



Technology, Engineering & Construction, Inc.

35 South Linden Avenue • South San Francisco, CA 94080-6407
Tel: (650) 952-5551 • Fax: (650) 952-7631 • Contractor's Lic. #762034

May 11, 2000

Mr. Hernan Gomez
Hazardous Materials Inspector
City of Oakland
Fire Services Agency
1605 Martin Luther King Jr. Way
Oakland, CA 94612

SUBJECT: REMOVAL AND DISPOSAL OF ONE 1000-GALLON GASOLINE UNDERGROUND STORAGE TANK INCLUDING DISPOSAL OF HYDROCARBON IMPACTED SOIL GENERATED DURING REMOVAL ACTIVITIES


**SITE: JACK KEENEY
1500 EAST 12th STREET
OAKLAND, CA 94606**

Dear Mr. Gomez:

TEC Accutite is pleased to submit this underground storage tank (UST) removal report for Mr. Jack Keeney for the above referenced site. On March 29, 2000, one 1000-gallon gasoline underground storage tank (UST) was removed from the above referenced site and transported to and disposed of at Ecology Control Industries in Richmond, California. The UST was previously abandoned by filling it with cement as required by the Alameda County Public Works Agency. The UST was removed to facilitate a property transfer. Additionally, on April 18, 2000, 38.01 tons of hydrocarbon impacted soil was transported from the site and disposed of at Forward Landfill in Manteca, California.

Thank you for your cooperation and assistance on this project. If you have any questions, please call me at (650) 952-5551, Ext. 205.

Sincerely,
TEC Accutite


Walter Cuculic
Project Engineer

cc: Mr. Jack Keeney
20 West 3rd Ave.
San Mateo, CA 94402



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REMOVAL OF ONE 1000-GALLON GASOLINE

UNDERGROUND STORAGE TANK

AT

1500 EAST 12TH STREET

OAKLAND, CA

PREPARED FOR:

MR. JACK KEENEY

AND

OAKLAND FIRE SERVICES

MAY 11, 2000

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FIGURE

SITE VICINITY MAP
LOCATIONS OF THE UNDERGROUND STORAGE TANK AND SOIL SAMPLES

APPENDICES

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1.0 INTRODUCTION

TEC Accutite (Accutite) was contracted by Mr. Jack Keeney to remove and dispose of one 1000-gallon gasoline underground storage tank (UST) from 1500 East 12th Street in Oakland, California (Figure 1). Presented below are the methods and procedures used for the removal and disposal of the UST, the disposal of 38.01 tons of hydrocarbon impacted soil generated during the UST removal, and the advancing of one-soil boring (B-1) to 20 feet bgs to collect soil and groundwater samples.

2.0 PERMITTING

Prior to removing the UST, Accutite obtained a tank removal permit from the City of Oakland Fire Prevention Bureau (COFPB). A copy of the permit is provided in **Appendix A**. Accutite also notified the Bay Area Air Quality Management District (BAAQMD), and Underground Service Alert (USA).

3.0 TANK REMOVAL ACTIVITIES

On March 29, 2000, Accutite removed the 1000-gallon gasoline UST from the site. The UST had previously been closed in place with the approval of the Alameda County Public Works Agency. To close the UST in place the tank was filled with cement slurry. Accutite removed the cement slurry prior to removal and transportation to Ecology Control Industries (ECI) in Richmond, California. Accutite excavated and uncovered the UST. The tank did not need to be inerted by using CO₂ dry ice since the tank needed to be ripped open to remove the cement slurry prior transportation. A Gas-Tech meter monitored the Lower Explosion Limit (LEL) and oxygen content. After obtaining approval from Mr. Hernan Gomez of the COFPB, the UST was removed and transported under a manifest to ECI. A copy of the manifest is provided in **Appendix B**. Mr. Gomez witnessed the tank removal activities. Mr. Gomez and Accutite inspected the USTs and the excavation area. Minor evidence of soil contamination (stained soil and odor of petroleum hydrocarbons) was observed in the excavation pit at 5 to 8 feet below ground surface (bgs). No holes were noted on the UST. The bottom of the excavation was at approximately 9 feet below ground surface (bgs). No groundwater was encountered during the UST removal. After the UST was removed, two soil samples were collected from the bottom of the excavation. Additionally, a four-point composite soil samples was collected from the soil stockpile as requested by Mr. Gomez. The soil generated from the UST removal was stockpiled around the excavation.

4.0 SOIL SAMPLING

On March 29, 2000, after removing the UST, Accutite collected two soil samples from the bottom of the excavation and one four-point composite sample (see **Table 1** below and the attached **Figure 2**). All soil samples were collected by driving clean brass tubes into the soil. Samples were completely filled with soil to avoid headspace and loss of volatile compounds. Samples were covered with Teflon liners, capped, taped, labeled, put on ice (approximately 4° C) and transported, within 24 hours and under a chain of custody, to North State Environmental (a California certified laboratory).



5.0 ANALYTICAL FINDINGS

The select soil samples were analyzed using the following Environmental Protection Agency Methods:

- ◆ EPA Method 8015M for Total Petroleum Hydrocarbons as gasoline (TPHg);
- ◆ EPA Method 8020 for Benzene, Toluene, Ethyl benzene, and Xylenes (BTEX);
- ◆ EPA Method 8020 and 8260 for Methyl *Tertiary*-butyl ether (MTBE); and
- ◆ EPA Method 7420 for lead.

The analytical results for the soil samples are summarized in **Table 1** below. The laboratory report is included in **Appendix C**.

TABLE 1 ANALYTICAL RESULTS OF SOIL SAMPLES									
Sample ID	Date Sampled	TPHg	Benzene	Toluene	Ethyl Benzene	Xylenes	MTBE	Total Lead	STLC Lead
		ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm
SP-(1-4)	3/29/00	1,200	2.7	22	22	140	5.2	64	0.04
CS-1@9.0	3/29/00	4.3	0.12	0.12	0.098	0.61	2.2**	NA	NA
CS-2@9.0	3/29/00	0.76	0.058	0.057	0.022	0.063	0.081	NA	NA

* ppm = (parts per million)

** = confirmed by EPA Method 8260

NA = not analyzed

6.0 SOIL REMOVAL AND DISPOSAL

As requested by Mr. Gomez, Accutite removed and disposed of the hydrocarbon impacted soil generated during the removal of the gasoline UST. The soil stockpile sample contained 1,200 ppm TPHg, 2.7 ppm benzene, and 5.2 ppm MTBE. On April 18, 2000, Accutite removed and disposed of 38.01 tons of hydrocarbon impacted soil from the site. Accutite transported the soil under manifests #14040 and 725051 to Forward Landfill in Manteca, California. The manifests are presented in Attachment D.

7.0 SOIL BORING AND GRAB GROUNDWATER SAMPLE

As requested by Mr. Gomez during an April 12, 2000 telephone conversation and in a letter dated May 9, 2000, Accutite advanced one soil boring in the former location of the UST to 20 feet bgs (Figure 1). Accutite contracted Vironex Environmental Field Services to advance the soil boring using a 2.5-inch diameter hydraulic-push drill rig. On May 3, 2000 Accutite advanced one soil boring, B-1, to 20 feet bgs and collected one soil and one groundwater sample. The soil and groundwater samples were collected from the soil-groundwater interface. The samples were analyzed for TPHg, BTEX and MTBE. The soil boring log is presented in Attachment E.

The analytical results for the soil and groundwater samples are summarized in **Table 2** below. The laboratory report is included in **Appendix C**.

TABLE 2 ANALYTICAL RESULTS OF SOIL AND GROUNDWATER SAMPLES							
Soil Sample ID	Date Sampled	TPHg	Benzene	Toluene	Ethyl Benzene	Xylenes	MTBE
		ppm	ppm	ppm	ppm	ppm	ppm
B-1@12.0	5/3/00	1.2	0.51	<0.005	<0.005	<0.010	<0.005**
Groundwater Sample ID	Date Sampled	TPHg	Benzene	Toluene	Ethyl Benzene	Xylenes	MTBE
		ppb*	ppb	ppb	ppb	ppb	ppb
B-1	5/3/00	2,900	1,300	310	54	180	5,400**

* ppm = (parts per billion)

** = confirmed by EPA Method 8260

8.0 CONCLUSIONS AND RECOMMENDATIONS

- ◆ The highest hydrocarbon concentrations detected were 1,200 ppm TPHg, 2.7 ppm benzene, and 5.2 ppm MTBE in soil sample SP-(1-4) from the soil stockpile. This soil stockpile was disposed of at a regulated landfill. The highest hydrocarbon concentrations detected in-situ were 4.3 ppm TPHg, 0.12 ppm benzene, and 2.2 ppm MTBE. MTBE was confirmed by EPA Method 8260.
- ◆ The hydrocarbon concentrations detected in the grab groundwater sample collected from soil boring B-1 were 2,900 ppb TPHg, 1,300 ppb benzene, and 5,400 ppb MTBE. MTBE was confirmed by EPA Method 8260.
- ◆ Case closure or further site assessment is at the discretion of COFPB or the Alameda County Public Works Agency.

8.0 LIMITATIONS

Our services consist of professional opinions; conclusions and recommendations made today in accordance with generally accepted engineering principles and practices. This warranty is in lieu of all other warranties either expressed or implied. Accutite's liability is limited to the dollar amount of the work performed.


Thank you for your cooperation with this project. If you have any questions, please call at (650) 952-5551, Ext. 205.

Sincerely,
TEC Accutite



Walter Cuculic
Project Engineer

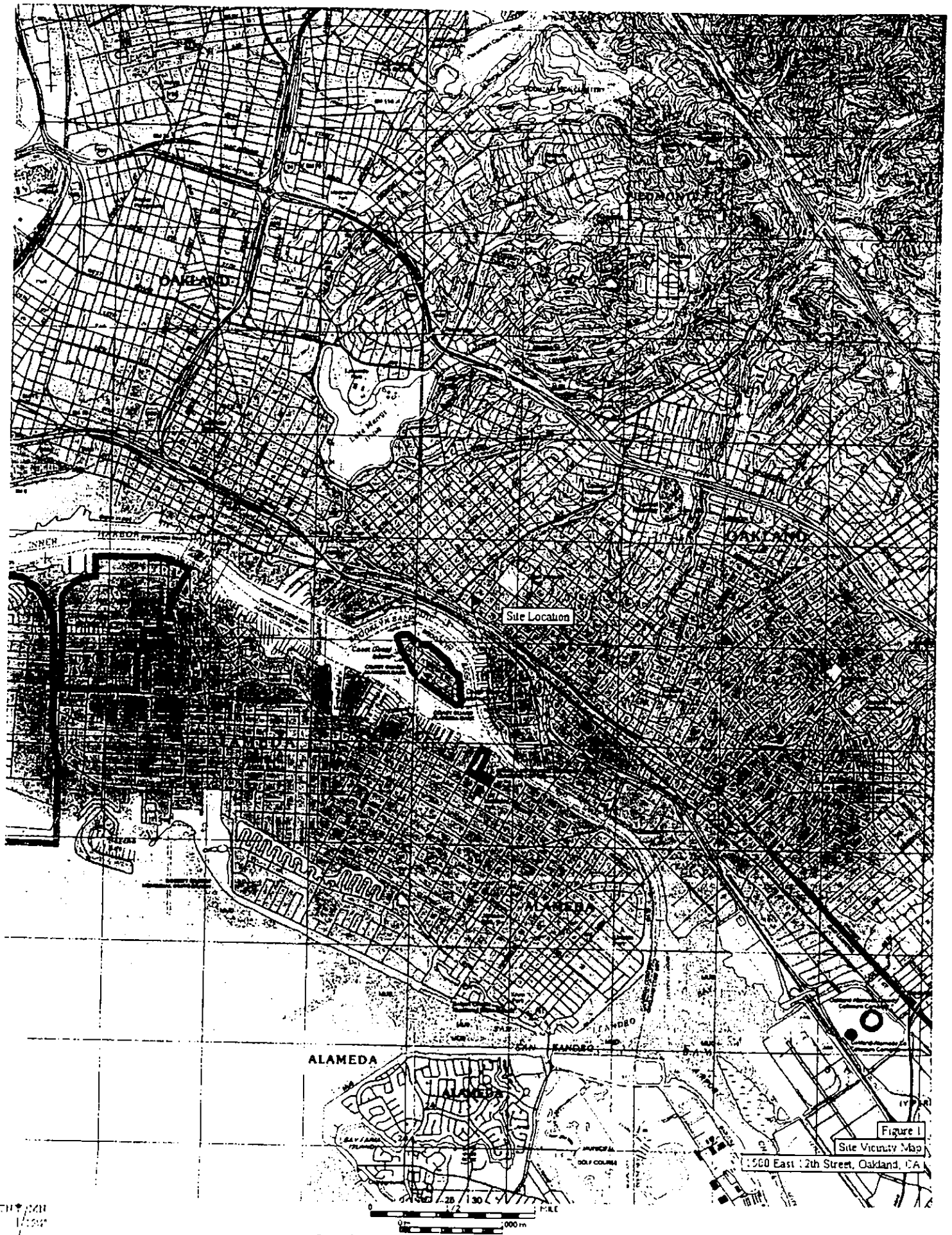
Reviewed by:



Sami Maleab, P.E., R.E.A.
Environmental Manager

cc: Mr. Jack Keeney, 20 West 3rd Avenue, San Mateo, CA 94402





Site Location

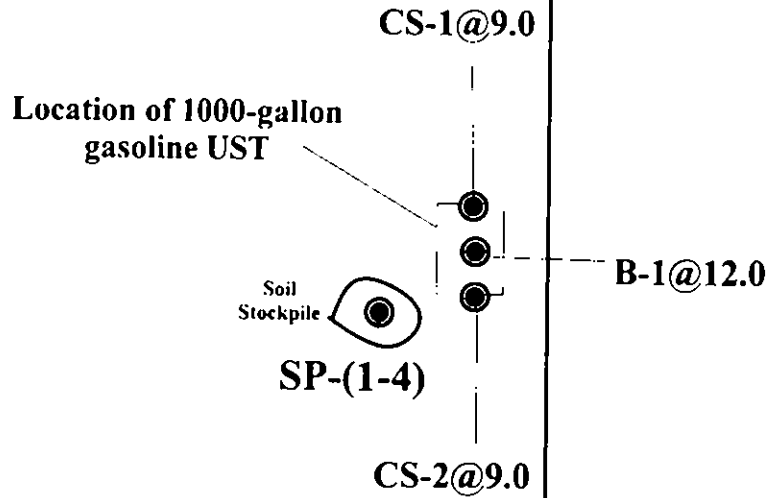
ALAMEDA

Figure 1

Site Vicinity Map

1560 East 12th Street, Oakland, CA

15th AVENUE



1500 East 12th Street
Oakland, CA

12th Street

REVISIONS
1

DATE
5/8/00

PAGE
1 of 1

SITE:

1500 East 12th Street
Oakland, CA

BY:

TEC
ACCUTITE

SCALE:
ONE INCH = 30 FEET

KEY:
UST = UNDERGROUND STORAGE TANK

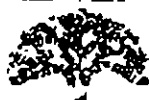
● SP-1 = Soil boring or
sample location

FIGURE 2
LOCATIONS OF THE UST
AND SOIL SAMPLES

35 SOUTH LINDEN AVENUE
SOUTH SAN FRANCISCO, CA 94080

**City Of Oakland
FIRE PREVENTION
BUREAU**

250 Frank Ogawa Plaza, Ste. 3341
Oakland California 94612-2032
510-238-3851



*Permit To Excavate And Install, Repair,
Or Remove Inflammable Liquid Tanks*

Oakland, California March 8, 2000

Tank Permit Number: 14-00

Permission Is Hereby Granted To:

Remove gasoline

Tank And Excavate Commencing: Feet Inside: property Line.

On The:

Site Address: 1500 E. 12th St.

Present Storage:

Owner: Jack M. Keeney

Address: 20 W. 34d Ave., San Mateo, 94402

Phone: (650) 345-7080

Applicant: TEC - Accutite

Address: 35 S. Linden Ave., San Francisco, 94080

Phone: (650) 952-5551

Dimensions Of Street (sidewalk) Surface To Be Disturbed : X No. Of Tanks 1 Capacity 1000 Gallons, Each

Remarks

This Permit Is Granted In Accordance With Existing City Ordinances. Owner Hereby Agrees To Remove Tanks On Discontinuance Of Use Or When Notified By The City Authorities When Installing, Removing Or Repairing Tanks. No Open Flame To Be On Or Near Premises.

CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

Type Of Inspection: UST Removal

Inspected And Passed On: 3/29/00

Approved: JERRY E. BLUEFORD
Fire Marshal

UST/AST Installations/modifications: By: H. Gomez

Pressure Test: Inspected By: _____ Date: _____

Inspection Fee Paid: \$ 540.00

Primary Piping Test: Inspected By: _____ Date: _____

Received By: M. McCarthy Ck#2529 rec# 802507

Secondary Containment & Sump Testing: _____

Inspected By: _____ Date: _____

Final: Inspected By: _____ Date: _____

Before Covering Tanks, Above Certification Must Be Signed When Ready For Inspection Notify Fire Prevention Bureau 238-3851

THIS PERMIT MUST BE LEFT ON THE WORK SITE AS AUTHORITY THEREFORE

CITY OF OAKLAND
FIRE PREVENTION BUREAU
421 14TH ST., 1ST FL.
OAKLAND, CALIFORNIA 94612
(510) 238-3851

APPLICATION for PERMIT to INSTALL, REMOVE or REPAIR TANKS
In the CITY OF OAKLAND

Request Submittal Date: February 29, 2000
PLEASE CIRCLE APPROPRIATE ACTIONS: Application is hereby made for permit to:

(a) Remove (b) Install (c) Repair (d) Modify (e) Abandon/Close in Place **A**

(a) Gasoline (b) Fuel oil (c) Diesel (d) _____ tank(s) and excavate, commencing:

(a) four feet inside the curb line*; (b) inside the property line; (c) aboveground; (d) underground tank(s)
*inside curb line, please attach copy of sidewalk/excavation permit from PLANNING AND BUILDING

on the in side of Parkway St./Ave. _____ feet _____ of _____ St./Ave.

Site Address: 1500 / E. 12th Street Present storage _____
1512

Owner: JACK M. Keeney Address 20 W. 3rd Ave. Phone 650-345-7080
San Mateo, CA 94402

Applicant: T&C-accutite Address 35 S. Linden Ave. Phone 651-952-5551

Sidewalk surface to be disturbed X Number of Tanks 1 Capacity 1,000 Gallons ea.

Remarks Tank inside Parkway area

Signature Willie Green

- PLEASE ATTACH/SUBMIT: (All applicants must have a City Business License Permit)
- (2) Copies of Closure Plans for underground tank removal(s)
 - ~~(2)~~ Sets of plans and (1) copy of specifications for above ground tank removal
 - ~~(2)~~ Sets of plans and (2) sets of application packets for underground tank installation/modifications
 - ~~(2)~~ Sets of plans for aboveground tank installation
 - copy or prepare to show Planning and Building approval for aboveground tank removal and tank repair

NOTE: FOR TANK INSTALLATION PLEASE SUBMIT THIS APPLICATION FORM ALONG WITH A APPLICATION FOR PERMIT TO OPERATE, MAINTAIN OR STORE

FOR OFFICE USE ONLY

Permit No. _____
Copies to: Electrical Inspection

Amt. Recv'd 5000.00
Ck# 2729 Cash _____
Recv'd by: RLC
Rec# 802507

Date Issued: _____

**City of Oakland, Fire Services Agency, Office of Emergency Services
Hazardous Materials Program
APPLICATION FOR UNDERGROUND TANK REMOVAL**

Project Contact & Phone #
Jack M. Keeney (650) 345-7080

Facility Name *Rose Pest Control* **Phone#**

Address
1500/E. 12th Street, Oakland

Cross Street *15th Avenue*

Owner/Operator *Jack M. Keeney* **Phone #** *650-345-7080*

Contractor Name *TEC- Accu tite* **Phone #** *650-952-5551*

Contractor Address *35 S. Linden* **CA License #** *762034* **Class** *A, B, HA2*

Hazardous Waste Certified:
(Qualifying license category *A, B, HA2*) **Yes** **No** **Workers Comp#** *WN9981246902*

City of Oakland Business Tax License # *1981544* **Permit #**

Does this site have a leaking UST (or did it have a leaking tank system?) **Yes** **No**

State Tank ID#	Tank Size	Material That Was Stored	Proposed Removal Date
	<i>1,000 gallons</i>	<i>Gasoline</i>	

APPROVED **APPROVED WITH CONDITION(S)** **DISAPPROVED**

PLAN REVIEWER'S SIGNATURE *[Signature]* **DATE OF APPROVAL** *2/29/00*

APPLICANT MUST PERFORM ALL WORK IN ACCORDANCE WITH CITY OF OAKLAND ORDINANCES, STATE LAWS, AND RULES AND REGULATIONS OF THE CITY OF OAKLAND FIRE SERVICES AGENCY. OWNER OR LICENSED AGENT'S SIGNATURE CERTIFIES THE FOLLOWING: "I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL NOT EMPLOY ANY PERSON IS SUCH A MANNER AS TO BECOME SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA." CONTRACTOR'S HIRING OR SUBCONTRACTING SIGNATURE CERTIFIES THE FOLLOWING: "I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL EMPLOY PERSONS SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA."

APPLICANT'S SIGNATURE *Walter Green* **TITLE:** *Project Mgr.* **DATE:** *2/29/00*

INDICATE THE RESPONSIBLE PARTY TO BE BILLED FOR ADDITIONAL FSA/OES STAFF TIME EXPENDED BEYOND THE HOURS COVERED BY THE INITIAL DEPOSIT AMOUNT. THE PARTY MUST ACKNOWLEDGE THIS RESPONSIBILITY FOR THE ADDITIONAL BILLING BY SIGNATURE AND DATE BELOW.

NAME TEC - Accutite

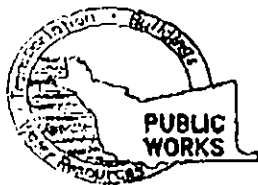
MAILING ADDRESS 35 S. Linden Ave. S. San Fran. CA 94080
STREET CITY, STATE, ZIP

DAY PHONE NUMBER (650) 952-5551
area code phone #

SIGNATURE Walter Green

DATE 2/29/00

FROM : Panasonic PPF



ALAMEDA COUNTY PUBLIC WORKS AGENCY

WATER RESOURCES SECTION
 399 ELMHURST ST. HAYWARD CA. 94544-1395
 PHONE (510) 670-8554 MARLON MAGALLANES/FRANK CODD (510) 670-5783
 FAX (510)782-1939

DRILLING PERMIT APPLICATION

FOR APPLICANT TO COMPLETE

LOCATION OF PROJECT 1500 East 12th Street
Oakland CA 9

CLIENT Name: Jack Keeney
 Address: 20 West 3rd Ave Phone: 950-348-7080
 City: San Mateo CA Zip: 94402

APPLICANT Name: TBC Acetate
 Address: 35 South Linden Ave Phone: 950-982-5571 Cell: 205
 City: San Jose Zip: 95128

TYPE OF PROJECT
 Well Construction Geotechnical Investigation
 Cathodic Protection General
 Water Supply Contamination U
 Monitoring Well Destruction U

PROPOSED WATER SUPPLY WELL USE
 New Domestic Replacement Domestic
 Municipal Irrigation
 Industrial Other

DRILLING METHOD:
 Mud Rotary Air Rotary Auger
 Cable Other

DRILLER'S LICENSE NO. 705927
Vironex, Inc.

Boiling
 WELL PROJECTS
 Drill Hole Diameter 2.25 in. Maximum
 Casing Diameter _____ in. Depth 20 ft.
 Surface Seal Depth _____ ft. Number 1

GEOTECHNICAL PROJECTS
 Number of Borings _____ Maximum
 Hole Diameter _____ in. Depth _____ ft.

ESTIMATED STARTING DATE 5/3/00
 ESTIMATED COMPLETION DATE 5/13/00

I hereby agree to comply with all requirements of this permit and Alameda County Ordinance No. 73-68.

APPLICANT'S SIGNATURE Walter Cuculic DATE 5/3/00
 PLEASE PRINT NAME Walter Cuculic Rev. 4-4-00

FOR OFFICE USE

PERMIT NUMBER W00-205
 WELL NUMBER _____
 APN _____

PERMIT CONDITIONS
 Circled Permit Requirements Apply

- A. GENERAL**
 1. A permit application should be submitted so as to arrive at the ACPWA office five days prior to proposed starting date.
 2. Submit to ACPWA within 60 days after completion of permitted work the original Department of Water Resources Well Completion Report.
 3. Permit is void if project not begun within 90 days of approval date.
- B. WATER SUPPLY WELLS**
 1. Minimum surface seal thickness is two inches of cement grout placed by tremie.
 2. Minimum seal depth is 30 feet for municipal and industrial wells or 20 feet for domestic and irrigation wells unless a lesser depth is specially approved.
- C. GROUNDWATER MONITORING WELLS INCLUDING PIEZOMETERS**
 1. Minimum surface seal thickness is two inches of cement grout placed by tremie.
 2. Minimum seal depth for monitoring wells is the maximum depth practicable or 20 feet.
- D. GEOTECHNICAL**
 Backfill bore hole by tremie with cement grout or cement grout/sand mixture. Upper two-three feet replaced in kind or with compacted cuttings.
- E. CATHODIC**
 Fill hole above anode zone with concrete placed by tremie.
- F. WELL DESTRUCTION**
 Send a map of work site. A separate permit is required for wells deeper than 45 feet.
- G. SPECIAL CONDITIONS**

APPROVED Frank Codd DATE 5-3-00

OAKLAND FIRE SERVICES AGENCY, OFFICE OF EMERGENCY SERVICES UNIFORM UNDERGROUND TANK SYSTEM CLOSURE INSPECTION REPORT

Facility Name TECHNICAL IFE
 Address 1515 E 12th
 Project Contact TECHNICAL IFE

Site ID. No. _____
 City Oakland Zip 94612
 Contact Phone No. 510-533-5551

Tank ID No.	102		
Size	1K		
Construction Material	Steel		
Single/Double Wall	SW		
Backfill Type	Sankey Clay		
Oxygen <10%	N/A		
LEL <20%	N/A		
Tank Condition	Tried to locate tank as per map - none observed in the area		
Soil/Groundwater Condition	Discoloration observed		
Soil Sample Depth	9'		
Number and Description of Soil/Groundwater Samples (Indicate Sample Locations on Site Plan.)	4 Point composite soil samples 1 soil sample from each end of UST		

Piping: Rinsed/Tested/Capped Rinsate: Shipped on Manifest
 Evidence Tape Chain of Custody; Pipeline Samples Taken Transporter Name Same as on Application
 Tank and Piping Transport: Shipped on Manifest Vehicle Hazwaste Certificate Current
 Samples Refrigerated
 Yes, No (If no, explain why in Comments.)
 Soil Stored on Berned Plastic and Covered.

Disposition of Tank Contents Empty and sealed
 Comments/Special Conditions Tank was tested for leaks and no readings were taken

Site Plan: Attached

Inspector M. Garcia Agency OFS Date 3/29/00 Start Time 10:00 Stop time _____
 Signature of Contractor/Authorized Agent _____ Date 3/29/00 Page 1 of _____

APPENDIX B
HAZARDOUS WASTE MANIFEST



350.31003

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

GENERATOR

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No		Manifest Document No		2 Page 1		Information in the shaded areas is not required by Federal law	
3 Generator's Name and Mailing Address Jack M. Keeney 30122 9th St. Sacramento CA 95802		CACC0022918493		0663		1 of 1		A State Manifest Document Number 99830663	
4 Generator's Phone (650) 345-7000		5 US EPA ID Number		CACC0022918493		D Transporter's Phone (916) 236-7563		B State Generator's ID	
5 Transporter 1 Company Name		6 US EPA ID Number		CACC0022918493		E State Transporter's ID [Reserved]		C State Transporter's ID [Reserved]	
7 Transporter 2 Company Name		8 US EPA ID Number		CACC0022918493		F Transporter's Phone		D Transporter's Phone	
9 Designated Facility Name and Site Address 30122 9th St. Sacramento CA 95802		10 US EPA ID Number		CACC0022918493		G State Facility's ID		E State Transporter's ID [Reserved]	
11 US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers No		13 Total Quantity		14 Unit Wt/Vol		I Waste Number	
HAZARDOUS WASTE STORAGE TANK		001		0750		P		State	
b								EPA/Other	
c								State	
d								EPA/Other	
J Additional Descriptions for Materials Listed Above 28064		K Handling Codes for Wastes Listed Above		a		b		State	
15 Special Handling Instructions and Additional Information 24 hour emergency telephone number		c		d				EPA/Other	
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		Printed/Typed Name		Signature		Month		Day	
17 Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month		Day	
18 Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month		Day	
19 Discrepancy Indication Space		Printed/Typed Name		Signature		Month		Day	
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	

DO NOT WRITE BELOW THIS LINE.

APPENDIX C
LABORATORY RESULTS





North State Environmental Laboratory

CA ELAP# 1753

90 South Spruce Avenue, Suite V • South San Francisco, CA 94080 • (650) 266-4563 • FAX (650) 266-4560

C E R T I F I C A T E O F A N A L Y S I S

Lab Number: 00-0445
 Client: Technology Eng. Const.
 Project: 1500 E. 12th St., Oakland

Date Reported: 04/10/2000

Gasoline, BTEX and MTBE by Methods 8015M and 8020
 Lead by Method 7420, AA Spectroscopy
 STLC Metals by CAM WET by Title 22 66700

Analyte	Method	Result	Unit	Date Sampled	Date Analyzed
Sample: 00-0445-01		Client ID: SP (1-4)		03/29/2000	SOIL COMP.
Gasoline	8015M	1200	mg/Kg		04/03/2000
Benzene	8020	2.7	mg/Kg		
Ethylbenzene	8020	22	mg/Kg		
MTBE	8020	5.2	mg/Kg		
Toluene	8020	22	mg/Kg		
Xylenes	8020	140	mg/Kg		
Lead	7420	64	mg/Kg		04/10/2000
STLC Lead	7420	0.04	mg/L		04/14/2000
Sample: 00-0445-02		Client ID: CS-1@9.0		03/29/2000	SOIL
Gasoline	8015M	4.3	mg/Kg		03/30/2000
Benzene	8020	0.12	mg/Kg		
Ethylbenzene	8020	0.098	mg/Kg		
MTBE	8020	*2.2	mg/Kg		
Toluene	8020	0.12	mg/Kg		
Xylenes	8020	0.61	mg/Kg		
Sample: 00-0445-03		Client ID: CS-2@9.0		03/29/2000	SOIL
Gasoline	8015M	0.76	mg/Kg		03/30/2000
Benzene	8020	0.058	mg/Kg		
Ethylbenzene	8020	0.022	mg/Kg		
MTBE	8020	0.81	mg/Kg		
Toluene	8020	0.057	mg/Kg		

*Confirmed by GC/MS method 8260



North State Environmental Laboratory

90 South Spruce Avenue, Suite V • South San Francisco, CA 94080 • (650) 266-4563 • FAX (650) 266-4560

CA ELAP# 1753

C E R T I F I C A T E O F A N A L Y S I S

Lab Number: 00-0445
Client: Technology Eng. Const.
Project: 1500 E. 12th St., Oakland

Date Reported: 04/10/2000

Gasoline, BTEX and MTBE by Methods 8015M and 8020
Lead by Method 7420, AA Spectroscopy
STLC Metals by CAM WET by Title 22 66700

Analyte	Method	Result	Unit	Date Sampled	Date Analyzed
Sample: 00-0445-03	Client ID: CS-2@9.0			03/29/2000	SOIL
Xylenes	8020	0.063	mg/Kg		



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CA ELAP# 1753

C E R T I F I C A T E O F A N A L Y S I S

Quality Control/Quality Assurance

Lab Number: 00-0445
Client: Technology Eng. Const.
Project: 1500 E. 12th St., Oakland

Date Reported: 04/10/2000

Gasoline, BTEX and MTBE by Methods 8015M and 8020
Lead by Method 7420, AA Spectroscopy
STLC Metals by CAM WET by Title 22 66700

Analyte	Method	Reporting Limit	Unit	Blank	Avg MS/MSD Recovery	RPD
Gasoline	8015M	0.5	mg/Kg	ND	94	10
Benzene	8020	.005	mg/Kg	ND	65	4
Ethylbenzene	8020	.005	mg/Kg	ND	96	3
Toluene	8020	.005	mg/Kg	ND	81	1
Xylenes	8020	.010	mg/Kg	ND	98	4
MTBE	8020	.005	mg/Kg	ND	79	17
Lead	7420	1.0	mg/Kg	ND	89	1
STLC Lead	7420	0.05	mg/L	ND	84/81	3

ELAP Certificate NO:1753

Reviewed and Approved

John A. Murphy Laboratory Director

Chain of Custody Accutite Environmental Engineering

00-0445

Client: Accutite Environmental Engineering					Report To: <i>Walter Cuculic</i>					Turnaround				
Address: 35 South Linden Avenue South San Francisco, CA 94080					Bill To: Accutite					ASAP	1 Day	2 Day	3 Day	
Phone: 650-952-5551					Billing Reference#					1 Week	2 Week	Others		
Project Name/Address: <i>1700 15th Ave, Oakland CA</i>					Analysis Required					Remarks				
Sampler: <i>Walter Cuculic</i> Date: <i>3-29-00</i>														
Sample ID	Sample Matrix	# of Containers	Container Type	Sample Date/Time	TPH _g	STC _L	MTSE							
SP-1	Soil	1	Brass	3/29/00 2:10	X	X	X							
SP-2	}	}	Subs	}	X	X	X	}	}	}	}	}	}	
SP-3						X	X							X
SP-4						X	X							X
15-1090						2:20	X							X
15-2410			2:30	X	X	X								
												(3) ADD STC LEAD TO SAMPLE SP-1,2,3,4 4-10-00 PER W. CUCULIC VIA TELEPHONE		
Relinquished by: <i>Walter Cuculic</i>				Date: <i>3-29-00</i>	Time: <i>3:10</i>	Received by: <i>[Signature]</i>				Date: <i>03/29/00</i>	Time: <i>3:10pm</i>			
Relinquished by:				Date:	Time:	Received by:				Date:	Time:			
Relinquished by:				Date:	Time:	Received by:				Date:	Time:			

35 S. LINDEN AVE.
SO. SAN FRANCISCO, CA 94080
(650)952-5551 PHONE
(650)952-7631 FAX



Fax

To: Ed From: Walter

Fax: 650-266-4560 Pages: 2

Phone: 650-266-4563 Date: 4-6-00

Re: _____ CC: _____

- Urgent For Review Please Comment Please Reply Please Recycle

Ed,

Please run sample SP-1 through
SP-4 (the composite sample) for total
lead. I need the results by Monday
The sample # is 00-0445-01

Thanks,

Call me with any question

Walter Guastic

Client: Accutec Environmental Engineering
 Address: 11 South Linden Avenue, South San Francisco, CA 94080
 Phone: 658-912-5551

Project Name: *Walter*
 Billing Reference: *Acute*

ASAP: 1 Day: 2 Day:
 1 Week: 2 Week: Other:

Sample ID	Sample Matrix	# of Containers	Container Type	Sample Date/Time	TPP	PEL	MTE	Total Lead	Remarks
SP-1	Soil	1	Brass	3/29/00 2:00	X	X	X	X	
SP-2	S	S	Subs		X	X	X	X	Report in to one sample MTE by 9260
SP-3				X	X	X	X		
SP-4				X	X	X	X		
SP-1090				X	X	X	X		
SP-290					X	X	X		

Received by: *[Signature]* Date: 3/24/00

Relinquished by: _____ Date: _____

Relinquished by: _____ Date: _____

FROM : Parasoni c PDF



North State Environmental Laboratory

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CA CLAP# 1253

C E R T I F I C A T E O F A N A L Y S I S

Lab Number: 00-0638
Client: Technology Eng. Const.
Project: JACK KEENY, 1500 E. 12TH ST., OAKLAND

Date Reported: 05/09/2000

Gasoline, BTEX and MTBE by Methods 8015M and 8020

Analyte	Method	Result	Unit	Date Sampled	Date Analyzed
Sample: 00-0638-01 Client ID: B-1@12.0				05/03/2000	SOIL
Gasoline	8015M	1.2	mg/Kg		05/05/2000
Benzene	8020	0.51	mg/Kg		
Ethylbenzene	8020	0.009	mg/Kg		
MTBE	8020	*ND			
Toluene	8020	ND			
Xylenes	8020	ND			
Sample: 00-0638-02 Client ID: B-1				05/03/2000	WATER
Gasoline	8015M	2900	ug/L		05/08/2000
Benzene	8020	1300	ug/L		
Ethylbenzene	8020	54	ug/L		
MTBE	8020	*5400	ug/L		
Toluene	8020	310	ug/L		
Xylenes	8020	180	ug/L		

*Confirmed by GC/MS method 8260



North State Environmental Laboratory

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CA ELAP# 1753

C E R T I F I C A T E O F A N A L Y S I S

Quality Control/Quality Assurance

Lab Number: 00-0638
Client: Technology Eng. Const.
Project: JACK KEENY, 1500 E. 12TH ST., OAKLAND

Date Reported: 05/09/2000

Gasoline, BTEX and MTBE by Methods 8015M and 8020

Analyte	Method	Reporting Limit	Unit	Blank	Avg MS/MSD Recovery	RPD
Gasoline	8015M	0.5	mg/Kg	ND	68	6
Benzene	8020	.005	mg/Kg	ND	59	5
Ethylbenzene	8020	.005	mg/Kg	ND	99	4
Toluene	8020	.005	mg/Kg	ND	82	4
Xylenes	8020	.010	mg/Kg	ND	103	4
MTBE	8020	.005	mg/Kg	ND	69	17
Gasoline	8015M	50	ug/L	ND	61	6
Benzene	8020	0.5	ug/L	ND	61	7
Ethylbenzene	8020	0.5	ug/L	ND	93	6
Toluene	8020	0.5	ug/L	ND	80	6
Xylenes	8020	1.0	ug/L	ND	95	5
MTBE	8020	0.5	ug/L	ND	67	6

ELAP Certificate NO:1753

Reviewed and Approved

John A. Murphy, Laboratory Director

Chain of Custody Accutite Environmental Engineering

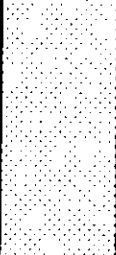
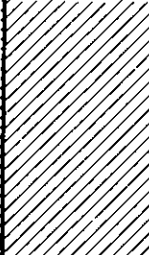


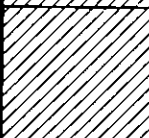
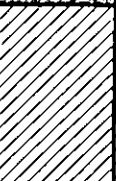
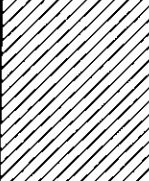
T0175

00-0638

Client Accutite Environmental Engineering					Report To <u>Walter Cenic</u>			Turnaround					
Address 35 South Linden Avenue South San Francisco, CA 94080					Bill To: Accutite			ASAP <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day <input checked="" type="checkbox"/> Others <input type="checkbox"/>					
Phone 650-952-5551					Billing Reference# <u>3870</u>			1 Week <input type="checkbox"/> 2 Week <input type="checkbox"/> Others <input type="checkbox"/>					
Project Name/Address <u>Jack Keeny 1500 E. 12th Ave, Oakland</u>					Analysis Required			Remarks					
Sampler <u>Walter Cenic</u>		Date: <u>5-3-00</u>			TPH ₂	DTG	MTBE						
Sample ID	Sample Matrix	# of Containers	Container Type	Sample Date/Time									
B-671	soil	1	plastic sube	5-3-00 / 4:20	X	X	X						
B-1	water	4	Wobas	4:00	X	X	X						
								please confirm MTBE by 8:20					
Relinquished by: <u>[Signature]</u>					Date	Time	Received by: <u>[Signature]</u>		Date	Time			
					5-4-00	3:00			5/04/00	15:05			
Relinquished by:					Date	Time	Received by:		Date	Time			
Relinquished by:					Date	Time	Received by:		Date	Time			

TEC ACCUTITE SOIL BORING LOG

BORING NO. B-1 CLIENT JACK KEENEY
 STARTED DRILLING 5/3/00 LOCATION 1500 East 12th Street, Oakland, CA
 COMPLETED DRILLING 5/3/00 START TIME 1:00 pm FINISH TIME 3:00 pm ELEVATION NA
 DRILLING METHOD DIRECT PUSH-GEOPROBE LOGGED BY WALTER CUCULIC
 SAMPLING METHOD 2.25" MACRO-CORE (CONTINUOUS) DRILLED BY VIRONEX, INC.

DEPTH BELOW GROUND SURFACE	SAMPLES COLLECTED			LITHOLOGIC DESCRIPTION	UNIFIED SOIL CLASSIFICATION	GRAPHIC LOG	COMPLETED BORING	REMARKS
	INT	PPM Heating Oil	SAMPLE ID					
1 FT				Sandy Clayey SILT. (FILL), dark brown, dry to wet; low plasticity, moderate estimated permeability.	FILL			PORTLAND CEMENT I / II
2								
3								
4								
5			B-1@5.0					
6				Clayey SAND. (SC); olive brown, wet; low plasticity, moderate estimated permeability.  groundwater @ 12.5'	SC			
7								
8								
9								
10								
11			B-1@12.0					
12								
13								
14								
15								
16				Silty Clay; (CL); tan; moist; medium plasticity, low estimated permeability.	CL			
17								
18								
19								
20								
21				BORING TERMINATED AT 20 FEET BGS				
22								
23								
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CITY OF OAKLAND



FIRE SERVICES AGENCY • 1605 MARTIN LUTHER KING JR. WAY • OAKLAND, CALIFORNIA 94612

Office of Emergency Services

(510) 238-3938

FAX (510) 238-7767

TDD (510) 839-6451

May 9, 2000

Mr. Walter Cuculic
35 South Linden Avenue
South San Francisco, CA 94080

**RE: Request for Additional Investigation at 1532 Peralta Street
Oakland, CA 94607**

Dear Mr. Cuculic:

Our office has received and reviewed the analytical results of soil sampling subsequent to the removal of one 1,000-gallon gasoline underground storage tank at the above site. Based on the levels of methyl tertiary-butyl ether (MTBE) observed in the soil and the potential toxicity of this compound, a grab groundwater sample is requested.

If you have any questions, please contact me at (510) 238-7253.

Sincerely,

A handwritten signature in black ink that reads "Hernán E. Gómez". The signature is written in a cursive style.

Hernán E. Gómez
Hazardous Materials Inspector

cc: Leroy Griffin, Hazardous Materials Program Supervisor

**OAKLAND FIRE SERVICES AGENCY, OFFICE OF EMERGENCY SERVICES
UNIFORM UNDERGROUND TANK SYSTEM CLOSURE INSPECTION REPORT**

Facility Name 1502 E 12th
 Address 1505 E. 12th
 Project Contact TECACUTITE

Site ID. No. _____
 City Oak. Zip 94606
 Contact Phone No. 650-955-5551

Tank ID No.	<u>1</u>		
Size	<u>1K</u>		
Construction Material	<u>Steel</u>		
Single/Double Wall	<u>SW</u>		
Backfill Type	<u>Sandy clay</u>		
Oxygen <10%	<u>N/A</u>		
LEL <20%	<u>N/A</u>		
Tank Condition	<u>Filled w/ concrete has to be cut - holes observed in the tank bottom</u>		
Soil/Groundwater Condition	<u>Decontamination band</u>		
Soil Sample Depth	<u>9'</u>		
Number and Description of Soil/Groundwater Samples (Indicate Sample Locations on Site Plan.)	<u>4 point composite from stockpile 1 soil sample from each end of UST</u>		

Piping: Rinsed/Tested/Capped - Rinsate: Shipped on Manifest
 Tank and Piping Transport: Shipped on Manifest N/A Transporter Name Same as on Application
 Evidence Tape Chain of Custody; Pipeline Samples Taken Vehicle Hazwaste Certificate Current
 Yes, No (If no, explain why in Comments.) Samples Refrigerated
 Soil Stored on Bermed Plastic and Covered.

Disposition of Tank Contents Concrete sent to landfill
 Comments/Special Conditions Tank was filled w/ concrete - cut on top of tank ~~was~~ made
 No readings were taken.

Inspector H. Goines Agency OFD Date 3/29/00 Start Time 1:00 Stop time _____
 Signature of Contractor/Authorized Agent Walter Acosta Date 3/29/00 Page 1 of 1
 Site Plan: Attached



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GET THE YAHOO! STOCK MARKET TOOLBAR >>>>>>>>

PUT A STOCK IN IT!



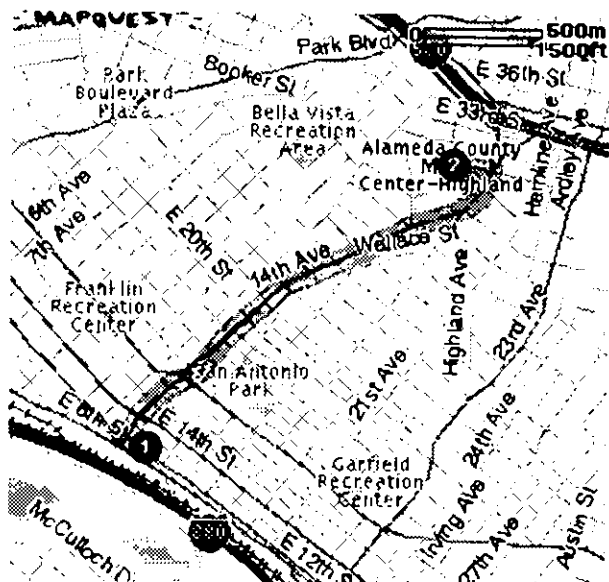
Yahoo! Maps - Driving Directions

[New Location](#)

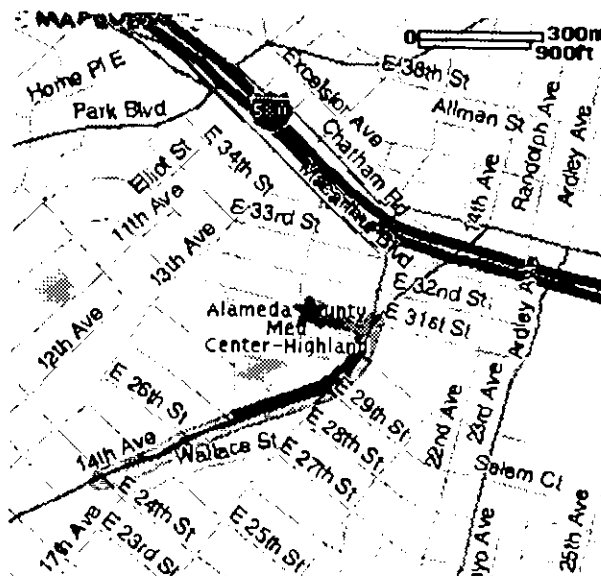
Starting From:	Arriving At:	Distance:	Approximate Travel Time:
1500 East 12th Street Oakland, CA 94606-4434	Alameda County Medical Ctr 1411 E 31st St Oakland, CA 94602 (510) 437-4800	1.4 miles	4 mins

Directions

- | | miles |
|--|-------|
| 1. Start out going Northwest on E 12TH ST towards 15TH AVE by turning right. | 0.1 |
| 2. Turn RIGHT onto 14TH AVE. | 0.3 |
| 3. Turn SLIGHT LEFT onto 15TH AVE. | 0.1 |
| 4. Turn SLIGHT RIGHT onto 14TH AVE. | 0.8 |
| 5. Turn LEFT onto E 31ST ST. | 0.1 |



Full Route



Destination

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

10/26/1999

PRODUCER

Andreini & Co License 0208825
 220 West 20th Ave.
 San Mateo, CA 94403
 (650)573-1111 Fax(650)378-4361

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 UNITED CAPITOL INS. CO.
- COMPANY LETTER B GOLDEN EAGLE INSURANCE CORP.
- COMPANY LETTER C FREMONT COMPENSATION
- COMPANY LETTER D
- COMPANY LETTER E

INSURED

TECHNOLOGY ENGINEERING &
 CONTRUCTION INC dba: ACCUTITE
 35 SO. LINDEN AVE.
 SO. SAN FRANCISCO, CA 94080

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				
X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNERS & CONTRACTORS PROT	GLA1003728	07/01/99	07/01/00	GENERAL AGGREGATE \$ 5,000,000 PRODUCTS-COMP/POP AGG. \$ 5,000,000 PERSONAL & ADV. INJURY \$ 5,000,000 EACH OCCURRENCE \$ 5,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXPENSE (Any one person) \$ 5,000
X	POLL. LIAB.				COMBINED SINGLE LIMIT \$ 1,000,000
	AUTOMOBILE LIABILITY				
B X	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	CCP 601603-00	04/07/99	04/07/00	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY				
A X	UMBRELLA FORM OTHER THAN UMBRELLA FORM	UMB 1480004	07/01/99	07/01/00	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WN9981246902	10/01/99	10/01/00	X STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE - POLICY LIMIT \$ 1,000,000 DISEASE - EACH EMPLOYEE \$ 1,000,000
	OTHER				
A	PROFESSIONAL LIABILITY	GLA1003728	07/01/99	07/01/00	EACH LOSS CLAIMS MADE 5,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

30 DAYS CANCELLATION EXCEPT WITH RESPECT TO NON-PAY, WHICH IS 10 DAYS.

CERTIFICATE HOLDER

CANCELLATION

PROOF OF INSURANCE

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

Sheila Marble



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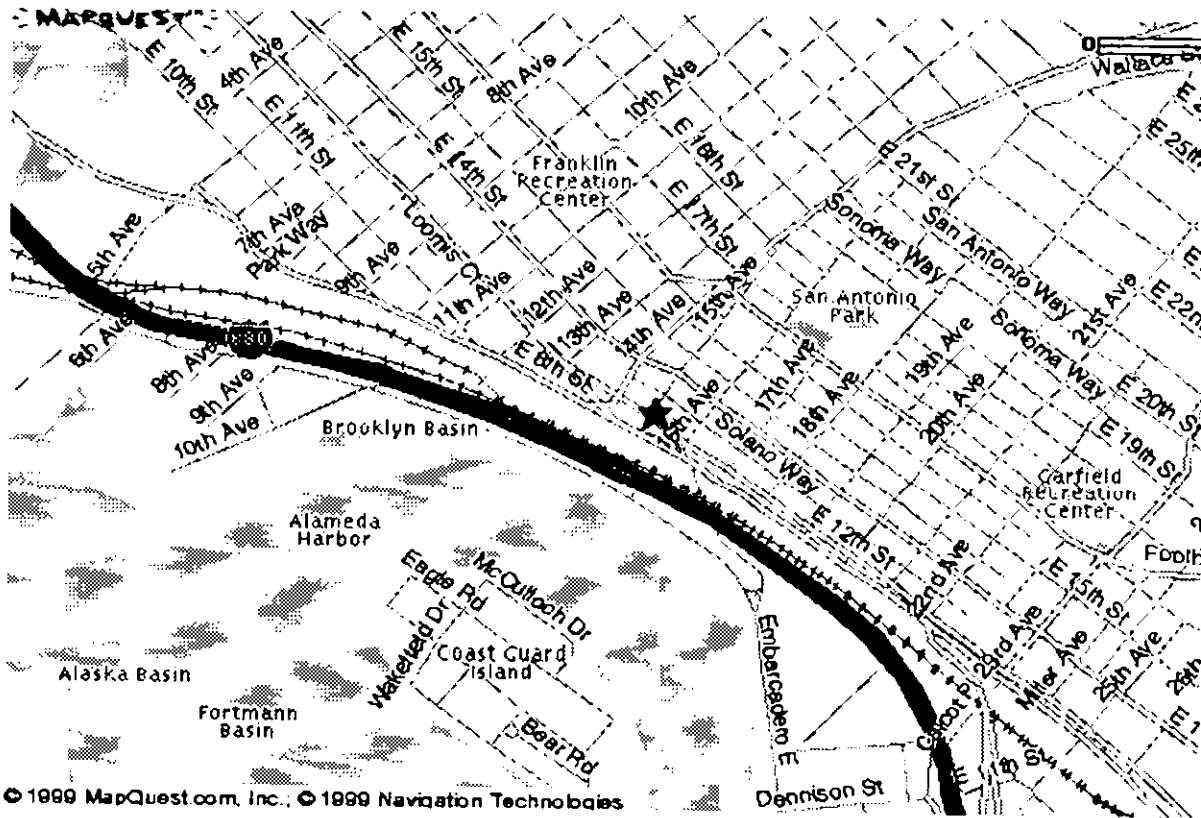
Find: A Loan For Me From: TEL - get .com

Refinancing | Home Equity | Debt Consolidation

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[New Location](#)

1500 East 12th Street, Oakland, CA 94606-4434



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**City of Oakland, Fire Services Agency, Office of Emergency Services
Hazardous Materials Program
APPLICATION FOR UNDERGROUND TANK REMOVAL**

P R O J E C T I N F O R M A T I O N	Project Contact & Phone # <i>Jack M. Keeney (650) 345-7080</i>			
	Facility Name <i>Rose Pest Control</i>	Phone#		
	Address <i>1500/ E. 12th Street, Oakland</i>			
C O N T R A C T O R I N F O R M A T I O N	Cross Street <i>15th Avenue</i>			
	Owner/Operator <i>Jack M. Keeney</i>	Phone # <i>650-345-7080</i>		
	Contractor Name <i>TEC- Accu tite</i>	Phone # <i>650-952-5551</i>		
	Contractor Address <i>35 S. Linden</i>	CA License # <i>762034</i>		
	Class <i>A, B, HA2</i>			
C I T Y O F O A K L A N D I N F O R M A T I O N	Hazardous Waste Certified: (Qualifying license category <i>A, B, HA2</i>) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Workers Comp# <i>WN9981246902</i>		
	City of Oakland Business Tax License # <i>1981544</i>	Permit #		
	Does this site have a leaking UST (or did it have a leaking tank system?) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
U N D E R G R O U N D T A N K I N F O R M A T I O N	State Tank ID#	Tank Size	Material That Was Stored	Proposed Removal Date
	<i>39</i>	<i>1,000 gallons</i>	<i>Gasoline</i>	
P L A N A P P R O V E D	APPROVED WITH CONDITION(S) <i>[Signature]</i>		DISAPPROVED	
	PLAN REVIEWER'S SIGNATURE		DATE OF APPROVAL <i>3/1/00</i>	

APPLICANT MUST PERFORM ALL WORK IN ACCORDANCE WITH CITY OF OAKLAND ORDINANCES, STATE LAWS, AND RULES AND REGULATIONS OF THE CITY OF OAKLAND FIRE SERVICES AGENCY. OWNER OR LICENSED AGENT'S SIGNATURE CERTIFIES THE FOLLOWING: "I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL NOT EMPLOY ANY PERSON IN SUCH A MANNER AS TO BECOME SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA." CONTRACTOR'S HIRING OR SUBCONTRACTING SIGNATURE CERTIFIES THE FOLLOWING: "I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL EMPLOY PERSONS SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA."

APPLICANT'S SIGNATURE *Wille Green* TITLE: *Project Mgr.* DATE: *2/29/00*

INDICATE THE RESPONSIBLE PARTY TO BE BILLED FOR ADDITIONAL FSA/OES STAFF TIME EXPENDED BEYOND THE HOURS COVERED BY THE INITIAL DEPOSIT AMOUNT. THE PARTY MUST ACKNOWLEDGE THIS RESPONSIBILITY FOR THE ADDITIONAL BILLING BY SIGNATURE AND DATE BELOW.

NAME TEC - Accutite

MAILING ADDRESS 35 S. Linden Ave. S. San Fran. CA 94080
STREET CITY, STATE, ZIP

DAY PHONE NUMBER (650) 952-5551
area code phone #

SIGNATURE Walter Green

DATE 2/29/00

CITY OF OAKLAND
Fire Services Agency
Office of Emergency Services
Hazardous Materials Program
505-14th St., Suite 702
Oakland, CA 94612

UNDERGROUND TANK CLOSURE PLAN

(Complete according to instructions)

- 1) Name of Business Rose Pest Control
Business Owner or Contact Person (PRINT) Jack M. Keeney
- 2) Site Address 1500/E. 12th Street
1512
City Oakland Zip 94606 Phone _____
- 3) Mailing Address _____
City _____ Zip _____ Phone _____
- 4) Property Owner Jack M. Keeney
Business Name (if applicable) —
Address 20 West Third Avenue
City, State San Mateo Zip 94402
- 5) Generator name under which tank will be manifested
Ecology Control Industries
- EPA ID Under which tank will be manifested CAC00291849

6) Contractor TEC- Accutite
Address 35 S. Linden Avenue
City So. San Francisco Phone 650-952-5551
License Type A, B, HAZ IDS _____

Effective January 1, 1992, Business and Professional Code Section 7058.7 require contractors to also hold Hazardous Waste certification issued by the State Contractor License Board

7) Consultant (if applicable) _____
Address _____
City, State _____ Phone _____

8) Main Contact Person for Investigation (if applicable)
Name Willie Green Title Project Manager
Company TEC- Accutite
Phone 650-952-5551

9) Number of underground tanks being closed with this plan 1 (Confirmed with owner operator)

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

****Underground storage tanks must be handled as hazardous waste ****

a) Product/Residual Sludge/Rinsate Transporter
Name Ecology Control Industries EPA I.D. NO. ECICAD
Hauler License No. 1753 License Exp. Date 6/2000
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site
Name Ecology Control Industries EPA ID No. ECICAD
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Ecology Control Industries EPA I.D. No. ECI CAD

c) Hauler License No. 1753 License Exp. Date 6/2000

Address 255 Parr Blvd.

City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Ecology Control Industries EPA I.D. No. ECI CAD

Address 255 Parr Blvd.

City Richmond State CA Zip 94801

11) Sample Collector

Name _____

Company TEC - Accutite

Address 35 S. Linden Avenue

City So. San Fran. State CA Zip 94080

Phone 651-952-5531

12) Laboratory

Name North State Environmental

Address P.O. Box 5024

City So. San Fran. State CA Zip 94080

State Certification No. CA ELAP # 1753

13) Have tanks or pipes leaked in the past Yes No Unknown

If yes, describe _____

14) Describe methods to be used for rendering tank (s): inert:

The empty tank will be rendered inert with the use of dry ice prior to removal.

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

The Bay Area Air Quality Management District, 415/771-6000 must also be contacted for tank removal permit. The use of a combustible gas indicator to verify tank inertness is required. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert. **Note: you may be required to recalibrate the combustible gas indicator on site, to show that it is working properly.**

15) Tank History and Sampling Information *** (see instructions) ***

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
1,000 Gallon	unknown	soil, groundwater	Total of three soil samples will be collected. one discrete soil sample will be collected from each end of the tank excavation at one to two feet below the bottom of the US 11 at approximately 8' below ground. One 4-point composite soil sample will be collected from the soil stockpile.

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

- An additional soil sample will be collected from under the dispenser.

EXCAVATED/STOCKPILED SOIL

Stockpiled Soil volume (estimated) <p style="font-size: 1.2em; margin: 0;">~ 10 yd³</p>	Sampling Plan <p style="font-size: 1.2em; margin: 0;">One 4-point composite soil sample will be collected from the soil stockpile.</p>
--	--

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

Will the excavated soil be returned to the excavation immediately after tank removal?

- yes
 No
 unknown

If yes, explain reasoning _____

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Fire Services Agency, Office of Emergency Services. This means that the contractor, consultant, or responsible party must communicate with the Hazardous Materials Inspector **IN ADVANCE** of backfilling operations.

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.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
<p style="font-size: 1.2em; margin: 0;">TPH-G, BTEX, and MTBE</p>	<p style="font-size: 1.2em; margin: 0;">EPA 8015M</p>	<p style="font-size: 1.2em; margin: 0;">EPA 8020 USE EPA Method 8260 (GC/MS) to verify MTBE.</p>	

18. Submit Workers Compensation Certificate copy

Name of Insurer Fremont Compensation

19. Submit Plot Plan *****(Be Instructions)*****

20. Enclose Permit fee (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery.

The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report, (ULR) form.

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

23. Submit State (Underground storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed in the upper right hand corner)

I declare that to, the best of my knowledge and belief that the statements and information provided above are correct and true.

I understand that information, in addition to that proved above, may be needed in order to obtain approval from the Hazardous Materials Division 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 age and that this responsibility is not shared nor assumed by the City of Oakland.

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

CONTRACTOR INFORMATION

Name of Business Tec-Aceutite

Name of Individual Willie Green

Signature Willie Green Date 2/29/00

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Row Pest Control

Name of Individual Mr. Jack M. Keeney

Signature Willie Green for Jack M. Keeney Date 2/29/00

General Instructions

- Three (3) copies of this plan plus attachments and permit must be submitted to this Department.
- Any cutting into tanks requires Fire Services Agency 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.
- State of California Permit Application Forms A and B are to submit to this office One Form A per site, one Form B for each removed tank.

Line 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 Toxic Substances Control, 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 trig } water mark, etc.

16) CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS

See attached Table 2.

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) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;

- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;

SITE HEALTH AND SAFETY PLAN

- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions;
 - e) Description of the work habit changes triggered by the above action levels or physical conditions;
 - f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
 - h) Confined space entry procedures-(if applicable);
 - g) Decontamination procedures;
 - l) Measures to be taken to secure the site, excavation and stockpiled soils during and after work hour (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guard, etc.);
 - j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital near the site;
 - k) Documentation that all site workers have received the appropriate ASIA approved training and participate medical surveillance per 29 CFR 1910.120;
- l) A page for employees to sign acknowledging that 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.

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;
- l) Depth to ground water; and
- j) All existing tank(s) and piping in addition to the tank(s) being removed.

20) PERMIT FEE

A check payable to the "City of Oakland for the amount indicated must accompany the plans.

- 21) Blank unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Regional Water Quality Control Board (510) 286-1255. Larger quantities may be directly from the State Water Resources Control Board at (916) 739-2421.

22) TANK CLOSURE REPORT

The Tank Closure reports: General description of the closure activities, indicate;

- a) Description of tank, fittings and piping conditions. Size and former contents; note any corrosion, pitting, holes;
- b) Description of the excavation itself. Include tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential pathways the depth to any observed ground water, locations of stained or odor-bearing oil, and descriptions of any observed free product or sheen;
- c) Detailed description of sampling methods., i.e. - backhoe bucket, drive sampler, bailer, bottles (s), sleeves;
- d) Description of any remedial measures conducted at the time of tank removal;
- e) 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;
- f) Chain of custody records;
- g) Copies of signed laboratory reports;
- h) Copies of "TSDF to Generator Manifests for all hazardous wastes hauled offsite (sludge, Rinsate, tanks and piping, contaminated soil, etc), and
- i) Documentation of the disposal of/and volume and final destination all non-manifested contaminated soil disposed offsite.

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 checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input 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		NAME OF OPERATOR <i>Mr. Jack M. Keeney</i>		
ADDRESS <i>1500/1512 East 12th Street</i>		NEAREST CROSS STREET <i>15th Street</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Oakland</i>		STATE <i>CA</i>	ZIP CODE <i>94606</i>	SITE PHONE # WITH AREA CODE
<input checked="" type="checkbox"/> BOX TO INDICATE <input 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 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>CAC002291849</i>

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Keeney, Jack</i>	PHONE # WITH AREA CODE <i>650-345-7080</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>Mr. Jack M. Keeney</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>20 West Third Avenue</i>		<input checked="" type="checkbox"/> BOX TO INDICATE	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME <i>San Mateo</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY
		<input type="checkbox"/> STATE AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
		STATE <i>CA</i>	ZIP CODE <i>94402</i>	PHONE # WITH AREA CODE <i>650-345-7080</i>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Mr. Jack M. Keeney</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>20 West Third Avenue</i>		<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME <i>San Mateo</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY
		<input type="checkbox"/> STATE AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
		STATE <i>CA</i>	ZIP CODE <i>94402</i>	PHONE # WITH AREA CODE <i>650-345-7080</i>

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 type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input checked="" 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 II III

Applicant's 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) <i>Walter Green</i>	OWNER'S TITLE <i>Project Manager</i>	DATE MONTH/DAY/YEAR <i>2/29/00</i>
--	---	---------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="text"/> <input type="text"/>	JURISDICTION # <input type="text"/> <input type="text"/> <input type="text"/>	FACILITY # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - 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 checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE	<input type="checkbox"/> 8 TANK REMOVED
---------------------------	--	---	---	---	--	---	---	---

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 1500/1512 East 12th Street

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>1980</u>	D. TANK CAPACITY IN GALLONS: <u>1,000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.		
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 1c MIDGRADE UNLEADED <input type="checkbox"/> 2 LEADED		<input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 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 checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINED	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER
D. EXTERIOR CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION		
E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____ DROP TUBE YES _____ NO _____ STRIKER PLATE YES _____ NO _____ DISPENSER CONTAINMENT YES _____ NO _____		

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE			
A. SYSTEM TYPE <input checked="" type="radio"/> A U 1 SUCTION	<input type="radio"/> A U 2 PRESSURE	<input type="radio"/> A U 3 GRAVITY	<input type="radio"/> A U 4 FLEXIBLE PIPING <input type="radio"/> A U 99 OTHER
B. CONSTRUCTION <input checked="" type="radio"/> A U 1 SINGLE WALL	<input type="radio"/> A U 2 DOUBLE WALL	<input type="radio"/> A U 3 LINED TRENCH	<input type="radio"/> A U 95 UNKNOWN <input type="radio"/> A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION <input checked="" type="radio"/> A U 1 BARE STEEL <input type="radio"/> A U 5 ALUMINUM <input type="radio"/> A U 9 GALVANIZED STEEL	<input type="radio"/> A U 2 STAINLESS STEEL <input type="radio"/> A U 6 CONCRETE <input type="radio"/> A U 10 CATHODIC PROTECTION	<input type="radio"/> A U 3 POLYVINYL CHLORIDE (PVC) <input type="radio"/> A U 7 STEEL W/ COATING <input type="radio"/> A U 95 UNKNOWN	<input type="radio"/> A U 4 FIBERGLASS PIPE <input type="radio"/> A U 8 100% METHANOL COMPATIBLE W/FRP <input type="radio"/> A U 99 OTHER
D. LEAK DETECTION <input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR <input type="checkbox"/> 2 LINE TIGHTNESS TESTING <input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR <input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN <input type="checkbox"/> 99 OTHER			

V. TANK LEAK DETECTION			
<input type="checkbox"/> 1 VISUAL CHECK <input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION <input type="checkbox"/> 8 SIR	<input checked="" type="checkbox"/> 3 VADOZE MONITORING <input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING <input type="checkbox"/> 10 MONTHLY TANK TESTING
<input type="checkbox"/> 5 GROUND WATER MONITORING <input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 6 ANNUAL TANK TESTING <input type="checkbox"/> 99 OTHER	

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <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 type="checkbox"/>

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

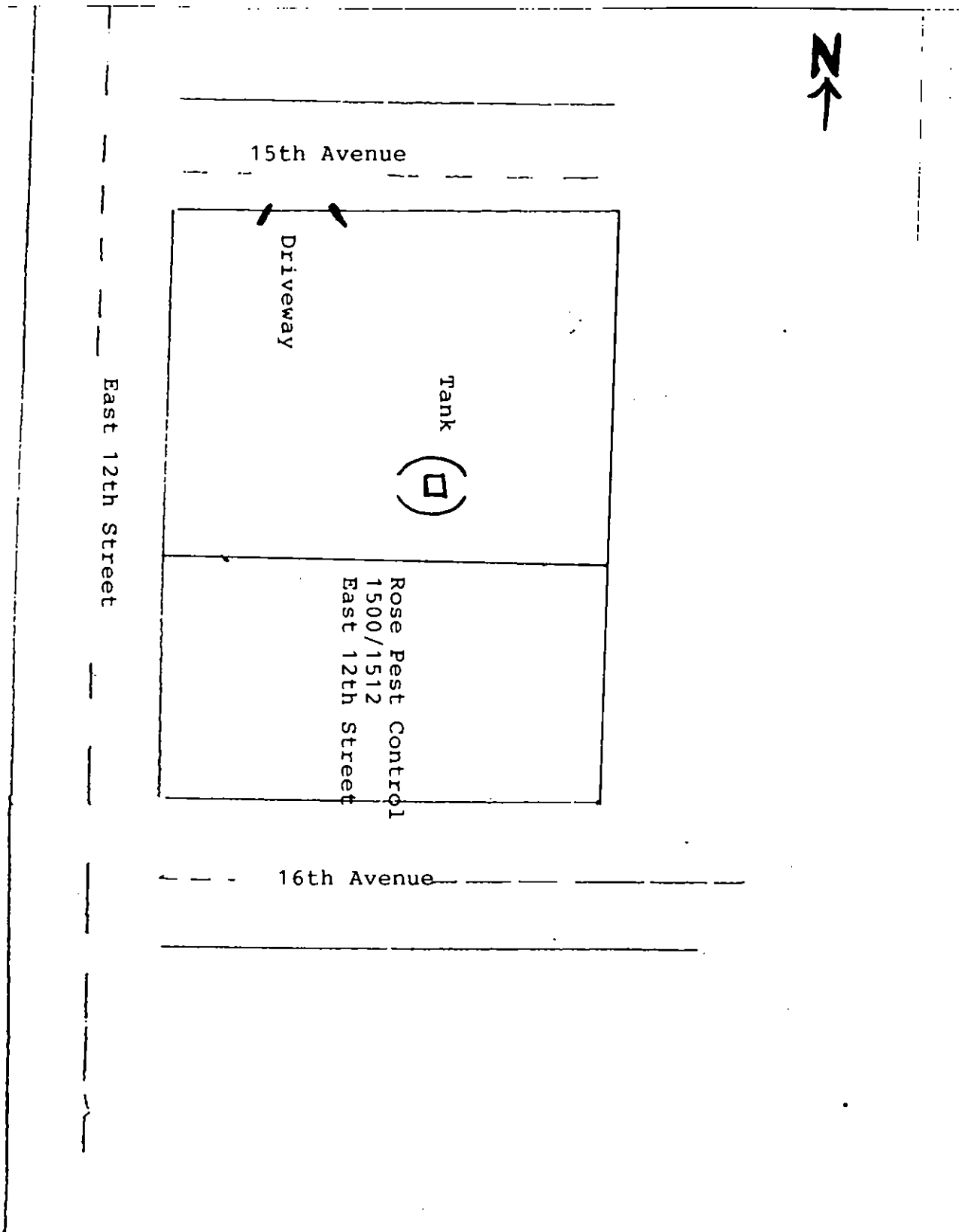
TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>William Green</u>	DATE <u>2/25/00</u>
---	------------------------

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	

DESIGN BY _____ DATE _____ CHECKED BY _____ SHEET NO. _____

PROJECT Mr. Jack Keeney 1500/1512 East 12th Street, Oakland JOB NO. _____

SUBJECT Removal and disposal of One (1) 1,000 gallon tank FILE NO. _____





Technology, Engineering & Construction, Inc.

35 South Linden Avenue • South San Francisco, CA 94080-6407
Tel: (650) 952-5551 • Fax: (650) 952-7631 • Contractor's Lic. #762034

SITE SAFETY PLAN
Rose Pest Control
1500 EAST 12TH STREET
1512 OAKLAND, CA

This specific Safety Plan establishes the general safety requirements necessary to protect the public, contractor, employees, owner/operator and properties involved in this project.

SCOPE OF WORK:

- TEC/Accutite will excavate, remove, and dispose of the following underground storage tank.
- One (1) 1,000 gallons steel tank filled with a cement slurry underground gasoline tank.

TEC/ACCUTITE PERSONNEL:

Project Manager: Willie Green (Designated Health & Safety Coordinator (HSC))
 Foreman: Willie Green
 Laborer/s: Lupe Ponce
 Equipment Operator: _____
 Engineer/s: _____

TEC/Accutite personnel have taken the 40 hour Hazardous Waste Operations and Emergency Response Class and, as required by OSHA 29 CFR 1910.120.

The Health and Safety Coordinator will be on site during all work to verify adherence with the Site Safety Plan. The Health and Safety Coordinator will also coordinate all work with Local and State Health and Safety Representative as needed.

SAFETY AND PROTECTIVE PROCEDURES:

1. TEC/Accutite personnel fills out daily, an on-site Job Site Safety Meeting Report and a Daily Inspection Checklist and Correction Form. (Sample copies attached).
2. If required, TEC/Accutite will notify USA 48 hours before the scheduled removal to locate underground utilities.
3. If required, TEC/Accutite will notify Bay Area Air Quality Management District 5 days prior to the scheduled removal. We will also comply with BAAQMD 8-40-401 Regulation 8, Rule 40.
4. The Health and Safety Coordinator will monitor the site during all work for the presence of gasoline vapors utilizing a combustible Gas Detector (GasTech Model 1314).
5. The Health and Safety Coordinator will mark the exclusion zone and monitor the site for the presence of non-OSHA trained personnel on-site. All visitors shall sign in. If non-OSHA trained visitors or personnel are on-site the HSC will ask the individual/s to exit the exclusion zone.

6. **No smoking, drinking or eating will be allowed in work areas.**
7. All personnel are properly trained and will wear half-mask air purifying cartridge respirators (organic cartridge with dust prefilter) when significant detector readings are recorded, or if a significant gasoline odor is detected.
8. Should any emergency arise, work shall be halted and the following regulatory agencies will be notified:
 - (1) Oakland Fire Department (510) 238-3938
 - (2) California Regional Water Quality Control Board San Francisco Region (510) 622-2300
 - (3) Alameda County Department of Environmental Health (510) 567-6781

Personnel required to work in the area of gasoline pooling will wear neoprene rubber gloves, chemical goggles, protective clothing, chemical resistant safety boots and a cartridge respirator.

In the event of emergency, personnel will be taken to the nearest hospital, in this case:

**ALAMEDA COUNTY MEDICAL CENTER
 1411 EAST 31ST STREET
 OAKLAND, CA 94602
 (510) 437- 4800
 EMERGENCY DIAL 911 WHEN INJURED PERSON/S CANNOT BE REMOVED FROM SITE
 DUE TO SEVERE INJURIES.**

Note: Information will be listed on site.

If any of the following exist, please list:

Physical Hazards: _____

Chemical Hazards: _____

Level of Protection (A to D): _____

Nearest Phone and Emergency Numbers: _____



DEPARTMENT/JOBSITE SAFETY MEETING REPORT

DEPARTMENT: _____

MEETING DATE: _____

JOBSITE: _____

TIME: _____ **A.M./P.M.**

EMPLOYEES IN ATTENDANCE:

ACCIDENTS:

REVIEW OF ANY ACCIDENTS THAT HAVE OCCURRED SINCE LAST MEETING:

UNSAFE ACTS/CONDITIONS FROM INSPECTION:

REVIEW OF UNSAFE ACTS/CONDITIONS FROM LAST MEETING:

SAFETY TOPICS DISCUSSED:

EMPLOYEE/SUBCONTRACTOR/SUGGESTIONS/RECOMMENDATIONS/REMARKS:

JOBSITE FOREMAN/SUGGESTIONS/RECOMMENDATIONS/REMARKS:

**TEC/ACCUTITE ENVIRONMENTAL ENGINEERING
INSPECTION CHECKLIST AND CORRECTION FORM**

MONTHLY: _____

DAILY: _____

WEEKLY: _____

**GENERAL AREA OR JOB SAFETY CLASS: TANK INSTALLATIONS, REMOVALS,
OVEREXCAVATIONS & DRILLING**

DATE PREPARED _____

PREPARER _____

**SAFE WORK CONDITION, SAFE WORK PRACTICES
OR PERSONAL PROTECTIVE EQUIPMENT**

**CHECKED
(INITIAL)**

1. CAL/OSHA PERMIT ON SITE (IF REQUIRED)	
2. U.G. UTILITIES MARKED BY U.S.A.	
3. EXCAVATION BARRICADED	
4. SPOILS PILES 2 FEET OR MORE FROM EDGE	
5. EMPLOYEES WEARING PROPER PROTECTION	
5A. HARD HATS	
5B. SAFETY SHOES	
5C. RESPIRATORS AVAILABLE	
6. FIRE EXTINGUISHERS WITHIN 75 FEET OF EXCAVATION	
7. FIRST AID KITS ON SITE	
8. ALL VEHICLES, EQUIPMENT, AND POWER TOOLS IN SAFE OPERATING ORDER	
9. POTABLE WATER AVAILABLE	
10. EMERGENCY MEDICAL SERVICES AVAILABLE	

CORRECTIVE ACTION NEEDED/TAKEN: _____

IS EQUIPMENT LOCKED OUT DUE TO IMMINENT HAZARD? _____

PERSON RESPONSIBLE FOR CORRECTION: _____

COPY PROVIDED: _____
 (DATE) (TIME)

CORRECTED: _____

REVIEWED BY: _____ **DATE:** _____

