

**FAX COVER**

**FROM:**  
**AMERICAN VALLEY WASTE OIL INC**  
**P.O. BOX 340**  
**DELHI, CA 95315**  
**800-732-4645 - 209-667-8857**  
**FAX 209-668-3880**

**TO: ALAMEDA CO. HEALTH**

**ATTN: SCOTT SEARY**

**DATE: ~~DECEMBER 10, 1999~~**

**PAGE: 1 OF 3**

**SCOTT,**

**HERE ARE THE MANIFEST REQUESTED BY TOM REESE FOR YOU.**

**THANK YOU,**

**SARAH BOYD**

State of California—Environmental Protection Agency  
Form Approved OMB No. 2050-0039 (Expires 9-30-96)  
Please printer-type. Form designed for use on either (12-pitch) typewriter.

See Instructions on back of page 6.

Department of Toxic Substances Control  
Sacramento, California

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

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

3. Generator's Name and Mailing Address

AMERICAN VALLEY WASTE OIL INC  
P.O. BOX 340 DELHI, CA 95315

4. Generator's Phone

800 732-4645

5. Transporter 1 Company Name

6. US EPA ID Number

AMERICAN VALLEY WASTE OIL INC

CAL0000827873

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

Industrial Service Oil Co Inc  
1700 S. State St  
Los Angeles, Ca 90023

10. US EPA ID Number

WAIDK9794527018

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit Wt/Vol

a. NON RCRA HAZARDOUS WASTE LIQUID,  
(USED OIL) only water

No. Type

0101 T 00700

15. Special Handling Instructions and Additional Information

GLOVES  
EMERGENCY PHONE 209-667-8857

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year  
08 21 98

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year  
08 21 98

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Month Day Year  
08 24 98

DO NOT WRITE BELOW THIS LINE.

Yellow: TSD/ SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.  
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days)

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

GENERATOR FACILITY

State of California—Environmental Protection Agency  
Form Approved O' No. 2050-0039 (Expires 9-30-96)  
Please print or type. Form designed for use on site (12-pitch) typewriter

See Instructions on back of page 6.

Department of Toxic Substances Control  
Sacramento, California

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9802. WITHIN CALIFORNIA, CALL 1-800-852-7350

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. CAL000121154		Manifest Document No. 29663		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address AMERICAN VALLEY ENV. SERV. INC 2930 GEER RD # 156 TURLOCK, CA 95352						9652963							
4. Generator's Phone (809 732-4645)													
5. Transporter 1 Company Name AMERICAN VALLEY ENV. SERV. INC													
6. US EPA ID Number CAL000121154													
7. Transporter 2 Company Name													
8. US EPA ID Number													
9. Designated Facility Name and Site Address INDUSTRIAL SERVICE OIL CO INC. 1700 S. SOTO ST LA CA 90023 562-598-5577 CADD994527P8						10. US EPA ID Number							
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol			
a. NON RCRA HAZARDOUS WASTE LIQUID <i>t used out (city water)</i>						0 0 1 T T		00350		G			
b.													
c.													
d.													
15. Special Handling Instructions and Additional Information GLOVES EMERGENCY PHONE 209-667-8857													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Steve Huber				Signature <i>[Signature]</i>				Month 08		Day 04		Year 98	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Steve Huber				Signature <i>[Signature]</i>				Month 08		Day 04		Year 98	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month		Day		Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name John Tizub A													
Signature <i>[Signature]</i>				Month 08				Day 06		Year 99			

DO NOT WRITE BELOW THIS LINE.

Yellow: 15DF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS  
(Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days)

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



December 5, 1999

STID 6613

Mr. Joel Rubnitz  
Archstone Communities  
22320 Foothill Boulevard  
Hayward, CA 94541

RE: Archstone Communities, 5054 Havens Place, Dublin,

Dear Mr. Rubnitz:

This office has begun review of the project history for this site in preparation for final case closure. Review has uncovered that documents supporting the lawful transport and disposal of particular waste streams associated with the August 1998 removal of the underground storage tank (UST) are missing. The missing documents support the following activities:

- Residual product and impacted groundwater reportedly removed from the UST and associated excavation by American Valley Environmental Services
- Reported transport of the UST to Ecology Control Industries, Richmond, CA
- Reported transport of impacted soil to Altamont Landfill, (Livermore, CA)

Please submit copies of the completed and signed waste manifests, disposal receipts, and destruction certificates, as applicable, for the above waste streams. Please be certain quantity, volume, and/or weights are clearly identified.

Please contact me at (510) 567-6783 should you have any questions.

Sincerely,

Scott O. Seery, CHMM  
Hazardous Materials Specialist

cc: Chuck Headlee, RWQCB  
Rick Jeffery, R&B Construction, Inc, 24200 Clawiter Rd, Hayward, CA 94545

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6700  
(510) 337-9432

# ARCHSTONE

May 21, 1999

Archstone Communities  
22320 Foothill Boulevard, Second Floor  
Hayward, California 94541  
Telephone (510) 583 2100  
Fax (510) 728 7111  
www.archstonecommunities.com

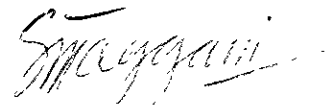
Mr. Scott O. Seery, CHMM  
Hazardous Materials Specialist  
Alameda County Health Care Services  
Environmental Health Services  
Environmental Protection (LOP)  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

Re: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR ARCHSTONE  
EMERALD PARK, 5054 HAVEN PLACE, DUBLIN CALIFORNIA (PARCEL  
MAP 7125)

Dear Mr. Seery:

1. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, Shyam R. Taggarsj, certify that the following is the sole landowner for the above site.
  - Archstone Communities Trust, a Maryland Real Estate Investment Trust., 22320 Foothill Blvd., Suite 220, Hayward, CA 964541 is the sole owner of the above mentioned site.

Sincerely,  
**ARCHSTONE COMMUNITIES TRUST**



Shyam Taggarsj  
Vice President

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**COVER**  

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**FAX****SHEET**

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**To:** Scott Seery  
**Fax #:** 510/337-9335  
**Subject:** UST Survey Report for 5054 Havens Place, Dublin, CA  
**Date:** May 7, 1999  
**Pages:** 5, including this cover page

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Scott,

Here is the UST Survey Report for the above-referenced site, as you requested. Please let me know if I may be of further assistance.

Have a nice weekend!

Regards,

Mark

From the desk of  
Mark Becker  
SECOR International Incorporated  
1225 Pear Avenue, Suite 110  
Mountain View, CA 94043

Telephone (650) 691-0131  
Extension 31  
Fax (650) 691-9837

VIA FAX AND U.S. MAIL

ENVIRONMENTAL  
PROTECTION

99 MAY 10 3:12  
May 7, 1999

Mr. Scott Seery  
Alameda County Health Care Services Agency  
1131 Harbor Bay Parkway, Suite 250  
Alameda, California 94502-6577

**ADDENDUM TO MARCH 11, 1999 FIELD INVESTIGATION SUMMARY  
REPORT FOR PROPERTY LOCATED AT 5054 HAVENS PLACE, DUBLIN,  
CALIFORNIA – UST SURVEY REPORT**

SECOR International Incorporated (SECOR) is pleased to convey the attached Underground Storage Tank (UST) Survey Report, completed by California Utility Surveys, which documents the methods and findings of the UST survey conducted on October 28, 1998 at the above referenced site (the Property). The attached report is presented as an addendum to the report titled *Field Investigation Summary Report, 5054 Havens Place, Dublin, California*, prepared by SECOR and dated March 11, 1999.

Please contact me at (650) 691-0131 ext. 31 if you have any questions regarding this Survey Report or any other aspects of the project.

Sincerely,

**SECOR International Incorporated**



Mark Becker, R.E.A  
Senior Scientist

cc: Mr. Howe Gates, SECOR

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



May 4, 1999

STID 6613

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

Mr. Joel Rubnitz  
Archstone Communities  
22320 Foothill Boulevard  
Hayward, CA 94541

RE: Archstone Communities, 5054 Havens Place, Dublin

LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

Dear Mr. Rubnitz:

This letter is to inform you of new legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

For purposes of implementing these sections, you have been identified as the primary or active responsible party. Please provide to this agency, within twenty (20) calendar days of receipt of this notice, a complete mailing list of all current record owners of fee title to the site. You may use the enclosed "list of landowners" form (sample letter 2) as a template to comply with this requirement. If the list of current record owners of fee title to the site changes, you must notify the local agency of the change within 20 calendar days from when you are notified of the change.

If you are the sole landowner, please indicate that on the landowner list form. The following notice requirements do not apply to responsible parties who are the sole landowner for the site.



LANDOWNER NOTIFICATION

Re: 5054 Havens Place, Dublin

May 4, 1999

Page 2 of 2

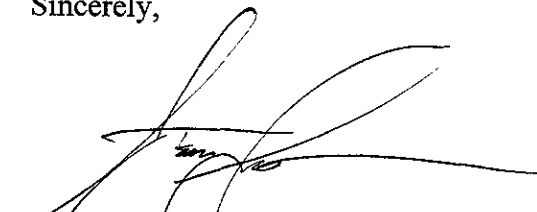
In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

- 1) consider a cleanup proposal (corrective action plan)
- 2) consider a site closure proposal
- 3) make a determination that no further action is required
- 4) issue a closure letter

You may use the enclosed "notice of proposed action" form (sample letter 3) as a template to comply with this requirement. Before approving a cleanup proposal or site closure proposal, determining that no further action is required, or issuing a closure letter, the local agency will take all reasonable steps necessary to accommodate responsible landowner participation in the cleanup and site closure process and will consider all input and recommendations from any responsible landowner.

Please call me at (510) 567-6783 should you have any questions about the content of this letter.

Sincerely,



Scott O. Seery, CHMM  
Hazardous Materials Specialist

Attachments

cc: Chuck Headlee, RWQCB

SAMPLE LETTER (2): LIST OF LANDOWNERS FORM

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Name of local agency  
Street address  
City

SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR (*Site Name and Address*)

(Note: Fill out item 1 if there are multiple site landowners. If you are the sole site landowner, skip item 1 and fill out item 2.)

1. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:
  
  
  
  
  
  
  
  
  
  
2. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I am the sole landowner for the above site.

Sincerely,

Signature of primary responsible party

Name of primary responsible party

SAMPLE LETTER 3: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY

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Name of local agency  
Street address  
City

SUBJECT: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY  
FOR *(Site Name and Address)*

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, *(name of primary responsible party)*, certify that I have notified all responsible landowners of the enclosed proposed action. Check space for applicable proposed action(s):

cleanup proposal (corrective action plan)

site closure proposal

local agency intention to make a determination that no further action is required

local agency intention to issue a closure letter

Sincerely,

Signature of primary responsible party

Name of primary responsible party

cc: Names and addresses of all record fee title owners

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



November 13, 1998

STID 6613

Mr. Joel Rubnitz  
Archstone Communities  
22320 Foothill Boulevard  
Hayward, CA 94541

ENVIRONMENTAL HEALTH SERVICES

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

RE: Archstone Communities, 5054 Havens Place, Dublin,

Dear Mr. Rubnitz:

This office is in receipt of the September 17, 1998 R&B Equipment, Inc. "Tank Closure Report" and November 5, 1998 SECOR International Incorporated (SECOR) *draft* report (and addenda) of the limited soil and groundwater investigation performed at the subject site. In addition to other critical information, the cited reports present the results of laboratory analyses performed on soil and groundwater samples collected during two phases of work at the site. I understand that SECOR will soon present a final version of their limited site investigation report.

The cited data were compared to the American Society for Testing and Materials (ASTM) E 1739-95 *Standard Guide for Risk-Based Corrective Action (RBCA) Applied at Petroleum Release Sites Tier 1 draft Risk-Based Screening Level (RBSL) "look-up" table*, modified to reflect California-specific human exposure criteria. This *draft* RBSL look-up table presents a tabulation of potential exposure risks for various exposure pathways from various media (e.g., soil, water, and air). A range of incremental carcinogenic risk levels (e.g.,  $10^{-4}$  to  $10^{-6}$ ) are presented, as well as hazard quotients for non-carcinogenic compounds. These RBSL values are based on conservative, nonsite-specific assumptions and complete exposure pathways.

I understand that multi-unit apartments will be constructed at this site. I also understand that the dwellings will be perched above a parking garage that will be built partially below grade, and that an approximate 10-foot air space will exist between the floor of the garage and the base of the dwellings, above.

Based solely on the data presented in the cited technical reports, and in context with the California-modified RBSLs and reported development plans for this site, redevelopment of this site appears acceptable.

Please contact me at 510/567-6783 if I can be of further assistance.

Sincerely,

Scott O. Seery, CHMM  
Hazardous Materials Specialist

Mr. Rubnitz  
RE: 5054 Havens Place, Dublin  
November 13, 1998  
Page 2 of 2

cc: Mee Ling Tung, Director, Environmental Health  
Chuck Headlee, RWQCB  
Mark Becker, SECOR International Inc.  
1225 Pear Ave., Ste.110, Mt. View, CA 94043

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

<b>EMERGENCY</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>FOR LOCAL AGENCY USE ONLY</b> I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM. SIGNED: _____ DATE: 10-16-98
<b>REPORT DATE</b> 10/16/98	<b>CASE #</b> 6613	

<b>REPORTED BY</b>	<b>NAME OF INDIVIDUAL FILING REPORT</b> Scott SEERY	<b>PHONE</b> (510) 567-6783	<b>SIGNATURE</b> 	
	<b>REPRESENTING</b> <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	<b>COMPANY OR AGENCY NAME</b> Alameda Co. Env. Health Dept.		
	<b>ADDRESS</b> 1131 Harbor Bay Pkwy Alameda CA 94502			

<b>RESPONSIBLE PARTY</b>	<b>NAME</b> Archstone Communities <input type="checkbox"/> UNKNOWN	<b>CONTACT PERSON</b> Joel Rubnitz	<b>PHONE</b> (510) 583-2128
	<b>ADDRESS</b> 22320 Foothill Blvd., 2nd Floor Hayward CA 94541		

<b>SITE LOCATION</b>	<b>FACILITY NAME (IF APPLICABLE)</b> Archstone Communities	<b>OPERATOR</b> ( )	<b>PHONE</b> ( )	
	<b>ADDRESS</b> 5054 Havens Place Dublin Alameda 94568			
	<b>CROSS STREET</b> Dublin Blvd.			

<b>IMPLEMENTING AGENCIES</b>	<b>LOCAL AGENCY</b> Alameda Co. Env. Health Dept.	<b>CONTACT PERSON</b> Scott Seery	<b>PHONE</b> (510) 567-6783
	<b>REGIONAL BOARD</b> San Francisco Bay Chuck Headlee (510) 622-2433		

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

<b>DISCOVERY/ABATEMENT</b>	<b>DATE DISCOVERED</b> 08/04/98	<b>HOW DISCOVERED</b> <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		
	<b>DATE DISCHARGE BEGAN</b> <input checked="" type="checkbox"/> UNKNOWN		<b>METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)</b> <input 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	
	<b>HAS DISCHARGE BEEN STOPPED?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 08/04/98			

<b>SOURCE/ CAUSE</b>	<b>SOURCE OF DISCHARGE</b> <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	<b>CAUSE(S)</b> <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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<b>CASE TYPE</b>	<b>CHECK ONE ONLY</b> <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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<b>CURRENT STATUS</b>	<b>CHECK ONE ONLY</b> <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input checked="" 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
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<b>REMEDIAL ACTION</b>	<b>CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)</b> <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <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 (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)			
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**COMMENTS**  
 Release discovered after removal of tank. Tank was discovered during grading activities in preparation for site development. Site is within former military base (Camp Shoemaker).

# 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 10/16/98	CASE # 6613	SIGNED _____ DATE 10-16-98

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Scott SEERY	PHONE (510) 567-6783	SIGNATURE 		
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME Alameda Co. Env. Health Dept.			
	ADDRESS 1131 Harbor Bay Pkwy Alameda CA 94502				

RESPONSIBLE PARTY	NAME Archstone Communities <input type="checkbox"/> UNKNOWN	CONTACT PERSON Joel Rubnitz	PHONE (510) 583-2128	
	ADDRESS 22320 Foothill Blvd., 2nd Floor Hayward CA 94541			

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Archstone Communities	OPERATOR ( )	PHONE ( )		
	ADDRESS 5054 Havens Place Dublin Alameda 94568				
	CROSS STREET Dublin Blvd.				

IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda Co. Env. Health Dept.	AGENCY NAME Env. Health Dept.	CONTACT PERSON Scott Seery	PHONE (510) 567-6783
	REGIONAL BOARD San Francisco Bay Chuck Headlee PHONE (510) 622-2433			

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

DISCOVERY/ABATEMENT	DATE DISCOVERED 08/04/98	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 _____ <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input 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		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 08/04/98			

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 type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)			
-----------	--	--	--	--

CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input checked="" 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 SOURCE (TS)	<input type="checkbox"/> VENT SOIL (VS)
	<input type="checkbox"/> VACUUM EXTRACT (VE)	<input type="checkbox"/> OTHER (OT)		

COMMENTS: Release discovered after removal of tank. Tank was discovered during grading activities in preparation for site development. Site is within former military base (Camp Shoemaker).

TRANSMIT REPORT

1998.10-16 09:55  
 510 337 9335  
 ALAMEDA CO EHS HAZ-OPS

COM No.	REMOTE STATION	START TIME	DURATION	PAGES	RESULT	USER ID	REMARKS
426	6927074	10-16 09:52	03' 06	09/09	OK		

7499402046

LOP and Haz Mat staff

Here's a memo from the SWRCB regarding use of small diameter wells. I received this memo from Chuck Headlee (RWQCB) when I inquired about a consultant's proposal to use the new GeoProbe pre-packed, small diameter wells at a site. Looks like their use will not be paid for by the UST Fund, so beware approving their use.

Scott

SENT:

- ① SWRCB memo regarding use of small diameter, prepackaged wells (e.g., GeoProbe, etc.)
- ② Appendix A

Post-It <sup>®</sup> brand fax transmittal memo 7671		# of pages > 9	
To Howe Gates	From Scott Seery		
Co. Seacor	Co. ACDEM		
Dept.	Phone # 510/567-6783		
Fax # 508/692-7074	Fax #		



Please transfer to LOP

ALAMEDA COUNTY - ENVIRONMENTAL HEALTH

# Transfer of Eligible Local Oversight Case

STID 6613 Date of input/By: 10/15/98 AL

Date: 10-14-98 From: Scott

Site Name: Archstone Communities (Formerly Security Capital / Pacific Trust)

Address: 5054 Havens Pl City: Dublin Zip: 94568

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

1.  N Tanks Removed? # of removed? 1 Date removed: 8-4-98

2.  N Samples received? Contamination level: 11,000 ppm TPH  
Type of test water  
Contamination should be over 100 ppm TPH to qualify for LOP

3.  N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet  
• diesel • 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: 50

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.

white -env.health  
yellow -facility  
pink -files

ALAMEDA COUNTY, DEPARTMENT OF  
ENVIRONMENTAL HEALTH  
Hazardous Materials Inspection Form

1131 Harbor Bay Pkwy  
Alameda CA 94502  
510/567-6700

II, III

Site ID # 6613 Site Name Security Capital Today's Date 8/21/98  
Site Address 5054 Havens Place (Santa Rita property)  
City Dublin Zip 94568 Phone \_\_\_\_\_

\_\_\_\_ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?  
**Inspection Categories:**  
 I. Haz. Mat/Waste GENERATOR/TRANSPORTER  
 II. Hazardous Materials Business Plan, Acutely Hazardous Materials  
 III. Under ground Storage Tanks

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

Comments: 8:30-9:20

On-site to observe extent of over-excavation of UST pit. The excavation had been extended vertically to ~15' BG yesterday. GW was encountered at that depth. Apparently, frothy free-phase product was noted floating on the water's surface. A backhoe bucket full of water was lifted to the surface and sampled. A sidewall soil sample was also collected.

Contractor was directed to pump the pit in an attempt to remove FP.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Tom Reese  
Title Reese Construction  
Signature Tom Reese

Inspector S. Seery  
Signature \_\_\_\_\_

II, III

white -env.health  
yellow -facility  
pink -files

ALAMEDA COUNTY, DEPARTMENT OF  
ENVIRONMENTAL HEALTH  
Hazardous Materials Inspection Form

1131 Harbor Bay Pkwy  
Alameda CA 94502  
510/567-6700

II, III

Site ID # \_\_\_\_\_ Site Name Security Pacific Today's Date 8/4/98  
Site Address 5054 Havens Place (Santa Rita property)  
City Dublin Zip 94568 Phone \_\_\_\_\_

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

**Inspection Categories:**

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER  
 II. Hazardous Materials Business Plan, Acutely Hazardous Materials  
 III. Under ground Storage Tanks

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

**Comments:**

Arrived (late) to witness removal of one ~ 350-400 gallon fuel UST. Tank was already excavated and transported off-site by ECL, but it is reported that the tank had been cleft in two by an excavator, leading to its discovery.

Approx. 30 gals of apparent diesel was pumped from the breached tank before its removal.

A single sample was collected from the northwest of the pit @ a depth of approximately 10' BG. The sample had a product odor.

Sample to be run for TPH-D and BTEX.

Contact Tom Reese  
Title Reese Construction  
Signature Tom Reese

Inspector S. Seery  
Signature [Signature]

II, III

ST10 6613

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A  
COMPLETE THIS FORM FOR EACH FACILITY/SITE



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

8/4/98

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

DBA OR FACILITY NAME <i>Security Capital / Pacific Trust</i>		NAME OF OPERATOR <i>Shyam Tuggarsi</i>		
ADDRESS <i>5054 Havens Place</i>		NEAREST CROSS STREET <i>Hercules Dr.</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Dublin</i>	STATE <i>CA</i>	ZIP CODE <i>94568</i>	SITE PHONE # WITH AREA CODE <i>N/A</i>	
<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 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)

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Jeffery, Dick</i>	PHONE # WITH AREA CODE <i>907-87-3774</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>Jeffery, Dick</i>	PHONE # WITH AREA CODE <i>510-787-3774</i>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>Security Capital / Pacific Trust</i>	CARE OF ADDRESS INFORMATION <i>Shyam Tuggarsi</i>		
MAILING OR STREET ADDRESS <i>72320 Foothill Blvd</i>	<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <i>Hayward</i>	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
	STATE <i>CA</i>	ZIP CODE <i>94541</i>	PHONE # WITH AREA CODE <i>570-583-2118</i>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Security Capital / Pacific Trust</i>	CARE OF ADDRESS INFORMATION <i>Shyam Tuggarsi</i>		
MAILING OR STREET ADDRESS <i>72320 Foothill Blvd</i>	<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <i>Hayward</i>	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
	STATE <i>CA</i>	ZIP CODE <i>94541</i>	PHONE # WITH AREA CODE <i>510-583-2118</i>

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

TY (TK) HQ   -       *N/A*

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

<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOVT. MECHANISM	<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.

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

ST10 6613

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM  1 NEW PERMIT  2 INTERIM PERMIT  3 RENEWAL PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6 TEMPORARY TANK CLOSURE  7 PERMANENTLY CLOSED ON SITE  8 TANK REMOVED 8/4/98

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: N/A

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN  
A. OWNER'S TANK I.D.# unknown B. MANUFACTURED BY: unknown  
C. DATE INSTALLED (MO/DAY/YEAR) unknown D. TANK CAPACITY IN GALLONS: 500

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.  
A.  1 MOTOR VEHICLE FUEL  2 PETROLEUM  3 CHEMICAL PRODUCT  4 OIL  80 EMPTY  95 UNKNOWN  
B.  1 PRODUCT  2 WASTE  
C.  1a REGULAR UNLEADED  1b PREMIUM UNLEADED  1c MIDGRADE UNLEADED  2 LEADED  3 DIESEL  4 GASAHOL  5 JET FUEL  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  1 DOUBLE WALL  2 SINGLE WALL  3 SINGLE WALL WITH EXTERIOR LINER  4 SINGLE WALL IN A VAULT  5 INTERNAL BLADDER SYSTEM  95 UNKNOWN  99 OTHER  
B. TANK MATERIAL (Primary Tank)  1 BARE STEEL  2 STAINLESS STEEL  3 FIBERGLASS  4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC  5 CONCRETE  6 POLYVINYL CHLORIDE  7 ALUMINUM  8 100% METHANOL COMPATIBLE W/FRP  9 BRONZE  10 GALVANIZED STEEL  95 UNKNOWN  99 OTHER  
C. INTERIOR LINING OR COATING  1 RUBBER LINED  2 ALKYD LINING  3 EPOXY LINING  4 PHENOLIC LINING  5 GLASS LINING  6 UNLINED  95 UNKNOWN  99 OTHER  
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_  
D. EXTERIOR CORROSION PROTECTION  1 POLYETHYLENE WRAP  2 COATING  3 VINYL WRAP  4 FIBERGLASS REINFORCED PLASTIC  5 CATHODIC PROTECTION  91 NONE  95 UNKNOWN  99 OTHER  
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 A U 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER  
B. CONSTRUCTION A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER  
C. MATERIAL AND CORROSION PROTECTION A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE W/FRP A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 95 UNKNOWN A U 99 OTHER  
D. LEAK DETECTION  1 MECHANICAL LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 CONTINUOUS INTERSTITIAL MONITORING  4 ELECTRONIC LINE LEAK DETECTOR  5 AUTOMATIC PUMP SHUTDOWN  99 OTHER

V. TANK LEAK DETECTION  
 1 VISUAL CHECK  2 MANUAL INVENTORY RECONCILIATION  3 VADOZE MONITORING  4 AUTOMATIC TANK GAUGING  5 GROUND WATER MONITORING  6 ANNUAL TANK TESTING  7 CONTINUOUS INTERSTITIAL MONITORING  8 SIP  9 WEEKLY MANUAL TANK GAUGING  10 MONTHLY TANK TESTING  95 UNKNOWN  99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE) N/A - REMOVED  
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  
TANK OWNER'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 # \_\_\_\_\_  
PERMIT NUMBER \_\_\_\_\_ PERMIT APPROVED BY/DATE \_\_\_\_\_ PERMIT EXPIRATION DATE \_\_\_\_\_

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 ENVIRONMENTAL HEALTH SERVICES  
 1131 HARBOR BAY PARKWAY, RM 250  
 ALAMEDA, CA 94502-6577  
 PHONE # 510/567-6700

**ACCEPTED**

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

These environmental 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 ensure compliance with State and local laws. The project proposed needs to be 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 Inspectors 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 operate, by 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:

**ROBERT WESTON**  
**7-29-98**

**UNDERGROUND TANK CLOSURE PLAN**

\* \* \* Complete plan according to attached instructions \* \* \*

1. Property Owner  
 Name of Business Security Capital & Pacific Trust  
 Business Owner or Contact Person (PRINT) Shyam Taggarsi (contact person)
2. Site Address 5054 Havens Place  
 City Dublin Zip 94568 Phone 510-583-2128
3. Mailing Address 22320 Foothill Blvd  
 City Hayward Ca Zip 94541 Phone 510-583-2128
4. Property Owner Security Capital & Pacific Trust  
 Business Name (if applicable) N/A  
 Address 22320 Foothill Blvd Suite 220  
 City, State Hayward Ca Zip 94541
5. Generator name under which tank will be manifested  
Security Capital & Pacific Trust  
 EPA ID# under which tank will be manifested C A C 0 0 1 4 0 8 4 3 2

6. Contractor R+B Equipment, Inc.  
 Address 24200 Claviter Rd  
 City Hayward Ca 94545-2206 Phone 510-782-3774  
 License Type A Haz ID# 669008
7. Consultant (if applicable) N/A  
 Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Phone \_\_\_\_\_
8. Main Contact Person for Investigation (if applicable)  
 Name Rick Jeffery Title President  
 Company R+B Equipment, Inc.  
 Phone 510-782-3774
9. Number of underground tanks being closed with this plan 1  
 Length of piping being removed under this plan 0  
 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 RCA Oil Recovery EPA I.D. No. CAD 981385149  
 Hauler License No. 0519 License Exp. Date 6-30-99  
 Address 5774 Dichondra Place  
 City Newark State Ca zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site

Name Alviso Ind Oil Co EPA ID# CAL000161743  
 Address 5002 Archer St  
 City Alviso State Ca zip 95002

c) Tank and Piping Transporter

Name Ecology Control Industries EPA I.D. No. CAD982030173  
Hauler License No. 1533 License Exp. Date 7-1-99  
Address 235 Parr Blvd  
City Richmond State Ca Zip 94801

d) Tank and Piping Disposal Site

Name Ecology Control Industries EPA I.D. No. CAD982030173  
Address 235 Parr Blvd  
City Richmond State Ca Zip 94801

11. Sample Collector

Name Tom Reese  
Company Reese Construction  
Address 26133 Parkside Dr  
City Hayward State Ca Zip 94542 Phone 510-410-1255

12. Laboratory

Name McCampbell Analytical, Inc.  
Address 110 Second Ave. South, Unit D7  
City Pacheco State Ca Zip 94553  
State Certification No. 1644

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:

Pump out product ; place dry ice @ 30 lb / 1000 g ;  
no rinse  
\_\_\_\_\_  
\_\_\_\_\_



Before tanks are pumped out and inerted, all associated piping must be flushed back into the tank(s). All accessible piping must then be removed. Inaccessible piping must be permanently plugged using grout.

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 have a functional combustible gas indicator on-site to verify that the tank(s) is inerted.

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)		
500 g	diesel fuel unknown history	Soil	2ft into native

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	
Stockpiled Soil Volume (estimated)  <i>20 cubic yards</i>	Sampling Plan  <i>1 discrete sample per 20 cubic yards</i>

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 *will be determined on site depending on contamination or other site conditions*

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from this office. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling activities.

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
diesel DTX+E	8015 8260	see Table 2	1-ppm <del>1005 ppm</del>

18. Submit Worker's Compensation Certificate copy

Name of Insurer state fund - (enclosed)

19. Submit Plot Plan **\*\*\* (See Instructions) \*\*\***

20. Enclose Deposit (See Instructions)

21. **Report all 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.

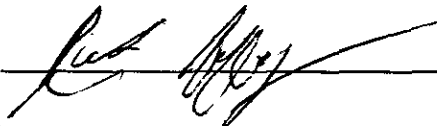
I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner 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 R+B Equipment


Name of Individual Rick Jeffery

Signature  Date 7-28-98

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Security Capital & Pacific Trust

Name of Individual Shyam Taggarsi, Vice President

Signature  Date 7-29-98

**ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION**

**DECLARATION OF SITE ACCOUNT REFUND RECIPIENT**

*There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.*

**SITE INFORMATION:**

Site ID Number  
(if known)

Property Owner:  
Security Capital & Pacific Trust  
Name of Site

22320 Foothill Blvd

Street Address

Hayward

Ca 94541

City, State & Zip Code

I designate the following person or business to receive any refund due at the completion of all deposit/refund projects:

R+B Equipment

Name

24200 Clavier Rd

Street Address

Hayward Ca 94545

City, State & Zip Code

[Signature]

Signature of Payor

7-25-98

Date

John Thomas Reese

Name of Payor

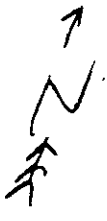
(PLEASE PRINT CLEARLY)

Reese Construction

Company Name of Payor

**RETURN FORM TO:**

County of Alameda, Environmental Protection  
1131 Harbor Bay Parkway, Rm 250  
Alameda CA 94502-6577  
Phone#(510) 567-6700



Hibernia St.

Subject Site.

□ 500g UST diesel

Dublin Blvd

retail center  
new, ~~to be~~ under  
construction

S80

Hacienda Dr.

## Site Safety Plan

### Background Information:

Project Name: Security Capital Pacific Trust

Project Manager: Tom Reese

Client Contact: Shyam Rubnitz Taggar

Site Address: 5054 Havens Place, Dublin CA

Overall Objective of Site Work: UST Removal

Proposed Date of Site Work: July, 1998

Source of Site Information: Owner supplied

Will Site Officials

Accompany Work Personnel: Alameda Co Environmental Health and Fire Departments.

Work Time Limitations: 0700 to 1700

Warning for Site Evacuation: Verbal

Site Description: Single Family Home Subdivision

Current Status: Under construction

Prior Status: Undeveloped

Materials Handled, Disposed, or Stored: diesel fuel

Industrial Processes/Procedures: Fuel Storage

### HAZARDS: DESCRIPTION, PROTECTION AND MONITORING

The following substances are known or suspected to be currently or historically onsite:

<u>Exposure Substance</u>	<u>Physical State</u>	<u>TLV (ppm)</u>	<u>Characteristics</u>
Diesel	liquid	No TLV	Med boiling point

Potential Environmental Hazards: Leakage from the tank or pipes may contaminate soil and/or groundwater.

Potential Worker Hazards: Liquid petroleum products and vapors

Potential Physical Hazards Onsite: Heavy equipment such as backhoes, cranes, loaders, loud noises, sharps, open excavations.

Overall Hazard Estimation: Low

The following levels of personal protection have been designated:  
(NOTE: No eating, drinking or smoking is allowed in work areas)

Level of Protection: 'D, consisting of hard hat, safety glasses, steel toe boots, leather gloves

Location(s) to be used: Within the established work zone

When to use: At all times

Required Decontamination Equipment: Vacuum truck to remove liquid contents of tank

Disposal of Contaminated Materials or Equipment: Liquid wastes from the tanks to be disposed at Alviso Ind. Oil Co., tanks to Erickson

### Monitoring

1. Direct Reading Monitoring Equipment (e.g., Draeger tubes, HNu):

Equipment: LEL meter  
Location to be used: Inside tanks  
When to use: Prior to removal

2. Action Levels for Monitoring Results:

Equipment: LEL  
Action Level: 10% LEL or 10% oxygen  
Action (type and duration): re-ice tanks

### ONSITE ORGANIZATION AND COORDINATION

#### General

The following personnel are designed to carry out the stated job functions onsite:

Project Team Leader: Tom Reese  
Site Safety Officer: Tom Reese  
Contractors onsite (state function): Erickson Inc. (Haul tank), RCA to empty tank.  
Government Agency Representatives: Alco Health and Fire Departments

#### Site Access Control

Access to the site will be controlled such that no unauthorized person enters within the following boundaries: Within barricades or 25 feet of excavation.



## EMERGENCY MEDICAL CARE AND PROCEDURES

Nearest emergency medical facility:  
(see attached map)

Facility Name: Valley Care Medical Center  
Address: 5555 W. Las Positas, Pleasanton  
Telephone: (925) 847-3000

### Emergency Telephone Numbers:

Fire: 911  
Police: 911  
Ambulance: 911  
Hotline (e.g., Poison Control Center): (415) 666-2845

### Emergency First Aid for Substances Present:

<u>Substance</u>	<u>Exposure Symptoms</u>	<u>First Aid</u>
Petroleum distillates	dizziness, headache, irrit eyes, nose, throat, drying of skin	Eye-irrigate immed for 15 min, Skin- wash area with soap/ water, Ingest- call 911 immed, Breath- move victim to fresh air

### First Aid Equipment Onsite:

<u>Equipment</u>	<u>Location</u>
First Aid Kit	Adjacent to Excavation
Fire Extinguisher	Adjacent to Excavation

### Onsite Emergency Procedures:

1. Personal injury or illness: Administer first aid; call ambulance if necessary.
2. Fire or Explosion: Turn off all motorized equipment; evacuate working area; meet at designated upwind location.
3. Earthquake: Turn off all motorized equipment; evacuate working area; meet at designated upwind location.
4. Hazardous Material Spill or Release: Turn off all motorized equipment; evacuate work area in an upwind direction of the spill or release; meet at designated upwind location.

