



City of Albany

ENVIRONMENTAL
PROTECTION

1000 SAN PABLO AVE. • ALBANY, CALIFORNIA 94706-2295

APR 10 PM 3:47

April 7, 1995

FAX (510) 528-5797

CITY COUNCIL
(510) 528-5720

CITY
ADMINISTRATOR
(510) 528-5710

BUILDING
INSPECTOR
(510) 528-5767

CITY ATTORNEY
(510) 524-9205

CITY CLERK
(510) 528-5720

FINANCE/
TREASURER
(510) 528-5730

FIRE
(510) 528-5771

PERSONNEL
(510) 528-5714

PLANNING
& ZONING
(510) 528-5760

POLICE
(510) 525-7300

PUBLIC WORKS/
ENGINEERING
(510) 528-5760

RECREATION
& COMMUNITY
SERVICES
958 Masonic
(510) 524-9283

SENIOR SERVICES
846 Masonic
(510) 524-9122

Juliet Shin, Senior Hazardous Materials Specialist
Alameda County Health Care Services Agency
Department of Environmental Health
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda, Ca 94502-6577

RE: Tank Removal and Investigations at 1247 Marin Avenue, Albany, California.

Dear Ms. Shin:

Thank you for your call the other day regarding submitting the paperwork enclosed for the closure at 1247 Marin Avenue. Enclosed, please find the requested completed "Underground Storage Tank Unauthorized Release (Leak)/ Contamination Site Report"

If you require any additional information or have any questions or comments feel free to contact me at (510) 528-5759.

Very Truly Yours,
CITY OF ALBANY

Jason T. Baker
Engineering Assistant

encl.: Completed Site Report



West-Skim 4/11/95

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM. SIGNED: <u>Jason T. Baker</u> DATE: <u>4/7/95</u>
REPORT DATE <u>04/05/95</u>	CASE # <u>STID # 4886</u>	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>JASON T. BAKER</u>	PHONE <u>(510) 528-5759</u>	SIGNATURE <u>Jason T. Baker</u>
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <u>CITY OF ALBANY</u>	
ADDRESS <u>1000 SAN PABLO AVE.</u> CITY <u>ALBANY</u> STATE <u>CA</u> ZIP <u>94706</u>			

RESPONSIBLE PARTY	NAME <u>CITY OF ALBANY</u> <input type="checkbox"/> UNKNOWN	CONTACT PERSON <u>JASON T. BAKER</u>	PHONE <u>(510) 528-5759</u>
	ADDRESS <u>1000 SAN PABLO AVE.</u> CITY <u>ALBANY</u> STATE <u>CA</u> ZIP <u>94706</u>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>ALBANY LIBRARY / COMMUNITY CENTER</u>	OPERATOR <u>CITY OF ALBANY / ALA. CITY</u>	PHONE <u>(510) 524-9283</u>
	ADDRESS <u>1247/49</u> STREET <u>MARIN AVE.</u> CITY <u>ALBANY</u> COUNTY <u>ALAMEDA</u> ZIP <u>94706</u>	CROSS STREET <u>MASONIC AVENUE.</u>	

IMPLEMENTING AGENCIES	LOCAL AGENCY <u>SAME</u>	AGENCY NAME	CONTACT PERSON <u>JASON T. BAKER</u>	PHONE <u>(510) 528-5759</u>
	REGIONAL BOARD <u>RWQCB</u>			PHONE <u>()</u>

SUBSTANCES INVOLVED	(1) NAME <u>TPHd</u>	QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN
	(2) NAME <u>Oil and Grease</u>	QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED M M D D Y Y	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS
	DATE DISCHARGE BEGAN M M D D Y Y <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING
HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <u>06/17/92</u>		<input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE
		<input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER

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

CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input checked="" 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 type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)
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COMMENTS: SITE CLOSED; TOTAL EX. OF ALL MATERIAL AND DISPOSED.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

March 3, 1995

Mr. Jason Baker
City of Albany Public Works
1000 San Pablo Ave.
Albany, CA 94706

ALAMEDA COUNTY CC 430-4510
DEPT. OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PKWY., RM.250
ALAMEDA, CAL. 94502-6577

STID 4886

Re: Tank removal and investigations at 1247 Marin Ave., Albany,
California

Dear Mr. Baker,

A 2,000-gallon underground heating oil tank and associated piping was removed from the above site on June 17, 1992. Soil samples collected from test pits excavated in and around the former tank and piping area identified up to 1,400 parts per million (ppm) Total Petroleum Hydrocarbons as diesel (TPHd) and 230 ppm Oil and Grease.

Consequently, the case files for the site have been transferred to the Local Oversight Program, which oversees sites with releases from underground tanks, and will be assessed to determine whether any additional work may be required for the site.

Lastly, please complete the attached Unauthorized Release/Leak Report Form and submit it to this office **within 30 days** of the date of this letter. Per Article 5, Title 23 California Code of Regulations, this form is required whenever a contaminant release is documented from a petroleum underground storage tank.

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

Sincerely,

Juliet Shahid

Senior Hazardous Materials Specialist

ATTACHMENT

cc: File

STD # 4886

DATE: 4/6/94
TO : Local Oversight Program
FROM: Larry Seto
SUBJ: Transfer of Eligible Local Oversight Case

Site name: City of Albany
Address: 1247 Maria Ave. City Albany zip

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

- 1. Number of Tanks: 1 removed? Y N Date of removal 6-17-92
- 2. Samples received? Y N Contamination level: 1400 PPM TPH (D)
(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 - \$50.25 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!

George Burt
West Oakland Commerce Association
P.O. Box 1947
Orinda, CA 94563



**Contains WOCA General Meeting Notice
for the meeting of Thursday, July 16th
Please open immediately !**

Brian Oliva
Alameda County Health Agency, Hazardous
800 Swan Way
Oakland, CA 94612

01 JUL 1982 02 707 26

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Division Inspection Form

Site ID# _____ Site Name City of Albany Today's Date 7/20/92
 Site Address 1247 Main EPA ID# _____
 City Albany Zip 94 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks steel mitefab

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

I.A GENERATOR (Title 22)

- 1. Waste ID * 66471
- 2. EPA ID 66472
- 3. > 90 days 66508
- 4. Label dates 66508
- 5. Biennial 66493
- Manifest**
- 6. Records 66492
- 7. Correct 66484
- 8. Copy sent 66492
- 9. Exception 66484
- 10. Copies Rec'd 66492
- Misc.**
- 11. Treatment 66371
- 12. On-site Disp. (H.S.&C.) 26189.5
- 13. Ex Haz. Waste 66570
- Prevention**
- 14. Communications 67121
- 15. Aisle Space 67124
- 16. Local Authority 67126
- 17. Maintenance 67120
- 18. Training 67105
- Confin. gency**
- 19. Prepared 67140
- 20. Name List 67141
- 21. Copies 67141
- 22. Emg. Coord. Trng. 67144
- Containers, Tanks**
- 23. Condition 67241
- 24. Compatibility 67242
- 25. Maintenance 67243
- 26. Inspection 67244
- 27. Buffer Zone 67246
- 28. Tank Inspection 67259
- 29. Containment 67245
- 30. Safe Storage 67261
- 31. Freeboard 67257

Comments:

Site Visit done at request of Consultant upon arrival I met with Dave Cornell from HTA, and agreed upon the number of samples to be taken in the pre-excavated pit (4) - the excavated soil has a volume of approximately 300y³ - there will be 7 samples from the spoils Composite note this office will be notified of the results of the sampling. It should also be noted that water samples previously indicate they should be allowed to fill and samples (water) will be retained for TPH & BTEX.

I.B TRANSPORTER (Title 22)

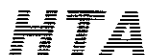
- 32. Applic./insurance 66428
- 33. Comp. Cert./CHP Insp. 66448
- 34. Containers 66465
- Manifest**
- 35. Vehicles 66465
- 36. EPA ID #s 66531
- 37. Correct 66541
- 38. HW Delivery 66543
- 39. Records 66544
- Cont'n's**
- 40. Name/ Covers 66545
- 41. Recyclables 66800

This office concurs with the sampling procedure as verbally addressed by HTA. Any reports should indicate sample depth/location.

Rev 6/88

Contact: X David Cornell
 Title: _____
 Signature: _____

note 4 samples in pit BTEX
 2 of 7 Composite BTEX
 Inspector: Brian Chen
 Signature: _____



July 9, 1992
Project No. 653.052

Mr. Brian P. Oliva
Alameda County Health Care Services Agency
Department of Environmental Health
80 Swan Way, Rm 200
Oakland, CA 94621

SUBJECT: CONTAMINATION ASSESSMENT WORKPLAN
ALBANY LIBRARY AND COMMUNITY CENTER
1247 Marin Avenue, Albany, California

REFERENCES: Harlan Tait Associates, Contamination Assessment Workplan, Albany Library and Community Center, 1247 Marin Avenue, Albany, California, dated June 24, 1992.

Dear Mr. Oliva:

In response to your letter of July 8, 1992, to the City of Albany concerning the Contamination Assessment Workplan for the subject Library and Community Center, the following comments are provided for each of the 7 points you have raised.

1. The exact number of soil samples to be taken at the site will depend on the results of the exploration and field screening with the PID. A minimum of 5 pits will be excavated with the first pit being at the old sump location. At least 2 samples will be taken in each pit; one at a depth of about 1 foot and another at about 3 to 5 feet or just above the groundwater. As stated in the workplan, additional pits will be excavated and sampled on a pattern out from the sump. The need for additional pits will depend on the presence of contamination as determined by odor, visual examination for discoloration and screening with the PID. We estimate that at least 8 samples will be tested for hydrocarbons.
2. The PID will be used as a field screening tool to help determine which samples should be tested and to help evaluate the lateral extent of the exploration.
3. The water in the pit you refer to is a combination of seeping groundwater and accumulated rain water. An old sanitary sewer pump station concrete structure for

July 9, 1992
Project No. 653.052

Page 2

the hospital was removed from the pit location during building demolition. A sample of the water in the pit will be taken and tested during the study.

4. The analytical laboratory will be instructed to follow the Tri-Regional Staff Board Recommendations in establishing minimum detection limits for tests.
5. In addition to the water sample from the pit, at least 2 groundwater grab samples will be taken from the backhoe pits. We are confident that water samples can be obtained as proposed; if not a drill rig or hand auger will be used to obtain water samples.
6. Tape will not be used to seal the soil samples.
7. The City of Albany has authorized Harlan Tait Associates to submit a deposit check of \$500 as requested. The check will be delivered to your office prior to start of work.

We trust this letter adequately responses to your comments. Please call me at (415) 626-0765, if you have any further questions on the proposed work. As we discussed on the telephone today, we will be performing the assessment workplan on Tuesday July 14, 1992. Thank you for your assistance.

Very truly yours,

HARLAN TAIT ASSOCIATES



David H. Connell
Civil Engineer 24634
Exp. 12/31/93

cc: Jason Baker, City of Albany

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

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

July 8, 1992

Jason Baker
City of Albany Public Works
1000 San Pablo Ave.,
Albany, CA 94706

Subject: 1247 Marin Ave., Albany, CA

Dear Mr. Connell:

This office has received and reviewed the "Contamination Assessment Workplan" for the above site, dated June 24, 1992, submitted by Harlan Tait Associates (HTA), your consultant of record. Thank you for the prompt attention given this site. Upon evaluation of the workplan, there are several points that need to be addressed prior to concurrence by this division:

- 1) Please provide this office with the specific number of samples to be taken at the site. It is unclear from reading the workplan how many samples are to be taken.
- 2) The use of field instrumentation (pid) should be used only as a screening method for the purpose of soil removal and site safety.
- 3) A site visit made on July 7, 1992, indicated the presence of water in the excavated pit. Please indicate if this is groundwater intrusion or from the recent rain storm. The fate of the water in the pit should also be addressed.
- 4) The minimum detection limits should follow the "Tri-Regional Staff Board Recommendations" and not the LUFT manual.
- 5) There must be groundwater sampling performed at the site. If you are not able to complete the task utilizing a backhoe, a grab sample must be taken through the use of a drill rig.
- 6) Do not use tape at the end of the sampling tubes, there have been instances of cross-contamination from the adhesive material yielding a false-positive reading for Toluene. This office prefers the utilization of "Teflon" tape.

page 2 of 2

You are requested to submit a deposit of \$500.00 made payable to the County of Alameda, for involvement in their oversight responsibilities for cleanup of the above site. This deposit is authorized by section 3-141.6 of the Ordinance Code of Alameda and is used to cover expenses incurred by County personnel in their oversight duties. Upon Completion of the project the balance will be returned to you.

Please respond to this letter within thirty (30) days as this office has prioritized the site for prompt completion.

If you have any questions concerning this site, please call this office. I can be reached at (510) 271-4320.

Sincerely,



Brian P. Oliva, REHS
Hazardous Materials Specialist

cc: David Connell, Harlan Tait Associates, 1269 Howard Street,
San Francisco, CA 94103
Larry Seto, Senior Hazardous Materials Specialist.

bc

SNAP · A · GRAM

FROM:

SEMCO
1741 Leslie Street
San Mateo, CA 94402

DATE: June 10, 1992

ATTENTION OF:

Larry Sieto

SUBJECT:

Site: 1247 Marin Ave.
Albany

TO:

Alameda County Health Care Services
Agency
80 Swan Way, Room 200
Oakland, CA 94621

Enclosed please find application for tank removal at 1247 Marin Avenue
in Albany. Forms A & B are included FYI.

SIGNED

Bonnie Titus

DATE

6-10-92

**** MEETING NOTICE ****
West Oakland Commerce Association
General Membership Meeting
Thursday, July 16th, 4 pm

July 8, 1992

Dear WOCA member,

Our next scheduled General Membership meeting is Thursday, July 16th at 4 pm and will be held at the Clam Bucket Restaurant located at 1155 3rd Street, corner of Adeline in West Oakland. Guests of members are welcomed and encouraged. General membership meetings are held the third Thursday of each month.

Please do not park at the building entrance to allow ample parking for the other patrons of the Clam Bucket

Agenda items / Tentative Order of Business

1. Introduction of guests and new members
2. Approval of minutes
3. Announcements
4. Guest Speaker: (4:15 to 4:45 pm) Fred Dorey, President, Bay Area Bioscience Center (874-1464) Fred will discuss the role of the Bioscience Center in keeping Northern California in the forefront of bioscience activity. The Bioscience Center is located in Oakland and was formed by a consortium of universities, businesses, public officials and educators to foster a regional climate in which bioscience can continue to flourish.

The Center focuses on : (1.) Raising public awareness of the biosciences and their role in the regional economy. (2.) Helping local officials understand, analyze, and address bioscience related issues. (3.) Creating new lines of communication among bioscience companies, local governments, universities and the public. (4.) Improving the quality of bioscience education in primary and secondary schools. (5.) Anticipating labor needs and issues, including employment demand, labor force trends, and job training needs.

5. Committee Reports
6. Treasurer's Report
7. Old / New Business from the floor

Adjournment - Socializing after the meeting - Please stay and take the opportunity to discuss current and topical issues with the other members.

Reminders:

General membership meetings are held the third Thursday of the month, please mark your calendar

The next General Membership meeting is Thursday, August 20th at 4 pm at the Clam Bucket

The next Board of Directors meeting is Thursday, August 6th at 4 pm, WOCA office, 2221 Poplar St.

We look forward to seeing you at the General Membership meeting.

Thank you for your support of WOCA and of West Oakland.

Bob Tuck, Acting President

**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

Project Specialist (print) Larry Seto

*6/10/92
 Please note additional
 fee \$15 and #16.*

ACCEPTED

**DEPARTMENT OF ENVIRONMENTAL HEALTH
 4700 27TH STREET, THIRD FLOOR
 OAKLAND, CA 94612
 Telephone (415) 394-7237**

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 not subject for issuance of any permit or building permits for construction. One copy of these accepted plans must be on the job and available to all contractors and erectors involved with the removal.

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

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

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

UNDERGROUND TANK CLOSURE PLAN

***** Complete according to attached instructions *****

1. Business Name N/A

Business Owner City of Albany

2. Site Address 1247 Marin Avenue

City Albany Zip 94706 Phone 0

3. Mailing Address 1000 San Pablo Avenue

City Albany Zip 94706 Phone (510) 528-5760

4. Land Owner City of Albany

Address 1000 San Pablo Avenue City, State Albany, CA Zip 94706

5. Generator name under which tank will be manifested City of Albany

EPA I.D. No. under which tank will be manifested CAC 000805600

6. Contractor SEMCO
 Address 1741 Leslie St
 City San Mateo, CA 94402 Phone (415) 572-8033
 License Type ABC61/040 HAZ ID# 449804

7. Consultant N/A
 Address _____
 City _____ Phone _____

8. Contact Person for Investigation
 Name Chuck Kuper Title Vice-President
 Phone (415) 572-8033

9. Number of tanks being closed under this plan 1
 Length of piping being removed under this plan undetermined
 Total number of tanks at facility 1

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

** Underground tanks are hazardous waste and must be handled **
 as hazardous waste

a) Product/Residual Sludge/Rinsate Transporter
 Name Allied Petroleum EPA I.D. No. CA09801675/20
 Hauler License No. 11108 License Exp. Date 4/30/93
 Address P.O. Box 193
 City Hilmar State CA zip 95327

b) Product/Residual Sludge/Rinsate Disposal Site
 Name Palmeres Transicos EPA I.D. No. CA083166728
 Address 13331 W. Hwy 33
 City Patterson State CA zip 95363

c) Tank and Piping Transporter

Name Oxanna EPA I.D. No. CA09824385/d6
 Hauler License No. 2883 License Exp. Date 4/30/93
 Address 3104 Athens Court
 City Concord State CA Zip 94519

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CA000946632
 Address 255 Parr Blvd.
 City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Chuck Kiper / Mike Gamberoni
 Company SEMCO
 Address 1741 Kestler St.
 City San Mateo State CA Zip 94402 Phone 518-8033

12. Laboratory

Name Superior Precision Analytical
 Address 1555 Burke-Unit I
 City San Francisco State CA Zip 94104
 State Certification No. 1332 & 319

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

High pressure hot water detergent wash; 50 lbs per 1000 gallons dry ice

Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be plugged.

The Bay Area Air Quality Management District (771-6000), along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of explosion proof combustible gas meters to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas meter on site to verify tank inertness.

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
<i>2000</i>	<i>Heating Oil</i>	<i>Soil and groundwater if present</i>	<i>2ft below each end of tank</i>

One soil sample must be collected for every 20 feet of piping that is removed. A ground water sample must be collected should any ground water be present in the excavation.

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) 10-20 cubic yards	Sampling Plan <i>Samples taken from excavation will be collected, placed in brass tubes sealed with tylen-tape caps, sealed w/ approved tape, placed on ice, transported to State Certified Lab under chain of custody & analyzed for constituents of tank.</i>

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

16. Chemical methods and associated detection limits to be used for analyzing samples

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. See attached Table 2.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPH-D BTXE Oil + Grease	GC FID (3550) 8020 or 8240		

17. Submit Site Health and Safety Plan (See Instructions)

18. Submit Worker's Compensation Certificate copy.

Name of Insurer _____

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

22. Submit a closure report to this office within 60 days of the tank removal. This report must contain all the information listed in item 22 of the instructions.

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 health and safety. 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.

Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

Signature of Contractor

Name (please type) Chuck Koer
Signature Chuck Koer
Date 6/10/92

Signature of Site Owner or Operator

Name (please type) JASON BAKER
Signature Jason Baker (by Phonda Kuper)
Date 6/10/92

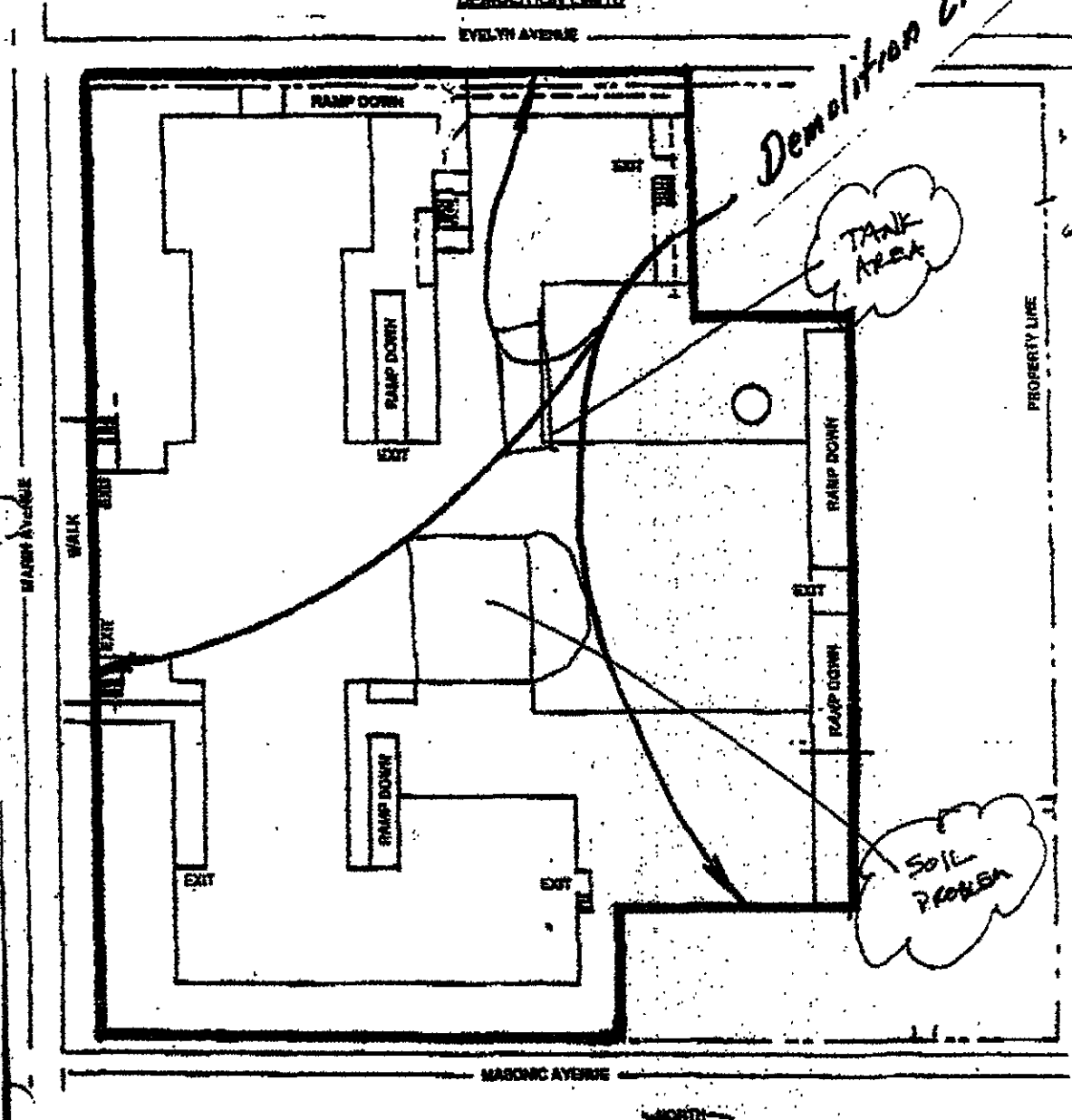
CITY OF ALBANY

Library \ Community Center Project
Phase I
Demolition

CONTRACT NO. 91-14

SITE PLAN
DEMOLITION LIMITS

EVELYN AVENUE



Sidewalks Excluded

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 <i>City of Albany Facility</i>		NAME OF OPERATOR		
ADDRESS <i>1247 Main Ave.</i>		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME <i>Albany</i>		STATE <i>CA</i>	ZIP CODE <i>94706</i>	SITE PHONE # WITH AREA CODE
BOX TO INDICATE: <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY				
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 <i>1</i>	E.P.A. I.D.# (optional) <i>CA 000805600</i>

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Baker, Joan</i>		PHONE # WITH AREA CODE <i>(510) 528-5760</i>	DAYS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>SAME</i>		PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>City of Albany</i>		CARE OF ADDRESS INFORMATION			
MAILING OR STREET ADDRESS <i>1000 San Pablo Ave.</i>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LOCAL AGENCY	<input type="checkbox"/> STATE AGENCY
CITY NAME <i>Albany</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> FEDERAL AGENCY
		STATE <i>CA</i>	ZIP CODE <i>94706</i>	PHONE # WITH AREA CODE <i>(510) 528-5760</i>	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>City of Albany</i>		CARE OF ADDRESS INFORMATION			
MAILING OR STREET ADDRESS <i>1000 San Pablo Ave.</i>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LOCAL AGENCY	<input type="checkbox"/> STATE AGENCY
CITY NAME <i>Albany</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> FEDERAL AGENCY
		STATE <i>CA</i>	ZIP CODE <i>94706</i>	PHONE # WITH AREA CODE <i>(510) 528-5760</i>	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 739-2582 if questions arise.

TY (TK) HQ -

V. LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box 1 on II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS 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) <i>Shonda Bremer-Kay</i>	APPLICANT'S TITLE <i>Office Manager</i>	DATE MONTH/YEAR <i>6/10/92</i>
--	--	-----------------------------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="text" value=""/> <input type="text" value=""/>	JURISDICTION # <input type="text" value=""/> <input type="text" value=""/>	FACILITY # <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
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.



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: 1 NEW PERMIT, 2 INTERIM PERMIT, 3 RENEWAL PERMIT, 4 AMENDED PERMIT, 5 CHANGE OF INFORMATION, 6 TEMPORARY TANK CLOSURE, 7 PERMANENTLY CLOSED ON SITE, 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 1347 Marina Ave, Albany

I. TANK DESCRIPTION: A. OWNER'S TANK I.D.#, B. MANUFACTURED BY, C. DATE INSTALLED, D. TANK CAPACITY IN GALLONS

II. TANK CONTENTS: A. 1 MOTOR VEHICLE FUEL, 2 PETROLEUM, 3 CHEMICAL PRODUCT, 4 OIL, 50 EMPTY, 55 UNKNOWN, B. 1 PRODUCT, 2 WASTE, C. 1a REGULAR UNLEADED, 1b PREMIUM UNLEADED, 2 LEADED, 3 DIESEL, 4 GASAHOL, 5 JET FUEL, 6 AVIATION GAS, 7 METHANOL, 99 OTHER (DESCRIBE IN ITEM D. BELOW)

III. TANK CONSTRUCTION: A. TYPE OF SYSTEM, B. TANK MATERIAL (Primary Tank), C. INTERIOR LINING, D. CORROSION PROTECTION

IV. PIPING INFORMATION: A. SYSTEM TYPE, B. CONSTRUCTION, C. MATERIAL AND CORROSION PROTECTION, D. LEAK DETECTION

V. TANK LEAK DETECTION: 1 VISUAL CHECK, 2 INVENTORY RECONCILIATION, 3 VAPOR MONITORING, 4 AUTOMATIC TANK GAUGING, 5 GROUND WATER MONITORING, 6 TANK TESTING, 7 INTERSTITIAL MONITORING, 81 NONE, 95 UNKNOWN, 99 OTHER

VI. TANK CLOSURE INFORMATION: 1. ESTIMATED DATE LAST USED (MO/DAY/YR), 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING, 3. WAS TANK FILLED WITH NEXT MATERIAL?

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): Shonda K... DATE: 6/10/92

LOCAL AGENCY USE ONLY: THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW. COUNTY #, JURISDICTION #, FACILITY #, TANK #, STATE I.D.#, PERMIT NUMBER, PERMIT APPROVED BY/DATE, PERMIT EXPIRATION DATE



WORKING TO PRESERVE YOUR ENVIRONMENT

(415) 572-8033

FAX (415) 572-9734

(800) 831-2344

DATE: *6/10/92* TIME:

FAX TO: *Alameda County*
 ATTN: *Larry Gots*

FAX NUMBER: *(510) 569-4757*
 # OF PAGES FOLLOWING COVER: *9*

COMMENTS: *Original to follow*

SENDER: *Shonda*

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL (415) 572-8033

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

Project Specialist (print)

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name N/A
Business Owner City of Albany
 2. Site Address 1247 Marina Avenue
City Albany Zip 94706 Phone 0
 3. Mailing Address 1000 San Pablo Avenue
City Albany Zip 94706 Phone (510) 528-5760
 4. Land Owner City of Albany
Address 1000 San Pablo Ave City, State Albany, CA Zip 94706
 5. Generator name under which tank will be manifested _____
City of Albany
- EPA I.D. No. under which tank will be manifested CAC00805600

6. Contractor SEMCO
Address 1741 Leslie St
City San Mateo, CA 94402 Phone (415) 572-8033
License Type ABC/040 ID# 449864
HAZ

7. Consultant N/A
Address _____
City _____ Phone _____

8. Contact Person for Investigation
Name Chuck Kipow Title Vice-President
Phone (415) 572-8033

9. Number of tanks being closed under this plan 1
Length of piping being removed under this plan undetermined
Total number of tanks at facility 1

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

**** Underground tanks are hazardous waste and must be handled **
as hazardous waste**

a) Product/Residual Sludge/Rinsate Transporter
Name Allied Petroleum EPA I.D. No. CAD980675128
Hauler License No. 1168 License Exp. Date 4/30/93
Address P.O. Box 193
City Hilmar State CA Zip 95327

b) Product/Residual Sludge/Rinsate Disposal Site
Name Refineria de Torvicas EPA I.D. No. CAD83166728
Address 13331 W. Hwy 33
City Patherson State CA Zip 95363

c) Tank and Piping Transporter

Name Oxanna EPA I.D. No. CA0982438566
Hauler License No. 2883 License Exp. Date 4/30/93
Address 3104 Athens Court
City Concord State CA Zip 94519

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CA000946392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Chuck Kiper / Mike Gamberoni
Company Semco
Address 1741 Chestnut St.
City San Mateo State CA Zip 94402 Phone 578-8033

12. Laboratory

Name Superior Precision Analytical
Address 1555 Burke Unit I
City San Francisco State CA Zip 94104
State Certification No. 1332 & 319

13. Have tanks or pipes leaked in the past? Yes [] No [X]

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

*High pressure hot water detergent
wash; 20 lbs per 1000 gallons dry ice*

Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be plugged.

The Bay Area Air Quality Management District (771-6000), along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of explosion proof combustible gas meters to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas meter on site to verify tank inertness.

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
<i>2000</i>	<i>Watering Oil</i>	<i>Soil</i>	<i>2ft below each end of tank</i>

One soil sample must be collected for every 20 feet of piping that is removed. A ground water sample must be collected should any ground water be present in the excavation.

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) 10-20 cubic yards	Sampling Plan <i>Samples taken from excavation will be collected, placed in Jerrycans sealed with teflon-tap & caps, sealed w/ approved tape, placed on ice, transported to State Certified Lab under chain of custody & analyzed for constituents of tank.</i>

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

16. Chemical methods and associated detection limits to be used for analyzing samples

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. See attached Table 2.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPH-D BTXE	GC/FID (3550) 8020 or 8240		

17. Submit Site Health and Safety Plan (See Instructions)

18. Submit Worker's Compensation Certificate copy

Name of Insurer _____

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

22. Submit a closure report to this office within 60 days of the tank removal. This report must contain all the information listed in item 22 of the instructions.

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 health and safety. 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.

Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

Signature of Contractor

Name (please type) Chuck Kiper

Signature Chuck Kiper

Date 6/10/92

Signature of Site Owner or Operator

Name (please type) JASON BAKER

Signature Jason Baker (by Phonda Kiper)

Date 6/10/92

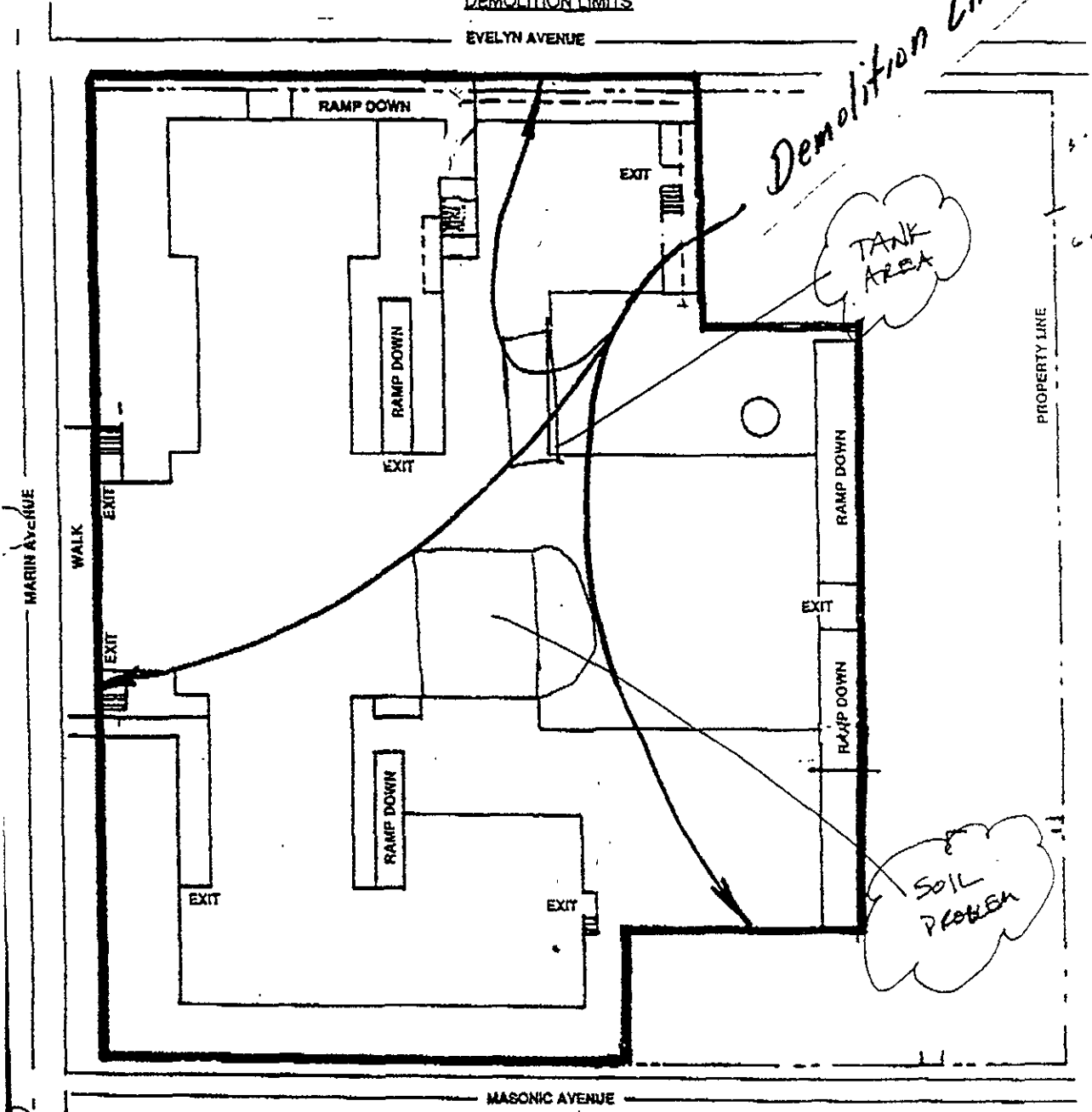
CITY OF ALBANY

Library \ Community Center Project
Phase I
Demolition

CONTRACT NO. 91-14

SITE PLAN
DEMOLITION LIMITS

EVELYN AVENUE



Demolition Limits

TANK AREA

SOIL PROBLEM

MASONIC AVENUE

NORTH

Sidewalks Excluded.

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Health Services, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION
Use ~~History~~ - This information is essential and must be accurate. Include ~~tank~~ installation date, products stored in the tank, and the date ~~when~~ the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc..

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- c) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- d) Frequency and types of air and personnel monitoring to be used - along with the environmental sampling techniques and instrumentation. Include instrumentation maintenance and calibration methods and frequencies;
- e) Specific personal protective equipment and procedures to be used by workers to protect themselves from the identified hazards. Also state the contaminant concentrations in air - or other conditions - which will trigger changes in work or work habits to ensure workers are not exposed to high levels of hazardous chemicals or to other unsafe conditions;
- f) Confined space entry procedures (if applicable);
- g) Decontamination procedures;
- h) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, security guards, etc.);
- i) Spill containment and emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- j) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- k) Page ~~for~~ employees to sign indicating they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120, Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist 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 Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tanks and piping in addition to the ones being pulled.

20. DEPOSIT

A deposit, payable to Alameda County for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Description of sampling methods;
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Tabulation of the volume and final destination of all non-manifested contaminated soil hauled offsite.

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. "Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal

10 August 1990

from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

SITE SAFETY PLAN
FOR
UNDERGROUND STORAGE TANK REMOVAL/CLOSURE

JOBSITE ADDRESS:

1247 MARIN AVENUE
ALBANY, CALIFORNIA

PREPARED BY:

JAMES C. BATEMAN PETROLEUM SERVICES, INC.

"dba"
SEMCO
1741 LESLIE STREET
SAN MATEO, CALIFORNIA 94402

431 WEST HATCH ROAD
MODESTO, CALIFORNIA 95351

JUNE 1992

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SEMCO has adopted the following Health & Safety Plan and procedures for the removal and/or closure of underground petroleum storage tanks and associated piping. The purpose of this plan is to provide health and safety guidelines to be adhered to while all work is in progress.

All personnel involved with the tank removal or associated activities will have an assigned responsibility. The outlined responsibilities will establish standards for personnel protective wear and safety procedures, and will provide for emergency actions which could arise during project operations.

SCOPE OF WORK

1.0 Scope of Work:

The tanks will be purged of all remaining residues, and these residues will be stored on site in a 55 gallon approved drum until they are hauled away or pumped out for disposal by a certified hazardous materials hauler.

The tanks will be inerted with a minimum of 20 lbs of dry ice per 1000 gallons of tank capacity. More ice will be added if necessary to displace the oxygen in the tank to a concentration level below the OSHA approved lower explosive limit, this will be achieved by using a Gastech 1314. When this level is obtained the tanks will be removed, and samples will be collected per the approved work plan.

1.1 Responsibilities of Other Agencies if Present:

- a. The Environmental Health Department is responsible for approval and inspection of procedures, including tank removal, sample procurement and integrity of work plan.
- b. The Fire Department is responsible for inspections relative to safe procedures and conditions of the tank prior to removal.

HAZARDS, SPECIAL PRECAUTIONS

2.0 Hazards, Special Precautions:

2.1 Special Precautions:

During the course of underground storage tank removal, workers could be exposed to petroleum hydrocarbon vapors, liquids, or other wastes. The following precautions will be observed by all individuals engaged in the tank removal activity.

2.1.1 Toxicity Considerations, Petroleum Substances:

All individuals should be aware of appropriate health precautions. When high concentrations of petroleum hydrocarbon vapors are inhaled, symptoms of intoxication may result. These symptoms, range from simple dizziness to unconsciousness. Care will be exercised to minimize exposure to these substances when they are present. Avoid skin contact with petroleum substances whenever possible. Use soap and water to remove any petroleum product that contacts skin.

2.1.2 Flammability and Combustibility Consideration:

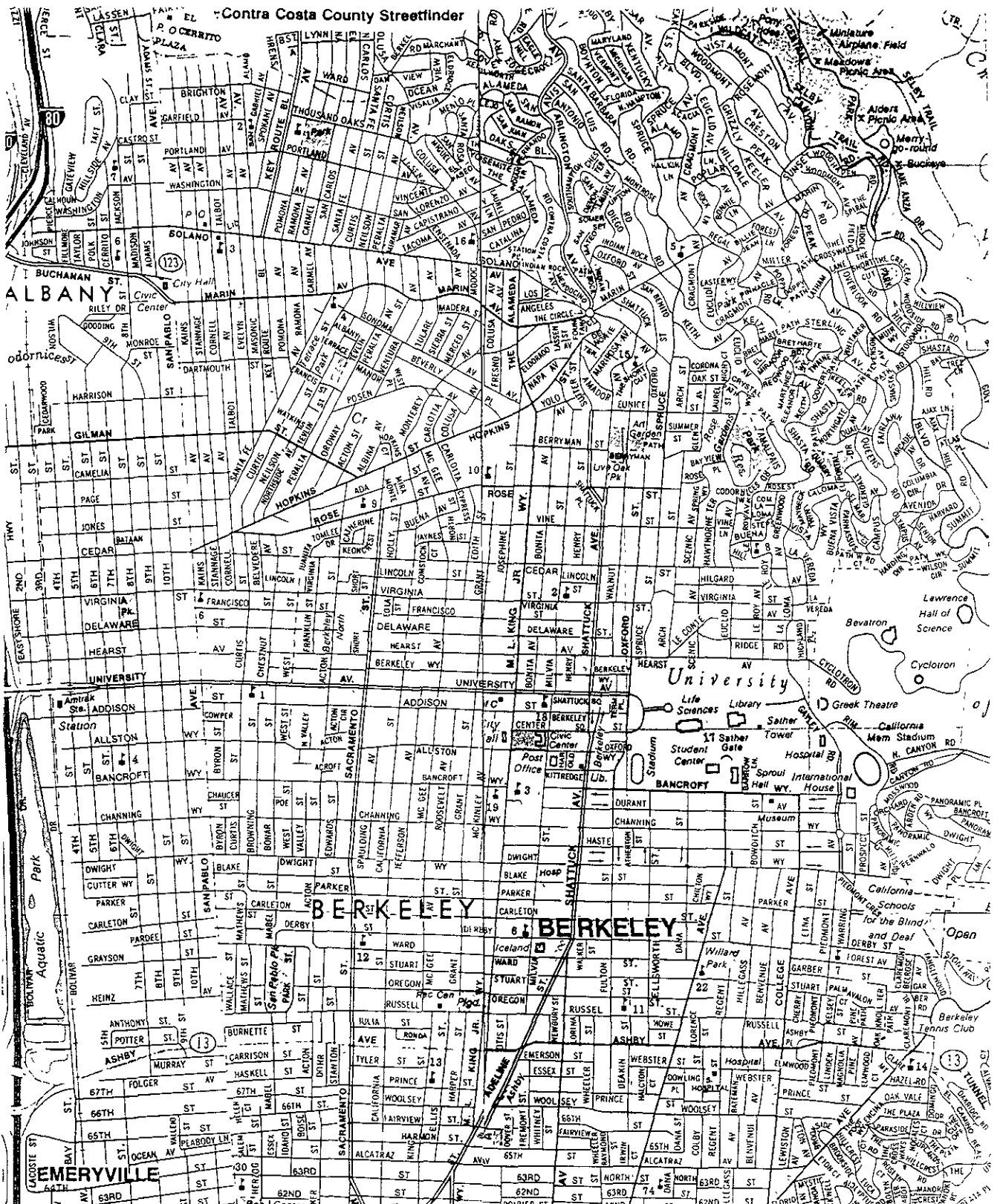
Flammable and combustible vapors are likely to be present in the work area. Precautions will be taken to eliminate all potential sources of ignition, to prevent the discharge of static electricity during venting, and to prevent the accumulation of vapors.

2.1.3 Physical Considerations:

During the excavation of underground storage tanks, some physical hazards can be present, in the form of large holes, exposed piping, debris piles, and excavation equipment. All workers will be aware of these hazards and take all necessary actions to eliminate accidents, when left unattended the excavated area will be appropriately marked and barricaded at all times.

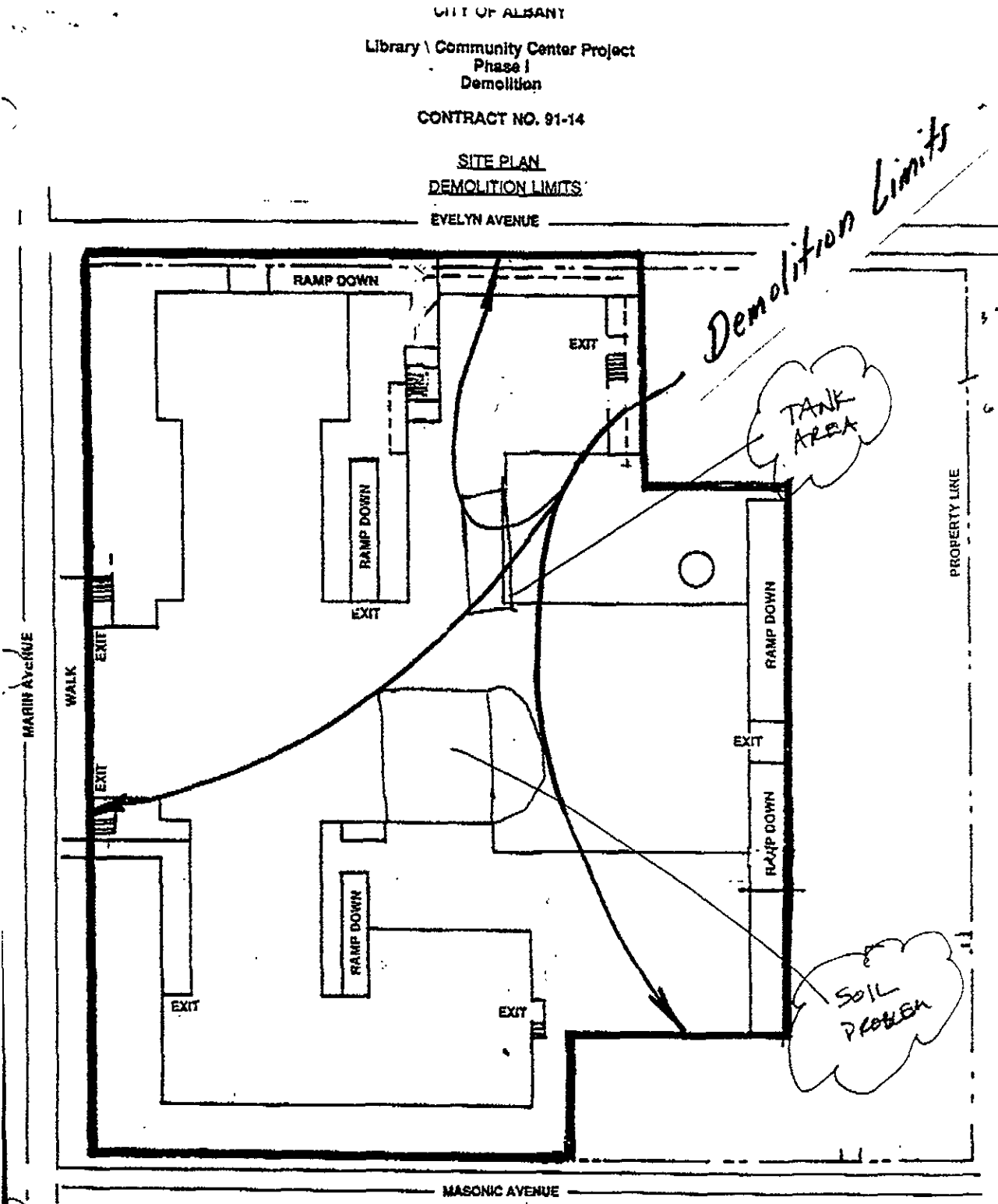
JOBSITE VICINITY MAP

3.0 Jobsite Vicinity Map



SITE MAP

4.0 Site Map



Sidewalks Excluded.

PERSONNEL

5.0 Personnel
SEMCO Employees

5.1 Project Manager

- Manages field operations.
- Ensures the Work Plan is completed on schedule.
- Briefs the field teams on their specific assignments.
- Participates in the preparation of the Site Safety Plan.
- Serves as a liaison with public officials.

5.2 Site Safety Officer

- Implements and enforces the SSP.
- Assures that all on-site personnel have received a copy of the SSP, have read it and understand it.
- Conducts frequent inspections of site conditions, facilities, equipment, and activities to determine if the SSP is adequate and being followed.
- Conducts daily "tailgate" meetings to explain the plan of work for the day, mention potential hazards of the site.
- Ensures that protective clothing and equipment are properly stored and maintained.
- Knows emergency procedures, excavation routes, and notifies local emergency services when necessary.
- Notifies the Health and Safety Manager of all accidents and injuries that occur on site.

5.3 On-Site Personnel:

- Are required to document their full understanding of the SSP before starting work by signing that they have read the SSP and understand it.
- Complies with the SSP.
- Notifies the SSO of unsafe conditions
- On-Site employees are held responsible to perform only those tasks for which they believe they are qualified and in their opinion are safe.

LEVEL D: Safety Glasses
 Steel Toe Shoes
 Hard Hats
 Uniform shirt/pants

LEVEL C: Safety Glasses or Goggles w/side shields
 Hard Hats
 Steel Toe Safety Shoes
 Half of Full Face Respirator with Organic
 Vapor Cartridge.
 Tyvek or Ploy-Coated Tyvek

EMERGENCY SERVICES

6.0 Emergency Services

6.1 Persons to contact in case of emergency:

a. PROJECT MANAGER

Name: Chuck Kiper
Phone: (415) 572-8033
(415) 860-8221 Mobile
(415) 377-8660 Pager

b. CLIENT CONTACT

Name: Jason Baker
Phone: (510) 528-5760

c. SITE CONTACT

Name: Chuck Kiper or Mike Tambroni
Phone: (415) 572-8033 (415) 572-8033

d. SITE SAFETY OFFICER

Name: Chuck Kiper
Phone: (415) 572-8033

e. ALTERNATE SITE SAFETY OFFICER

Name: Mike Tambroni
Phone: (415) 572-8033

f. HEALTH & SAFETY COORDINATOR

Name: Milton Tiffin
Phone: (209) 524-9653

6.2 Hospitals In Area:

Alta Bates-Herrick Hospital (510) 540-4405
2001 Dwight Way at Shattuck, Berkeley

6.3 Emergency Routes

See Hospital Route Map, Page 10

6.4 Ambulance Service:

Dispatch Service DIAL 911

6.5 Fire Prevention:

Albany Fire Department
(510) 528-5775

6.6 Fire Department:

DIAL 911

6.7 A First Aid Kit will be on site:

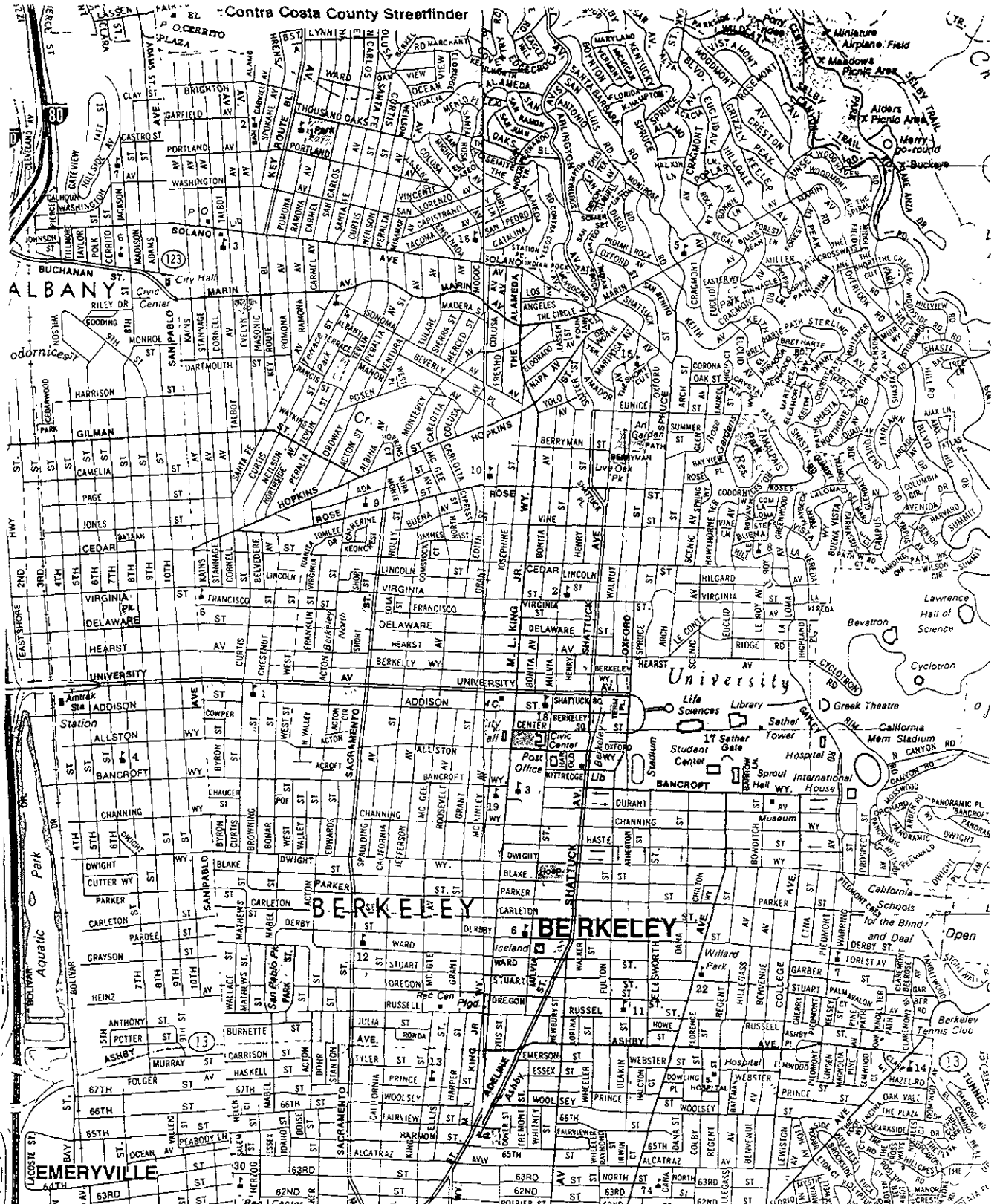
6.8 Barricades:

Job site will be barricaded off and construction tape will be used around working area, when work area is left unattended.

6.9 Fire Extinguishers will be present on site:

HOSPITAL ROUTE MAP

7.0 Hospital Route Map



8.0 Contingency Plan:

If an injury occurs, the following action will be taken:

- Medical attention for the injured person immediately.
- Notify the Site Safety Officer.
- Depending on the type and severity of the injury, SEMCO'S occupational physician will be notified.
- The injured person's personnel office will be notified.
- An incident report will be prepared. The Site Safety Officer will be responsible for its preparation and submittal to the Health and Safety Direction and corporate personnel office within 24 hours.
- The Site Safety Officer will assume charge during a medical emergency.
- EMERGENCY ROUTES--see Hospital Route Map, Page 10

SAFETY EQUIPMENT

9.0 Safety Equipment:

9.1 As a minimum, the following equipment will be on site:

LEL Meter - Gastech 1314
OSHA - Approved First Aid Kit
40BC Fire Extinguisher
Half Face Respirator with Organic Vapor Cartridges

10.0 Safety Training

SEMCO'S field employees have received their certificates of training as required by OSHA-SARA agencies, with refresher courses as needed.

11.0 SEMCO requires all Class I truck drivers to have a mandatory physical once a year. SEMCO supplies health insurance to all employees and administers random and mandatory drug and alcohol testing.

10.0 Signatures & Acknowledgments:

I acknowledge having read and understood the preceding Health & Safety Plan:

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) -

9/25/91

PRODUCER

R. L. Stewart Ins. Agency
P.O. Box 1515
Oakdale, Ca. 95361

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

INSURED

Semco
431 W. Hatch Rd.
Modesto, Ca. 95351

- COMPANY LETTER **A** American Star Ins. Co.
- COMPANY LETTER **B** Fairmont Ins. Co.
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	AMS1-519725	10/1/91	10/1/92	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 5,000
					COMBINED SINGLE LIMIT \$
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$
	ANY AUTO				BODILY INJURY (Per accident) \$
	ALL OWNED AUTOS				PROPERTY DAMAGE \$
	SCHEDULED AUTOS				
	HIRED AUTOS				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WCP80480741	9/5/91	9/5/92	STATUTORY LIMITS
					EACH ACCIDENT \$ 1,000,000
					DISEASE-POLICY LIMIT \$ 1,000,000
	OTHER				DISEASE-EACH EMPLOYEE \$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS All California Operations

CERTIFICATE HOLDER

County of Alameda
80 Swan Way, Room 200
Oakland, Ca. 95621

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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

Roger S. [Signature]