include trip blanks and spiked samples for each day of well sampling. Spiked sample concentrations must be coordinated with the laboratory doing the analyses to check the accuracy of field sampling procedures. Results of trip blank and spike sample analyses must also appear in laboratory reports;
- 2) The construction of monitoring wells is solely limited to a driller with a valid State Water Well Contractor's License (C-57); and,
- 3) Well slot interval placement must adequately accommodate the potential for seasonal groundwater fluctuations.

Please have your consultant contact this office when the proposed work is scheduled to begin. Should you have any questions, please contact me at 415/271-4320.

Sincerely,



Scott O. Seery
Hazardous Materials Specialist

SOS:sos

cc: Rafat A. Shahid, Assistant Agency Director
Edgar Howell, Chief, Hazardous Materials Division
Gil Jensen, Alameda County District Attorney's Office
Lester Feldman, RWQCB
Howard Hatayama, DHS
Bob Bohman, Castro Valley Fire Department
Kevin Krause, KTW and Associates
files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



Start

Certified Mailer P # 062 127 922

DEPARTMENT OF ENVIRONMENTAL HEALTH
-Hazardous Materials Program
30 Swan Way, Rm 200
Oakland, CA 94621
(415)

April 11, 1990

Mrs. Mitzi Stockel
3461 Almosta Road
Placerville, CA 94667

RE: RESULTS OF UNDERGROUND STORAGE TANK REMOVAL, 3234 CASTRO VALLEY
BLVD.: REQUEST FOR PRELIMINARY SITE ASSESSMENT

Dear Mrs. Stockel

This letter follows the Department's receipt and review of the March 27, 1990 K.T.W. & Associates closure report documenting the removal of one (1) 650-gallon underground gasoline storage tank from the referenced site on March 10, 1990.

The results of initial laboratory analyses performed upon samples of native soil collected from beneath, and from the excavation sidewalls in proximity to, this tank indicate concentrations of total petroleum hydrocarbons characterized as gasoline (TPH-G) up to 4100 parts per million (ppm). Upon removal, the tank was observed to have holes several millimeters in diameter along the welded seams where the tank ends and bottom were originally joined. Further, floating product was present upon shallow groundwater welling into the tank pit following its overexcavation.

Pursuant to the San Francisco Bay Regional Water Quality Control Board (RWQCB) fuel leak criteria, this site is recognized as having experienced a "confirmed release", as well as being further distinguished as a "fuel case" site. These designations are based upon the concentration of TPH in initial soil samples exceeding 100 ppm, and the observations of floating product, shallow groundwater, and holes in the tank.

As a result of this site's "fuel case" status, additional investigative work is required to further define the extent of both vertical and lateral impact upon soils and groundwater underlying this site. This work will involve, at a minimum, the installation and monitoring of a suitable number of groundwater wells, and further excavation of heavily contaminated soils.

f

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



David

Certified Mailer P # 062 127 922

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

April 11, 1990

Mrs. Mitzi Stockel
3461 Almosta Road
Placerville, CA 94667

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Mrs. Mitzi Stockel
RE: 3234 Castro Valley Blvd.
April 11, 1990
Page 2 of 3

In order to proceed with this site investigation, you should obtain professional services of a reputable environmental/geotechnical firm. Your responsibility is to have the consultant submit for review a proposal outlining planned activities pertinent to meeting the criteria broadly outlined in this letter. The preliminary site assessment must be conducted in accordance with the RWQCB Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks. The major elements of such an investigation are summarized in the attached Appendix A.

This preliminary site assessment proposal is due within 45 days of the date of this letter, **or by May 25, 1990**. Once this proposal has been reviewed and approved, work must commence no later than June 25, 1990. A report must be submitted within 30 days after completion of the initial phase of work at this site. Subsequent reports are to be submitted quarterly, at a minimum, unless otherwise notified. Such quarterly reports are due the first day of the second month of each subsequent quarter (i.e., August 1, November 1, February 1, and May 1).

All reports and proposals must be signed by a California-Certified Engineering Geologist, -Registered Geologist, or -Registered Civil Engineer. Please include a statement of qualifications for each lead professional involved in this project.

All reports, proposals, and analytical results pertaining to this investigation must be sent to this office and to:

Mr. Lester Feldman
Regional Water Quality Control Board, San Francisco Bay Region
1800 Harrison Street, Suite 700
Oakland, CA 94612

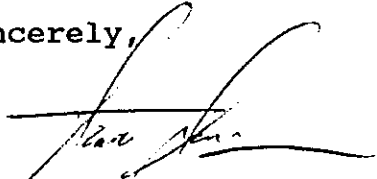
Please be aware that this is a formal request for technical reports pursuant to California Water Code Section 13267 (b). Any extensions of stated deadlines, or modifications of required tasks, must be confirmed in writing by either this Department or RWQCB.

Please remit a deposit of \$375 to cover the costs incurred by this Department in the review of technical reports and proposals, and the general oversight of all project-related activities. Such Department oversight will draw upon this account at the rate of \$60 per hour.

Mrs. Mitzi Stockel
RE: 3234 Castro Valley Blvd.
April 11, 1990
Page 3 of 3

Should you have any questions, please call me at 415/271-4320.

Sincerely,



Scott O. Seery
Hazardous Materials Specialist

SOS:sos

cc: Rafat A Shahid, Assistant Agency Director, Alameda County
Department of Environmental Health
Edgar Howell, Chief, Hazardous Materials Division
Gil Jensen, Alameda County District Attorney, Consumer and
Environmental Protection Division
Lester Feldman, RWQCB
Howard Hatayama, DHS
Bob Bohman, Castro Valley Fire Department
Kevin Krause, K.T.W. & Associates
files

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, I

Site ID # _____ Site Name Stockel Today's Date 3/10/92

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Stds. 25503(b)
- ___ 3. RP 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. 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(g)
- ___ 17. Certification 25534(i)
- ___ 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/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 | |
| New Tanks | ___ 7. Precip 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 Address 3234 Castro Valley Blvd
 City Castro Valley Zip 94 Phone 916-626-5102

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:

Arrive 11:35 -
 Tank removed this day from subject property.
 A hole approx. 1" in diameter present on bottom fill end of tank. Floating product noted on water in pit. The other tank end has a line of small holes ≤ 3 mm across along the bottom long axis of tank. This noted water in not likely to be groundwater for it is approx. 5-6 B.G. Some product odor detected from the pit. Samples to be collected from both ends of tank in native soil.
 Excessive over-excavation will wait until lab results are available. Fuel leak indicators would regard this site as ~~is~~ experiencing a "confirmed release". A letter explaining the requirements for the installations of monitoring wells, reporting, etc. will be forthcoming.

Rev 6/88

Contact: Muriel Stockel

Title: agent for owner

Signature: Muriel A. Stockel

916-626-5102

Inspector: _____

Signature: _____

[Handwritten Signature]

II, III

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 Stockel Today's Date 3/12/80

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 3234 Castro Valley Blvd
City Castro Valley Zip 94 Phone 916-626-5102

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II.B ACUTELY HAZ. MAT'L'S

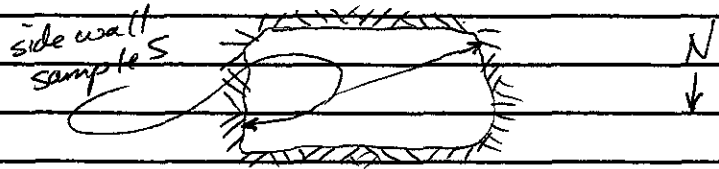
- ___ 10. Registration Form Filed 25533(a)
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- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N)
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17.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

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

Comments:

1:30
H₂O seepage into excavation ~ 6.5 ft. B.G.
Actual standing water @ 8' B.G. The excavation was deepened to approx _____' B.G.

Two sidewall samples were collected, one each from the east and west ends as close to the depth where seepage was first observed as possible, or at approx 6.5' B.G.



III. UNDERGROUND TANKS (Title 23)

- ___ 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 Gndwater 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 _____

- ___ 7. Precis Tank Test Date: _____ 2643
- ___ 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 Date: _____ 2711
- ___ 14. As Built Date: _____ 2635

Contact: Muriel Stockel

Title: agent for owner

Signature: Muriel A. Stockel

Inspector: S. Seery

Signature: [Signature]

II, III

Am 3/16

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. 90 MAR 15 AM 11:25
--	--	--

REPORT DATE 0 <u>3</u> <u>1</u> <u>3</u> <u>9</u> <u>0</u>	CASE #	SIGNED	DATE
---	--------	--------	------

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Kevin Krause	PHONE (415) 623-0480	SIGNATURE <i>K. Krause</i>
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME K.T.W. & Associates	
	ADDRESS 43289 Osgood Road STREET Fremont CITY CA STATE 94539 ZIP		

RESPONSIBLE PARTY	NAME Martha W. Arnold <input type="checkbox"/> UNKNOWN	CONTACT PERSON Mitzi Stockel	PHONE (916) 626-5102
	ADDRESS 3461 Almosta Road STREET Placerville CITY CA STATE 95667 ZIP		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Home	OPERATOR None	PHONE () ncne
	ADDRESS 3234 Castro Valley Blvd. STREET Castro Valley CITY Alameda COUNTY 94546 ZIP		
	CROSS STREET Santa Maria	TYPE OF AREA <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> OTHER	TYPE OF BUSINESS <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER home

IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Care Services	AGENCY NAME	CONTACT PERSON Scott Seery	PHONE (415) 271-4320
	REGIONAL BOARD S.F. Bay Area Regional Board		Dyan Whyte	PHONE (415) 464-1265

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

DISCOVERY/ABATEMENT	DATE DISCOVERED 0 <u>3</u> <u>0</u> <u>9</u> <u>9</u> <u>0</u>	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN M M D D Y Y <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 checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER over excavation
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 0 <u>3</u> <u>0</u> <u>9</u> <u>9</u> <u>0</u>	

SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	TANKS ONLY/CAPACITY 650 GAL AGE _____ YRS <input checked="" type="checkbox"/> UNKNOWN	MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER
--------------	---	--	--	---

CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input 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"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input checked="" type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES
----------------	--

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

COMMENTS	
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FORM 'A':
SITE

UNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION

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)

FACILITY/SITE NAME Martha W. Arnold		CARE OF ADDRESS INFORMATION c/o Mitzi Stockel		
ADDRESS 3234 Castro Valley Blvd		NEAREST CROSS STREET Santa Clara	<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 <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME Castro Valley		STATE CA	ZIP CODE 94546	SITE PHONE #, WITH AREA CODE N/A
TYPE OF BUSINESS: <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input checked="" type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS <input type="checkbox"/>		EPA ID # CAC 000245881
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
DAYS: NAME (LAST, FIRST) same		PHONE # WITH AREA CODE		DAYS: NAME (LAST, FIRST) same
NIGHTS: NAME (LAST, FIRST) same		PHONE # WITH AREA CODE		PHONE # WITH AREA CODE
		EPA ID #		# of TANK's AT THIS SITE 1

II. PROPERTY OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME Martha W. Arnold		CARE OF ADDRESS INFORMATION c/o Mitzi Stockel		
MAILING or STREET ADDRESS 3461 Almosta Road		<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 <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME Placerville		STATE CA	ZIP CODE 95667	PHONE #, WITH AREA CODE 916 626-5102

III. TANK OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME same		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME		STATE	ZIP CODE	PHONE #, WITH AREA CODE

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION AND BILLING: I. II. III.

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) Martha W. Arnold. Martha W. Arnold.	DATE 2/690
---	---------------

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	AGENCY # 	FACILITY ID # 304400	# of TANKS at SITE 0001
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
LOCATION CODE	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT # BY:

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
FORM A (3-2-88)

LOCAL AGENCY COPY



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

N9 43971

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 TANK
	<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
FACILITY/SITE NAME WHERE TANK IS INSTALLED:				FARM TANK - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

I. TANK DESCRIPTION COMPLETE ALL ITEMS - IF UNKNOWN -- SO SPECIFY

A. OWNERS TANK ID # N/A (#1)	B. MANUFACTURED BY: unknown
C. YEAR INSTALLED unknown	D. TANK CAPACITY IN GALLONS: 1,000

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 2 PETROLEUM	B.	C. <input checked="" type="checkbox"/> 1 UNLEADED	<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL	<input type="checkbox"/> 1 PRODUCT	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 5 HAZARDOUS	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 7 METHANOL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)	
D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #					C.A.S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL	<input checked="" type="checkbox"/> 1 STEEL/IRON	<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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER None
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<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

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

A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL	A <input checked="" type="radio"/> 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	A U 91 NONE	
	A U 5 ALUMINUM	A U 6 CONCRETÉ	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP		
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER			

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P S 1 VISUAL CHECK	P S 2 INVENTORY RECONCILIATION	P S 3 VADOSE WELLS	P S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P S 6 PRECISION TESTING	P S 7 PRESSURE TESTING	P S 91 NONE	<input checked="" type="radio"/> <input checked="" type="radio"/> 95 UNKNOWN	P S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

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) Martha Arnold. Martha W. Arnold.	DATE 2/6/90
--	----------------

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	AGENCY # 	FACILITY ID # 304400	TANK ID # 0001
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
BY:				

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, ROOM 200

90 FEB -8 AM 11:52

OAKLAND, CA 94621
 PHONE NO. 415/274-4320

ACCEPTED
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 470 - 27th Street, 14th Floor
 Oakland, CA 94612
 Telephone: (415) 874-1237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws (Chapter 8.5) and local health laws. Department are to ensure compliance with all applicable laws. The project must be completed in accordance with the requirements of any required permits or licenses. One copy of these plans must be available to all contractors and clean-up involved in the removal.

Any change or alterations of these plans and specifications must be submitted to the Department and approved by the Building Inspector prior to construction. Notify this Department at least 48 hours prior to following required inspections:

- 3-10-90 SPS Removal of Tank and Piping
- 3-10-90 SPS S. piping

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

THIS IS A PRELIMINARY PLAN FOR NOT OBTAINING PERMITS AND SOLUTIONS.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name None RESIDENCE
 Business Owner None

2. Site Address 3234 Castro Valley Blvd.
 City Castro Valley Zip 94546 Phone 916 626-5102

3. Mailing Address 3461 Almosta Road
 City Placerville, CA Zip 95667 Phone 916 6265102

4. Land Owner Martha W. Arnold
 Address 3461 Almosta Road, Placerville, CA Zip 95667

5. EPA I.D. No. CAC 0C0245881

6. Contractor K.T.W. & Associates
 Address 43289 Osgood Road
 City Fremont, CA 94539 Phone 415 623-0480
 License Type C61-D40 ID# 572427

7. Consultant Same
 Address _____
 City _____ Phone _____

8. Contact Person for Investigation

Name Mitzi Stockel Title Agent

Phone 916 626-5102

9. Total No. of Tanks at facility 1

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

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste ~~Transporter~~ TSD

Name ERICKSONS EPA I.D. No. CAD009466392

Address 255 Parr Blvd

City Richmond State CA Zip 94801

b) ~~Rinsate~~ Transporter

Name _____ EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

c) Tank Transporter

Name Excel Trans, Inc. EPA I.D. No. CAD 981982663

Address 397 West Channel Road DHS# 2283

City Benicia State CA Zip 94510

~~d) Contaminated Soil Transporter~~

Name _____ EPA I.D. No. _____

Address _____

City _____ State _____ Zip _____

12. Sample Collector

Name Christopher French, R.G. #4465

Company K.T.W. & Associates

Address 43289 Osgood Road

City Fremont State CA Zip 94539 Phone 415 623-0480

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
1,000 gallon	Gasoline	Soil	Below each end in native soil.

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. CO₂ displacement; 15 POUNDS DRY ICE PER 1000 GALLONS OF TANK CAPACITY, OR PER LOCAL F.D. REQUIREMENTS

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

16. Laboratories

Name Anametrix, Inc.

Address 1961 Concourse Drive, Suite E

City San Jose State CA Zip 95131

State Certification No. 151

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 with B.T.X. & E. distinction	Per Regional Quality Control Board criteria 5030, 8020 preparation method Soil TPH-G 1.0 ppm BTX&E 0.005 ppm	8020, 5030 per L.U.F.T. criteria GCFid, DHS Method 8020 Water 50.0, ppb 0.5 ppb detection limits to meet RWQCB requirements

18. Submit Site Safety Plan see attached

19. Workman's Compensation: Yes No

Copy of Certificate enclosed? Yes No

Name of Insurer State Fund

20. Plot Plan submitted? Yes No

21. Deposit enclosed? Yes 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) Kevin M. Krause

Signature _____

Date 1/31/90

Signature of Site Owner or Operator

Name (please type) Martha W. Arnold

Signature Martha W. Arnold

Date 2/6 1990

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. A copy of your approved plan must be sent to the landowner.
5. Triple rinse means that:
 - a) Final rinse must contain less than 100 ppm of Gasoline (EPA method 8020 for soil, or EPA method 602 for water) or Diesel (EPA method 418.1). Other methods for halogenated volatile organics (EPA method 8010 for soil, EPA method 601 for water) may be required. The composition of the final rinse must be demonstrated by an original or facsimile report from a laboratory certified for the above analyses.
 - b) Tank interior is shown to be free from deposits or residues upon a visual examination of tank interior.
 - c) Tank should be labelled as "tripled rinsed; laboratory certified analysis available upon request" with the name and address of the contractor.

If all the above requirements cannot be met, the tank must be transported as a hazardous waste.

6. Any cutting into tanks requires local fire department approval.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A
SAMPLING RESULTS

Tank or Area	Contaminant	Location & Depth	Results (specify units)

INSTRUCTIONS

2. SITE ADDRESS

Address at which closure or modification is taking place.

5. EPA I.D. NO.

This number may be obtained from the State Department of Health Services, 916/324-1781.

6. CONTRACTOR

Prime contractor for the project.

7. OTHER

List professional consultants here.

12. SAMPLE COLLECTOR

Persons who are collecting samples.

13. SAMPLING INFORMATION

Historic contents - the principal product(s) used in the last 5 years.

Material sampled - i.e., water, oil, sludge, soil, etc.

16. LABORATORIES

Laboratories used for chemical and geotechnical analyses.

17. CHEMICAL METHODS:

All sample collection methods and analyses should conform to EPA or DHS methods.

Contaminant - Specify the chemical to be analyzed.

Sample Preparation Method Number - The means used to prepare the sample prior to analyses - i.e., digestion techniques, solvent extraction, etc. Specify number of method and reference if not an EPA or DHS method.

Analysis Method Number - The means used to analyze the sample - i.e., GC, GC-MS, AA, etc. Specify number of method and reference if not a DHS or EPA method.

NOTE:

Method Numbers are available from certified laboratories.

18. SITE SAFETY PLAN

A plan outlining protective equipment and additional specialized personnel in the event that significant amount of hazardous materials are found. The plan should consider the availability of respirators, respirator cartridges, self-contained breathing apparatus (SCBA) and industrial hygienists.

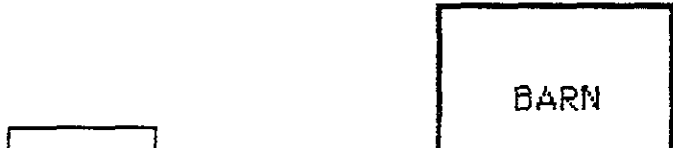
19. ATTACH COPY OF WORKMAN'S COMPENSATION

20. PLOT PLAN

The plan should consists of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a). Scale
- b) North Arrow
- c) Property Line
- d) Location of all Structures
- e) Location of all relevant existing equipment including tanks and piping to be removed
- f) Streets
- g) Underground conduits, sewers, water lines, utilities
- h) Existing wells (drinking, monitoring, etc.)
- i) Depth to ground water
- j) All existing tanks in addition to the ones being pulled

rev
5/88



BARN

G
A
R
A
G
E



NORTH
NORTH

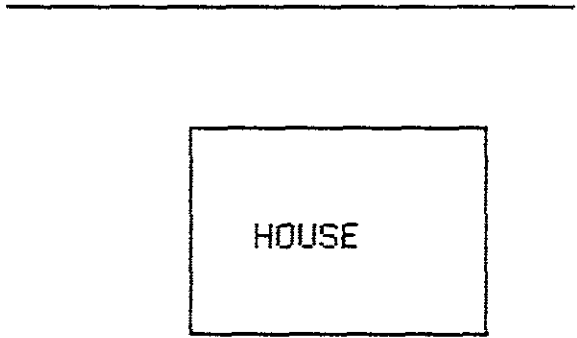


HOUSE



1 K GAS

FENCE



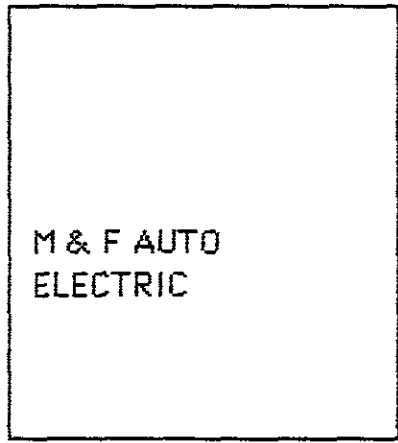
HOUSE



HOUSE

S
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N
T
A
C
L
A
R

ALLEY



M & F AUTO
ELECTRIC



FENCE

PARKING
AREA

CASTRO VALLEY BLVD

SITE SAFETY PLAN

Introduction:

A Site Safety Plan (SSP) has been designed to address safety provisions during the site tank removal. Its purpose is to provide established procedures to protect all on-site personnel from direct skin contact, inhalation, or ingestion of potentially hazardous materials that may be encountered at the site. The SSP establishes personnel responsibilities, personal protective equipment standards, decontamination procedures, and emergency action plans.

K.T.W. & Associates seeks to enter the property previously described for the purpose of conducting a standard tank removal - soil sample procedures are as follows.

Each sample to be chemically analyzed will be collected in a brass sleeve, capped with aluminum foil lined plastic lids, sealed with tape, and placed on blue ice at or below 4 degrees Centigrade in a cooler immediately. All Chain of Custody protocol will be followed.

This SSP describes means for protecting all on-site personnel from contamination or personal injury while conducting on-site activities. As described below, we will strive to meet all requirements mandated by the California Department of Health Services.

Responsibilities of Key Personnel:

All personnel on-site will have assigned responsibilities. Thomas Gregory will serve as Project Manager Mr. Gregory will also serve as Site Safety Officer (SSO). As SSO, Mr. Gregory will assure that on-site personnel have received a copy of SSP. Compliance with the SSP will be monitored at all times by the SSO. Appropriate personnel protective equipment, will be available and utilized by all on-site personnel.

Christopher French R.G. #4465 will be responsible for keeping field notes,

Personal Protective Equipment:

Personnel on-site will have access to appropriate personal protective equipment (level C or greater). When handling samples, the on-site geologist will wear latex gloves.

Work Zones:

Access to the site will be restricted to authorized personnel. A set of cones, placards, or wide yellow tape, surrounding the site will define the perimeter. The Project Manager will be responsible for site security.

Decontamination Measures:

Avoidance of contamination whenever possible is the best method for protection. Common sense dictates that on-site personnel avoid sitting, leaning, or placing equipment on possibly contaminated soil. All personnel will be advised to wash their hands, neck and face with soap and water following each day's use.

General Safe Work Practices:

Personal safety and hygiene should be of utmost consideration while on-site. To prevent ingestion of contaminants no person shall be allowed to eat, drink, or smoke on the site. The SSO will designate an appropriate near-by area, where it will be safe to allow lunches, etc.

During the inerting process, and during removal, an explosimeter (Gas-Tech) will be on-site to determine proper levels. Two (2) ABC rated fire extinguishers will be on-site for the duration of the project.

Medical Surveillance Program:

According to CFR 29, 1910.120, Paragraph (F), employees who wear respirators 30 days or more during one year or who have been exposed to hazardous substances or health hazards above established permissible exposure limits are required to be monitored medically. All site personnel will be required to have had a complete chemical/physical examination to comply with the medical monitoring program.

Contingency Plans:

In the event of accident, injury, or other emergency, the Project Director, Senior Project Manger, or other person will notify appropriate governmental agencies or individuals as follows:

1. Alameda County Health Care Services
80 Swan Way, Room 200
Oakland, CA 94621
415 271-4320
2. Police/Fire/EMT
911
3. The nearest hospital to this job location will be Eden Hospital on Lake Chabot Road. From this job site, in the event of a mobile injury, we will proceed west on Castro Valley Boulevard to Lake Chabot Road, turn north to the hospital, and turn west into the emergency entrance.

EFFECTIVE JUNE 22, 1989 AT 12.01 A.M.

PAGE 1L

ALL EFFECTIVE DATES ARE
AT 12:01 AM PACIFIC
STANDARD TIME OR THE
TIME INDICATED AT
PACIFIC STANDARD TIME

K T W AND ASSOCIATES
43289 OSGOOD RD
FREMONT, CALIFORNIA 94539

ANY CONTRADICTION BETWEEN THE POLICY AND THIS ENDORSEMENT WILL BE CONTROLLED BY THIS ENDORSEMENT.

IT IS AGREED THAT THE INSURANCE AFFORDED BY PART TWO - EMPLOYER'S LIABILITY INSURANCE OF THIS POLICY IS SUBJECT TO THE FOLLOWING PROVISIONS,

A. "HOW THIS INSURANCE APPLIES", IS AMENDED TO READ AS FOLLOWS,

A. HOW THIS INSURANCE APPLIES

THIS EMPLOYER'S LIABILITY INSURANCE APPLIES TO BODILY INJURY BY ACCIDENT OR BODILY INJURY BY DISEASE. BODILY INJURY MEANS A PHYSICAL OR MENTAL INJURY, INCLUDING RESULTING DEATH. BODILY INJURY DOES NOT INCLUDE EMOTIONAL DISTRESS, ANXIETY, DISCOMFORT, INCONVENIENCE, DEPRESSION, DISSATISFACTION OR SHOCK TO THE NERVOUS SYSTEM, UNLESS CAUSED BY EITHER A MANIFEST PHYSICAL INJURY OR A DISEASE WITH A PHYSICAL DYSFUNCTION OR CONDITION RESULTING IN TREATMENT BY A LICENSED PHYSICIAN OR SURGEON.

1. THE BODILY INJURY MUST ARISE OUT OF AND IN THE COURSE OF THE INJURED EMPLOYEE'S EMPLOYMENT BY YOU.
2. THE EMPLOYMENT MUST BE NECESSARY OR INCIDENTAL TO YOUR WORK IN CALIFORNIA.
3. BODILY INJURY BY ACCIDENT MUST OCCUR DURING THE POLICY PERIOD.
4. BODILY INJURY BY DISEASE MUST BE CAUSED OR AGGRAVATED BY THE CONDITIONS OF YOUR EMPLOYMENT. THE EMPLOYEE'S LAST DAY OF LAST EXPOSURE TO THE CONDITIONS CAUSING OR AGGRAVATING SUCH BODILY INJURY BY DISEASE MUST OCCUR DURING THE POLICY PERIOD.
5. IF YOU ARE SUED, THE ORIGINAL SUIT AND ANY RELATED LEGAL ACTIONS FOR DAMAGES FOR BODILY INJURY BY ACCIDENT OR BY DISEASE MUST BE BROUGHT UNDER THE LAWS OF THE STATE OF CALIFORNIA.

C. "EXCLUSIONS", IS AMENDED TO READ AS FOLLOWS,

C. EXCLUSIONS

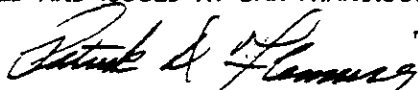
THIS INSURANCE DOES NOT COVER,

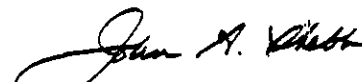
1. LIABILITY ASSUMED UNDER A CONTRACT,
2. PUNITIVE OR EXEMPLARY DAMAGES WHERE INSURANCE FOR SUCH LIABILITY IS PROHIBITED BY LAW OR CONTRARY TO PUBLIC POLICY,
3. BODILY INJURY TO AN EMPLOYEE WHILE EMPLOYED IN VIOLATION OF LAW WITH YOUR ACTUAL KNOWLEDGE OR THE ACTUAL KNOWLEDGE OF ANY OF YOUR EXECUTIVE OFFICERS,
4. ANY OBLIGATION IMPOSED BY A WORKERS' COMPENSATION, OCCUPATIONAL DISEASE, UNEMPLOYMENT COMPENSATION, OR DISABILITY BENEFITS LAW, OR ANY SIMILAR LAW,
5. BODILY INJURY INTENTIONALLY CAUSED OR AGGRAVATED BY YOU,
6. BODILY INJURY ARISING OUT OF TERMINATION OF EMPLOYMENT, OR
7. BODILY INJURY ARISING OUT OF THE COERCION, DEMOTION, REASSIGNMENT, DISCIPLINE, DEFAMATION, HARASSMENT OR HUMILIATION OF, OR DISCRIMINATION AGAINST ANY EMPLOYEE.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

JUNE 29, 1989


AUTHORIZED REPRESENTATIVE


PRESIDENT

2086

Anna -

Here's the info we discussed for 3234 Castro Valley Blvd., plus some additional info we did not:

- 1) Dated copy of UST closure application front page
- 2) Forms A & B, dated 2/6/90
- 3) Field notes from closure occurring 3/9/90
- 4) UST unauthorized leak report dated 3/13/90
- 5) Excerpts from 3/27/90 KTW & Associates UST closure report

Please note that, by its omission in the report, the dispenser for this tank may have been absent, hence, ~~not~~ rendering the subject tank unusable. Please call with any questions.

Scott

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

90 FEB -8 AM 11:52

825
2-22-80

825
2-22-80

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name None RESIDENCE
Business Owner None
2. Site Address 3234 Castro Valley Blvd.
City Castro Valley Zip 94546 Phone 916 626-5102
3. Mailing Address 3461 Almosta Road
City Placerville, CA Zip 95667 Phone 916 6265102
4. Land Owner Martha W. Arnold
Address 3461 Almosta Road, Placerville, CA State CA Zip 95667
5. EPA I.D. No. CAC 000245881
6. Contractor K.T.W. & Associates
Address 43289 Osgood Road
City Fremont, CA 94539 Phone 415 623-0480
License Type C61-D40 ID# 572427
7. Consultant Same
Address _____
City _____ Phone _____



FORM 'A':
SITE

UNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION
COMPLETE THIS FORM FOR EACH FACILITY/SITE

N 9
5684

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)

FACILITY/SITE NAME Martha W. Arnold		CARE OF ADDRESS INFORMATION c/o Mitzi Stockel		
ADDRESS 3234 Castro Valley Blvd		NEAREST CROSS STREET Santa Clara	<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 <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME Castro Valley		STATE CA	ZIP CODE 94546	SITE PHONE #, WITH AREA CODE N/A
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 checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS		EPA ID # CAC 000245881		# of TANK's AT THIS SITE 1
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
DAYS NAME (LAST, FIRST) same		PHONE # WITH AREA CODE		DAYS NAME (LAST, FIRST) same
NIGHTS NAME (LAST, FIRST) same		PHONE # WITH AREA CODE		NIGHTS NAME (LAST, FIRST) same

II. PROPERTY OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME Martha W. Arnold		CARE OF ADDRESS INFORMATION c/o Mitzi Stockel		
MAILING or STREET ADDRESS 3461 Almosta Road		<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 <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Placerville		STATE CA	ZIP CODE 95667	PHONE #, WITH AREA CODE 916 626-5102

III. TANK OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME same		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME		STATE	ZIP CODE	PHONE #, WITH AREA CODE

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION AND BILLING: I. II. III.

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) Martha W. Arnold. Martha W. Arnold.	DATE 2/690
---	---------------

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	# of TANKS at SITE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
<input type="text"/>		<input type="text"/>		<input type="text"/>
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
LOCATION CODE	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT # BY:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
FORM A (3-2-88)



FORM 'B':
TANK

UNDERGROUND STORAGE TANK PROGRAM
TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

NO 43971

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 TANK
	<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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: _____ FARM TANK - YES NO

I. TANK DESCRIPTION COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY

A. OWNERS TANK ID # <u>N/A (#1)</u>	B. MANUFACTURED BY: <u>unknown</u>
C. YEAR INSTALLED <u>unknown</u>	D. TANK CAPACITY IN GALLONS: <u>1,000</u>

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT <input type="checkbox"/> 4 OIL <input type="checkbox"/> 5 HAZARDOUS <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input checked="" type="checkbox"/> 1 UNLEADED <input type="checkbox"/> 2 LEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)
D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C A S # _____ CAS # _____		

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALLED <input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER <input type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 2 SINGLE WALLED <input type="checkbox"/> 4 SECONDARY CONTAINMENT <input type="checkbox"/> 99 OTHER _____	B. TANK MATERIAL <input checked="" type="checkbox"/> 1 STEEL/IRON <input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 8 100% METHANOL COMPATIBLE FRP <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"/> 4 PHENOLIC LINING <input type="checkbox"/> 5 GLASS LINING <input type="checkbox"/> 6 UNLINED <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 99 OTHER <u>None</u>
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 2 TAR OR ASPHALT <input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 5 CATHODIC PROTECTION <input checked="" type="checkbox"/> 91 NONE <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER _____		

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

A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL	A <input checked="" type="radio"/> 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	A U 91 NONE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP		
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER			

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P S 1 VISUAL CHECK	P S 2 INVENTORY RECONCILIATION	P S 3 VADOSE WELLS	P S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P S 6 PRECISION TESTING	P S 7 PRESSURE TESTING	P S 91 NONE	<input checked="" type="radio"/> <input checked="" type="radio"/> 95 UNKNOWN	P S 99 OTHER _____

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

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) <u>Martha Arnold. Martha W. Arnold.</u>	DATE <u>2/6/90</u>
---	-----------------------

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
<input type="text"/>		<input type="text"/>		<input type="text"/>
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT # BY:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Stoekel Today's Date 3/10/90

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)

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(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
- ___ 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. Precis Tank Test 2643
 Date: _____
- ___ 8. Inventory Rec. 2644
- ___ 9. Soil Testing . 2646
- ___ 10. Ground Water. 2647
- Monitoring for Existing Tanks**
- ___ 11. Monitor Plan 2632
- ___ 12. Access. Secure 2634
- ___ 13. Plans Submit 2711
 Date: _____
- ___ 14. As Built 2635
 Date: _____
- New Tanks**

Site Address 3234 Castro Valley Blvd
 City Castro Valley Zip 94 Phone 916-626-5102

___ MAX AMT stored > 500 bs, 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:

Arrive 11:35 - .
 Tank removed this day from subject property.
 A hole approx. 1" in diameter present on bottom fill end of tank. Floating product noted on water in pit. The other tank end has a line of small holes ≤ 3 mm across along the bottom long axis of tank. This noted water in not likely to be groundwater for it is approx. 5-6 B.G. Some product odor detected from the pit. Samples to be collected from both ends of tank in native soil.
 Excessive over-excavation will wait until lab results are available. Fuel leak indicators would regard this site as ~~is~~ experiencing a "confirmed release". A letter explaining the requirements for the installations of monitoring wells, reporting, etc. will be forthcoming.

Contact: Muriel Stoekel

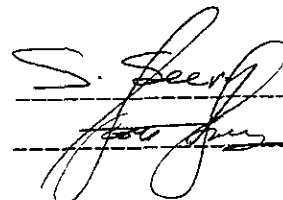
Title: agent for owner

Signature: Muriel A. Stoekel

916-626-5102

Inspector: _____

Signature: _____

II, III


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

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

II, III

white -env.health
yellow -facility
pink -files

Site ID # _____ Site Name Stockel Today's Date 3/29/90

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 3234 Castro Valley Blvd

City Castro Valley Zip 94 Phone 916-626-5102

___ 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(g)
- ___ 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)

Comments:

1:30

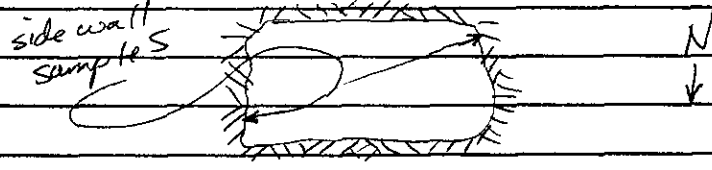
H₂O seepage into excavation ~ 6.5 ft. B.G.;
Actual standing water @ 8' B.G. The excavation
was deepened to approx _____' B.G.

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 Gndwater
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 _____

Two sidewall samples were collected, one each
from the east and west ends as close to the
depth where seepage was first observed as possible,
or at approx 6.5' B.G.



- ___ 7. Precis 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

Contact: Muriel Stockel

Title: agent for owner

Signature: Muriel A. Stockel

Inspector: _____

Signature: _____

S. Seely
[Signature]

II, III

Am
3/1/04

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. 90 MAR 15 AM 11:25		
REPORT DATE 0 m 3 w 1 d 3 d 9 y 0 y		CASE #		SIGNED _____ DATE _____		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Kevin Krause			PHONE (415) 623-0480		
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER _____			COMPANY OR AGENCY NAME K.T.W. & Associates		
	ADDRESS 43289 Osgood Road STREET Fremont CITY CA STATE 94539 ZIP					
RESPONSIBLE PARTY	NAME Martha W. Arnold <input type="checkbox"/> UNKNOWN			CONTACT PERSON Mitzi Stockel		
	ADDRESS 3461 Almosta Road STREET Piacerville CITY CA STATE 95667 ZIP			PHONE (916) 626-5102		
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Home			OPERATOR None		
	ADDRESS 3234 Castro Valley Blvd. STREET Castro Valley CITY Alameda COUNTY 94546 ZIP			PHONE () ncne		
	CROSS STREET Santa Maria		TYPE OF AREA <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> RURAL <input type="checkbox"/> OTHER _____		TYPE OF BUSINESS <input type="checkbox"/> FARM <input checked="" type="checkbox"/> OTHER home	
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Health Care Services			CONTACT PERSON Scott Seery		
	REGIONAL BOARD S.F. Bay Area Regional Board			PHONE (415) 271-4320 (415) 464-1265		
SUBSTANCES INVOLVED	(1) NAME Gasoline			QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2) _____			<input type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 m 3 w 0 d 9 d 9 y 0 y		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 ____ m ____ w ____ d ____ y ____ y <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 checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER over excavation			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 0 m 3 w 0 d 9 d 9 y 0 y					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER _____		TANKS ONLY/CAPACITY 650 GAL. AGE _____ YRS <input checked="" type="checkbox"/> UNKNOWN		MATERIAL <input type="checkbox"/> FIBERGLASS <input checked="" type="checkbox"/> STEEL <input type="checkbox"/> OTHER _____	
					CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER _____	
CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input 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"/> SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) <input type="checkbox"/> CLEANUP IN PROGRESS <input type="checkbox"/> SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> NO FUNDS AVAILABLE TO PROCEED <input checked="" type="checkbox"/> EVALUATING CLEANUP ALTERNATIVES					
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT) _____					
COMMENTS						



Mrs. Mitzi Stockel
3461 Almosta Road
Placerville, CA 94667

Dear Mitzi:

K.T.W. & Associates is pleased to submit this report describing closure activities associated with removal of one 650 gallon underground fuel tank located in Castro Valley, California. This report provides a description of site activities and observations, the condition of excavated tanks, the condition of tank backfill and other subsurface materials, sampling procedures and locations, laboratory analytical procedures and certified analytical results, chain of custody documentation, and hazardous waste manifest.

Site Description

The site is located at 3234 Castro Valley Boulevard, Castro Valley, California. A site location map is presented in Plate 1. One 650 gallon underground gasoline tank was formerly located at the subject site. A site map showing the location of the site structure, former underground tank and dispensing island is presented in Plate 2.

Closure Plan and Permitting

A closure plan and permit application for removal of underground tanks was completed and submitted to the Alameda County Health Care Services Agency (ACHCSA), and the City of Castro Valley Fire Department (CVFD). Closure activities proceeded under ACHCSA permit No. 565658.

Underground Tank Closure

Tank removal activities occurred on March 10, 1990. Inspector Scott Seery of the ACHCSA was present to observe the tank removal and sampling

activities. Construction services associated with closure were performed by K.T.W. & Associates. A K.T.W. & Associates California Registered Geologist provided environmental sampling and documentation services.

Closure activities were documented in the Hazardous Material Inspection Form prepared by Scott Seery. Upon removal the structural integrity of the one 650 gallon tank was observed to be unsound. The tank was unwrapped, and was observed to contain corrosion holes at either end. The tank was removed and transported from the site by a permitted hazardous waste transporter under hazardous waste manifest. Copies of the hazardous waste manifest are presented in Attachment A.

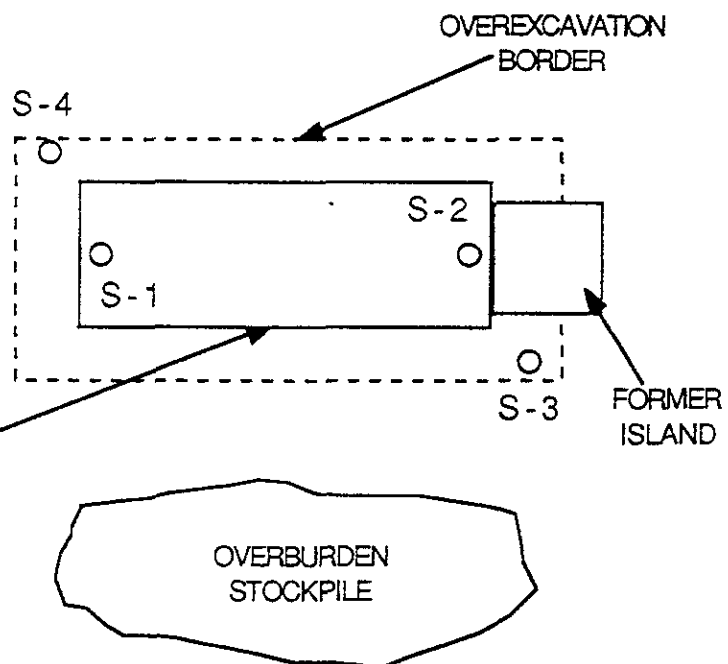
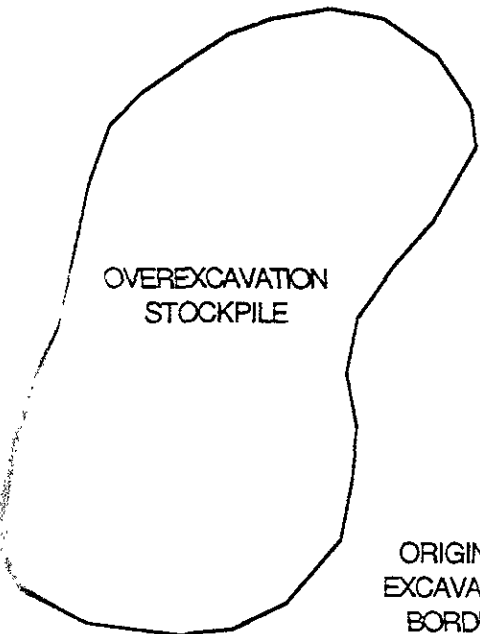
General Observations, Underground Tank Closure

The tank, which had been used to store gasoline prior to its removal, contained no trim other than a riser assembly for filling, a product line and a vent line.

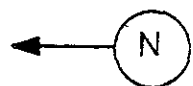
The condition of the lines prior to removal were sound, however, they were unwrapped. All the fittings were properly installed. The riser assemblies that constituted the fill pipe for the tank was sound and free of defects. No hydrocarbon odor was observed while removing the overburden, and the overburden material contained no discoloration. The backfill material consisted of native soil, and contained a strong hydrocarbon odor below the tanks. Floating or "free" product was noted in the tank pit in the curvature formed from the tanks' interface with the soil.

Soil Sampling

Two soil samples were collected from the gasoline tank excavation below the tank and two ~~composite~~ soil sample were collected from the extreme southwest and northeast corners of the enlarged excavation. Soil sampling of the tank occurred on March 10, 1990. These samples were obtained by excavating to the native soil/interface and driving a brass tube into the native soil.



FENCE



SCALE NTS
DATE 3/27/90
DRWG. BY CLS

PROJECT: #1059

GENERALIZED SITE PLAN

MITZI STOCKEL
3234 Castro Valley Blvd.
Castro Valley, CA

PLATE

2