

ALCO
HUNTING

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**FINAL CLOSURE PLAN FOR UNDERGROUND STORAGE
TANK REMOVAL**

January 2, 1995

for

1925 Lafayette St.,
Alameda, California.

contact person:

Mrs. G. Diers
510-865-2526

property owner:

Ms. G. Diers
632 West Line Dr.
Alameda, Ca., 94

primary contact / project manager:

Leland Yialelis

Contractor:

W. A. Craig, Inc.
P. O. Box 448
Napa, California 94559
510-525-2780

contact person: Leland Yialelis

Contractor License: 455752 A, B, and Hazardous Materials
(copies attached)

Workman's Compensation: Policy #NWC 254067
(exp. date March 29, 1995)
(copies attached)

TANK REMOVAL INFORMATION

Date: December 7, 1994

Reason for removal: Tank was no longer in use.

Tank Transporter:

Dexanna, Ltd.
3104 Athene Court
Concord, Ca. 9451
Phone: 510-687-1292
EPA#: CAD 982438566
Haz. Hauler Lic.#: 2883

Disposal of tank: Tank shipped to:

Erickson, Inc. 255 Parr Blvd.
Richmond, California 94801
Phone: 510-235-1393
EPA #: CAD 009466392

This is a licensed T. S. D. F. facility. (see attached for documentation of disposal)

Soil sample processing: Soil samples were analyzed by:

McC Campbell Analytical
110 2nd Ave. South
Pacheco, Ca. 94553
State Certification #: 1644

(note: sample processing and associated method preparation numbers are noted on the lab results which are attached.)

Location of the tank: A map is attached which shows the location of the tank and associated underground piping as well as, streets, north direction, scale, and buildings on site.

Sampling: Soil sampling was performed by W. A. Craig, Inc., personnel. As requested by Inspector Shin, 2 samples of the native soil from either end of the tank pit were taken and 1 water sample.

Sampling methodology: The water sample was taken by using a disposable bailer to obtain the water from the pit. The water was approximately 5' 8" below ground surface. The water was then drained from the bailer into two (2) VOA vials. The soil samples

were obtained by driving a clean brass tube (2 x 6) into native soil which was excavated from the tank pit (soil was taken from approximately 5' 4" below ground surface) and the soil in the stockpile. The tubes were driven by using a wooden mallet. The tubes were then sealed with aluminum foil, plastic end caps, and the tubes were placed in a zip lock plastic bag. The samples were labeled, placed on ice, and were transported to a state certified lab for processing. A chain of custody form was maintained for the samples, a copy of which is attached.

Soil Sample Analyses: The soil samples were labeled

3445-D1 east end of 1,000 gallon tank
 3445-D2 west end of 1,000 gallon tank
 3445-DW1-2 water sample from the pit
 3445-SP1 sample of stockpile

Summary of analyses of soil samples: soil is ppm, water is ppb

Analyses	TPH(g)	Benzene	Toluene	Ethyl Benzene	Xylenes
3445-D1	ND	ND	.026	ND	.012
3445-D2	ND	ND	.012	ND	.014
3445-DW1-2	11,000	1100	2600	210	880
3445-SP1	10	ND	.008	.012	.054
Analyses	TTLIC Lead				
3445-D1	ND				
3445-D2	ND				
3445-SP1	15				

Disposal of stockpile: It is recommended that the soil be disposed of to a Class III disposal facility.

SPECIFIC INFORMATION REGARDING THE TANK

Tank # 1:

Size/capacity: 1,000 gallons

Former contents of the tank: gasoline

Construction of the tank: single walled steel.

Age of the tank: unknown.

Condition of the tank upon removal: This tank was in relatively good condition with some rust and pitting on the tank but no holes were found.

Material sampled: soil - The soil had some staining along the side walls of the tank. Only minimal odor was noted

CONCLUSIONS AND RECOMMENDATIONS:

The soil samples from the end walls of the former tank pit and the water sample from the pit were tested for TPH gasoline and BTEX. The laboratory results show that there were detectable levels of contamination from Toluene and Xylenes in the soil samples from the tank pit. The results of the analysis of the water sample indicated more serious levels of contamination. The results of the analyses of the sample from the stockpile indicate that there was some contamination from gasoline.

It is recommended on the basis of these analytical results that the stockpile be disposed of to a Class III Landfill. Clean import fill should be used to backfill the tank pit.

From the results of the soil sample analyses it can be concluded that contamination from gasoline or its constituents exist in soil and ground water in the former tank pit.

It is recommended that the contaminated water from the pit be pumped and disposed of by a licensed disposal facility. After the water has recharged into the pit it is recommended that another

water sample be obtained for analyses. No soil excavation is recommended at this time. Dependant on the analytical results of the second water analyses a determination will be made regarding the recommendation for a ground water investigation.

I Declare under penalty of perjury that the foregoing information is true and correct.

Executed this day of January 2, 1995.

Nature of Business: Industrial and Environmental Construction

Name of Business W. A. Craig, Inc.

Address of Business: P. O. Box 448,
Napa, California 94559

Printed name and title of applicant:

W. A. Craig, II
Owner/ R.E.A. #01414 (exp. 6-1994)

Signature of applicant:

Date:

Reportage

Copies of the sampling report, the chain of custody, and the certified analysis data sheets will be submitted to the appropriate agencies as follows:

Water Quality Control Board
San Francisco Bay Region
2101 Webster Street, Suite 500
Oakland, California, 94612
Attn:

Alameda County
Department of Environmental Health
Hazardous Materials Division
1131 harbor Bay Parkway - 2nd Floor
Alameda, CA 94502
510-567-6700
Fax-337-9335
Attn.: Ms. Juliet Shin

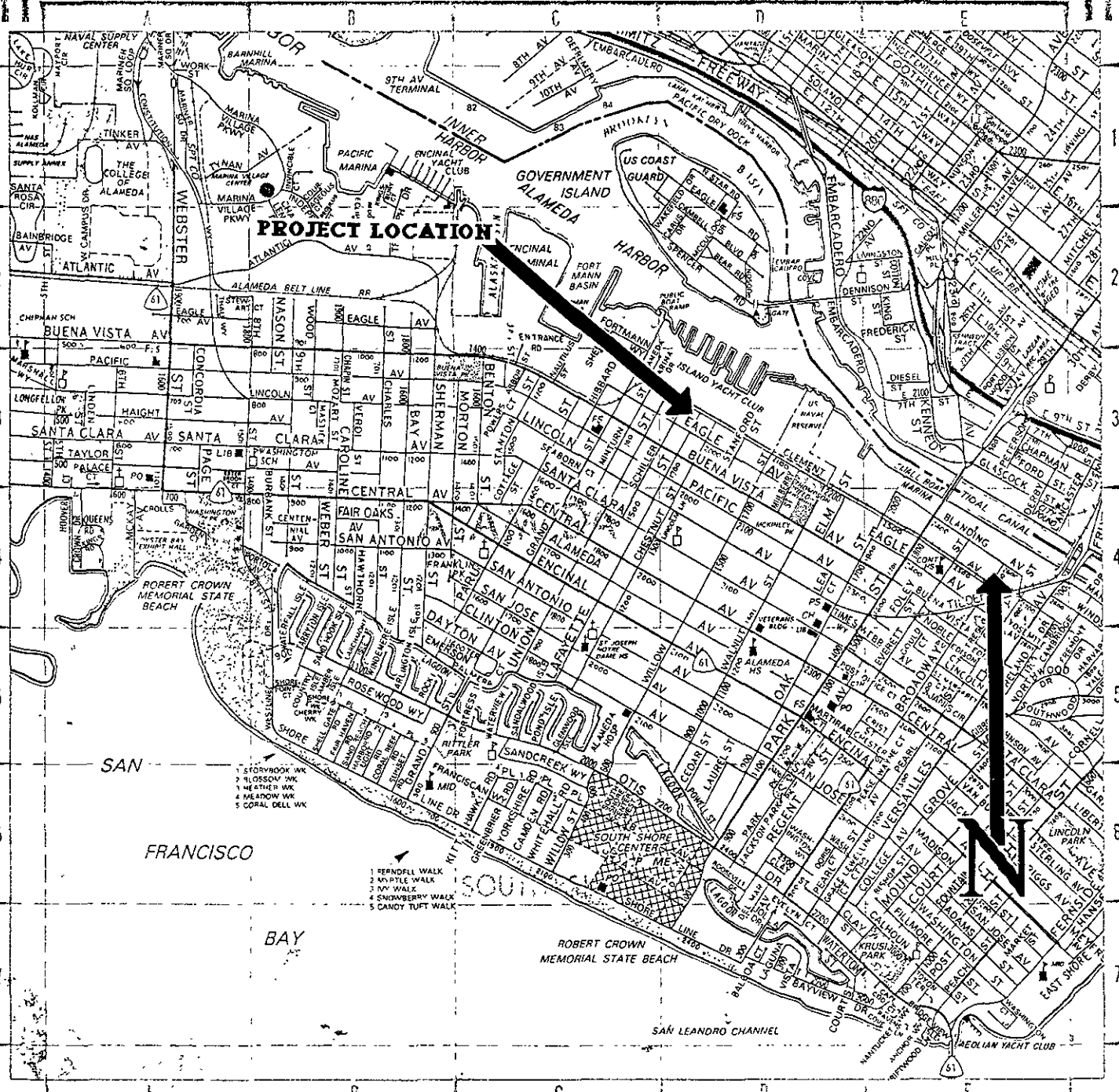
MAPS

Date: **November 7, 1994**
 Job No.: **3445**
 Scale:
 Drawn:
 Chk'd:
 App'd:

W. A. CRAIG, INC. 707252-3353
Westline Industries
 1925 Lafayette Street
 Alameda, California 94501
Project Location

Figure No.
1
 Rev.

FOR CONTINUATION SEE MAP 9



ALAMEDA CO.

FOR CONTINUATION SEE MAP 12

DETAIL

FOR CONTINUATION SEE MAP 21

Date: November 7, 1994

W. A. CRAIG, INC.

7071252-3353

Job No.: 3445

Scale:

Drawn:

Checked:

Approved:

Westline Industries
1925 Lafayette Street
Alameda, California 94501

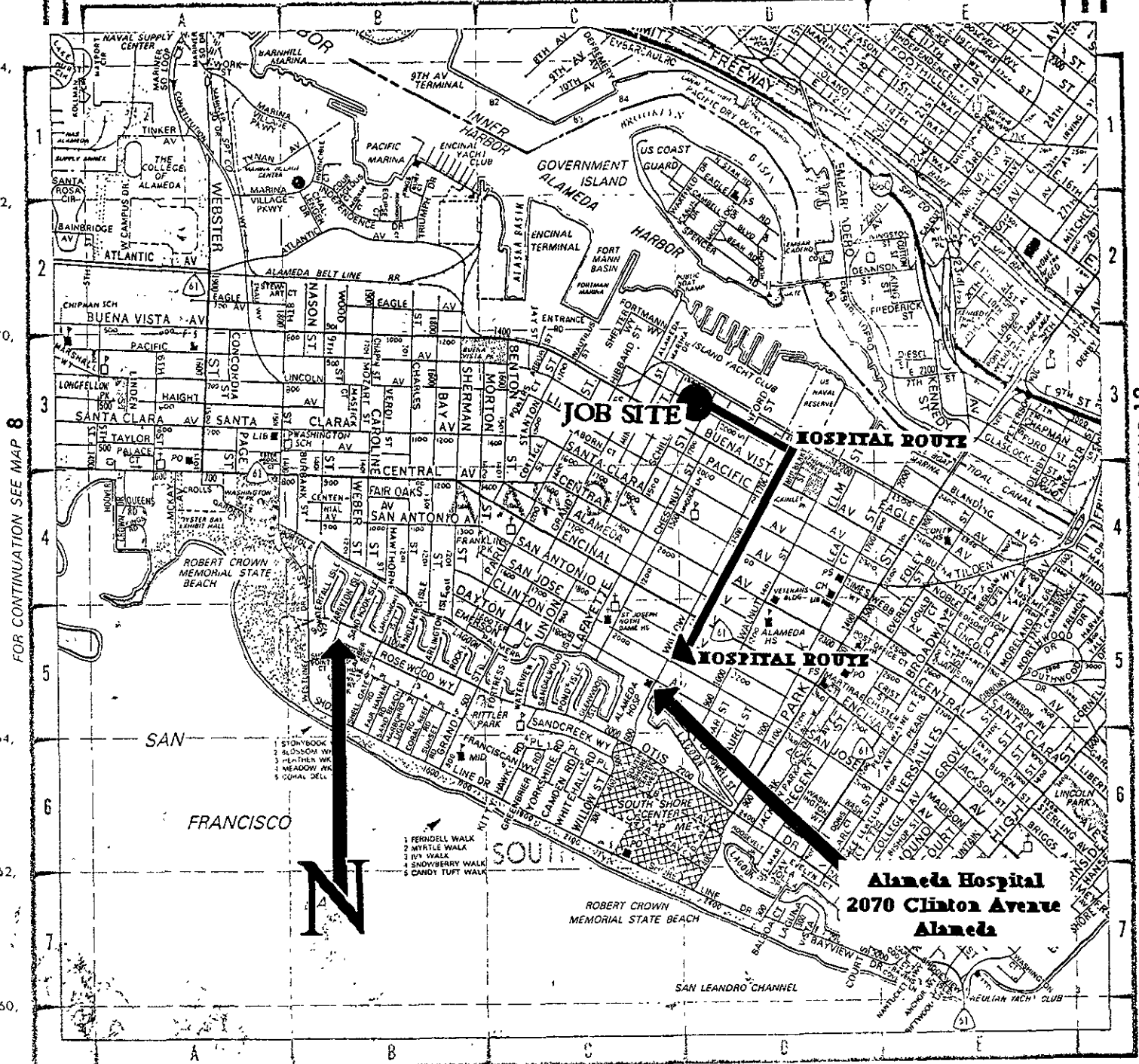
Figure No.

2

Hospital Route

Rev.

FOR CONTINUATION SEE MAP 9



FOR CONTINUATION SEE MAP 8

FOR CONTINUATION SEE MAP 12



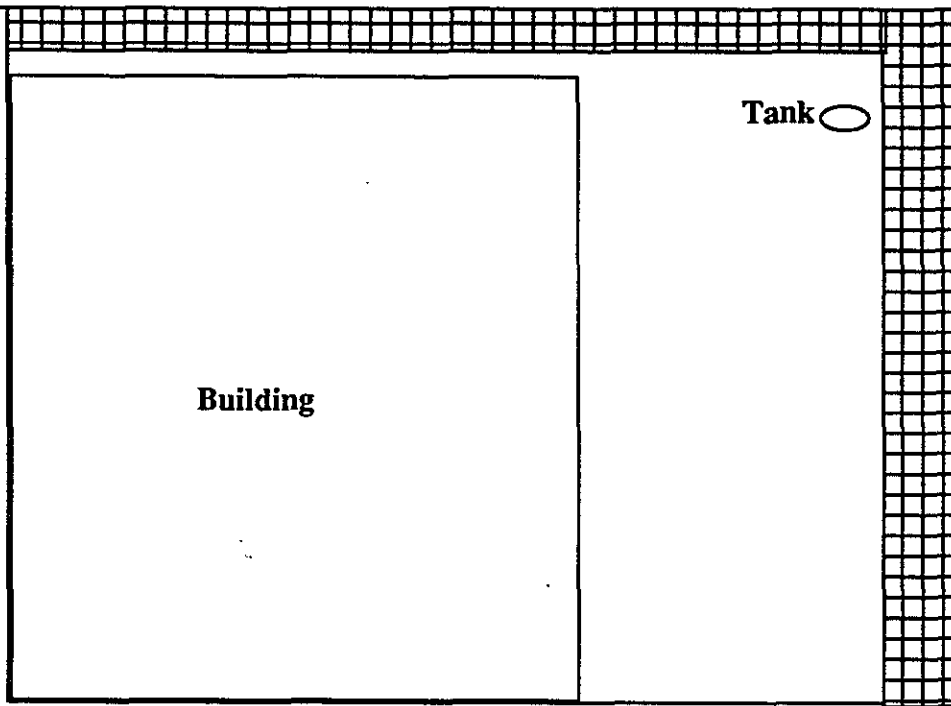
- 1 FERNDLE WALK
- 2 MYRTLE WALK
- 3 31ST WALK
- 4 SNOWBERRY WALK
- 5 CANDY TUFT WALK

Alameda Hospital
2070 Clinton Avenue
Alameda

FOR CONTINUATION SEE MAP 11

1:500

Clement Street



Building

Tank ○

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S
t.

Date: November 11, 1994	W. A. Craig, Inc. 707-252-3353	Figure No. 3
Job #: 3445		
Scale: 1 inch = 20 feet	Mrs. G. P. Diers 1925 Lafayette Street Alameda, CA. 94501	
Drawn: LWY		
Checked:		
Approved:	Site Map	

**ANALYSES /
CHAIN-OF-CUSTODY**

W.A. Craig, Inc. P.O. Box 448 Napa, CA 94559	Client Project ID: # 3445; Diers	Date Sampled: 12/07/94
		Date Received: 12/07/94
	Client Contact: Bill Craig	Date Extracted: 12/07-12/09/94
	Client P.O:	Date Analyzed: 12/07-12/09/94

Gasoline Range (C6-C12) Volatile Hydrocarbons as Gasoline*, with BTEX*

EPA methods 5030, modified 8015, and 8020 or 602; California RWQCB (SF Bay Region) method GCFID(5030)

Lab ID	Client ID	Matrix	TPH(g) ⁺	Benzene	Toluene	Ethylbenzene	Xylenes	% Rec. Surrogate
42869	3445-D1	S	ND,b	ND	0.026	ND	0.012	98
42870	3445-D2	S	ND,a	ND	0.012	ND	0.014	106
42871	3445-DW1-2	W	11,000,a	1100	2600	210	880	100
42872	3445-SP1	S	10,g	ND	0.008	0.012	0.054	91
Detection Limit unless otherwise stated; ND means Not Detected	W	50 ug/L	0.5	0.5	0.5	0.5	0.5	
	S	1.0 mg/kg	0.005	0.005	0.005	0.005	0.005	

*water samples are reported in ug/L, soil samples in mg/kg, and all TCLP extracts in mg/L

cluttered chromatogram; sample peak co-elutes with surrogate peak

+ The following descriptions of the TPH chromatogram are cursory in nature and McCampbell Analytical is not responsible for their interpretation: a) unmodified or weakly modified gasoline is significant; b) heavier gasoline range compounds are significant(aged gasoline?); c) lighter gasoline range compounds (the most mobile fraction) are significant; d) gasoline range compounds are significant; no recognizable pattern; e) TPH pattern that does not appear to be derived from gasoline (?); f) one to a few isolated peaks present; g) strongly aged gasoline or diesel range compounds are significant; h) lighter than water immiscible phase is present.

W.A. Craig, Inc. P.O. Box 448 Napa, CA 94559	Client Project ID: # 3445; Diers	Date Sampled: 12/07/94
		Date Received: 12/07/94
	Client Contact: Bill Craig	Date Extracted: 12/08/94
	Client P.O.:	Date Analyzed: 12/08/94

Lead*

EPA analytical method 239.2 or 7420*

Lab ID	Client ID	Matrix	Extraction ^o	Lead*
42869	3445-D1	S	TTLC	ND
42870	3445-D2	S	TTLC	ND
42872	3445-SP1	S	TTLC	15
Detection Limit unless otherwise stated; ND means Not Detected	W	TTLC		0.005mg/L
	S	TTLC		4.0 mg/kg
	---	STLC,TCLP		0.20 mg/L

* soil samples are reported in mg/kg, and water samples and all STLC & TCLP extracts in mg/L
⁺ Lead is analysed using EPA method 7420 (AA Flame) for soils, STLC & TCLP extracts and method 239.2 (AA Furnace) for water samples
^o EPA extraction methods 1311(TCLP), 3010/3020(water,TTLC), 3040(organic matrices,TTLC), 3050(solids,TTLC); STLC from CA Title 22

QC REPORT FOR HYDROCARBON ANALYSES

Date: 12/06-12/07/94

Matrix: Soil

Analyte	Concentration (mg/kg)			Amount Spiked	% Recovery		
	Sample	MS	MSD		MS	MSD	RPD
TPH (gas)	0.000	1.818	1.852	2.03	90	91	1.9
Benzene	0.000	0.174	0.178	0.2	87	89	2.3
Toluene	0.000	0.184	0.184	0.2	92	92	0.0
Ethylbenzene	0.000	0.182	0.186	0.2	91	93	2.2
Xylenes	0.000	0.566	0.574	0.6	94	96	1.4
TPH (diesel)	0	285	285	300	95	95	0.0
TRPH (oil & grease)	0.0	22.0	22.4	20.8	106	108	1.8

$$\% \text{ Rec.} = (\text{MS} - \text{Sample}) / \text{amount spiked} \times 100$$

$$\text{RPD} = (\text{MS} - \text{MSD}) / (\text{MS} + \text{MSD}) \times 2 \times 100$$

QC REPORT FOR METALS

Date: 12/07-12/08/94

Matrix: Soil

Extraction: TTLC

Analyte	Concentration (mg/kg, mg/L)			Amount Spiked	% Recovery		RPD
	Sample	MS	MSD		MS	MSD	
Arsenic	0.0	8.6	8.9	10.0	86	89	3.3
Selenium	0.0	9.0	9.5	10.0	90	95	5.0
Molybdenum	0.0	8.3	8.7	10.0	83	87	4.8
Silver	0.0	0.8	0.9	1.0	82	90	9.3
Thallium	0.0	8.7	9.3	10.0	87	93	6.9
Barium	6.5	14.6	15.0	10.0	81	85	3.0
Nickel	2.0	11.3	11.7	10.0	93	98	4.1
Chromium	0.0	9.9	10.5	10.0	99	105	6.3
Vanadium	0.0	9.5	9.8	10.0	95	98	3.5
Beryllium	0.0	8.9	9.2	10.0	89	92	3.4
Zinc	1.0	10.7	11.1	10.0	97	101	3.4
Copper	0.5	10.9	11.2	10.0	104	107	2.9
Antimony	0.0	5.8	6.4	6.0	97	106	9.5
Lead	0.0	9.5	10.0	10.0	95	100	5.3
Cadmium	0.0	10.2	10.6	10.0	102	106	4.4
Cobalt	0.0	8.7	9.1	10.0	87	91	5.1
Mercury	0.000	0.241	0.218	0.25	96	87	10.0

$$\% \text{ Rec.} = (\text{MS} - \text{Sample}) / \text{amount spiked} \times 100$$

$$\text{RPD} = (\text{MS} - \text{MSD}) / (\text{MS} + \text{MSD}) \times 2 \times 100$$

QC REPORT FOR HYDROCARBON ANALYSES

Date: 12/08-12/09/94

Matrix: Water

Analyte	Concentration (ug/L)			Amount Spiked	% Recovery		
	Sample	MS	MSD		MS	MSD	RPD
TPH (gas)	0.0	95.0	94.2	100	95.0	94.2	0.9
Benzene	0	10.4	10.2	10	104.0	102.0	1.9
Toluene	0	10.5	10.4	10	105.0	104.0	1.0
Ethyl Benzene	0	10.2	10	10	102.0	100.0	2.0
Xylenes	0	30.9	30.7	30	103.0	102.3	0.6
TPH (diesel)	0	153	151	150	102	101	1.2
TRPH (oil & grease)	0	20000	20300	20000	100	102	1.5

$$\% \text{ Rec.} = (\text{MS} - \text{Sample}) / \text{amount spiked} \times 100$$

$$\text{RPD} = (\text{MS} - \text{MSD}) / (\text{MS} + \text{MSD}) \times 2 \times 100$$

W. A. CRAIG, INC.

CHAIN-OF-CUSTODY RECORD

3344AWAC276

PROJECT NO.		PROJECT NAME		MATRIX: Soil, Water, Air, Sludge, Other	ANALYSIS						REMARKS	LABORATORY I. D. NUMBER
PURCHASE ORDER NO.		SIGNATURE OF SAMPLER			TPHgasoline (8015)	BTEX (602/3020)	TPHdiesel (6015)	TPHg & BTEX	Lead	Mercury		
DATE	TIME	W. A. CRAIG, INC.'S SAMPLE IDENTIFICATION										
12-7	9:13	3445-D1		Soil			X	X			ice	42869
	9:18	3445-D2		Soil			X	X				42870
	9:25	3445-DW1 } comp.		Water			X	X			2 comp analysis only	42871
	9:26	3445-DW2		Water			X	X				
	9:30	3445 SP1		Soil			X	X			comp	42872
	9:31	SP2		Soil			X	X				
	9:33	SP3		Soil			X	X				
	9:35	SP4		Soil			X	X				

ICE/T°
 GOOD CONDITION
 HEAD SPACE ABSENT
 PRESERVATIVE APPROPRIATE CONTAINERS
 VOCS D&G METALS OTHER

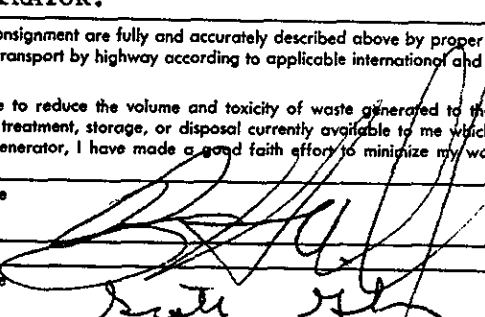
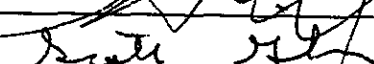
RELINQUISHED BY (Signature): <i>B. Hall</i>	DATE/TIME: 12-7-11 11:44	RECEIVED BY (Signature): <i>Nick Price</i>	LABORATORY: <i>McLambell Analytical</i> TURNAROUND TIME: <i>Standard</i>	PLEASE SEND RESULTS TO: W. A. CRAIG, INC. P.O. BOX 448 NAPA, CA 94559-0448 (707) 252-3353
RELINQUISHED BY (Signature):	DATE/TIME:	RECEIVED BY (Signature):		ATTN:
RELINQUISHED BY (Signature):	DATE/TIME:	RECEIVED BY (Signature):		

**MANIFESTS/CERTIFICATES OF
DISPOSAL**

92604916
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

GENERATOR
 TRANSPORTER
 FACILITY

Information in the shaded areas is not required by Federal law.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A E D B D D L L P P P O P D		Manifest Document No. 4 5		2. Page 1 of 1			
3. Generator's Name and Mailing Address Mrs. G. Diers SAN FRANCISCO ROUTE 1975 Lafayette St. Alameda		PRC PATTERSON, INC. P.O. BOX 1167 PATTERSON, CA 95363							
4. Generator's Phone 800 874-4444									
5. Transporter 1 Company Name PETROLEUM RECYCLING CORP.		6. US EPA ID Number C A E D B D D L L P P P							
7. Transporter 2 Company Name		8. US EPA ID Number							
9. Designated Facility Name and Site Address PRC PATTERSON, INC. 13331 N. HWY. 33 PATTERSON, CA 95363		10. US EPA ID Number C A D D B B L L P P P P							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) a. NON RCRA HAZ WASTE LIQUID WASTE PETROLEUM OIL, 3, UN1270, PG III (COMBUSTIBLE LIQUID)				12. Containers		13. Total Quantity		14. Unit Wt/Vol	
				No. Type					
				0 0 1 T T				G	
b.									
c.									
d.									
15. Special Handling Instructions and Additional Information 24 HR. EMERGENCY CONTACT: PRC #1-(800)-874-4444 24 HR. EMERGENCY RESPONSE: CHEM TEL INC. #1-(800)-255-3924 APPROPRIATE PROTECTIVE CLOTHING & RESPIRATOR.									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name SCOTT GIBSON				Signature 				Month Day Year 1 2 0 6 9 4	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name SCOTT GIBSON				Signature 				Month Day Year 1 2 0 6 9 4	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name				Signature				Month Day Year	

DO NOT WRITE BELOW THIS LINE.

CERTIFICATE
CERTIFIED SERVICES COMPANY
255 Parr Boulevard • Richmond, California 94801

NO. 19666

CUSTOMER
LEXANNA
JOB NO.
064661

FOR: ERICKSON, INC. TANK NO. 15032

LOCATION: RICHMOND DATE: 04/12/09 TIME: 07:52

TEST METHOD VISUAL GASTECH/1314 SHEN LAST PRODUCT LG

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

TANK SIZE 1000 GALLON TANK CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9% LOWER EXPLOSIVE LIMIT LESS THAN 0.1%
ERICKSON, INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS WASTE FACILITY.
ERICKSON, INC. HAS THE APPROPRIATE PERMITS FOR, AND HAS ACCEPTED THE TANK SHIPPED TO US FOR PROCESSING.

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

STANDARD SAFETY DESIGNATION

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

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

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

[Signature]

REPRESENTATIVE

TITLE

[Signature]

INSPECTOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **CAC1001007710** Manifest Document No. **00719**

2. Page **1** of **1**

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
**Westline Industries
1925 Lafayette St. - Alameda, Calif.
G. P. Diers 94501**

4. Generator's Phone **(570) 865-1210**

5. Transporter 1 Company Name **Dexanna, Ltd.** 6. US EPA ID Number **CAD932438566**

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

9. Designated Facility Name and Site Address **Erickson, Inc. - 255 Parr Blvd.
Richmond, California 94801** 10. US EPA ID Number **CAD1019455392**

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol
	No.	Type		
a. Waste Empty Storage Tank NON-RCRA Hazardous Waste Solid.	001	T P	0.1000	P
b.				
c.				
d.				

15. Special Handling Instructions and Additional Information
Keep away from sources of ignition. Always wear hardhats whenever working around U.S.Y.'s. - Site Location: **1925 Lafayette St. - Alameda, Calif.**
24 Hr. Contact Name: **G.P. Diers** & Phone # **(570) 865-1210**

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

Printed/Typed Name **Mrs. G.P. Diers** Signature **G.P. Diers** Month **12** Day **07** Year **94**

17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name **James R. Cox** Signature **James R. Cox** Month **12** Day **07** Year **94**

18. Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous material covered by this manifest except as noted in item 19.
Printed/Typed Name **DAVID SATO** Signature **DAVE SATO** Month **12** Day **07** Year **94**

DO NOT WRITE BELOW THIS LINE.

93481047
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7350

PERMITS

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME Westline Industries		NAME OF OPERATOR		
ADDRESS 1925 Lafayette Street		NEAREST CROSS STREET Clement Avenue	PARCEL # (OPTIONAL)	
CITY NAME Alameda	STATE CA	ZIP CODE 94501	SITE PHONE # WITH AREA CODE 510/865-1210	
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS* <input type="checkbox"/> COUNTY AGENCY* <input type="checkbox"/> STATE AGENCY* <input type="checkbox"/> FEDERAL AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 1	E. P. A. I. D. # (optional) CAC 001007720

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Gay P. Diers	PHONE # WITH AREA CODE 510/865-2526	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) SAME	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Gay P. Diers		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 632 West Line Drive		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME Alameda	STATE CA	ZIP CODE 94501	PHONE # WITH AREA CODE 510/865-2526	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Gay P. Diers		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 632 West Line Drive		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME Alameda	STATE CA	ZIP CODE 94501	PHONE # WITH AREA CODE 510/865-2526	

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

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

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

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

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

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

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

OWNER'S NAME (PRINTED & SIGNED) Leland Yialelis	OWNER'S TITLE General Manager	DATE 11-15-94
---	---	-------------------------

LOCAL AGENCY USE ONLY

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

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Westline Industries

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#	<u>unknown</u>	B. MANUFACTURED BY:	<u>unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>unknown</u>	D. TANK CAPACITY IN GALLONS:	<u>500</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS.
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ C. A. S. #: _____

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

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

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A (U) 99 OTHER <u>unknown</u>
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A (U) 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A (U) 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>unknown</u>

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Leland Yialelis</u>	DATE <u>11-15-94</u>
--	-------------------------

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

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

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

CITY OF ALAMEDA
 CENTRAL PERMITS OFFICE
 2263 Santa Clara Ave. Room 204
 Alameda, CA 94501

Permit No: B94-1400
 Status: APPROVED

Page 1 of 1
 12/07/94 10:52

JOB ADDRESS : 1925 LAFAYETTE ST
 PERMIT TYPE : RESIDENTIAL BUILDING PERMIT
 Parcel number : 071 -0286-002-00

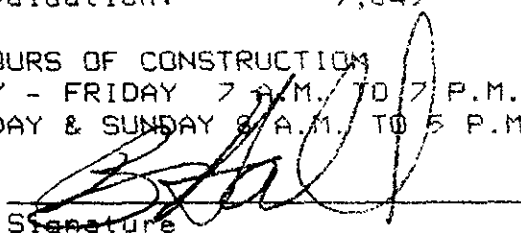
Applied : 11/28/94
 Approved : 12/07/94
 Final :
 EXPIRES :
 Class code : 434
 Valuation: 5,845

Owner : DIERS GAY P TR
 632 WESTLINE DR
 ALAMEDA CA 94501

HOURS OF CONSTRUCTION

MONDAY - FRIDAY 7 A.M. TO 7 P.M.
 SATURDAY & SUNDAY 8 A.M. TO 5 P.M.

Applicant : CRAIG, W.A. INC.
 P.O. BOX 448
 NAPA, CA 94559
 707-252-3353

Signature 

Project Title : R/ UNDERGROUND STORAGE TANK
 Project Desc. : REMOVE UNDERGROUND STORAGE TANK

CONTRACTOR : CRAIG, W.A. INC.
 P.O. BOX 448
 NAPA, CA 94559

Lic. C 455752 707-252-3353

Fee description	Units	Fee/Unit	Ext fee	Data
Permit Filing Fee		1.00	25.00	
Building Permit Fee.....			89.10	Y
Plan checking			89.10	Y
S.M.I.P58	Y
Improvement Tax Enter "Y			58.45	Y
Fire Dept.(Enter Amount).....	194.00		194.00	
Additional Micro-fiche Fee	38.00		38.00	
BUSINESS LICENSE FEE	33.00		33.00	
*** Fees Required ***	***	Fees Collected & Credits	***	***

Account No.	Receipt No.	Date	Payment
001-300-4220-3340	R9404786	11/28/94	89.10
001-300-4240-3745	R9404786	11/28/94	12.00
001-300-4220-3716	R9404786	11/28/94	89.10
001-300-4240-3305	R9404786	11/28/94	5.00
001-220-0000-2239	R9404786	11/28/94	.58
310-300-9409-3790	R9404786	11/28/94	8.00
164-300-0000-3225	R9404786	11/28/94	58.45
310-300-9081-3726	R9404786	11/28/94	194.00
001-300-4240-3792	R9404786	11/28/94	15.00
001-300-4240-3792	R9404903	12/07/94	23.00
001-300-2430-3310	R9404786	11/28/94	33.00
TOTAL THIS DATE		*****	23.00

Fees: 527.23
 Adjustments: .00
 Total Fees: 527.23
 Total Credits: .00
 Total Payments: 527.23
 Balance Due: .00

PLUMBING & MECHANICAL 748-4563 (8:00-10:00 A.M.)
 ELECTRICAL 748-4634 (8:00-10:00 A.M.)

ALAMEDA COUNTY
DEPT. OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
1131 HARBOR BAY PKWY, 2ND FLR
ALAMEDA CA 94502-6577

*Submitted Jan 11/1994
JULIET SMITH*

*Please comply w/ additional
comments in red ink. Please notify
the County and Fire Dept. at least
one week in advance of tank
removal.*

ACCEPTED
DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, CA 94612
Telephone: (415) 874-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction.

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

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- _____ Removal of Tank and Piping
- _____ Sampling
- _____ Final Inspection

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

THIS IS A FINANCIAL LIABILITY FOR NOT
OBTAINING THESE INSPECTIONS.

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name Westline Industries
Business Owner _____
 2. Site Address 1925 Lafayette Street
City Alameda Zip 94501 Phone 510/865-1210
 3. Mailing Address SAME
City _____ Zip _____ Phone _____
 4. Land Owner G. P. Diers
Address 632 Westline Drive City, State Alameda, CA Zip 94501
 5. Generator name under which tank will be manifested _____
G. P. Diers
- EPA I.D. No. under which tank will be manifested CAC 001007720

Fire Department must witness removal of all Under-ground Tanks, and all State and County requirements must be met.

By Capt. J. M. H. Date 12-5-97

*owner's
copy*

25 lbs Dry-ice Per Area 1000 sq

BUILDING PERMIT APPLICATION

CITY OF ALAMEDA - 748-4530

REVISED 11/01/94

Property Owner Name
Gay P. Diers 510/865-2526
Address 632 West Line Drive. Phone
City Alameda State California Zip 94501
Archt./Engr. Name N/A License
Address
City State Zip

PERMIT NO: _____
JOB ADDRESS 1925 Lafayette Street
NEW CONST. _____ ADDITION _____ ALTERATION _____ REPAIR _____
EXISTING USE _____
PROPOSED USE _____

I hereby affirm that I am licensed under provisions of Chapter 9 commencing with Section 7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect.
LICENSE No. CITY BUSINESS
AND CLASS 455752 A/A/Haz LICENSE No.
Contractor Name W. A. Craig, Inc
Address P. O. Box 448 Phone 707/252-3353
City Napa State California Zip 94559
SIGNATURE _____

DESCRIPTION OF WORK
Underground Storage
Tank Removal

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5 Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 - commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).
 I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of providing that he did not build or improve for the purpose of sale).
 I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law).
 I am exempt under Sec. _____
B&P.C. for this reason _____
Owner's Signature _____ Date _____

SQ. FT. ADDED _____ x (\$1.65/.27)
Valuation of Work _____
Including all labor, materials, and all lighting, heating, ventilating, water supply, plumbing, fire sprinklers, electric wiring, elevator equipment and all features that are affixed or a permanent part of the building.

INSTALLATION OF SMOKE ALARM SYSTEM MANDATORY ON BUILDING PERMITS IN EXCESS OF \$1000

Contact Name Leland Yialelis
Contact Phone 707/252-3353

OTHER PERMITS ARE REQUIRED FOR PLUMBING, HEATING, ELECTRICAL WORK, AND CONSTRUCTION WITHIN THE PUBLIC RIGHT-OF-WAY

I hereby affirm under penalty of perjury one of the following declarations:
 I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier Golden Eagle Policy Number NWC 254067
(THIS SECTION NEED NOT BE COMPLETED IF THE PERMIT IS FOR ONE HUNDRED DOLLARS (\$100) OR LESS).
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
Applicant Leland Yialelis Date 11/21
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

Business Lic. \$ _____ Design Review \$ _____
Bldg. Permits \$ _____ Imprv. Tax \$ _____
Penalty Fees \$ _____ Fire Plan Check \$ 194-
Plan Check \$ _____ Police & Fire Fee \$ _____
Con. Plan Check \$ _____ School Fee \$ _____
Filing Fee \$ _____ Sewer Conn. \$ _____
\$MIP \$ _____ Address Fee \$ _____
Addt. Micro Fiche \$ _____
TOTAL \$ _____

I certify that I have read this application and state that the information given is true and correct. I agree to comply with all local ordinance and state laws relating to building construction and I make this statement under penalty of law. I hereby authorize representatives of the city/county to enter upon the above mentioned property for inspection purposes. NOTICE: This permit will expire by limitation if work is not started in 180 days or if work is abandoned for more than 180 days. Do not conceal or cover any construction until the work is inspected and the inspection is recorded on the Building Inspection Card.
SIGNATURE OF: Contractor Owner Agent
Leland Yialelis

APPLICATION RECEIVED: _____
DATE _____ SIGNED _____
APPROVAL: _____
DATE _____ SIGNED _____
ISSUED: _____
DATE _____ SIGNED _____



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

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

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

NOTIFICATION FORM

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

SITE INFORMATION

SITE ADDRESS <u>1925 Lafayette Street</u>	
CITY, STATE, ZIP <u>Alameda, California 94501</u>	
OWNER NAME <u>Gay P. Diers</u>	
SPECIFIC LOCATION OF PROJECT <u>Map on file with BAAQMD</u>	
<u>TANK REMOVAL</u>	<u>CONTAMINATED SOIL EXCAVATION</u>
SCHEDULED STARTUP DATE <u>12-6-94***</u>	SCHEDULED STARTUP DATE _____
VAPORS REMOVED BY: <u>***Revised</u>	STOCKPILES WILL BE COVERED? YES _____ NO _____
<input type="checkbox"/> WATER WASH	ALTERNATIVE METHOD OF AERATION (DESCRIBE BELOW): _____
<input checked="" type="checkbox"/> VAPOR FREEING (CO ₂)	(MAY REQUIRE PERMIT)
<input type="checkbox"/> VENTILATION	

CONTRACTOR INFORMATION

NAME <u>W. A. Craig, Inc.</u>	CONTACT <u>Leland Yialelis</u>
ADDRESS <u>P. O. Box 448</u>	PHONE (707) <u>252-3353</u>
CITY, STATE, ZIP <u>Napa, California 94559</u>	

CONSULTANT INFORMATION (IF APPLICABLE)

NAME _____	CONTACT _____
ADDRESS _____	PHONE () _____
CITY, STATE, ZIP _____	

FOR OFFICE USE ONLY	
DATE RECEIVED _____	BY _____ (INIT.)
CC: INSPECTOR NO. _____	DATE _____ BY _____ (INIT.)
TELEPHONE UPDATE: CALLER _____	CHANGE MADE _____
BAAQMD N # _____	_____

FAKED
12/2/94

LICENSES / INSURANCE

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

7/29/1994

PRODUCER

Rogers & Young Insurance
 3558 Round Barn Blvd. Ste.#203
 Santa Rosa, CA 95403
 (707) 579-5200

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	Allied Insurance Company
COMPANY LETTER	B	Admiral Insurance Company
COMPANY LETTER	C	Golden Eagle
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

W. A. Craig, Inc.
 P. O. Box 448
 Napa CA 95402-3100

COVERAGES

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

DESCRIPTION	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	TBD	07/29/94	07/29/95	GENERAL AGGREGATE: \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG: \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY: \$ 1,000,000
	<input checked="" type="checkbox"/> OWNERS & CONTRACTOR'S PROT.				EACH OCCURRENCE: \$ 2,000,000
	<input checked="" type="checkbox"/> \$1000 Ded/Occ				FIRE DAMAGE (Any one fire): \$ 50,000
					MOD. EXPENSE (Any one person): \$ 5,000
B	AUTOMOBILE LIABILITY	TBD	07/25/94	07/25/95	COMBINED SINGLE LIMIT: \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person): \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident): \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE: \$
	<input checked="" type="checkbox"/> HIRED AUTOS				EACH OCCURRENCE: \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				AGGREGATE: \$
	GARAGE LIABILITY				
C	EXCESS LIABILITY	NYC 2540E7	03/29/94	03/29/95	<input checked="" type="checkbox"/> STATUTORY LIMITS
	<input type="checkbox"/> UMBRELLA FORM				EAC. ELEMENT: \$ 1,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				DISEASE - POLICY LIMIT: \$ 1,000,000
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				DISEASE - EACH EMPLOYEE: \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/ETC. ITEMS

Replaces Certificate issued 2/22/94 ALL CALIFORNIA OPERATIONS
 Cancellation: Except for non-payment of premium or non-reporting of payroll, in which case a ten day notice shall apply.

CERTIFICATE HOLDER

COPY

CANCELLATION


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

AUTHORIZED REPRESENTATIVE

[Signature]

Consumer Affairs

State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE




License Number 455752 Entry CORP

Business Name W A CRAIG INC

Classification(s) A HAZ B

Expiration Date 04/30/96



STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

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



Qualifier: WILLIAM ALEXANDER CRAIG II

License No.: 455752

Namestyle: W. A. CRAIG, INC.

WITNESS my hand and official seal this
6 day of SEPTEMBER, 1988

J. M. Aloney
Registrar of Contractors

13L-36 (1/88)

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

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