

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

July 2, 1993

Richard Hiett
RWQCB, S.F. Bay Region
2101 Webster St., Ste 500
Oakland, CA 94612

STID 4309

Re: Historic Alameda High School, located at 2200 Central Ave.,
Alameda, California

RECOMMENDATION FOR UST CASE CLOSURE

Dear Mr. Hiett,

In December of 1991, two heating oil underground storage tanks (4,000-gallon and 2,000-gallon tanks) were removed from the above site. Soil samples collected from beneath these tanks were analyzed for diesel, benzene, toluene, ethylbenzene, and xylenes. No contaminants were detected in these soil samples. One ground water sample was collected from the tank pit and the analysis of this sample identified 0.6 ppb toluene, 1.2 ppb ethylbenzene, and 1.8 ppb xylenes.

Subsequently, three monitoring wells were installed at the site. The analysis of the soil samples collected during the installation of these wells did not identify any contaminants above detection limits. Ground water samples were collected from these three wells for four consecutive quarters, and no contaminants were ever identified over detection limits except for in the first quarter at 170 ppb diesel.

Attached is a copy of ACC's Closure Request Report. Considering the information contained in this report, this office is recommending that this site be certified closed. With RWQCB's concurrence, this office will send a letter to the Responsible Party to inform them of the site's certification of closure

If you have any questions or comments, please contact me at (510) 271-4530.

Sincerely,


Juliet Shin
Hazardous Materials Specialist

cc: Edgar Howell-File(JS)

October 26, 1992

92 OCT 28 AM 11:41

Mr. Robert Deluca
Alameda Unified School District
2200 Central Avenue
Alameda, CA 94501

RE: Quarterly Groundwater Sampling at
the Alameda Historical High School in Alameda, California

Dear Bob:

The attached report describes the materials and procedures used during quarterly sampling of three monitoring wells located at the Alameda Historical High School in Alameda, California. This work was performed to evaluate the presence or absence of residual hydrocarbon concentrations in groundwater.

Groundwater samples collected during sampling were submitted to Chroma Lab Analytical Laboratory for petroleum hydrocarbon analyses. Analytical results of the groundwater samples collected from the monitoring wells revealed non-detectable levels for the hydrocarbon constituents evaluated. A copy of this report will be submitted to the regulatory agencies for their review.

If you have any questions or comments regarding this report or any other comments regarding this project, please call.

Sincerely,


Misty C. Kaltreider
Geologist

Encl.

cc. Mr. Eddie So - Regional Water Quality Control Board
Ms. Juliet Shin - Alameda County Health Agency - Hazardous Materials

ENVIRONMENTAL CONTRACTORS
Tank Installation & Removal
Tank Monitoring Systems

Petroleum Equipment
Precision Tank Testing

SEMCO

JAMES C. BATEMAN PETROLEUM SERVICES, INC.

431 W. Hatch Rd. Modesto, Calif. 95351
General & Engineering Contractors
(800) 533-9293 Fax (209) 524-0503

Terry Hamilton
President

License No. 449864
A, B, & C-61

Bus. (209) 524-9653
Res. (209) 577-3653

Environmental Services
Tank Removal & Installation
Monitoring Systems & Precision Testing

Petroleum Equipment
Hydraulic Lifts
Sales & Installation

SEMCO

JAMES C. BATEMAN PETROLEUM SERVICES, INC.

431 W. Hatch Rd. Modesto, Calif. 95351
General & Engineering Contractors

"ROCKY" WADE
Project Manager

License No. 449864
A, B, C-61 & D-40

Bus. (209) 524-9653
Res. (209) 632-9400
Fax (209) 524-0503

City of Alameda California

David N. Costa
Fire Prevention ~~██████████~~

Alameda Fire Department
Headquarters
1300 Park Street · 94501
510.748 4602



Alameda Unified School District

DONALD A. DIEL
Asbestos / Hazardous Materials / Energy Manager

2200 Central Avenue
Alameda, CA 94501

(415) 748-4090
Fax (415) 748-4083

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 AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.
REPORT DATE 04/24/92	CASE #	SIGNED: <i>[Signature]</i> DATE: 4-24-92

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT SCOTT SEERY	PHONE (510) 271-4320	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 80 Swan Way, Rm. 200 Oakland CA 94621			

RESPONSIBLE PARTY	NAME Alameda Unified School Dist. <input type="checkbox"/> UNKNOWN	CONTACT PERSON Don Diel	PHONE (510) 748-4090
	ADDRESS 2200 Central Ave. Alameda CA 94501		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Encinal High School	OPERATOR	PHONE (510) 748-4080	
	ADDRESS 210 Central Ave. Alameda Alameda 94501			
	CROSS STREET 3rd Street			

IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda Co. Env. Health Dept.	AGENCY NAME	CONTACT PERSON Scott Seery	PHONE (510) 271-4320
	REGIONAL BOARD San Francisco Bay		CONTACT PERSON Lester Feldman	

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

DISCOVERY/ABATEMENT	DATE DISCOVERED 04/20/92	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 04/20/92		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER
	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		

SOURCE/CAUSE	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"/> LEAK BEING CONFIRMED <input type="checkbox"/> REMEDIATION PLAN	<input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY)	<input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> CLEANUP UNDERWAY
	TO BE		

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 (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 checked="" type="checkbox"/> OTHER (OT) UNKNOWN		

COMMENTS: Soil contamination noted in excavated soil/backfill (< 300 ppm TPH-D) shallow GW discovered ~ 8 feet below grade. GW shown to exhibit 640 ug/L TPH-D, and TEX of 0.5, 0.3, and 2-3 pg/L, respectively.

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Division Inspection Form

Site ID# _____ Site Name Alameda School District Today's Date 4/9/92

Site Address 2200 Central Ave EPA ID# _____

City Alameda Zip 94501 Phone Don Diel 748-4090

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

Inspection Categories:

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

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

IA GENERATOR (Title 22)

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

Comments:

On site consultation with Don Diel and the environmental consultant representing the Alameda School District. This visit is regarding the tank removals at Alameda High School and the maintenance yard on Eagle ave.

Observed tank excavation sites and proposed soil boring locations. The old Gum is blocking potential boring sites. You need to submit a plan and site diagram of alternative boring locations for approval or recommendations from this office.

In addition, the closure report was missing manifest or receipt of contaminated spoil pile disposal. Provide a copy of your records within 30 days.

IB TRANSPORTER (Title 22)

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

Rev 6/88

Contact: Donald A Diel

Title: HAZARDOUS MATERIALS MANAGER

Signature: Donald A Diel

Inspector: Kevin Finley

Signature: Kevin Finley

DATE: 3-24-92
TO : Local Oversight Program
FROM: Kern
SUBJ: Transfer of Eligible Oversight Case

Site name: Alameda High School

Address: 2200 Central Ave City Alameda zip 94501

Closure plan attached? Y N DepRef remaining \$

DepRef Project # 1759 STID #(if any) 3840

Number of Tanks: 2 removed? Y N Date of removal 12-27-91

Leak Report filed? Y N Date of Discovery 1-16-92

Samples received? Y N Contamination: Soil / Groundwater

Petroleum Y N Types: ~~Avgas Jet leaded unleaded Diesel~~
~~fuel oil waste oil kerosene solvents~~

fuel oil

Monitoring wells on site Monitoring schedule? Y N

LUFT category 1 2 3 * H S C A R W G O

Briefly describe the following:

Preliminary Assessment Some contamination

Remedial Action unkn

Post Remedial Action Monitoring unkn

Enforcement Action None

Some slight contamination evident. However the pit was backfilled due to instability of side walls.

4-9-92 On site visit. Stock piled dirt was removed. Don Diel told me the dirt was added to the dirt from 2615 Eagle and disposed of at Mountain View Landfill.

February 13, 1992

SEMCO
James C. Bateman Petroleum Services, Inc.
Chuck Kiper, Vice-President
Terry Hamilton, Vice-President
1741 Leslie Street
San Mateo, CA 94402

Re: 2200 Central Avenue, Alameda

Dear Mr. Kiper and Mr. Hamilton:

This letter is to inform you that I am in receipt of your report regarding the tank removal at the above mentioned site. The work to date at the site has involved the removal of two underground storage tanks used for heating oil storage. The subsequent sampling of soil and water for purposes of characterization for site closure have not been performed in a manner consistent with either the closure plan approved by Alameda County Hazardous Material Division or the State Water Quality Control Board Tri-Regional Guidelines.

This Department was not notified prior to the

c: Don Diel, Alameda Unified School District

*Letter Rob was
writing regarding
sampling and soil disposal
from both sites. This was never
finished or mailed.
Kt 8/28/92*

David Costa, Alameda Fire Department
Eddy So, RWQCB

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

FEB 27 2 44 PM '92

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

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

DBA OR FACILITY NAME Historic Alameda High School		NAME OF OPERATOR		
ADDRESS 2200 Central Avenue		NEAREST CROSS STREET Oak Street	PARCEL # (OPTIONAL)	
CITY NAME Alameda		STATE CA	ZIP CODE 94501	SITE PHONE # WITH AREA CODE 510-748-1690
<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	
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input checked="" type="checkbox"/> 3 FARM
	<input type="checkbox"/> 4 PROCESSOR	<input type="checkbox"/> 5 OTHER	<input checked="" type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 2
		E. P. # (optional) CAD981883774		

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Donald Diehl		PHONE # WITH AREA CODE 510-748-4090	
NIGHTS: NAME (LAST, FIRST) Donald Diehl		PHONE # WITH AREA CODE 510-523-1134	
DAYS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Alameda Unified School District		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 2200 Central Avenue		<input checked="" type="checkbox"/> box to indicate		
CITY NAME Alameda		<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY	<input type="checkbox"/> STATE-AGENCY
	STATE CA	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
	ZIP CODE 94501	<input type="checkbox"/> FEDERAL-AGENCY	PHONE # WITH AREA CODE 510-748-1690	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Alameda Unified School District		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 2200 Central Avenue		<input checked="" type="checkbox"/> box to indicate		
CITY NAME Alameda		<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY	<input type="checkbox"/> STATE-AGENCY
	STATE CA	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
	ZIP CODE 94501	<input type="checkbox"/> FEDERAL-AGENCY	PHONE # WITH AREA CODE 510-748-1690	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 if questions arise.

TY (TK) HQ **4 4** - [] [] [] [] [] [] [] []

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 checked="" 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"/> 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

APPLICANT'S NAME (PRINTED & SIGNATURE) Gerard A. Diehl	APPLICANT'S TITLE Manager	DATE 1/10/92
--	-------------------------------------	------------------------

LOCAL AGENCY USE ONLY

COUNTY # [] []	JURISDICTION # [] [] []	FACILITY # [] [] [] [] [] [] [] []
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.

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **2200 Central Avenue, Alameda**

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: 2500

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input checked="" type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E			
A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___			
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) N/A		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) N/A	

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

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

VI. TANK CLOSURE INFORMATION		
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? YES <input type="checkbox"/> NO <input type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) DONALD A. Diez / Donald A. Diez	DATE 1/10/92
---	---------------------

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	

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 0 M 11 D 09 Y 2		CASE #		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Donald A. Diel		PHONE (510) 748-4090	SIGNATURE <i>Donald A. Diel</i>	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Alameda Unified School District		
	ADDRESS 2200 Central Ave. Alameda CA 94501				
RESPONSIBLE PARTY	NAME Alameda School District <input type="checkbox"/> UNKNOWN		CONTACT PERSON Donald Diel	PHONE (510) 748-4090	
	ADDRESS 2200 Central Ave. Alameda CA 94501				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Alameda Unified School District		OPERATOR Donald Diel	PHONE (510) 748-4090	
	ADDRESS 2200 Central Ave. Alameda CA 94501				
	CROSS STREET Oak & Walnut Street				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Environmental Safety & Health		CONTACT PERSON <i>Rob Weston</i>	PHONE (510) 271-4320	
	REGIONAL BOARD San Francisco Regional Water Quality Control Board		CONTACT PERSON <i>Eddy So</i>	PHONE (415) 464-4366	
SUBSTANCES INVOLVED	(1) NAME Heating Oil		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2)		<input type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 1 M 2 D 09 Y 1		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 _____ UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1 M 1 D 09 Y 2				
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 type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
	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 type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" 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 checked="" 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)				
COMMENTS					

S E M C O
ENVIRONMENTAL CONTRACTORS & GENERAL ENGINEERING
LICENSE # 449864 A, B, C-61/D-40
1741 LESLIE STREET
SAN MATEO, CALIFORNIA 94402
(415) 572-8033

December 30, 1991

Mr. Rob Weston
Alameda County
Dept. of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, California 94621

92 JAN -2 AM 11:15

Re: Alameda Unified High School

Dear Rob:

Per your request, this letter is intended to serve as a work plan for the additional tank located at 2200 Central Avenue in Alameda.

On Friday, December 27, 1991 we were removing one tank from the above mentioned location, when it was discovered that there was an additional tank beneath the first one. It was determined that the tank was a concrete tank and some additional work was going to be needed to perform a closure in place.

Per your conversation with Chuck Kiper, the proposed work plan is as follows:

- 1) Install shoring to protect foundation of building
- 2) Pump any residual from tank
- 3) Gain access into tank
- 4) Clean and rinse the tank
- 5) After tank is cleaned, punch hole into the bottom to collect soil samples
- 6) Run analysis on a 24 hour basis
- 7) Based on what analysis shows, backfill tank and excavation
- 8) Resurface to match existing

If you have any questions, please do not hesitate to give me a call.

Sincerely,


Rhonda Reames-Kiper
Office Manager
SEMCO-SAN MATEO

S E M C O
ENVIRONMENTAL CONTRACTORS & GENERAL ENGINEERING
LICENSE # 449864 A, B, C-61/D-40
1741 LESLIE STREET
SAN MATEO, CALIFORNIA 94402
(415) 572-8033

December 30, 1991

Mr. Rob Weston
Alameda County
Dept. of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, California 94621

Re: Alameda Unified High School

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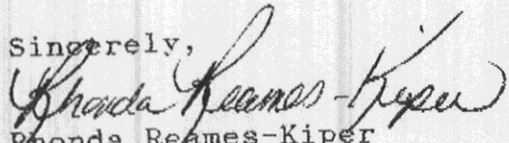
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If you have any questions, please do not hesitate to give me a call.

Sincerely,


Rhonda Reames-Kiper
Office Manager
SEMCO-SAN MATEO

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Division Inspection Form

Site ID# _____ Site Name HISTORIC ALAMEDA HIGH SCHOOL Today's Date 12/27/91
 Site Address 2200 CENTRAL AVENUE CAD 981683774
 City ALAMEDA Zip 94 Phone 748-4090
 EPA ID# _____

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

Inspection Categories:

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

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

I.A GENERATOR (Title 22)

Comments:

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

ON SITE INSPECTION OF AN UNDERGROUND STORAGE TANK REMOVAL.
 TANK ESTIMATED TO BE 4000 GALLON. SOIL DIRECTLY BELOW TANK IS DISCOLORED, BLUE GRAY WITHOUT AN ODDOR OF PETROLEUM.
 TANK IS PITTED BUT NO OBSERVABLE HOLES.
 UPON EXCAVATION ANOTHER TANK, PROBABLY CEMENT POURED IN PLACE, WAS DISCOVERED.
 CHUCK KUPEN PROPOSES TO BREAK INTO TANK AND CLEAN INTERIOR.
 WALLS OF EXCAVATION WILL HAVE TO BE SHORED BEFORE FURTHER WORK BEGINS.
 HOLES WILL BE MADE IN THE BOTTOM OF CEMENT? TANK AND SOIL SAMPLES TAKEN BEFORE PROPOSED CLOSURE IN PLACE COMMENCES.

I.B TRANSPORTER (Title 22)

- | | | |
|----------|--|-------|
| Manifest | <input type="checkbox"/> 32. Applic./Insurance | 66428 |
| | <input type="checkbox"/> 33. Comp. Cert./CHP Insp. | 66448 |
| | <input type="checkbox"/> 34. Containers | 66465 |
| | <input type="checkbox"/> 35. Vehicles | 66465 |
| | <input type="checkbox"/> 36. EPA ID #s | 66531 |
| | <input type="checkbox"/> 37. Correct | 66541 |
| | <input type="checkbox"/> 38. HW Delivery | 66543 |
| | <input type="checkbox"/> 39. Records | 66544 |
| Cont's | <input type="checkbox"/> 40. Name/ Covers | 66545 |
| | <input type="checkbox"/> 41. Recyclables | 66800 |

Rev 6/88

Contact: _____
 Title: _____
 Signature: _____

Inspector: ROBERT WESTON
 Signature: [Handwritten Signature]

ST104309

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME HISTORIC ALAMEDA HIGH SCHOOL		NAME OF OPERATOR DON DIEL			
ADDRESS 2200 CENTRAL AVENUE		NEAREST CROSS STREET	PARCEL # (OPTIONAL)		
CITY NAME ALAMEDA		STATE CA	ZIP CODE 94501	SITE PHONE # WITH AREA CODE (415) 748-4090	
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY					
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 1	E. P. A. I. D. # (optional) CAD981683774	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) KIPPER, CHUCK	PHONE # WITH AREA CODE (415) 572-8033	DAYS: NAME (LAST, FIRST) HAMILTON, TERRY	PHONE # WITH AREA CODE (209) 524-9653
NIGHTS: NAME (LAST, FIRST) SAME	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST) SAME	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME ALAMEDA UNIFIED SCHOOL DISTRICT		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 2200 CENTRAL AVENUE		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME ALAMEDA		STATE CA	ZIP CODE 94501	PHONE # WITH AREA CODE 415-748-4090

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER SAME AS SITE		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME		STATE	ZIP CODE	PHONE # WITH AREA CODE

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

TY (TK) HQ **44** - [] [] [] [] [] [] [] []

V. LEGAL NOTIFICATION AND BILLING ADDRESS Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I. II. III.

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>Shonda James Kiper</i>	APPLICANT'S TITLE <i>Officer/King</i>	DATE 12/12/91	MONTH/DAY/YEAR
---	--	-------------------------	----------------

LOCAL AGENCY USE ONLY

COUNTY # [] []	JURISDICTION # [] [] []	FACILITY # [] [] [] [] [] []
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.

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: HISTORIC ALAMEDA HIGH SCHOOL

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

A. OWNER'S TANK I. D. #	<u>UNKNOWN</u>	B. MANUFACTURED BY:	<u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS:	<u>2000</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED HEATING OIL C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ?		<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	<u>A U</u> 1 SUCTION	<u>A U</u> 2 PRESSURE	<u>A U</u> 3 GRAVITY	<u>A U</u> 99 OTHER
B. CONSTRUCTION	<u>A U</u> 1 SINGLE WALL	<u>A U</u> 2 DOUBLE WALL	<u>A U</u> 3 LINED TRENCH	<u>A U</u> 95 UNKNOWN
	<u>A U</u> 99 OTHER			
C. MATERIAL AND CORROSION PROTECTION	<u>A U</u> 1 BARE STEEL	<u>A U</u> 2 STAINLESS STEEL	<u>A U</u> 3 POLYVINYL CHLORIDE (PVC)	<u>A U</u> 4 FIBERGLASS PIPE
	<u>A U</u> 5 ALUMINUM	<u>A U</u> 6 CONCRETE	<u>A U</u> 7 STEEL W/ COATING	<u>A U</u> 8 100% METHANOL COMPATIBLE W/FRP
	<u>A U</u> 9 GALVANIZED STEEL	<u>A U</u> 10 CATHODIC PROTECTION	<u>A U</u> 95 UNKNOWN	<u>A U</u> 99 OTHER

D. LEAK DETECTION 1 AUTOMATIC LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 INTERSTITIAL MONITORING 99 OTHER UNKNOWN

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL ? YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Khonda James-Kepner</u>	DATE <u>12/12/91</u>
---	----------------------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

S E M C O
ENVIRONMENTAL CONTRACTORS & GENERAL ENGINEERING
LICENSE # 449864 A, B, C-61/D-40
1741 LESLIE STREET
SAN MATEO, CALIFORNIA 94402
(415) 572-8033
91 DEC 12 AM 11:46

December 12, 1991

Alameda County
Environmental Health
80 Swan Way Suite # 200
Oakland, CA 94621

Attn: Rob Weston:

Re: Addendum to Site Safety Plan for Alameda Unified School District

Dear Rob:

This letter is intended to serve as an addendum to the site safety plan submitted with the removal application for the tank at Alameda Historic High School.

With reference to our safety training, all of SEMCO's field employees have received their certificates of training as required by OSHA-SARA agencies, with refresher courses as needed.

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

As for site hazards, SEMCO will supply barricades and barrier tape around the entire working area, with flagmen to divert the student population from the area. Under no circumstances will anyone be allowed into the work site without wearing a hard hat, and no one will enter the tank pit.

Once the tank has been removed from the excavation, binders will be secured to the tank and truck before the loading equipment is detached from the tank.

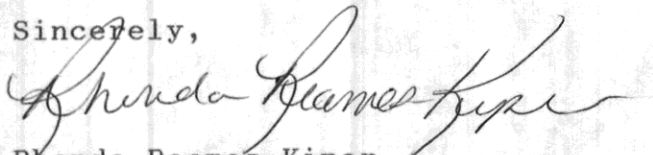
The excavation will then be backfilled to grade, pending soil analysis, which normally takes 5 days. Once soil analysis are received and it is determined that the asphalt may be returned, the school district will have it replaced.

If it is deemed necessary, SEMCO will provide a portable cyclone construction fence for the working area.

With reference to SEMCO'S workman's comp., the certificate is issued with SEMCO'S corporate office address in Modesto. SEMCO'S San Mateo office and employees are also covered under this certificate

If you have any further questions, please give me a call.

Sincerely,



Rhonda Reames-Kiper
Office Manager
SEMCO-SAN MATEO

S E M C O
ENVIRONMENTAL CONTRACTORS & GENERAL ENGINEERING
LICENSE # 449864 A, B, C-61/D-40
1741 LESLIE STREET
SAN MATEO, CALIFORNIA 94402
(415) 572-8033

November 20, 1991

Mr. Lowell Miller
Alameda County
Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, California 94621

Re: Tank Removal at 2200 Central Avenue, Alameda

Dear Mr. Miller:

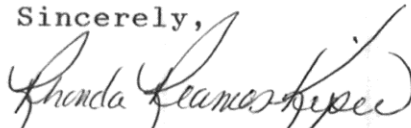
Please find enclosed the permit applications for the tank removal at 2200 Central Avenue in Alameda.

The reason for this letter is to ask you if it would be possible to expedite the permit process for them. They are in the midst of a construction shut-down because of this tank, and would like to get it removed as soon as possible.

If you have any questions regarding the application, please give me a call.

I appreciate your assistance in this matter.

Sincerely,



Rhonda Reames-Kiper
Office Manager
SEMCO-SAN MATEO

cc: Donald Diel, AUSD

Project Specialist (print) ROBERT WESTON

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, CA 94612
Telephone: (415) 874-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction.

One copy of these accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

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

- Removal of Tank and Piping
- Sampling
- Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

PLEASE NOTE CHANGES
MADE ON PAGES 4, 5,
AND ADDENDUM TO SITE
SAFETY PLAN SUBMITTED
BY SEMCO.

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

1. Business Name HISTORIC ALAMEDA HIGH SCHOOL
Business Owner ALAMEDA UNIFIED SCHOOL DISTRICT
 2. Site Address 2200 CENTRAL AVENUE
City ALAMEDA zip 94501 Phone 748-4090
 3. Mailing Address 2200 CENTRAL AVENUE
City ALAMEDA zip 94501 Phone 748-4090
 4. Land Owner ALAMEDA UNIFIED SCHOOL DISTRICT
Address 2200 CENTRAL AVE, City, State OAKMEDA CA zip 94501
 5. Generator name under which tank will be manifested ALAMEDA UNIFIED SCHOOL DISTRICT
- EPA I.D. No. under which tank will be manifested CAD981683774

6. Contractor SEMCO
Address 1741 LESLIE STREET
City SAN MATEO CALIFORNIA 94402 Phone 572-8033
License Type A,B,C-61/D40 ID# 449864

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

8. Contact Person for Investigation
Name CHUCKK IPER Title VICE-PRESIDENT
Phone 572-8033

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

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name ALLIED PETROLEUM EPA I.D. No. CAD 98065675128
Hauler License No. 1168 License Exp. Date 4/30/92
Address P.O. BOX 193
city HILMAR state CA zip 95327

b) Product/Residual Sludge/Rinsate Disposal Site

Name REFINERIES SERVICES EPA I.D. No. CAD 83166728
Address 13331 WEST HIGHWAY 33
city PATTERSON state CA zip 95363

c) Tank and Piping Transporter

Name RHT TRUCKING EPA I.D. No. CAD 982471591
Hauler License No. 2753 License Exp. Date 4/30/92
Address 1336 PAULINE
City MODESTO State CA zip 95351

d) Tank and Piping Disposal Site

Name ERICKSON, INC. EPA I.D. No. CAD 009466392
Address 255 PARR BLVD.
City RICHMOND State CA zip 94801

11. Experienced Sample Collector

Name CHUCK KIPER
Company SEMCO
Address 1741 LESLIE STREET
City SAN MATEO State CA zip 94402 Phone 572-8033

12. Laboratory

Name SUPERIOR PRECISION ANALYTICAL
Address 1555 BURKE UNIT I
City SAN FRANCISCO State CA zip 94124
State Certification No. 1332 & 319

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

HIGH PRESSURE HOT WATER DETERGENT WASH

20 LBS PER 1000 GALLONS DRY ICE

FINAL PURGE WITH AIR

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
2000 GAL	GASOLINE HEATING OIL	SOIL/WATER	2 FEET BELOW EACH END OF TANK 2 FT BELOW NATIVE SOIL EVERY 20 FEET OF PIPING

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) UNDETERMINED	Sampling Plan SAMPLES TAKEN FROM THE EXCAVATION WILL BE COLLECTED PLACED IN BRASS TUBES, SEALED WITH FOIL, TEFLON CAPS SEALED WITH APPROVED TAPE, PLACED ON DRY ICE AND TRANSPORTED TO A STATE CERTIFIED LAB UNDER CHAIN OF CUSTODY AND ANALYZED FOR THE CONSTITUENTS OF THE XXXX TANK

STOCKPILED SOIL MUST BE CHARACTERIZED BASED ON THE DISPOSAL METHOD.
Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPH D	GCFID (3550)		1.0 ppm - SOIL
TPH G BTXE	GCFID (5030) 8020 OR 8240		0.005 ppm - SOIL
TPH/BTXE	8260		

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer FAIRMONT INSURANCE COMPANY

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

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

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

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

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

Signature of Contractor

Name (please type) CHUCK KIPER

Signature *Chuck Kiper*

Date 11/19/91

Signature of Site Owner or Operator

Name (please type) DONALD DIEL

Signature *Donald Diel*

Date 11/19/91

INSTRUCTIONS

General Instructions

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

Item Specific Instructions

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

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

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

17. SITE HEALTH AND SAFETY PLAN

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

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

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

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

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

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

20. DEPOSIT

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

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

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

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

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

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>	<u>WATER ANALYSIS</u>
Unknown Fuel	TPH G GCFID(5030) TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G GCFID(5030) TPH D GCFID(3510) BTX&E 602, 624 or 8260
Leaded Gas	TPH G GCFID(5030) BTX&E 8020 OR 8240 TPH AND BTX&E 8260 TOTAL LEAD AA -----Optional----- TEL DHS-LUFT EDB DHS-AB1803	TPH G GCFID(5030) BTX&E 602 or 624 TOTAL LEAD AA TEL DHS-LUFT EDB DHS-AB1803
Unleaded Gas	TPH G GCFID(5030) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G GCFID(5030) BTX&E 602, 624 or 8260
Diesel, Jet Fuel and Kerosene	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260
Fuel/Heating Oil	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260
Chlorinated Solvents	CL HC 8010 or 8240 BTX&E 8020 or 8240 CL HC AND BTX&E 8260	CL HC 601 or 624 BTX&E 602 or 624 CL HC AND BTX&E 8260
Non-chlorinated Solvents	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602 or 624 TPH and BTX&E 8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G GCFID(5030) TPH D GCFID(3550) TPH AND BTX&E 8260 O & G 5520 D & F BTX&E 8020 or 8240 CL HC 8010 or 8240	TPH G GCFID(5030) TPH D GCFID(3510) O & G 5520 C & F BTX&E 602, 624 or 8260 CL HC 601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni METHOD 8270 FOR SOIL OR WATER TO DETECT: PCB* PCP* PNA CREOSOTE	PCB PCP PNA CREOSOTE

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary
Evaluation and Investigation of Underground Tank Sites,
10 August 1990

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

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

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

10 August 1990

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

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

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

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

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.
- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

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

Regional Board Staff Recommendations
Preliminary Site Investigation

10 August 1990

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

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

9/25/91

PRODUCER

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED

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

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

COVERAGES

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

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

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

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

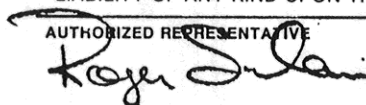
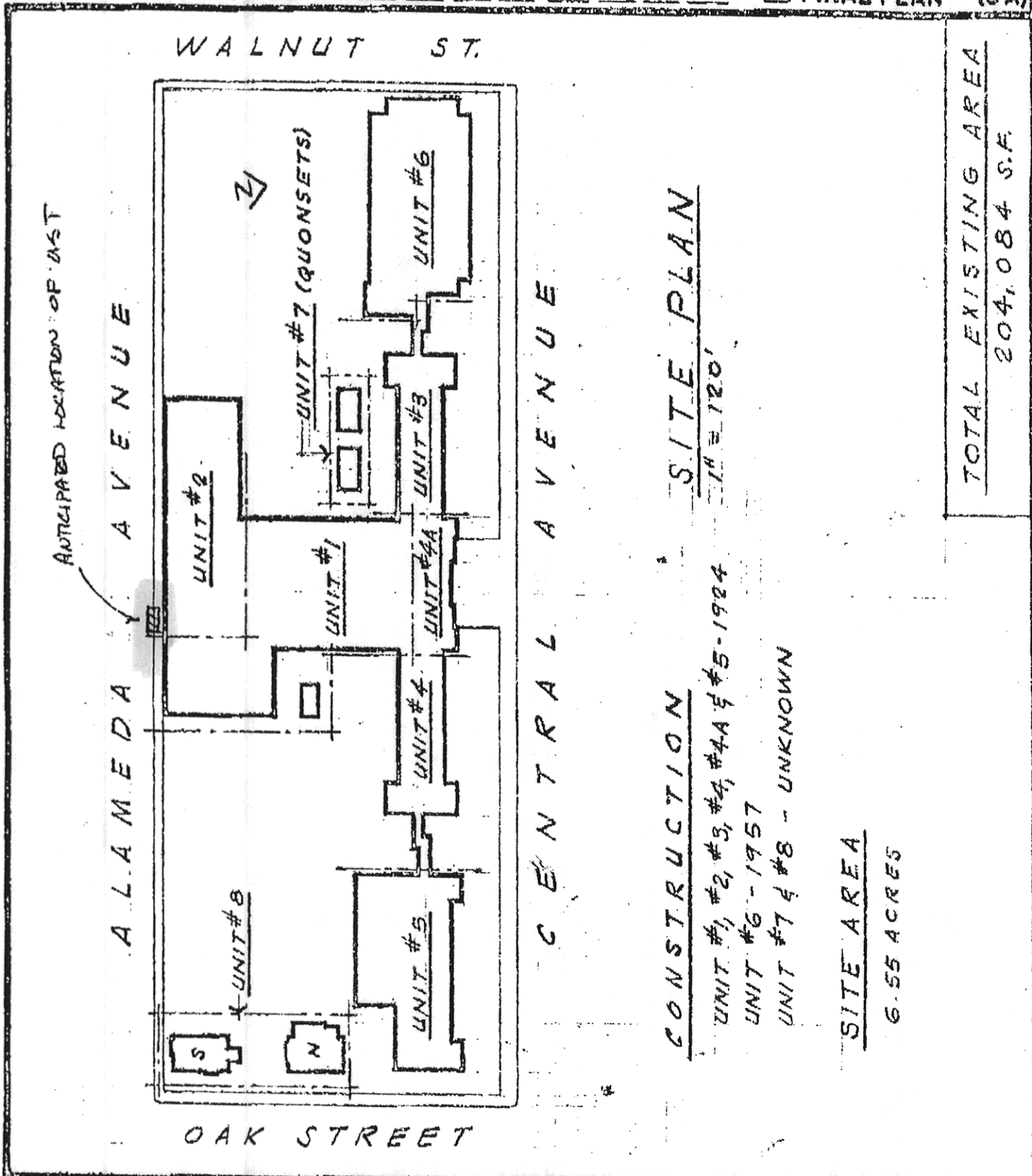


DIAGRAM OF BUILDING AREAS

PROJECT ALAMEDA HIGH SCHOOL
ALAMEDA UNIFIED SCHOOL DISTRICT
 ADDRESS ALAMEDA, ALAMEDA CO., CALIF.

EXISTING (1A)
 BASIC PLAN (2A)
 FINAL PLAN (3A)



TOTAL EXISTING AREA
 204,084 S.F.

SITE PLAN
CONSTRUCTION

UNIT #1, #2, #3, #4, #4A, #5 - 1924
 UNIT #6 - 1957
 UNIT #7 & #8 - UNKNOWN

SITE AREA
 6.55 ACRES

ABOVE IS MEASURED IN ACCORDANCE WITH SECTION 1011, TITLE 2 CALIF. ADMINISTRATIVE CODE.

DATE 4 (5) 67 SHEET 1 OF 36 SHEETS
 OFFICE OF SCHOOL PLANNING
 CALIF. DEPARTMENT OF EDUCATION

ARCHITECT

SITE SAFETY PLAN
FOR
UNDERGROUND STORAGE TANK REMOVAL/CLOSURE

JOB SITE ADDRESS: 2200 CENTRAL AVENUE, ALAMEDA

PREPARED BY: MILTON TIFFIN, ESTIMATOR

JAMES C. BATEMAN PETROLEUM SERVICES, INC.
dba SEMCO

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3.0 JOBSITE VICINITY MAP.....	6
4.0 SITE MAP.....	7
5.0 PERSONNEL.....	8-9
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INTRODUCTION

Page 3

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

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

HISTORY & SCOPE OF WORK

1.0 History & Scope of Work:

1.1 History:

1.2 Scope of Work:

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

The tanks will be inerted with a minimum of 15 lbs of dry ice per 1,000 gallons of tank capacity. More ice will be added if necessary to displace the oxygen in the tank to a concentration level below the OSHA approved lower explosive limit. When this level is obtained the tanks will be removed, and samples will be collected per the approved work plan.

1.3 Responsibilities of Other Agencies Present:

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

2.0 Hazards, Special Precautions:

2.1 Special Precautions:

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

2.1.1 Toxicity Considerations, Petroleum Substances:

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

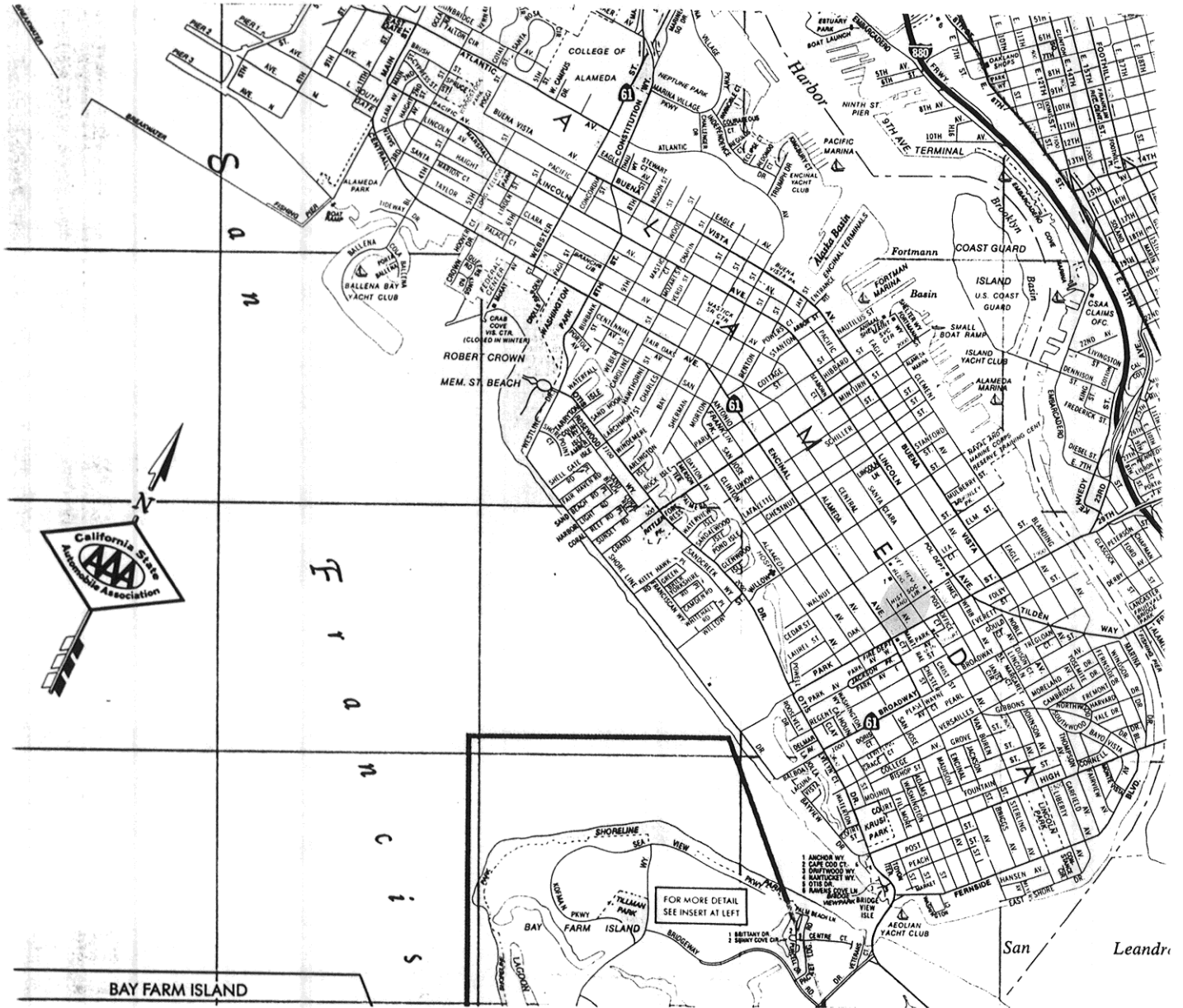
2.1.2 Flammability and Combustibility Consideration:

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

2.1.3 Physical Considerations:

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

2.0 Jobsite Vicinity Map



FOR MORE DETAIL
SEE INSERT AT LEFT

BAY FARM ISLAND

San Leandra

DIAGRAM OF BUILDING AREAS

PROJECT ALAMEDA HIGH

SCHOOL

EXISTING (1A)

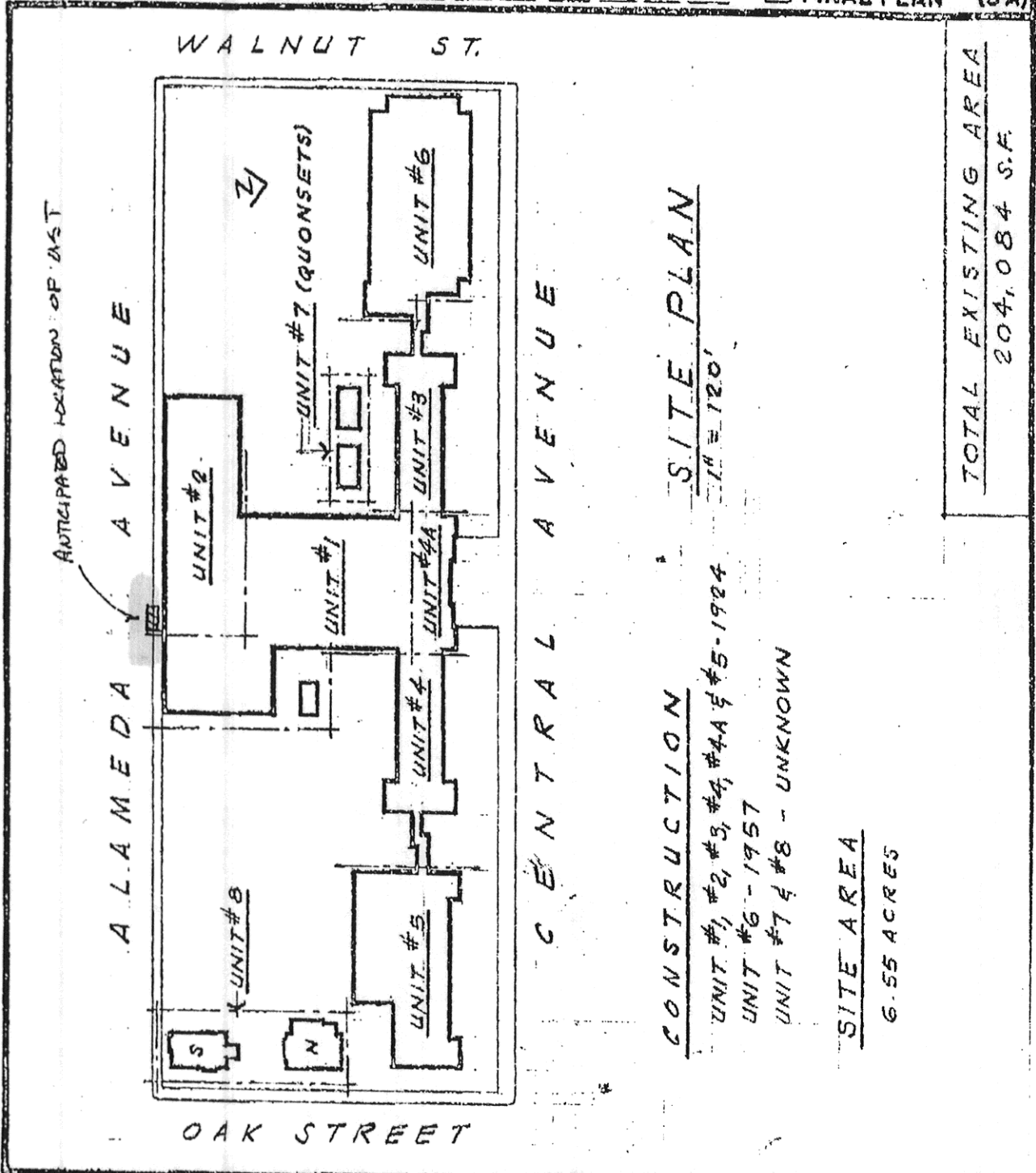
ALAMEDA UNIFIED

SCHOOL DISTRICT

BASIC PLAN (2A)

ADDRESS ALAMEDA, ALAMEDA CO., CALIF.

FINAL PLAN (3A)



TOTAL EXISTING AREA
204,084 S.F.

CONSTRUCTION

UNIT #1, #2, #3, #4, #4A & #5 - 1924
UNIT #6 - 1957
UNIT #7 & #8 - UNKNOWN

SITE AREA

6.55 ACRES

ABOVE IS MEASURED IN ACCORDANCE WITH SECTION 1011, TITLE 2 CALIF. ADMINISTRATIVE CODE.

ARCHITECT

DATE 4 (15) 67 SHEET 1 OF 36 SHEETS

OFFICE OF SCHOOL PLANNING
CALIF. DEPARTMENT OF EDUCATION

PERSONNEL

4.0 Personnel:

4.1 Project Manager

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

4.2 Site Safety Officer

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

4.3 On-Site Personnel:

- Are required to document their full understanding of the SSP before starting work by signing that they have read the SSP and understand it.
- Complies with the SSP.

PERSONNEL--Continued

- Notifies the SSO of unsafe conditions.
- On-site employees are held responsible to perform only those tasks for which they believe they are qualified and in their opinion are safe.

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

LEVEL C: Safety Glasses or Goggles w/side Shields
Hard Hats
Steel Toe Safety Shoes
Half or Full Face Respirator with Organic
Vapor Cartridges
Tyvek or Poly-Coated Tyvek

EMERGENCY SERVICES

5.0 Emergency Services

5.1 Persons to contact in case of emergency:

- a. PROJECT MANAGER
Name: Chuck Kiper
Phone: (415) 572-8033
- b. CLIENT CONTACT
Name: Donald Diel
Phone: (415) 748-4090
- c. SITE CONTACT
Name: Chuck Kiper
Phone: (415) 572-8033
- d. SITE SAFETY OFFICER
Name: Chuck Kiper
Phone: (415) 572-8033
- e. ALTERNATE SITE SAFETY OFFICER
Name: Terry Hamilton
Phone: (209) 524-9653
- f. HEALTH & SAFETY COORDINATOR
Name: Milton Tiffin
Phone: (209) 524-9653

5.2 Hospitals In Area:
Alameda Hospital
Phone: (510) 522-3700

5.3 Emergency Routes
See Hospital Route Map, Page 11

5.4 Ambulance Service:
DIAL 911

5.5 Fire Prevention:
Alameda Fire Department

5.6 Fire Department:
DIAL 911

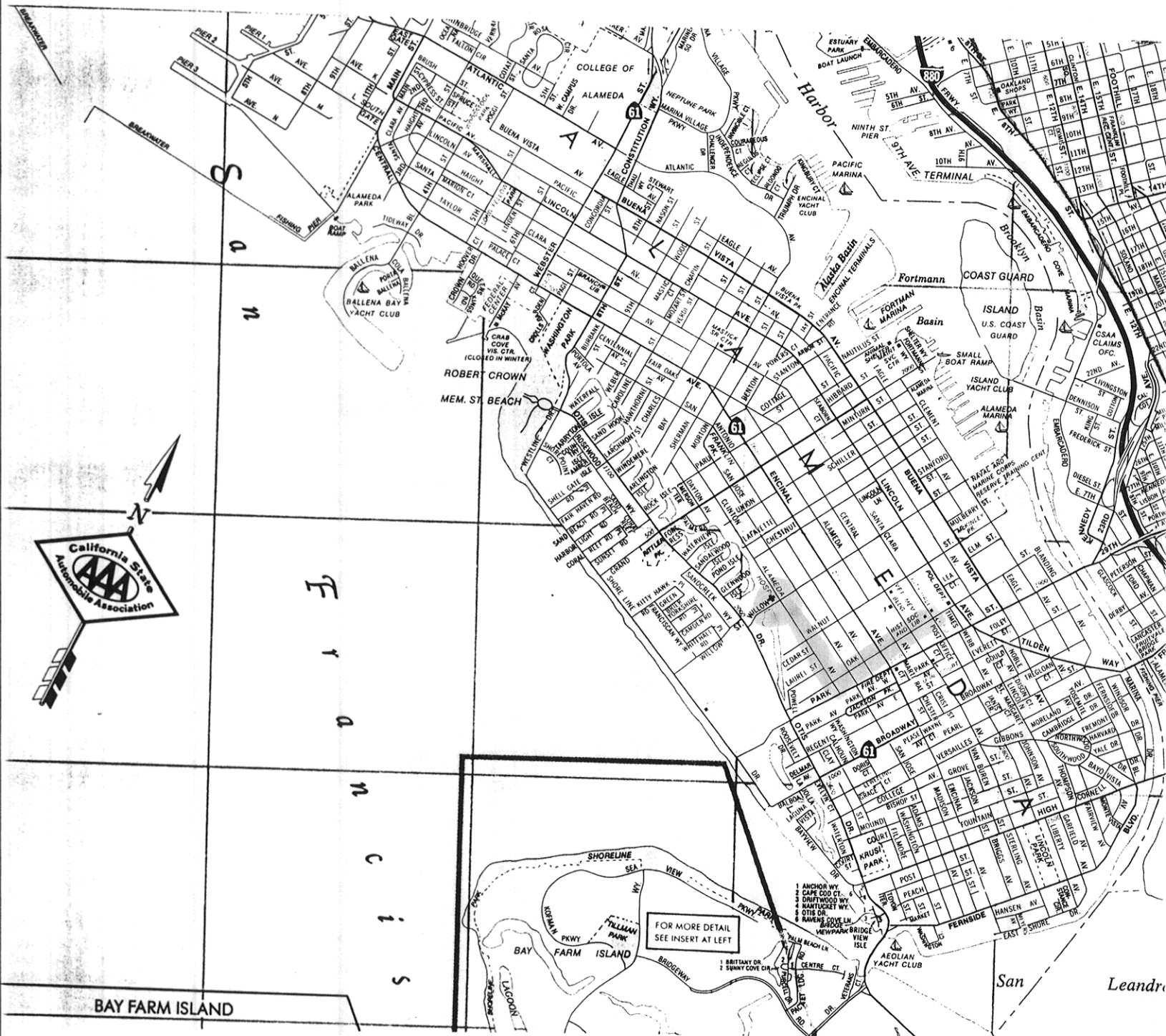
5.7 A First Aid Kit will be on site:

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

5.9 Fire Extinguishers will be present on site:

HOSPITAL ROUTE MAP

6.0 Hospital Route Map



CONTINGENCY PLAN

7.0 Contingency Plan:

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

-Medical attention for the injured person immediately.

-Notify the Site Safety Officer.

-Depending on the type and severity of the injury, the occupational physician will be notified.

-The injured person's personnel office will be notified.

-An incident report will be prepared. The Site Safety Officer will be responsible for its preparation and submittal to the Health and Safety Direction and corporate personnel office within 24 hours.

-The Site Safety Officer will assume charge during a medical emergency.

-EMERGENCY ROUTES--see Hospital Route Map, Page 11

SAFETY EQUIPMENT

8.0 Safety Equipment:

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

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

9.0 Signatures & Acknowledgments:

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

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

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Signature Date