

ALAMEDA COUNTY  
**HEALTH CARE SERVICES**

AGENCY  
DAVID J. KEARS, Agency Director



March 9, 2000

STID 4115

Mr. Hugh Murphy  
Hayward Fire Department  
777 B Street  
Hayward, CA 94541

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

RE: Fairview Fire Department, Station #8, 24200 Fairview Avenue, Hayward

Dear Mr. Murphy:

This letter transmits the enclosed underground storage tank (UST) case closure letter in accordance with Chapter 6.75 (Article 4, Section 25299.37[h]) of the California Health and Safety Code. The State Water Resources Control Board (SWRCB) has required since March 1, 1997 that this agency use this case closure letter for all UST leak sites. We are also transmitting to you the enclosed case closure summary. These documents confirm the completion of the investigation and cleanup of the reported release at this site.

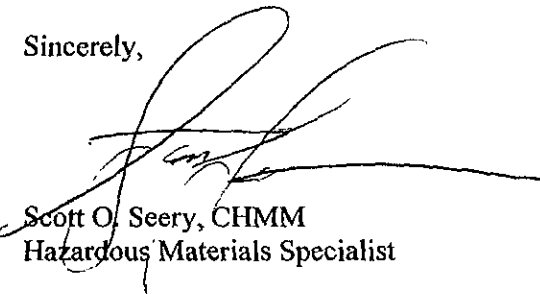
**SITE INVESTIGATION AND CLEANUP SUMMARY**

Please be advised that the following conditions exist at the site:

- Up to 6100 micrograms per liter of Total Petroleum Hydrocarbons as Diesel (TPH-D), among other fuel constituents detected, remain in water accumulated in the former tank pit
- Up to 1300 parts per million of TPH-D, among other fuel constituents detected, remain in soil in the former fuel dispenser area

If you have any questions, please contact the undersigned at (510) 567-6783.

Sincerely,



Scott O. Seery, CHMM  
Hazardous Materials Specialist

Enclosures:

1. Case Closure Letter
2. Case Closure Summary

cc: Ariu Levi, Chief

ACC ENVIRONMENTAL  
CONSULTANTS, INC.

7977 Capwell Drive, Suite 100,

Oakland, CA 94621

# FAX

Date: 18 JAN 2000

Number of pages including cover sheet: 2

To: SCOTT SEERY

Company: ACHCSA

Phone: \_\_\_\_\_

Fax phone: 337-9335

CC: \_\_\_\_\_

From: STEPHEN SOUTHERN

Phone: (510) 638-8400

Fax phone: (510) 638-8404

REMARKS:  As Requested  For your review  Reply ASAP  Please comment

SCOTT-  
WEIGH TICKET FOR SOIL REMOVED FROM FS# 8.

STEPHEN

Original to Follow by:

\_\_\_\_\_ U.S. Mail

\_\_\_\_\_ Express Overnight Mail

\_\_\_\_\_ Courier

No Hard Copy to Follow

YELLOW CLASS 2 COVER  
QUAN OF JOB: 0.00 T QUAL

ACTAMONT LANDFILL & REP  
10800 ACTAMONT PASE ROAD  
LIVERMORE, CA 94550-4745

DATE: 12/07/1999 TICKET: 160531 - 1  
TIME IN: 12:55 1/C: 1  
TIME OUT: 12:55  
STAGE TICKET 167778

CARRIER: DEC DECON SERVICES  
TRUCKS: 17 END EQUIP TRAILERS:  
CUSTOMER: DECON DECON ENVIRONMENTAL SERVICES  
OPERATOR: OFFICER CITY OF HAYWARD FIRE STATION 88  
ORIGIN: HAYW HAYWARD PROFILE 5)002100

MANIFEST	WASTE DESCRIPTION	QUAN.	PER	RATE	AMOUNT	TAX	PGC	TOTAL
	C2C CLASS 10 COVER 201	24.45	T					Yes

GROSS: 31040 PB LBS CUSTOMER: \_\_\_\_\_ WeighOut:  
 TARE: 22140 FT LBS Offload:  
 NET 48900 LBS TONS. 22.45 WEIGHMASTER: \_\_\_\_\_ Service:  
 Service.

WEIGH IN CLERK: DOMOPRIO FRANK WEIGH OUT CLERK: DOMOPRIO, FRANK

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY HAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF REVISION 8 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

48900 lbs. 22.45 tons

Attn: Lilia

ACC ENVIRONMENTAL  
CONSULTANTS, INC.

7977 Capwell Drive, Suite 100,

Oakland, CA 94621

# FAX

Date: 8 DEC 99

Number of pages including cover sheet: 3

To: SCOTT SPODY

Company: ACHGSA

Phone: \_\_\_\_\_

Fax phone: 337-9335

CC: \_\_\_\_\_

From: STEPHEN SOUTHERN

Phone: (510) 638-8400

Fax phone: (510) 638-8404

REMARKS:  As Requested  For your review  Reply ASAP  Please comment

SCOTT-

THIS IS THE MOST RECENT WATER INFO FROM DEON.  
IT LOOKS LIKE A TOTAL OF 2,000 GALLONS. I'M STILL  
WAITING FOR THE CONFIRMATION OF THE SOIL REMOVAL  
STEPHEN

Original to Follow by:

- U.S. Mail
- Express Overnight Mail
- Courier
- No Hard Copy to Follow

2800 gals.

# NON-HAZARDOUS WATER TRANSPORT FORM

## GENERATOR INFORMATION

City of Hayward Fire Station #8  
24200 Fairview Ave  
Hayward Ca

## CUSTOMER INFORMATION

Decon Environmental

PO # 3006

DESCRIPTION OF WATER: Underground Tank Removal  
NON-HAZARDOUS WASTE WATER, MONITORING WELL PURGE WATER AND/OR AUGER RINSATE, TANK RINSATE OR ABOVE  
DESCRIBED WATER. THIS WATER MAY CONTAIN DISSOLVED HYDROCARBONS. I CERTIFY THAT THE ABOVE NAMED MATERIAL  
IS A LIQUID EXEMPT FROM RCRA PER 40 CFR 261.4 (b)(10) AND DOES NOT MEET THE CRITERIA OF HAZARDOUS WASTE AS  
DESCRIBED IN 22 CFR ARTICLE 11 OR ANY OTHER APPLICABLE STATE LAW, HAS BEEN PROPERLY DESCRIBED,  
CLASSIFIED AND PACKAGED AND IS IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO APPLICABLE  
REGULATIONS.

Generator/Authorized Agent

Sign [Signature] date 1-8-99

## SITE INFORMATION

24200 Fairview Ave  
Hayward  
Ca

GROSS	
TARE	
NET	
TOTAL GALLONS	<u>1500</u>

Calculated by 0.7482 gpc USA

## TRANSPORTER INFORMATION

Decon Environmental

Truck ID: 11-16  
Driver: Antonio Muro date Jan-08-99  
Print full name & sign

TIME OUT	
TIME IN	
TIME SPENT	

## DISPOSAL FACILITY INFORMATION

Sesport Environmental  
675 Sesport Boulevard  
Redwood City, Ca 94063  
Phone: (650) 364 1024

Approval Number

901-440

Solids %wt pH

15 7

Solids Surcharge  
\$/USG

Received by: [Signature]  
Print full name & sign

1-8-99  
date

FR 10

# NON-HAZARDOUS WATER TRANSPORT FORM

## GENERATOR INFORMATION

City of Hayward Fire Station #8  
24200 Fairview Ave  
Hayward Ca

## CUSTOMER INFORMATION

Decon Environmental

PO #

DESCRIPTION OF WATER: Underground Tank Removal  
NON-HAZARDOUS WASTE WATER, MONITORING WELL PURGE WATER AND/OR AUGER RINSATE, TANK RINSATE OR ABOVE DESCRIBED WATER. THIS WATER MAY CONTAIN DISSOLVED HYDROCARBONS. I CERTIFY THAT THE ABOVE NAMED MATERIAL IS A LIQUID EXEMPT FROM RCRA PER 40 CFR 261.4 (b)(10) AND DOES NOT MEET THE CRITERIA OF HAZARDOUS WASTE AS DESCRIBED IN 22 CCR ARTICLE 11 OR ANY OTHER APPLICABLE STATE LAW, HAS BEEN PROPERLY DESCRIBED, CLASSIFIED AND PACKAGED AND IS IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO APPLICABLE REGULATIONS.

Brian Hernandez cop #774  
Generator/Authorized Agent

[Signature] #174  
date 04-02-99  
0906

## SITE INFORMATION

24200 Fairview Ave  
Hayward  
Ca

GROSS	
TARE	
NET	
TOTAL GALLONS	<u>1500</u>

Calculated at 8.34 lbs per USG

## TRANSPORTER INFORMATION

Decon Environmental

Truck ID: 29

Driver: Richard Lopez April 4 299  
Print full name & sign date

TIME OUT	
TIME IN	
TIME SPENT	

## DISPOSAL FACILITY INFORMATION

Seasport Environmental  
675 Seasport Boulevard  
Redwood City, Ca 94063  
Phone: (650) 364 1024

Approval Number

901-440

Solids %w/w pH

0% 7

Solids Surcharge  
\$/USG

Received by: [Signature]  
Print full name & sign

4-299  
date



ENVIRONMENTAL  
PROTECTION

CITY OF  
**HAYWARD**

HEART OF THE BAY

99 DEC 16 PM 2: 21

December 7, 1999

Scott Seery  
Alameda County Health Care Services  
1131 Harbor Bay Parkway  
Alameda, CA 94502

Subject: Closure of Contamination Case at Fairview Fire Station  
24200 Fairview Boulevard, Hayward

Dear Mr. Seery:

I am sending this letter to document for our records the status of the subject case. I have had several conversations with you regarding the subject case. I am confirming that you have made arrangements with Chuck Headlee of the California Regional Water Quality Control Board to close the subject case. However prior to Alameda County making its formal final recommendation for regulatory closure of the subject case, Alameda County is requiring that the site be restored. Restoration is defined by: 1) properly removing, documenting and disposing of stockpiled soils from the site as well as other waste materials and 2) re-surfacing the driveway in the former pit area with concrete. Also per our conversation once this restoration work is done no further investigation or remediation activities will be required.

We have made arrangements with Decon Environmental through our consultant, ACC Environmental, to complete the restoration of the site this week. Additionally, we have asked ACC Environmental to work with Decon Environmental to provide any additional documentation you will need to complete your recommendation.

If you do not receive this information or are in need of any further information, please give me a call at (510) 583-4924. Thank you for your help in resolving this matter.

Sincerely,

Hugh Murphy  
Hazardous Materials Program Coordinator

cc: Larry Arfsten, Fire Chief  
Paul Valencia, Deputy Chief  
Michael Hyde, Fire Marshal

12/16/99 Called to inform Hugh that this letter was only just received today, and that documents re: soil disposal/site restoration are still expected.  
SOS

FIRE DEPARTMENT

777 B STREET, HAYWARD, CA 94541-5007

TEL: 510/583-4900 • FAX: 510/583-3640 • TDD: 510/247-3340

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



December 1, 1999

STID 4115

Mr. Hugh Murphy  
Hayward Fire Department  
777 B Street  
Hayward, CA 94541

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

RE: Fairview Fire Department #8, 24200 Fairview Avenue, Hayward – Case Closure Status

Dear Mr. Murphy:

As we discussed recently, the case closure process for the referenced site has progressed substantially in the last several weeks. The case closure summary is approximately 95% complete. I am still awaiting, however, confirmation of, and associated documents supporting, final site restoration, soil stockpile transport and disposal, and total volume of water/product disposal. Although I did receive some information from your consultant recently regarding water and product disposal, it appears from review of these documents that there is still a substantial volume not yet accounted for.

Please transmit these data when they become available so that I may complete the case closure process.

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

Sincerely,

Scott O. Seery, CHMM  
Hazardous Materials Specialist

cc: Tom Peacock, ACDEH LOP  
Stephen Southern, ACC Environmental Consultants, Inc.  
7977 Capwell Dr., Ste. 100, Oakland, CA 94621



ACC ENVIRONMENTAL  
CONSULTANTS, INC.

7977 Capwell Drive, Suite 100,

Oakland, CA 94621

# FAX

Date: 15 Nov 99

Number of pages including cover sheet: 5

To: SCOTT SEERY  
Company: ACHCSA  
Phone: \_\_\_\_\_  
Fax phone: 337-9335  
CC: \_\_\_\_\_

From: STEPHEN SOUTHERN  
Phone: (510) 638-8400  
Fax phone: (510) 638-8404

REMARKS:  As Requested  For your review  Reply ASAP  Please comment

SCOTT -

I RECEIVED THIS FROM DECON. RE-SURFACING  
WORK MAY HAPPEN THIS WEEK. SOIL WILL BE  
HAULED OFF THEN.

STEPHEN

Original to Follow by:

- U.S. Mail
- Express Overnight Mail
- Courier
- No Hard Copy to Follow

11/15/99

Left message for S. Southern.  
Inquired

- where are "manifests" for H<sub>2</sub>O?
- Is the 1300 gals H<sub>2</sub>O inclusion  
of 11 x 55 gal drums from 12/8  
AST closures, and ... others?



FAX TRANSMISSION

DECON Environmental Services, Inc.
23490 Connecticut Street
Hayward, CA 94545
Phone (510) 732-6444
Fax (510) 782-8584

TO: Stephen S. FAX: 638-8404
COMPANY: ACC PHONE: 638-8400
FROM: Dave Nielsen DATE: 11/11/99 TIME: 12:20pm
REFERENCE: Hayward F.S. No. 8
TOTAL NUMBER OF PAGES SENT (Including Cover Sheet): 4

Original To Follow By:

- U.S. Mail Express Overnight Mail
Courier No Hard Copy To Follow

COMMENTS:

Stephen - Soil is going to Altamont. Should be less than 1 load (20 tons). On April 2 we pumped out the 3 drums plus the excavation, and disposed of water @ Seaport. Estimate of 5 gals. diesel in 1300 gallons sent to Seaport. ECI tank manifest also attached. Let me know if you need anything else!
Dave

Union Agency  
Expires 9/30/99  
Designed for use on also (12 pitch) typewriter.

See Instructions on back 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. City, State, and Zip Code  
4. Generator's Name and Address  
5. Generator's Phone  
777 B Street  
Hayward, CA 94541  
(510) 838-8400

6. US EPA ID Number  
7. Transporter 1 Company Name  
8. US EPA ID Number  
DIXON Environmental  
CADD02460183

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

9. Generator's Facility Name and Site Address  
10. US EPA ID Number  
285 Park Boulevard  
Richmond CA 94801  
CADD009456302

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Val
	No.	Type		
a. Non-RCRA hazardous waste solid, (empty tank)	0	01TP	0.0300	P
b.				
c.				
d.				

15. Special Handling Instructions and Additional Information  
Only OSHA trained handlers should use  
NIOSH approved safety equipment. 24hr CR# (510) 475-2901  
Site: 74200 Patterson Ave., Hayward, CA

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: STEPHEN SOUTHERN  
Signature: [Signature]  
Month: 12, Day: 11, Year: 99

17. Transporter 1 Acknowledgment of Receipt of Materials  
Printed/Typed Name: Richard Lopez  
Signature: [Signature]  
Month: 12, Day: 11, Year: 99

18. Transporter 2 Acknowledgment of Receipt of Materials  
Printed/Typed Name: [Blank]  
Signature: [Blank]  
Month: [Blank], Day: [Blank], Year: [Blank]

19. Discrepancy Indication System

20. Facility Director or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19  
Printed/Typed Name: DAVID SITO  
Signature: [Signature]  
Month: 12, Day: 11, Year: 99

DO NOT WRITE BELOW THIS LINE.

30402034  
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802 WITHIN CALIFORNIA, CALL 1-800-852-7350

# DECON Environmental Services, Inc. DAILY WORK TICKET

## LABOR

Name	Classification	Start Time	Break Hours	Finish Time	Reg Hours	O.T. Hours	D.T. Hours
R. Keyser	Misc	07:20	-	12:00			

Date: 4-2-99  
 Job #: 3006  
 Client: Line Station 8  
 Location: 24200 FARMVIEW  
HAYWARD

## MATERIALS

Item	No Used
Rubber Blows	1 pr.

## DESCRIPTION OF WORK COMPLETED

Pump purge water from (3) Drives + 400 Gal Tank + pump about 600 Gal from well itself about 1300 Gal total transport to Seaport Redwood City then to H.T.I. to get use truck washed out

## EQUIPMENT

Item	No Used
29 the tank	5 hr.

new Haz Manifest

## SUBCONTRACTORS AND NOTES:

R. Keyser  
Prepared by

4-2-99  
Date

\_\_\_\_\_  
Client Acknowledgment

### NON-HAZARDOUS WATER TRANSPORT FORM

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**GENERATOR INFORMATION**

City of Hayward Fire Station #8  
 24200 Fairview Ave  
 Hayward Ca

**CUSTOMER INFORMATION**

Decon Environmental

PO #

DESCRIPTION OF WATER: Underground Tank Removal

NON-HAZARDOUS WASTE WATER, MONITORING WELL PURGE WATER AND/OR AUGER RINSATE, TANK RINSATE OR ABOVE DESCRIBED WATER THAT WATER MAY CONTAIN DISSOLVED HYDROCARBONS. I CERTIFY THAT THE ABOVE NAMED MATERIAL IS A LIQUID EXEMPT FROM RCRA PER 40 CFR 261.4 (b)(10) AND DOES NOT MEET THE CRITERIA OF HAZARDOUS WASTE AS DESCRIBED IN 22 CCR ARTICLE 11 OR ANY OTHER APPLICABLE STATE LAW, HAS BEEN PROPERLY DESCRIBED, CLASSIFIED AND PACKAGED AND IS IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO APPLICABLE REGULATIONS

Brian Hernandez cert. #774  
 Generator/Authorized Agent

[Signature] #174  
 Sign date 04-02-99  
0906 HR

**SITE INFORMATION**

24200 Fairview Ave  
 Hayward  
 Ca

GROSS	
TARE	
NET	
TOTAL GALLONS	<u>1,300</u>

Discarded at \$ 2.40 per USG

**TRANSPORTER INFORMATION**

Decon Environmental

Truck ID: 29

Driver: Richard Lopez  
 Print full name & sign

Richard Lopez Apr 4 299  
 date

TIME OUT	
TIME IN	
TIME SPENT	

**DISPOSAL FACILITY INFORMATION**

Seaport Environmental  
 675 Seaport Boulevard  
 Redwood City, Ca 94063  
 Phone: (650) 364 1024

Approval Number

901-440

Solids %Wt pH

0% 7

Solids Surcharge  
 \$/USG

Received by: Silvia Ayala  
 Print full name & sign

4-2-99  
 date



CITY OF  
**HAYWARD**  
HEART OF THE BAY

ENVIRONMENTAL  
PROTECTION

99 OCT 28 PM 4: 14

October 25, 1999

Thomas Peacock, Supervising Hazardous Materials Specialist  
County of Alameda Health Care Services Agency  
Environmental Health  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502

Subject: Closure of Contamination case at Fairview Fire Station  
24200 Fairview Avenue, Hayward, CA

Dear Mr. Peacock:

Per our previous discussions, I understand that the workload in your office has prevented the completion of the recommendation for case closure of the subject case to the San Francisco Bay - Regional Water Quality Control Board (RWQCB). It is also my understanding that your office will be recommending closure of this case (inclusive of a residential health-based closure) to the RWQCB by the end of November of 1999.

In talking with the caseworker from your office, Scott Seery, I learned that he has discussed this case with the RWQCB staff. It is his understanding that based on the information available, no further work will be required for this site.

If you have any questions, please do not hesitate to call me at (510) 583-4924.

Sincerely,

Hugh Murphy  
Hazardous Materials Program Coordinator

cc: Larry Arfsten, Fire Chief  
Paul Valencia, Deputy Fire Chief  
Mike Hyde, Fire Marshal  
Steve Jolly, Administrative Analyst

**FIRE DEPARTMENT**

777 B STREET, HAYWARD, CA 94541-5007

TEL: 510/583-4900 • FAX: 510/583-3640 • TDD: 510/247-3340

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



May 18, 1999

ENVIRONMENTAL HEALTH SERVICES

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

STID 4115

Mr. Hugh Murphy  
Hayward Fire Department  
777 B Street  
Hayward, CA 94541

RE: Fairview Fire Department #8, 24200 Fairview Avenue, Hayward – Request for Supplemental Deposit to Cover Current Project Account Deficit

Dear Mr. Murphy:

The initial deposit for oversight of the underground storage tank (UST) removal project has been exhausted. There is a current deficit of \$231 in this account for case management, site inspection, and administrative charges incurred to date. This agency currently bills at the rate of \$100 per hour.

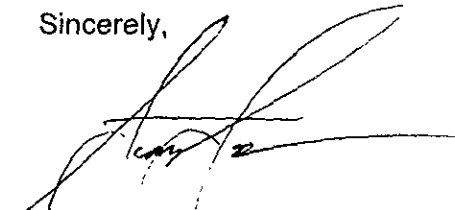
Please remit a check for the sum of <sup>281</sup>~~\$231~~ to cover this account deficit. With your remittance please be certain to include a cover letter (Attn: Scott Seery) which presents the following information:

STID #	4115
Project #	7199A
Project type	UST Removal

The deposit mechanism is authorized in Section 6.92.040L of the Alameda County Ordinance Code.

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

Sincerely,



Scott O. Seery, CHMM  
Hazardous Materials Specialist

c: Robert Weston ACDEH  
Candyce Kelley, ACDEH Finance  
J.D. Knecht, Decon Environmental, 23490 Connecticut St., Hayward, CA 94545

AGENCY  
DAVID J. KEARS, Agency Director



May 18, 1999

ENVIRONMENTAL HEALTH SERVICES  
PROTECTION  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 337-9901  
(510) 337-9335 (FAX)

99 JUL 15 AM 9:15

July 16

STID 4115

Mr. Hugh Murphy  
Hayward Fire Department  
777 B Street  
Hayward, CA 94541

RE: Fairview Fire Department #8, 24200 Fairview Avenue, Hayward -- Request for Supplemental Deposit to Cover Current Project Account Deficit

Dear Mr. Murphy:

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Please remit a check for the sum of \$231<sup>231</sup> to cover this account deficit. With your remittance please be certain to include a cover letter (Attn: Scott Seery) which presents the following information:

STID # 4115  
Project # 7199A  
Project type UST Removal

The deposit mechanism is authorized in Section 6.92.040L of the Alameda County Ordinance Code.

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

Sincerely,

  
Scott Q. Seery, CHMM  
Hazardous Materials Specialist

c: Robert Weston ACDEH  
Candyce Kelley, ACDEH Finance  
J.D. Knecht, Decon Environmental, 23490 Connecticut St., Hayward, CA 94545





**CITY OF HAYWARD**  
777 B STREET  
HAYWARD, CA 94541-5007

MELLON BANK, N.A.  
PITTSBURGH, PENNSYLVANIA  
IN COOPERATION WITH  
SANWA BANK, CALIFORNIA

60-160/433 **167974**

CHECK VOID IF NOT PRESENTED FOR  
PAYMENT WITHIN SIX MONTHS OF CHECK DATE

CHECK NUMBER	DATE	CHECK AMOUNT
167974	06/25/1999	\$281.00

\*\*\*\*\* TWO HUNDRED EIGHTY ONE DOLLARS AND 00 CENTS \*\*\*\*\*

ALAMEDA COUNTY  
PAY TO THE ORDER OF HEALTH CARE SERVICES AGENCY  
1131 HARBOR BAY PARKWAY  
SUITE 250  
ALAMEDA, CA 94502-6577

*Javier Jimenez*  
*Renz H. Canton*

⑈ 167974 ⑈ ⑆ 043301601 ⑆ 035 ⑈ 1100 ⑈

P.O. NUMBER	INVOICE NUMBER	INVOICE DT	INVOICE AMOUNT	CHECK NUMBER:
SPO-10105339	STID 4115	05/18/1999	281.00	167974

RECEIVED BY  
FIRE PREVENTION OFFICE  
JUN 28 1999  
HAYWARD FIRE DEPARTMENT

REF./A/C NO. *R*

COUNTY OF ALAMEDA  
OFFICE OF THE AUDITOR-CONTROLLER

DATE: *7/16/99*

MISCELLANEOUS RECEIPT

No 835985

\$ *281* -

*Two-hundred and Eighty-one* <sup>00/100</sup> DOLLARS

RECEIVED FROM:	<i>City of Hayward</i>
FOR:	<i>Fairview Fire Department #8 - 24200 Fairview Ave. - Haywood</i>
RECEIVED BY:	<i>[Signature]</i>
DEPT. NO.:	<i>430-4530</i>

CASH  PERSONAL/CASHIER'S CHECK/M. O. # *167974*  OTHER:

110-1 (Rev 10/85) [0134E (08)] 3-Part Distribution: White - Payor Yellow & Pink - Depart.

ALAMEDA COUNTY - ENVIRONMENTAL HEALTH  
**Transfer of Eligible Local Oversight Case**

STID 4115 Date of input/By: 5/22/99 @pm

Date: 5-13-99 From: Scott

Site Name: Fairview Fire Dept. #8

Address: 24200 Fairview Ave City: Hayward Zip: 94541

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

- 1.  N Tanks Removed? # of removed? 1 Date removed: 12-11-98
- 2.  N Samples received? Contamination level: 680 ppm  
Type of test water - TPH-D  
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: \_\_\_\_\_  
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.

# 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 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 05/13/99		CASE # 4115		SIGNED: <i>[Signature]</i> DATE: 5-13-99		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Scott Seery		PHONE (510) 567-6783		SIGNATURE <i>[Signature]</i>	
	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 Hayward Fire Dept. <input type="checkbox"/> UNKNOWN		CONTACT PERSON Hugh Murphy		PHONE (510) 583-4924	
	ADDRESS 777 B. Street Hayward CA 94541					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Fairview Fire Dept # 8		OPERATOR Hayward F.D.		PHONE (510) 293-8618	
	ADDRESS 24200 Fairview Ave. Hayward Alameda 94541					
	CROSS STREET D. Street					
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda Env. Health Dept.		AGENCY NAME Alameda Env. Health Dept.		CONTACT PERSON Scott Seery	
	REGIONAL BOARD San Francisco		CONTACT PERSON Chuck Hadlee		PHONE (510) 622-2433	
SUBSTANCES INVOLVED	(1)		NAME		QUANTITY LOST (GALLONS)	
			gasoline		<input checked="" type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 1/21/98		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN 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 checked="" type="checkbox"/> OTHER pump ground water			
SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE					
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)					
	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input checked="" 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"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input checked="" type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input checked="" type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)					
COMMENTS	UST fractured during closure activities. Tank eventually broken into several pieces as it was extracted from excavation. Residual product escaped into excavation. Approximately 600 gals water pumped from pit.					

ACC ENVIRONMENTAL  
CONSULTANTS, INC.

7977 Capwell Drive, Suite 100,

Oakland, CA 94621

# FAX

Date: 16 Dec 98

Number of pages including cover sheet: 3

To: SCOTT SEERY

Company: ACHCSA

Phone:

Fax phone: 337-9339

CC:

From: STEPHEN SOUTHERN

Phone: (510) 638-8400

Fax phone: (510) 638-8404

REMARKS:  As Requested  For your review  Reply ASAP  Please comment

SCOTT-

ANALYTICAL RESULTS FOR FIRE STATION #2 (EXCEPT FOR DIESEL)

PLEASE ADVISE.

THANKS

STEPHEN

### Original to Follow by:

U.S. Mail

Express Overnight Mail

Courier

No Hard Copy to Follow

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: 4115 FACILITY NAME: Fairview F.D., 24200 Fairview Ave, Hayward PG. 1 OF    

SUPPLEMENTAL FORM

On-site to witness removal of a single wall FRP MUF tank. The tank was damaged during efforts to uncover it; the top was fractured and penetrated by a large chunk of bedrock which tumbled into the hole.

This morning nearly pure diesel was observed and collected from the hole. Water/fuel mix was likewise removed in several efforts with pumps, and stored in several 55-gallon drums. It is unclear whether encountered water is true "groundwater" or infiltrating water from a broken leach line which passes over the excavation.

The UST was removed in sections, as it was torn apart when ~~an~~ an attempt was made to lift it. The tank was surrounded by ~~per~~ gravel backfill.

No soil samples were or could be collected due to the nature of the geology - The UST pit was essentially a "tab" augered out of the blocky sandstone bedrock. After 11 x 55-gallon drums of water were pumped, samples were collected. Analyses: TPH-D, -E, BTEX, MTBE

Stock piles will be returned to the pit for safety.

PRINT NAME: Hugh Murphy (HFD) INSPECTED BY: S. Seery  
SIGNATURE: [Signature] DATE: 12-11-98

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 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 operate, 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

*Robert Weston*  
 12/5/98

**UNDERGROUND TANK CLOSURE PLAN**

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

1. Name of Business FAIRVIEW FIRE DISTRICT  
 Business Owner or Contact Person (PRINT) STEPHEN SOUTHERN/ACC
  2. Site Address FAIRVIEW FIRE STATION NO.8 24200 FAIRVIEW AV.  
 City HAYWARD, CA. zip 94541 Phone \_\_\_\_\_
  3. Mailing Address ACC ENVIRONMENTAL CONSULTANTS 7977 CAPWELL DR.  
 City OAKLAND, CA. zip 94621 Phone (510) 638-8400 <sup>SUITE 100</sup>
  4. Property Owner FAIRVIEW FIRE DISTRICT  
 Business Name (if applicable) \_\_\_\_\_  
 Address 777 B ST.  
 City, State HAYWARD CA zip 94541
  5. Generator name under which tank will be manifested  
FAIRVIEW FIRE DISTRICT
- EPA ID# under which tank will be manifested CAC002127672

6. Contractor DECON ENVIRONMENTAL  
 Address 23490 CONNECTICUT ST.  
 City HAYWARD Phone (510) 732-6444  
 License Type A ENGINEERING ID# 545726
7. Consultant (if applicable) ACC ENVIRONMENTAL  
 Address 7977 CARWELL DR SUITE 100  
 City, State OAKLAND, CA. Phone (510) 638-8400
8. Main Contact Person for Investigation (if applicable)  
 Name J. D KNECHT Title PROJECT MANAGER  
 Company DECON ENVIRONMENTAL  
 Phone (510) 732-6444
9. Number of underground tanks being closed with this plan 1  
 Length of piping being removed under this plan 17"  
 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 DECON ENVIRONMENTAL EPA I.D. No. CAD982468183  
 Hauler License No. 2592 License Exp. Date \_\_\_\_\_  
 Address 23490 CONNECTICUT ST.  
 City HAYWARD State CA Zip 94545

b) Product/Residual Sludge/Rinsate Disposal Site

Name CHEMWASTE MANAGEMENT EPA ID# CAD981382732/CAT000046117  
 Address 10840 ALTAMONT PASS RD.  
 City LIVERMORE State CA Zip 94550

c) Tank and Piping Transporter

Name ENVIRONMENTAL CONTROL INDUSTRIES EPA I.D. No. CA982030173  
Hauler License No. \_\_\_\_\_ License Exp. Date                       
Address 255 PARR BLVD  
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name ENVIRONMENTAL CONTROL INDUSTRIES EPA I.D. No. CA982030173  
Address 255 PARR BLVD.  
City RICHMOND State CA Zip 94801

11. Sample Collector

Name STEPHEN SOUTHERN  
Company ACC ENVIRONMENTAL CONSULTANTS  
Address 7977 CAPWELL DR. SUITE 100  
City OAKLAND State CA Zip 94621 Phone (510)638-8400

12. Laboratory

Name CHROMO LAB  
Address 1220 QUARRY LANE  
City PLEASANTON State CA. Zip 94566  
State Certification No. 1094

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

If yes, describe: N/A

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

DRY ICE



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)		
5,000 GALLONS	1/20/76 TO N/A	SOIL	2 FEET FROM BOTTOM OF TANK  <del>2 FT INTO MIDDLE SOIL</del>

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) 50 yd <sup>3</sup>	Sampling Plan 1 SAMPLE PER 50 YARDS

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 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
FUEL OIL NO. 1 DIESEL	3550	8050	1 PPM
DIESEL TPH BTX MTBE		3550 8020	

18. Submit Worker's Compensation Certificate copy

Name of Insurer \_\_\_\_\_ ZURICH INSURANCE COMPANY

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.

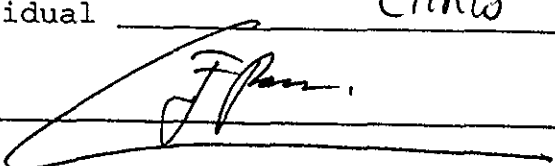
I understand that information, in addition to that provided above, may be needed in order to obtain approval from the Environmental Protection Division and that no work is to begin on this project until this plan is approved.

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 DECON ENVIRONMENTAL  
Name of Individual CHRIS PAELS  
Signature  Date 12/3/98

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business FAIRVIEW FIRE DEPARTMENT  
Name of Individual 1  
Signature Paul E Valencia Deputy Chief Date 12/4/98

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"/> 2 INTERIM PERMIT	<input checked="" type="checkbox"/> 3 RENEWAL PERMIT <input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION <input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED SITE
-----------------------	--	---	---	---

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

DBA OR FACILITY NAME <b>FAIRVIEW FIRE STATION 8</b>		NAME OF OPERATOR <b>CITY OF HAYWARD</b>		
ADDRESS <b>24200 FAIRVIEW AV.</b>		NEAREST CROSS STREET <b>D STREET</b>	PARCEL # (OPTIONAL)	
CITY NAME <b>HAYWARD (UNINCORPORATED)</b>		STATE <b>CA</b>	ZIP CODE <b>94541</b>	SITE PHONE # WITH AREA CODE <b>(510) 293-8618</b>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* 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		IF INDIAN RESERVATION OR TRUST LANDS		E. P. A. I. D. # (optional)
<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"/> <input checked="" type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS		<b>CAC002127672</b>

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <b>VALENCIA, PAUL</b>	PHONE # WITH AREA CODE <b>(510) 583-4950</b>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <b>VALENCIA, PAUL</b>	PHONE # WITH AREA CODE <b>(510) 583-4950</b>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <b>FAIRVIEW FIRE DISTRICT</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>777 B ST.</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input checked="" 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 <b>HAYWARD</b>		STATE <b>CA</b>	ZIP CODE <b>94541</b>	PHONE # WITH AREA CODE

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <b>FAIRVIEW FIRE DISTRICT</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>777 B ST.</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input checked="" 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 <b>HAYWARD</b>		STATE <b>CA</b>	ZIP CODE <b>94541</b>	PHONE # WITH AREA CODE

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

TY (TK) HQ **44-000871**

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

<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input 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 checked="" 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) <b>CHRIS PAELS</b>	TANK OWNER'S TITLE <b>DECON ENVIRONMENTAL CONTRACTOR</b>	DATE <b>12-3-98</b>
---	---	------------------------

**LOCAL AGENCY USE ONLY**

COUNTY # <input type="text"/>	JURISDICTION # <input type="text"/>	FACILITY # <input type="text"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM  1 NEW PERMIT  3 RENEWAL PERMIT  5 CHANGE OF INFORMATION  8 TANK REMOVED  
 2 INTERIM PERMIT  4 AMENDED PERMIT  6 TEMPORARY TANK CLOSURE

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: FAIRVIEW FIRE STATION 8

**I. TANK DESCRIPTION** COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# 44-000871 B. MANUFACTURED BY: OWENS CORNING FIBERGLASS INC  
 C. DATE INSTALLED (MO/DAY/YEAR) APPROX 1/20/76 D. TANK CAPACITY IN GALLONS: 1000

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

A.  1 MOTOR VEHICLE FUEL  4 OIL  2 PETROLEUM  90 EMPTY  3 CHEMICAL PRODUCT  95 UNKNOWN

B.  1 PRODUCT  2 WASTE

C.  1a REGULAR UNLEADED  3 DIESEL  5 AVIATION GAS  
 1b PREMIUM UNLEADED  4 GASAHOL  7 METHANOL  
 1c MIDGRADE UNLEADED  5 JET FUEL  8 MBS  
 2 LEADED  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  3 SINGLE WALL WITH EXTERIOR LINER  5 INTERNAL BLADDER SYSTEM  95 UNKNOWN  
 2 SINGLE WALL  4 SINGLE WALL IN A VAULT  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) NONE OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) NONE  
 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  1 SUCTION A U  2 PRESSURE A U  3 GRAVITY A U  4 FLEXIBLE PIPING A U  99 OTHER

B. CONSTRUCTION A  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  9 GALVANIZED STEEL A U  10 CATHODIC PROTECTION A U  95 UNKNOWN A  99 OTHER NONE

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 VADGE MONITORING  4 AUTOMATIC TANK GAUGING  5 GROUND WATER MONITORING  6 ANNUAL TANK TESTING  
 7 CONTINUOUS INTERSTITIAL MONITORING  8 SIR  9 WEEKLY MANUAL TANK GAUGING  10 MONTHLY TANK TESTING  95 UNKNOWN  99 OTHER

**VI. TANK CLOSURE INFORMATION** (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE LAST USED (MO/DAY/YR) N/A 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING N/A GALLONS 3. WAS TANK FILLED WITH INERT MATERIAL? N/A 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) CHRIS PALES DATE 12-3-98  
DECUN ENVIRONMENTAL

**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 \_\_\_\_\_

**ACCORD CERTIFICATE OF LIABILITY INSURANCE** PAGE 1 OF 1 DATE (MM/DD/YY) 6-OCT-1998

**PRODUCER**  
 Willis Corroon of California Insurance Services  
 444 Market Street  
 Suite 1600  
 PO Box 193995  
 San Francisco CA 94119-3995  
 (415) 981-0600  
 Camille Hurley

18562

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** Zurich Insurance Company
- COMPANY **B** Zenith Insurance Company (700)
- COMPANY **C** Steadfast Insurance Company (706)
- COMPANY **D**

**INSURED**  
  
 Decon Environmental Services, Inc.  
 23490 Connecticut Street  
 Hayward CA 94545

**COVERAGES** REPORTED AS OF 20 OCT 1998

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GLO296394100	20-OCT-1998	20-OCT-1998	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COM/PROP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
B	AUTOMOBILE LIABILITY	BAP296390000	20-OCT-1998	20-OCT-1998	COMBINED SINGLE LIMIT \$ 1,200,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY \$
					EACH ACCIDENT \$
C	EXCESS LIABILITY	SUO296390200	20-OCT-1998	20-OCT-1998	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 2,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WVC296390100	01-OCT-1998	01-OCT-1998	INC STATUTORY LIMITS   OTH EA
	THE PROPRIETARY PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$ 1,000,000
					EL DISEASE-POLICY LIMIT \$ 1,000,000
					EL DISEASE-EA EMPLOYEE \$ 1,000,000
C	OTHER Env Combined E&O & Contractors Pollution	CPL296389900	20-OCT-1998	20-OCT-1998	\$1,000,000 each loss \$1,000,000 total all losses

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, SPECIAL ITEMS

**CERTIFICATE HOLDER**  
  
 TO WHOM IT MAY CONCERN

**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  
*Matthew J. Cook*