

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



March 27, 1997

Mr. William & Ed Sheehan
1236 Bay Street
Alameda, CA 94501

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION (LOP)
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

STID 5844

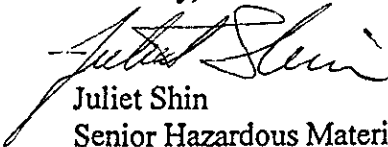
Re: Workplan for investigations at 510 Lincoln Avenue, Alameda, CA

Dear William & Ed Sheehan,

This office has reviewed SEMCO/HK₂, Inc.'s workplan, dated March 20, 1997, for the above site. This workplan is acceptable to this office. Per the workplan, this work shall be implemented within 30 days of the date of this letter, and a report documenting the work shall be submitted to this office within 45 days after completing field activities.

Please notify this office one week in advance of implementing the field work. If you have any questions or comments, please contact me at (510) 567-6763.

Sincerely,



Juliet Shin
Senior Hazardous Materials Specialist

cc: Deno Milano
SEMCO/HK₂, Inc.
1751 Leslie Street
San Mateo, CA 94402

Acting Chief

TRANSMIT REPORT

1996.10-10 11:41
 510 337 9335
 ALAMEDA CO EHS HAZ-OPS

COM No.	REMOTE STATION	START TIME	DURATION	PAGES	RESULT	USER ID	REMARKS
660	916 227 4530	10-10 11:40	00' 28	01/01	OK		

7499402045

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



October 10, 1996

Ms. Lori Casias
 State Water Resources Control Board
 P.O. Box 944212
 Sacramento, CA 94244-2120

ENVIRONMENTAL HEALTH SERVICES
 ENVIRONMENTAL PROTECTION (LOP)
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577
 (510) 567-6700
 FAX (510) 337-9335

Re: State funding for two heating oil tank sites

Dear Ms. Casias,

Recent removals of two residential heating oil underground storage tanks, one at 510 Lincoln Avenue, Alameda, and one at 845 Pacific Avenue, Alameda, identified elevated levels of TPHd and/or BTEX and further investigations are needed. This office is requesting that State funding be provided for these investigations.

Sincerely,

Juliet Shin
 Senior Hazardous Materials Specialist, ACDEH

BILLING ADJUSTMENT FORM

Date: 10/2/96 FILE COPY

STID#: _____

Caller: _____ Phone: _____

Business Name: Residential

Site Address: 510 Lincoln Ave City Alameda Zip 94501

REQUESTED CHANGES: Removed 1 tank
overseen by JMS

Billing Acct#	
<input type="checkbox"/> Generator...H	_____
<input type="checkbox"/> HMMP.....L	_____
<input type="checkbox"/> UST.....T	_____

Received by: [Signature]

Discontinue billing with explanation and date:

- Generator _____
- HMMP (AB2185) _____
- UST _____

Continue billing with following changes:

- Change number of EMPLOYEES From: _____ To: _____
- Change number of TANKS From: 1 To: 0
- HMMP (AB2185) - See Attachment
- Updated information below:

Business Name _____ Phone _____

Site address _____ City _____ Zip _____

Business Owner _____ Phone _____

BILLING address _____ City _____ Zip _____

Specialist: _____

Date: _____

Sent to billing
on _____

Removed - last 9/25/96

JMS



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

Site # 5144

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>RESIDENTIAL</i>		NAME OF OPERATOR		
ADDRESS <i>510 LINCOLN AVENUE</i>		NEAREST CROSS STREET <i>4th ST</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>ALAMEDA</i>	STATE <i>CA</i>	ZIP CODE <i>94501</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				
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>NA001061432</i>	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Sheehan, William</i>	PHONE # WITH AREA CODE <i>510-522-0978</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>JAME</i>	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>William Sheehan</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>1236 BAY ST.</i>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <i>Alameda</i>	STATE <i>CA</i>	ZIP CODE <i>94501</i>	PHONE # WITH AREA CODE <i>510-522-0978</i>	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>William Sheehan</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>1236 BAY ST.</i>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <i>Alameda</i>	STATE <i>CA</i>	ZIP CODE <i>94501</i>	PHONE # WITH AREA CODE <i>510-522-0978</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 I or 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)	APPLICANT'S TITLE	DATE	MONTH/DAY/YEAR
--	-------------------	------	----------------

LOCAL AGENCY USE ONLY

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

UST Removed 9/25/96 JMS



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

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 510 Lincoln Ave. Alameda

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>1500</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>Heating Oil</u>			C.A.S.#:

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

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

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

VI. TANK CLOSURE INFORMATION		
1 ESTIMATED DATE LAST USED (MO, DAY, YR)	2 ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3 WAS TANK FILLED WITH INERT MATERIAL? YES ___ NO ___

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

APPLICANT'S NAME (PRINTED & SIGNATURE)	DATE
---	------

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

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



October 1, 1996

William & Ed Sheehan
1236 Bay Street
Alameda, CA 94501

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION (LOP)
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

STID 5844

Re: Investigations at 510 Lincoln Avenue, Alameda, California

Dear William & Ed Sheehan,

One 1,500-gallon heating oil underground storage tank (UST) was removed from the above site on September 20, 1996. According to my conversations with Mark Dysert, with HK2, Inc./SEMCO, and William Sheehan, this UST contained #6 diesel fuel. Soil samples, and one "grab" groundwater sample were collected from the UST pit and analyzed for Total Petroleum Hydrocarbons as diesel (TPHd) and benzene, toluene, ethylbenzene, and xylenes (BTEX). Although analysis of soil samples did not identify any contaminants above detection limits, analysis of the groundwater sample identified elevated levels of TPHd at 27,000 parts per billion (ppb). According to some references, these concentrations of #6 diesel in the groundwater could be indicative of separate-phase hydrocarbons (i.e., free product).

Guidelines established by the California Regional Water Quality Control Board (RWQCB) require that soil and ground water investigations be conducted when there is evidence to indicate that a release to groundwater may impact human health or the environment (please refer to attached RWQCB interim guidelines). Per these guidelines, the primary goals for the site are the following: 1) to remove any ongoing source of contaminants, including free product; 2) to adequately characterize the extent and severity of the groundwater contaminant plume; 3) to assure that the groundwater contaminant plume is not significantly migrating; and 4) to assure that there is no significant risk to human health or the environment.

Consequently, this office is requesting that a workplan be submitted addressing the concerns outlined in the RWQCB interim guidelines. Based on the recent studies, it has been shown that Polynuclear Aromatic Hydrocarbons (PNAs) are the driving risk in TPHd due to the carcinogenic nature and volatility of many of these constituents. Therefore, the next sampling event should include the analysis for PNAs, in addition to TPHd.

Please submit the requested workplan to this office within 60 days of the date of this letter (i.e., by November 26, 1996).

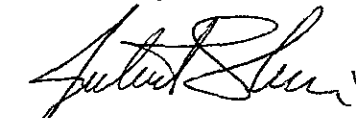
William & Ed Sheehan
Re: 510 Lincoln
October 1, 1996
Page 2 of 2

Per our earlier conversations, the State Water Resources Control Board has a Petroleum Underground Storage Tank Cleanup Fund available to sites to assist in investigations and cleanup. This office encourages you to look into applying to this fund. The address and phone number of the Trust Fund is:

State Water Resources Control Board
Division of Clean Water Programs
UST Cleanup Fund Program
2014 T Street, Ste 130
P.O. Box 944212
Sacramento, CA 94244-2120
(916) 227-4307

Any questions regarding the State Trust Fund can be directed to Cheryl Gordon at (916) 227-4539. If you have any other questions, please contact me at (510) 567-6763.

Sincerely,



Juliet Shin
Senior Hazardous Materials Specialist

ATTACHMENT

cc: Mark Dysert
HK2, Inc./SEMCO
1751 Leslie Street
San Mateo, CA 94402

Acting Chief

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.
--	--	--

REPORT DATE 09/26/96	CASE # #96-0235	SIGNED: <i>[Signature]</i> DATE: 9/30/96
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REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Mark Dyserf	PHONE 415 1572-8033	SIGNATURE Mark Dyserf	
	REPRESENTING <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER <u>CONTRACTOR</u>	COMPANY OR AGENCY NAME SEMCO/HK2, Inc.		
	ADDRESS 1751 Leslie St. STREET San Mateo CITY California STATE 94402 ZIP			

RESPONSIBLE PARTY	NAME William Sheehan <input type="checkbox"/> UNKNOWN	CONTACT PERSON Same	PHONE ()
	ADDRESS 1236 Bay St. STREET Alameda CITY California STATE 94501 ZIP		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) 510 Lincoln Ave. (Residence)	OPERATOR N/A	PHONE () N/A	
	ADDRESS 510 Lincoln Ave. STREET Alameda CITY Alameda COUNTY ZIP			
	CROSS STREET 5th St.			

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Dept of Environmental Health	CONTACT PERSON Juliet Shin	PHONE (510) 567-6763
	REGIONAL BOARD Regional Water Quality Board Diane Mims (510) 286-1255		

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

DISCOVERY/ABATEMENT	DATE DISCOVERED 09/20/96	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN M 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 <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 type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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CURRENT STATUS	CHECK ONE ONLY <input checked="" 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 type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
----------------	--

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)	<input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (T)
	<input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS)	<input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (H-U) <input type="checkbox"/> VENT SOIL (VS)
	<input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> OTHER (OT) <u>sample ground water</u>	

COMMENTS	(Empty space for additional notes)
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Transfer of Eligible Local Oversight Case

STID 5844 Date of input/By BYA 9/30/96

Date: 9/26/96 From: Juliet Shin

Site Name: Sheehan Residence

Address: 510 Lincoln Ave City: Alameda Zip: 94501

To be eligible for LOP, case must meet 3 qualifications:

1. N Tanks Removed? # of removed? 1 Date removed: 9/20/96
2. N Samples received? Contamination level: _____ ppm 27,000 ppb Diesel in H2O
 Type of test _____
 Contamination should be over 100 ppm TPH to qualify for LOP
3. N Petroleum? Circle Type(s): • Avgas •leaded •unleaded •fuel oil •jet
 diesel #6 •waste oil •kerosene •solvents

Procedure to follow should your site meet all the above qualifications:

1. a. Close the deposit refund case.
 b. Account for ALL time you have spent on the case.
 c. Turn in 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 more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: _____
DepRef Case Closed with Candyce/Leslie? Y N (If no, explain why below.)

2. Submit the completed A and B permit application forms to NORMA.
3. Give the entire case to the proper LOP staff.

LOP - RECORD CHANGE REQUEST FORM

printed:
06/23/98

Mark Out What Needs Changing and Hand to LOP Data Entry
(Name/Address changes go to Annual Programs Data Entry)

Insp: PE

AGENCY # : 10000 SOURCE OF FUNDS: S SUBSTANCE: 02
 StID : 5844 LOC:
 SITE NAME: Residential DATE REPORTED : 09/24/96
 ADDRESS : 510 Lincoln Ave DATE CONFIRMED: 09/24/96
 CITY/ZIP : Alameda 94501 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: O CONTRACT STATUS: 4 PRIOR CODE:3A1 EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 09/30/96
 PRELIMINARY ASMNT: c DATE UNDERWAY: 09/20/96 DATE COMPLETED: 05/16/97
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: c DATE UNDERWAY: 09/20/96 DATE COMPLETED: 09/20/96
 POST REMED ACT MON:c DATE UNDERWAY: 05/16/97 DATE COMPLETED: 06/05/97

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 09/30/96
 LUFT FIELD MANUAL CONSID: 3HSCAW
 CASE CLOSED: Y DATE CASE CLOSED: 06/26/98
 DATE EXCAVATION STARTED : 09/20/96 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: William & Ed Sheehan
 COMPANY NAME: N A
 ADDRESS: 1236 Bay Street
 CITY/STATE: Alameda, Ca 94501

INSPECTOR VERIFICATION:

NAME Pamela J. Evans SIGNATURE Pamela J. Evans DATE 6-26-98

DATA ENTRY INPUT:

Name/Address Changes Only			Case Progress Changes	
ANNPGMS _____	LOP _____	DATE _____	LOP _____	DATE _____

- called Deno Milano @ Semco 6/23/98 to let him know of
 new acb concurrence.

[Faint handwritten notes]

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 Inspection Form

II, III

Site ID # _____ Site Name Lincoln Apts Today's Date 9/20/96

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus Plan Stds 25503(b)
- ___ 3. RR Cars > 30 days 25503.7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Deficiency 25505(a)
- ___ 9. Modification 25505(b)

Site Address 510 Central

City Alameda Zip 94501 Phone _____

___ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

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

II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N) _____
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

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

III. UNDERGROUND TANKS (Title 23)

- General
- ___ 1. Permit Application 25284 (H&S)
 - ___ 2. Pipeline Leak Detection 25292 (H&S)
 - ___ 3. Records Maintenance 2712
 - ___ 4. Release Report 2651
 - ___ 5. Closure Plans 2670

- Monitoring for Existing Tanks
- ___ 6. Method → N
 - 1) Monthly Test
 - 2) Daily Vadose Semi-annual groundwater One time soils
 - 3) Daily Vadose One time soils Annual tank test
 - 4) Monthly Gndwater One time soils
 - 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/gndwater mon
 - 6) Daily Inventory Annual tank testing Cont pipe leak det
 - 7) Weekly Tank Gauge Annual tank testing
 - 8) Annual Tank Testing Daily Inventory
 - 9) Other _____

- ___ 7. Precs Tank Test Date: _____ 2643
- ___ 8. Inventory Rec. 2644
- ___ 9. Soil Testing 2646
- ___ 10. Ground Water. 2647

- New Tanks
- ___ 11. Monitor Plan 2632
 - ___ 12. Access Secure 2634
 - ___ 13. Plans Submit Date: _____ 2711
 - ___ 14. As Built Date: _____ 2635

Comments:

0% LEL 12% O₂

Manifest # 95269997

Tanks in good condition - No holes noted (installed 1979 - Fuel oil) ~ 1500 gallon

Groundwater at 7' bgs

'Grab' gw sample collected immediately after UST was removed.

Soil samples collected directly from pit using slide hammer w/ extension bars

① ss from 6.5-7' bgs - sand soil - no odor

② " " 6.0' bgs - clayey - sand soil - no odor

Analyze soil and water samples for PH-D and BTEX

Rev 6/88

Contact: _____

Title: _____

Signature: Max Long

Inspector: [Signature]

Signature: [Signature]

II, III

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 ENVIRONMENTAL PROTECTION DIVISION
 1131 HARBOR BAY PARKWAY, RM 250
 ALAMEDA, CA 94502-6577
 PHONE # 510/567-6700
 FAX # 510/337-9335

7/23/96
 Project Specialist
 Subject: Skin
 Please comply w/ additional commitment in red ink. Please notify this office at least one week in advance of tank removal.

ACCEPTED
 Underground Storage Tank Closure Permit Application
 Alameda County Division of Hazardous Materials
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destruction.
 One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.
 Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- _____ Removal of Tank(s) and Piping
 - _____ Sampling
 - _____ Final Inspection
- Issuance of a) permit to excavate, b) permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:
 Contact Specialist:

96 JUL 19 PM 3:26
 ENVIRONMENTAL PROTECTION

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

1. Name of Business RESIDENTIAL
 Business Owner or Contact Person (PRINT) William Sheehan

2. Site Address 510 LINCOLN AVE.
 city ALAMEDA Zip _____ Phone _____

3. Mailing Address 1236 BAY STREET
 city ALAMEDA zip 94501 Phone 510-522-0978

4. Property Owner William Sheehan
 Business Name (if applicable) _____
 Address 1236 BAY STREET
 City, State ALAMEDA CA Zip 94501

5. Generator name under which tank will be manifested

 EPA ID# under which tank will be manifested CA 0121061432

Contractor HK2, INC. / SEMCO
Address 1751 Leslie St.
City SAN MATEO CA 94402 Phone 415-572-8033
License Type A, B, C-61/D40, C-57 HAZ ID# 719103

*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board.

7. Consultant (if applicable) N/A
Address _____
City, State _____ Phone _____

8. Main Contact Person for Investigation (if applicable)
Name Chuck Kiper / SEMCO Title PRESIDENT
Company HK2, INC / SEMCO
Phone 415-572-8033

9. Number of underground tanks being closed with this plan 1
Length of piping being removed under this plan UNKNOWN
Total number of underground tanks at this facility (**confirmed with owner or operator) 1

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 EVERGREEN ENVIRONMENTAL (EPA I.D. No. CAD 980695761)
Hauler License No. 0242 License Exp. Date 7/97
Address 16880 Smith Ave.
City Newark State CA Zip 94560

✓ b) Product/Residual Sludge/Rinsate Disposal Site
Name _____ EPA ID# _____
Address _____
City _____ State _____ Zip _____

Tank and Piping Transporter

Name Dexanna, LTD ✓ EPA I.D. No. CAD982 438 566
Hauler License No. 2883 License Exp. Date 4/30/97
Address 3104 Athene Ct.
City CONCORD State CA Zip 94519

d) Tank and Piping Disposal Site

Name ERICKSON, Inc ✓ EPA I.D. No. CAD009466392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

11. Sample Collector

Name Chuck Kiper
Company HKa, Inc / SEMCO
Address 1751 Keslie St.
City SAN MATEO State CA Zip 94402 Phone 415-572-8033

12. Laboratory

Name No. STATE ENVIRONMENTAL
Address 90 S. Spruce Ave.
City So. SAN FRANCISCO State CA Zip 94080
State Certification No. 1386? 1753

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

If yes, describe. _____

Describe methods to be used for rendering tank(s) 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 permanently plugged.

The Bay Area Air Quality Management District, 415/771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert.

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)		
1,500	HEATING OIL	SOIL One soil sample from beneath each end of tank at minimum. Water (if Applicable)	2 feet below TANK INTO NATIVE SOIL OR AT Water/soil interface

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.

Excavated/Stockpiled Soil

<p>Excavated/Stockpiled Soil Volume (estimated)</p> <p><i>Est - 5-10 yds</i></p> <p><i>If soil is to be reused on site, one discrete sample per every 20 yd³ is required. If soil is to be disposed of off-site, one composite sample per every 50 yd³ is required.</i></p>	<p align="center">Sampling Plan</p> <p>Soil Samples Taken from tank excavation will be collected, placed in brass tubes, sealed with Teflon Tape, caps and placed on ice, transported to a State Certified lab under chain of custody and analyzed for the constituents of the tank.</p>
--	---

Stockpiled soil must be placed on bermed 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 Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist 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
Fuel/Heating Oil	TPH D BTX&E TPH AND BTX&E	GCFID(3550) 8020 or 8240 8260	TPH D BTX&E GCFID(3510) 602, 624 or 8260

Submit Worker's Compensation Certificate copy

Name of Insurer California Comp

- 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 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 provided above, may be needed in order to obtain approval from the Environmental Protection 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 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.

CONTRACTOR INFORMATION

Name of Business HKA, INC / SEMCO

Name of Individual Shonda Reames Kiper

Signature (Shonda Reames Kiper) Date 7/18/96

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business _____

Name of Individual William Brown

Signature (William Brown) Date 7/18/96
By Shonda Reames Kiper

ACORD. CERTIFICATE OF INSURANCE

05/07/96

PRODUCER
 Insurance Center of Merced
 2908 North G Street
 P. O. Box 2268
 Merced, CA 95344

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
A California Comp

COMPANY
B

COMPANY
C

COMPANY
D

INSURED
 HK2, Inc
 Semco, Inc.
 1741 Leslie Street
 San Mateo, Ca 94402

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.

GO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ AUTO ONLY-EA ACCIDENT \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	W964137662	04/05/96	04/05/97	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY L MIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

TEN DAY NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM.
 All California Operations

CERTIFICATE HOLDER:

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Wayne McGuire
 CMS © ACORD CORPORATION 1993



Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

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



Qualifier: STANLEY LOUIS KLEMETSON

License No.: 719103

Business Name: HK2, INC., DBA SEMCO

WITNESS my hand and official seal this
21ST day of FEBRUARY 1996

David R. Phillips
Registrar of Contractors

131-36 (12/91)

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

A 6875



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **719103** Entity **CORP**

Business Name **HK2 INC DBA SEMCO**

Classification(s) **A B CB7 C61/D40 ASB HAZ**

Expiration Date **02/28/98**



State of California
Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code
and the Rules and Regulations of the Contractors State License Board,
the Registrar of Contractors does hereby issue this license to:

HK2 INC dba SEMCO



to engage in the business or act in the capacity of a contractor
in the following classification(s):

- A - GENERAL ENGINEERING CONTRACTOR
- B - GENERAL BUILDING CONTRACTOR
- C57 - WELL DRILLING (WATER)
- D40 - SERVICE STATION EQUIPMENT AND MAINTENANCE

Witness my hand and seal this day,

February 22, 1996 *

Issued February 21, 1996

Signature of Licensee

Signature of License Qualifier

This license is the property of the Registrar of Contractors, is not
transferrable, and shall be returned to the Registrar upon demand
when suspended, revoked, or invalidated for any reason. It becomes
void if not renewed.



State of
California
Department of
Consumer
Affairs


Registrar of Contractors

719103

License Number

State of California
Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code
and the Rules and Regulations of the Contractors State License Board,
the Registrar of Contractors does hereby issue this license to:

IHK2 INC dba SEMCO



to engage in the business or act in the capacity of a contractor
in the following classification(s):

ASB - ASBESTOS
HAZ - HAZARDOUS SUBSTANCES REMOVAL



Witness my hand and seal this day,

February 22, 1996

Issued February 21, 1996

Paul W. Jesperson
Registrar of Contractors

Signature of Licensee

Signature of License Qualifier

This license is the property of the Registrar of Contractors, is not
transferrable, and shall be returned to the Registrar upon demand
when suspended, revoked, or invalidated for any reason. It becomes
void if not renewed.

719103

License Number

SITE SAFETY PLAN
FOR
UNDERGROUND STORAGE TANK
REMOVAL/CLOSURE

JOBSITE ADDRESS

510 LINCOLN AVENUE
ALAMEDA, CALIFORNIA

HK2, INC. / SEMCO

1751 LESLIE STREET
SAN MATEO, CALIFORNIA 94402

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INTRODUCTION

SEMCO has adopted the following Health & Safety Plan and procedures for the removal and/or closure of underground petroleum storage tanks and associated activities. 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 1,000 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 tank 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 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:

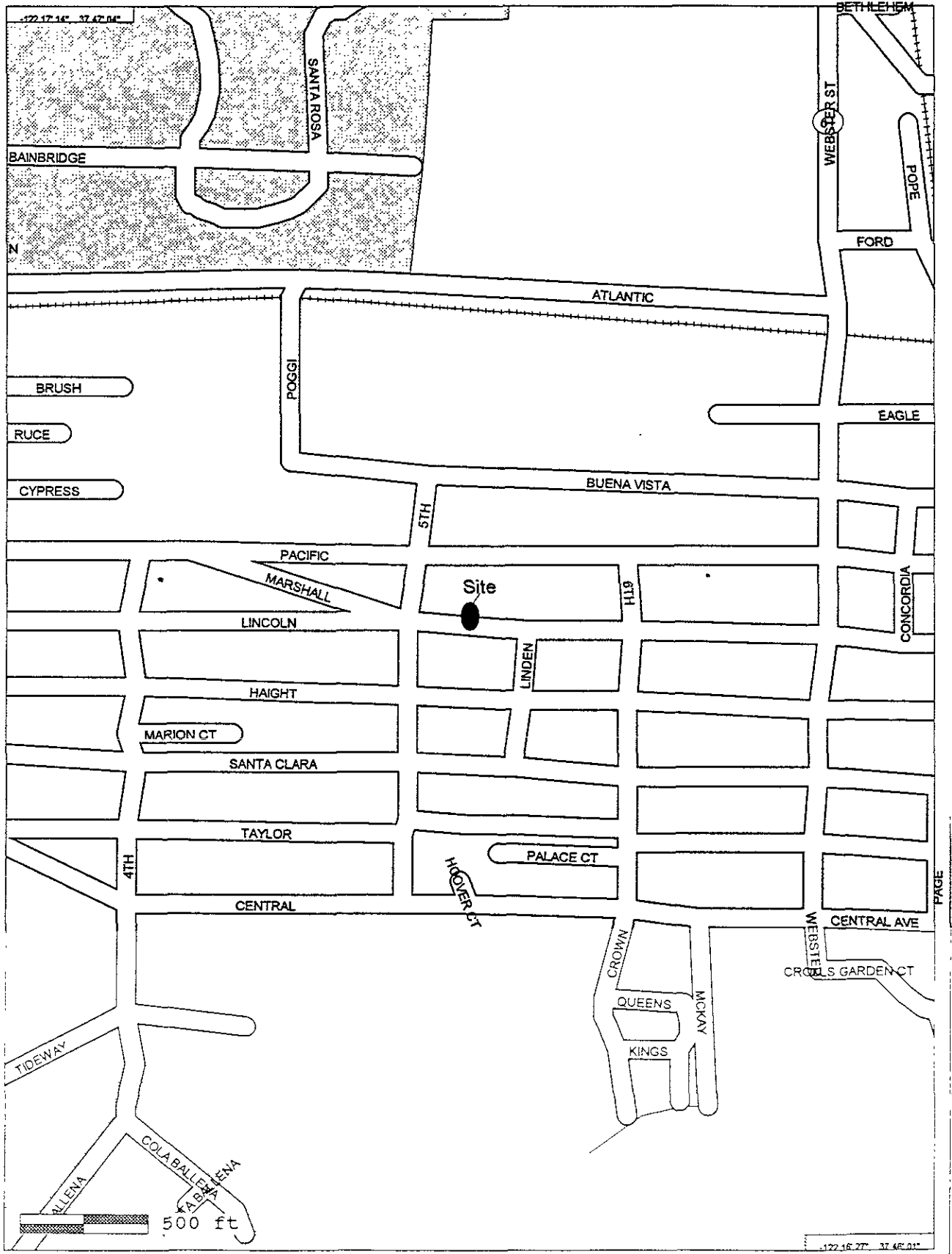
Flammable and combustible vapors are likely to be present in the work area. Precautions will be taken to eliminate all potential sources of ignition to prevent the discharge of static electricity during venting, and to prevent the accumulation of vapors.

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. The excavated area will be appropriately marked and barricaded at all times.

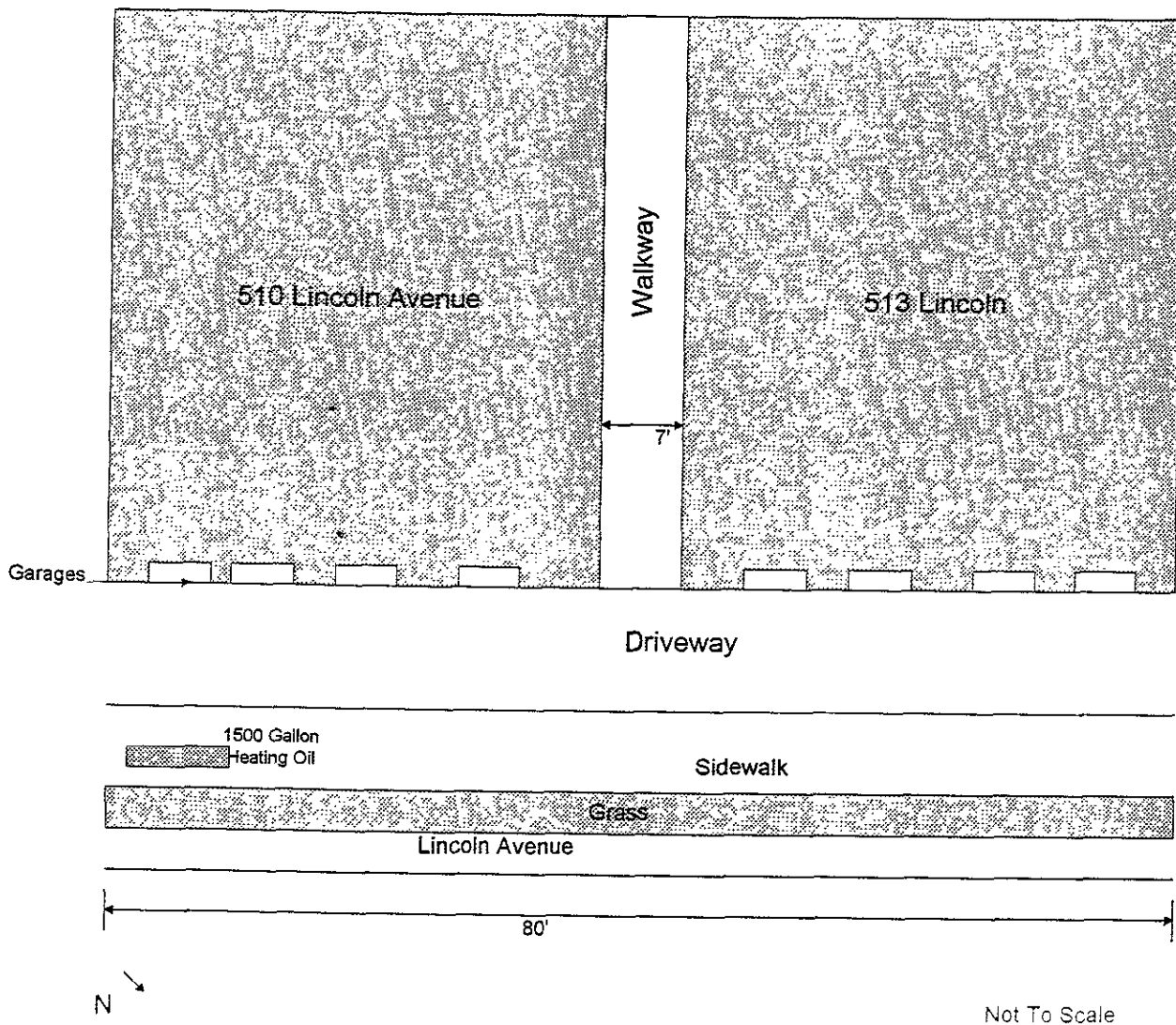
JOBSITE VICINITY MAP

3.0 Jobsite Vicinity Map



SITE MAP

4.0 Site Map



HK2, INC / SEMCO
1751 Leslie Street
San Mateo, California
94402

William Sheehan
510 Lincoln Avenue
Alameda, California

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 Site Safety Plan.
- Assures that all on-site personnel have received a copy of the Site Safety Plan, have read it and understand it.
- Conducts frequent inspections of site conditions, facilities, equipment, and activities to determine if the Site Safety Plan is adequate and being followed.
- Conducts daily "tailgate" meetings to explain the plan of work for the day and to mention potential hazards of the site.
- Ensures that protective clothing and equipment are properly stored and maintained.
- Knows emergency procedures, excavation route, 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 Site Safety Plan before starting work by signing that they have read the Site Safety Plan and understand it.
- Complies with the Site Safety Plan.
- Notifies the Site Safety Officer 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 or Full Face Respirator with Organic Vapor Cartridge
 Tyvek or Ploy-Coated Tyvek

EMERGENCY SERVICES

6.0 Emergency Service

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: William Sheehan
Phone: 510-522-0978
- c. SITE CONTACT
Name: Chuck Kiper
415-572-8033
- d. SITE SAFETY OFFICER
- e. Chuck Kiper or _____
Phone: (415) 572-8033
- e. HEALTH & SAFETY COORDINATOR
Name: Stan Klemetson
Phone 415-572-8033

Hospital In Area: Summit Medical Center
510-655-4000 3100 Summit Street
Oakland, California

6.3 Emergency Routes

See Hospital Route Map, Page 10

6.4 Ambulance: Dispatch Service
510- 657-07776.5 Fire Prevention:
Alameda Fire Department
510-748-46016.6 Fire Department:
SAME

6.7 A First Aid Kit will be on site.

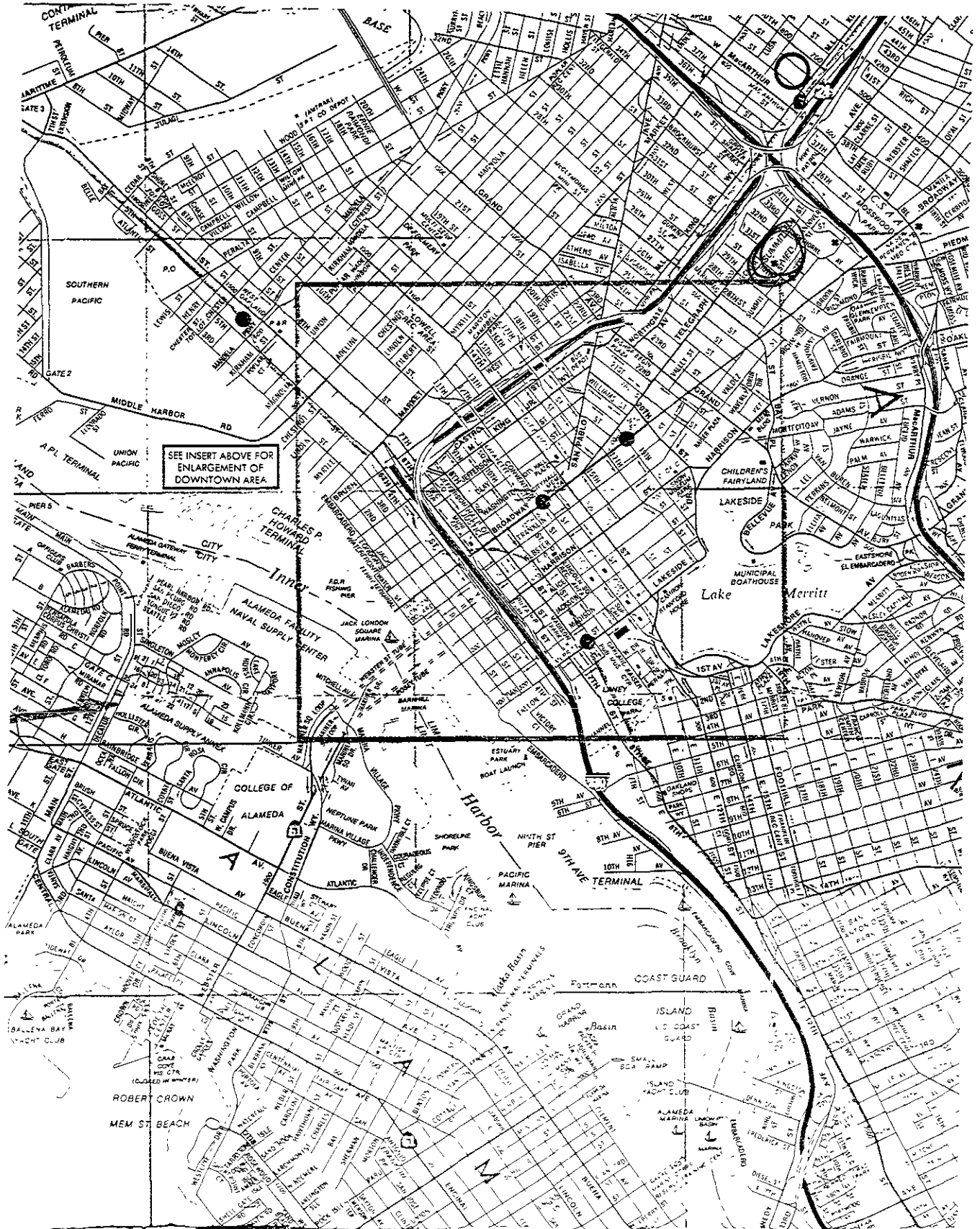
6.8 Barricades:

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



CONTINGENCY PLAN

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 Director 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

O/M Meter

OSHA - Approved First Aid Kit

40BC Fire Extinguisher

Half Face Respirator with Organic Vapor Cartridges

SAFETY TRAINING

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.

MEDICAL MONITORING

11.0 Medical Monitoring

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.

12.0 Signatures & Acknowledgments:

I acknowledge having read and understand 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

CALIFORNIA GROUNDWATER

1. EDR ID #: 11003300842

2. DEP ID #: 01-2311

3. Site address: Residential

510 Lomas Ln

4. County: ala

5. Type of Report: _____

Date of Report: _____

6. Preparer (Company): Loma - HK2 Inc
Geo Amy Labs Inc

7. Water table depth: Shallowest: _____ Deepest: _____ Average: _____
(in feet)

8. Direction of water flow: N NE NNE ENE E ESE SE SSE S
SSW SW WSW W WNW NW NNW

Varies (specify)

Flat Not Reported

Comments:

CALIFORNIA GROUNDWATER

1. EDR ID #: SD 243581A

2. DEP ID #: 01-2311

3. Site address: _____

Lame
94301

4. County: ala

5. Type of Report: _____

Date of Report: _____

6. Preparer (Company): Senco
Geofancy Lab

7. Water table depth: Shallowest: _____ Deepest: _____ Average: _____
(in feet)

8. Direction of water flow: N NE NNE ENE E ESE SE SSE S
SSW SW WSW W WNW NW NNW
Varies (specify)
Flat Not Reported

Comments: