

California

13908 San Pablo Avenue
Suite 101
San Pablo, California 94806
(510) 232-8366 FAX (510) 232-5133



Oregon

370 West Sixth Avenue
Suite A
Eugene, Oregon 97401
92 DEC 10 1992 (503) 342-6006 FAX (503) 342-1632

Ms. Juliet Shin
Department of Environmental Health
80 Swan Way, Room 200
Oakland, California

December 10, 1992

**SUBJECT: ALAMEDA COUNTY HEALTH,
TANK CLOSURE PERMIT
1726 Park Street
Alameda, California**

Dear Ms. Shin,

Enclosed is a copy of the Alameda County Health Care Services Agency, Department of Environmental Health, Hazardous Materials Division (ACEH) permit for the removal of an automotive waste oil tank at 1726 Park Street, Alameda, California. Indicated on the first page of the ACEH permit is the approval by the City of Alameda Plumbing and Fire Department, and the ACEH for the removal of the waste oil tank, formerly located at the subject site (removed December, 1991). Also enclosed are receipts for the permits. TMC believes that this permit copy should address the first item in paragraph three, of your letter, dated November 30, 1992.

TMC will forward a copy of this permit to Ms. Melinda Henry-Dare, of the John Henry Estate. If you have any questions, please feel to give me a call at (510) 232-8366. Thank you.

Sincerely,
TMC ENVIRONMENTAL, INC.

A handwritten signature in cursive script that reads "Michael Princevalle".

Michael Princevalle
Project Engineer

Enclosure: Alameda County Health Care Services Agency, Department of Environmental Health, Hazardous Materials Division, Tank Removal Permit (1)

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

Project Specialist (print) L. Miller
L. Miller

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621
 TEL: 415-271-4320

These plans have been reviewed and found to be acceptable and accordingly all of the requirements of the local health laws, Chapter 9.40 of the Alameda County Health Code, and Department are to ensure compliance with the above laws. The Project proponent shall be responsible for the removal of any required tanks and for the removal of any other equipment or materials. One copy of these accepted plans must be made available to all contractors and craftsmen involved in the removal.

Any change or alteration of these plans must be submitted to the Department of Environmental Health, Plumbing Division, 80 Swan Way, Room 200, Oakland, California 94621. The Department reserves the right to require the removal of any equipment or materials if the following requirements are not met:

1. Removal of Tank and Piping
 2. Sealing
 3. Testing

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

THIS IS A PRELIMINARY APPROVAL FOR OBTAINING THE PERMIT.

Fire Department must witness removal of all Underground Tanks, and all State and County Requirements must be met.

By Steph D. Miller Date 11-27-91

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

CITY OF ALAMEDA

APPROVED FOR ISSUE

- Business Name The Estate of John B. Henry DATE 12/3/91 BY Paul Henry for
 Business Owner Ms. Melinda Henry-Dare Co-Administrator CENTRAL PERMIT OFFICE Henry
 - Site Address 1726 Park Street
 City Alameda Zip 94501 Phone 510-523-1144
 - Mailing Address 3312 Central Avenue
 City Alameda Zip 94501 Phone 501-523-1144
 - Land Owner SAME
 Address 3312 Central Avenue City, State Alameda, Ca. Zip 94501
 - Generator name under which tank will be manifested Melinda Henry-Dare
- EPA I.D. No. under which tank will be manifested CAC-000651400

rev 12/90

- 1 -

PLUMBING & MECHANICAL PLANS
 APPROVED

DATE: 12-2-91
 BY: Donald J. Rodriguez
 Donald J. Rodriguez

ALL WORK MUST BE INSPECTED
 BY THE PLUMBING/MECHANICAL DIVISION,
 Call 748-4563 8:30 AM to 10:00 AM
 24 Hours in Advance

6. Contractor Bay Area Tank Area Removal
Address 205 - 13th Street Suite 3033
City San Francisco, Ca. Phone 415-863-6375
License Type A ID# 616521

7. Consultant TMC Environmental Inc.
Address 13908 San Pablo Avenue Suite 101
City San Pablo, Ca. Phone 510-232-8366

8. Contact Person for Investigation
Name Tom Edwards Title President
Phone 510-232-8366

9. Number of tanks being closed under this plan 1
Length of piping being removed under this plan 3 Feet
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 Erickson Inc. EPA I.D. No. CAD009466392
Hauler License No. 019 License Exp. Date 5/31/92
Address 255 Parr Blvd.
City Richmond State Ca. Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson Inc. EPA I.D. No. CAD-009466392
Address 255 Parr Blvd.
City Richmond State Ca. Zip 94801

c) Tank and Piping Transporter

Name Erickson Inc. EPA I.D. No. CAD-009466392
Hauler License No. 019 License Exp. Date 5/31/92
Address 255 Parr Blvd.
City Richmond State CA. Zip 94801

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 Tom Edwards
Company TMC Environmental Inc.
Address 13908 San Pablo Ave. Suite 101
City San Pablo State Ca. Zip 94806 Phone 510-232-8366

12. Laboratory

Name Curtis And Thompkins
Address 2323 Fifth Street
City Berkely State Ca. Zip 94710
State Certification No. 159

13. Have tanks or pipes leaked in the past? Yes [] No [] Unknown
If yes, describe. _____

14. Describe methods to be used for rendering tank inert

Minimum Of 3Lbs. Dry Ice Per 100 Gallon Capacity 4 Hours Prior To
Removal. Verify Less Than 10% LEL And Oxygen Prior To Removal And
Transport. LEL And Oxygen Content Will Be Measured With An Explosior
Proof Combustible Gas Meter To Assure Inertness.

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)		
500 Gallon	Waste Oil	Soil	Center, 2.0 Feet Below Tank.

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) 4 Cu. Yards	Sampling Plan
	Two Discrete Samples. Analyze For Constituents As Described In 16.

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 Gasoline TPH Diesel BTXE/CL HC Metals: cd Cr, Pb, Zn, N: Semi Volitiles		GC/FID (5030) GC/FID (3550) 8010 ICAP 8270	

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Comp.

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The 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) Bay Area Tank Removal

Signature *Tom Tracy*

Date 11-06-91

Signature of Site Owner or Operator

Name (please type) Melinda Henry - Dare

Signature *Melinda Henry - Dare*

Date 11-8-91

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
Acknowledgement of Refund Recipient for Site Account

DEPOSITOR FILLS OUT PER SITE

-- REQUIRED --

The depositor will use this form to acknowledge that the property owner or his or her designee will receive any refund due at the completion of all deposit/refund projects at the site listed below.

SITE NUMBER/ADDRESS:

REFUND RECIPIENT-PROPERTY OWNER

Site Number

Estate of John B. Henry

Company Name

Melinda Henry-Dave ^(Co.) Admin.

Owner's Name

1726 Park Street

Street Address

3312 Central Avenue

Owner's Address

Owner's Address

Alameda 94501

City Zip Code

Alameda Ca. 94501

Owner's City State Zip

Owner's City

State

Zip

I have read the description of the project Deposit/Refund Procedure, and have had an opportunity to ask questions about it. I understand that regardless of who deposits money into the site account, any deposit money remaining at the completion of all projects being conducted at this site will be refunded solely to the property owner or his or her designee.



Signature of Depositor

11-7-91

Date

Tom Edwards

Depositor Name

Depositor Name

TMC Environmental, Inc.

Company Name

Company Name

13908 San Pablo Ave. Suite 101

Street Address

Street Address

San Pablo, Ca. 94806

City / Zip

City / Zip

RETURN FORM TO: Alameda County, Hazardous Materials Div.
80 Swan Way, Rm 200
Oakland, CA 94621-1439
Phone: (510) 271-4320

THIS CARD MUST BE POSTED ON THE PREMISES AND
PLACED SO AS TO BE SEEN FROM THE STREET

CITY OF ALAMEDA, Building Inspection Office

DATE 12-3-91 VALUATIONS 4000- BLDG. PERMIT # _____ PLMG /MECH PERMIT # 91-6970

FORMS _____
REQUIRED BEFORE POURING CONCRETE

JOB Deck removal

ADDRESS 1726 Park St

OWNER Melinda Henry-Dere

CONTRACTOR Bay Area Deck Removal

ROBERT L. WARNICK BY [Signature]
BUILDING OFFICIAL

INTERIOR LATH _____
REQUIRED BEFORE PLASTERING OR TAPING

VAULT TOILET _____

PRELIMINARY GROUND PLUMBING _____

FINAL GROUND PLUMBING _____

EXTERIOR LATH _____
REQUIRED BEFORE STUCCO

ROUGH ELECTRIC _____

DESIGN REVIEW _____

INSULATION CERTIFICATE _____

TRACT CONDITIONS _____

ROUGH PLUMBING _____

P.U.D. CONDITIONS _____

ROUGH HEATING & VENTILATING _____

FINAL ELECTRIC _____

FINAL - FIRE DEPT. _____

SUB FLOOR _____

FINAL PLUMBING 12-5-91-DR

FRAME _____

FINAL HEATING & VENTILATING _____

INSULATION _____

FINAL BUILDING _____

ABOVE APPROVALS REQUIRED BEFORE INTERIOR LATHING OR COVERING

DO NOT CALL FOR FINAL INSPECTION UNTIL OTHER ITEMS HAVE BEEN ISSUED

DO NOT OCCUPY STRUCTURE UNTIL CERTIFICATION OF OCCUPANCY HAS BEEN ISSUED.
FOR CERTIFICATE OF OCCUPANCY TO BE ISSUED, A COPY OF HARD CARD WITH ALL FINALS
NEEDS TO BE FILED WITH THE CENTRAL PERMIT OFFICE.

REMARKS _____

REF./
A/C NO. R

COUNTY OF ALAMEDA
OFFICE OF THE AUDITOR-CONTROLLER

DATE: 11 / 12 / 91

MISCELLANEOUS RECEIPT
499101

No 612148 LM.

\$ 432.00
DOLLARS

RECEIVED		
FROM:	<u>TMC Envir. Inc. 13908 San Pablo Ave # 101 ^{San Pablo} 94806</u>	
FOR:	<u>The Estate of John B. Henry</u>	
	<u>1726 Park St. Alameda 94501</u>	
RECEIVED BY:	<u>T. Spates</u>	DEPT. NO.: <u>430-453</u>

CASH PERSONAL/CASHIER'S CHECK/M. O. # 486 OTHER: _____

110-1 (Rev 10/85) [0134E (08)] 3-Part

Distribution: White - Payor Yellow & Pink - Depart.

TMC ENVIRONMENTAL, INC.

415-232-8366

13908 SAN PABLOAVE SUITE 101

SAN PABLO, CA 94806

CHECK HERE IF TAX DEDUCTIBLE ITEM

\$ _____ 498

11-22 91

11-35/1210

Alameda Fire Dept.

ONE HUNDRED SIXTY SEVEN 4/100'S

BAL. FOR'D

ITEM AMOUNT

BALANCE DEPOSIT

BAL. FOR'D

167.00

Bank of America MEMBER FDIC

Pinole Branch 0673
1221 Tara Hills Drive
Pinole, CA 94564

489101 Permits



⑆ 121000358⑆ 0498 ⑆⑆ 06730 ⑆⑆ 12119⑆

NOT NEGOTIABLE