

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 1 M 0 D 09 Y 5 Y		CASE #		SIGNED: <i>[Signature]</i> 10/17/96 DATE		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT BRENDA PEDERSEN		PHONE (916) 557-6771		SIGNATURE <i>Brenda Pedersen</i>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER <i>DDP/PVDS</i>		<input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD COMPANY OR AGENCY NAME U.S. ARMY CORPS OF ENGINEERS		CESPK-ED-EB	
	ADDRESS 1325 J STREET SACRAMENTO CA 95814					
RESPONSIBLE PARTY	NAME DEPT OF DEFENSE <input type="checkbox"/> UNKNOWN		CONTACT PERSON BRENDA PEDERSON		PHONE (916) 557-6771	
	ADDRESS					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) NIKE BATTERY 31		OPERATOR -		PHONE ( ) -	
	ADDRESS 0 LAKE CHABOT ROAD CASTRO VALLEY ALAMEDA 94546					
	CROSS STREET					
IMPLEMENTING AGENCIES	LOCAL AGENCY REG. WATER QUALITY CONTROL BD.		AGENCY NAME SF		CONTACT PERSON KEVIN GRAVES	
	REGIONAL BOARD ALAMEDA CTY ENVIRONMENTAL HEALTH		CONTACT PERSON AMY LEECH		PHONE (510) 567-6755	
SUBSTANCES INVOLVED	(1) NAME DIESEL				QUANTITY LOST (GALLONS) <del>6,000</del> <input checked="" type="checkbox"/> UNKNOWN	
	(2) <input type="checkbox"/> UNKNOWN					
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 M 8 D 03 Y 95 Y		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN M M D D Y Y <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input 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 type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE M M D D Y Y					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CASE TYPE CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)					
COMMENTS	COMMENTS					
	COMMENTS					

**StId 5504/lop**

September 4, 1996

Vicky Henderson or Brenda Pedersen  
CESPK-ED-EB  
US Army Corp of Engineers  
1325 "J" St  
Sacramento CA 95814-2922

**Subject: US Army Corps of Engineers (Former Nike Battery 31) located at 0 Lake Chabot Road, Castro Valley CA 94546**

This office is in the process of reviewing the subject site for possible case closure in regard to the removal of one 6,000-gallon diesel underground storage tank (UST) on August 3, 1995. For your information, this UST closure and the subsequent soil sampling of the former UST pit are documented in CKY, Inc. Environmental Services' report titled *Removal of Containerized Hazardous and/or Toxic Waste at Nike Battery 31 San Leandro, California (Contract No DACA 05-94-0012)*, dated September 22, 1995. Although diesel contamination to soil was observed during field activities and confirmed by the analytical results of soil samples sent to a State certified laboratory, it does not appear that an "Underground Storage Tank Unauthorized Release (Leak)/Contamination Site Report" (ULR form) was filed with this office.

Please complete the attached ULR form and return it to this office no later than September 20, 1996. Thank you for your attention to this matter, and please do not hesitate to call me at (510)567-6755 if you have questions.

Sincerely,

Amy Leech  
Hazardous Materials Specialist

**ATTACHMENT**

c: Gordon Coleman - File(ALL)

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 ENVIRONMENTAL PROTECTION DIVISION  
 1131 HARBOR BAY PARKWAY, RM 250

FILE  
 COPY

ALAMEDA, CA 94502-6577

PHONE # 510/567-6700

FAX # 510/337-9335

SCOTT SEERY

Project Specialist

7-1-95 ACCEPTED \*  
 Underground Storage Tank Closure Permit Application

Alameda County Division of Hazardous Materials  
 80 Swan Way, Suite 200,  
 Oakland, CA 94621  
 Telephone: (510) 271-4320

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

Notify this Department at least 72 hours prior to the following required inspections: \*  
 Removal of Tank(s) and Piping  
 Sampling  
 Final Inspection

Issuance of a) permit to operate, b) permanent site closure, is dependant on compliance with accepted plans and all applicable laws and regulations.

\*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist:

5/31/96

UNDERGROUND TANK CLOSURE PLAN

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

- Name of Business U.S. ARMY CORPS OF ENGINEERS  
 Business Owner or Contact Person (PRINT) William Cameon
- Site Address NIKE BATTERY #31 LAKE CHARLOT RD  
 City CASTRO VALLEY CA Zip 94546 Phone (916) 373-1617  
~~SAN LEANDED~~
- Mailing Address P.O. Box 935  
 City West SACRAMENTO Zip 95961-0935 Phone (916) 373-1617
- Property Owner U.S. ARMY CORP OF ENGINEERS  
 Business Name (if applicable) \_\_\_\_\_  
 Address P.O. Box 935  
 City, State West SACRAMENTO, CA Zip 95961-0935
- Generator name under which tank will be manifested  
U.S. ARMY CORPS OF ENGINEERS  
 EPA ID# under which tank will be manifested CA

6. Contractor Remedial Constructors  
Address 8627 DIAMOND OAK WAY  
City EIK Grove Phone (916) 686-6154  
License Type\* CLASS A + HAZ WASTE ID# 645468

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

7. Consultant (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Phone \_\_\_\_\_

8. Main Contact Person for Investigation (if applicable)  
Name William Cameron (Ralph) Title Res. Engineer  
Company US ARMY Corps of Engineers  
Phone (916) 373-1617

9. Number of underground tanks being closed with this plan ONE  
Length of piping being removed under this plan 25'  
Total number of underground tanks at this facility (\*\*confirmed with owner or operator) ONE

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

\*\* Underground storage tanks must be handled as hazardous waste \*\*

a) Product/Residual Sludge/Rinsate Transporter  
Name ERICKSON, INC EPA I.D. No. CAD009466392  
Hauler License No. 0019 License Exp. Date 5-31-96  
Address 255 PAER BLVD  
City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site  
Name Gibson Environmental EPA ID# CAD043260702  
Address 475 SEAPORT BLVD  
City Redwood City State CA Zip 94063

c) Tank and Piping Transporter

Name ERICKSON, INC EPA I.D. No. CA0009466392  
Hauler License No. 0019 License Exp. Date 5-31-96  
Address 255 PARR BLVD  
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name ERICKSON, INC EPA I.D. No. CA0009466392  
Address 255 PARR BLVD  
City RICHMOND State CA Zip 94801

11. Sample Collector

Name \_\_\_\_\_  
Company CKY INC. ENVIRONMENTAL SERVICES  
Address 3480 TORRANCE BLVD SUITE 100  
City TORRENCE State CA Zip 90503 Phone 310-792-3728

12. Laboratory

Name CKY INC ENVIRONMENTAL SERVICES  
Address 3480 TORRANCE BLVD SUITE 100  
City TORRENCE State CA Zip 90503  
State Certification No. \_\_\_\_\_

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

If yes, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

The TANK will be inerted by using At Least 20 lbs of dry ice per 1,000 gallons of TANK volume

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

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

15. Tank History and Sampling Information \*\*\* (see instructions) \*\*\*

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
6,000 Gallon	Diesel TANK FOR SUPPLYING FUEL FOR EMERGENCY generator  LAST USED 1980	Soil  Soil	Pipeline - EVERY 20 FEET  TANK - 2 SAMPLES UNDER EACH END, 1 FROM EACH SIDE WALL - 2 FEET INTO NATIVE SOIL

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

**Excavated/Stockpiled Soil**

Stockpiled Soil Volume (estimated) 82 Cubic YARDS	Sampling Plan Composite sample (4:1) For every 50 cubic yards of excavated soil for initial characterization or background AERATION, ONLY. ON-SITE DISPOSAL/REUSE REQUIRES ONE
--	---

DISCRETE SAMPLE PER 20 YDS<sup>3</sup>

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

Will the excavated soil be returned to the excavation immediately after tank removal? [ ] yes [  ] no [ ] unknown

If yes, explain reasoning \_\_\_\_\_

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

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

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

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Diesel Volatiles BTEX	3550	TPH - Diesel MDA 8015/GC-FID <del>8010</del> 8020	10 ppm   0.005 ppm

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Fund

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

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery.

The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.

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

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business Remedial Constructors, Inc

Name of Individual Thomas J. Dougherty

Signature Thomas J. Dougherty Date 07/06/95

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business U.S. Army Corps of Engineers

Name of Individual Contract number included with plans

Signature \_\_\_\_\_ Date \_\_\_\_\_



**ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION**

**DECLARATION OF SITE ACCOUNT REFUND RECIPIENT**

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

SITE INFORMATION:

Site ID Number  
(if known)

NIKE BATTERY 31 US Army Corps of Engineers  
Name of Site

Chabot LAKE Rd  
Street Address

SAN LEANDRO, CA  
City, State & Zip Code

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

Remedial Constructors, INC  
Name

8627 DIAMOND OAK WAY  
Street Address

Elk Grove, CA 95624  
City, State & Zip Code

Thomas J. Dougherty  
Signature of Payor

07/05/95  
Date

Thomas J. Dougherty  
Name of Payor  
(PLEASE PRINT CLEARLY)

Remedial Constructors, INC  
Company Name of Payor

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

General Instructions

- \* Three (3) copies of this plan plus attachments and a 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.
- \* State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

Line 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 Toxic Substances Control, 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.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4), 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 tank(s) and piping in addition to the tank(s) being removed.

20. DEPOSIT

A deposit, payable to "County of Alameda" 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 this office or from the San Francisco Bay Regional Water Quality Control Board (510/286-1255). 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.;

**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 G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TOTAL LEAD	AA
	TOTAL LEAD	AA		
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
EDB	DHS-AB1803	EDB	DHS-AB1803	
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E	8260	CL HC AND BTX&E	8260
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TPH and BTX&E	8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E	8260		
	O & G	5520 D & F	O & G	5520 B & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	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*		PCB		
PCP*		PCP		
PNA		PNA		
CREOSOTE		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

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.

10. 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.
11. 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.

12. 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 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.

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

POLICY NUMBER: 1338611 - 95  
CERTIFICATE EXPIRES: 04-01-96

ISSUE DATE: 04-01-95

MARK J. HALLOCK  
8627 DIAMOND OAK WAY  
ELK GROVE, CA, 95624

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated

This policy is not subject to cancellation by the Fund except upon 30 days' advance written notice to the employer.

We will also give you 30 days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.

*John A. Shett*  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04/01/95 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

LEGAL NAME

REMEDIAL CONSTRUCTORS, INC  
5030 SHILO ROAD  
MODESTO CA. 95358

REMEDIAL CONSTRUCTORS, INC

PRINTED 03-19-95 P0408

THIS DOCUMENT HAS A BLUE PATTERNED BACKGROUND

**R**EMEDIAL  
**C**ONSTRUCTORS  
**I**NC.

**FAX Cover**

**To:** Scott Seery  
Alameda County

**Date:** 7/7/95

**FAX Number:** (510) 337-9335

**Total Pages:** 2

**From:** Mark Hallock  
**Phone:** (916) 686-6154  
**FAX:** (916) 686-6064

**Elk Grove Office:**  
8627 Diamond Oak Way  
Elk Grove, CA 95624

**Message:**

Scott,

Attached is a copy of our current Workman's Comp. certificate.  
Call me if you need anything else.

Thanks,  
Mark

LOP - RECORD CHANGE REQUEST FORM

printed:  
12/14/95

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

Insp: ALL

AGENCY # : 10000      SOURCE OF FUNDS: F      SUBSTANCE: 12034  
 StID : 5504      LOC:  
 SITE NAME: US Army Corp of Engineers      DATE REPORTED :                       
 ADDRESS : Lake Chabot Rd#31      DATE CONFIRMED: 08/03/95  
 CITY/ZIP : Castro Valley 94546      MULTIPLE RPs : N

SITE STATUS

-----  
 CASE TYPE: S      CONTRACT STATUS: 2      PRIOR CODE:3A      EMERGENCY RESP:  
 RP SEARCH: S      DATE COMPLETED: 12/14/95  
 PRELIMINARY ASMNT:      DATE UNDERWAY:      DATE COMPLETED:  
 REM INVESTIGATION:      DATE UNDERWAY:      DATE COMPLETED:  
 REMEDIAL ACTION:      DATE UNDERWAY:      DATE COMPLETED:  
 POST REMED ACT MON:      DATE UNDERWAY:      DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1      DATE ENFORCEMENT ACTION TAKEN: 12/14/95  
 LUFT FIELD MANUAL CONSID: 2  
 CASE CLOSED:      DATE CASE CLOSED:  
 DATE EXCAVATION STARTED : 08/03/95      REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

-----  
 RP#1-CONTACT NAME: Pedersen/cespk-ed-eb  
 COMPANY NAME: U. S. Army Corp Of Engineers  
 ADDRESS: 1325 " J " St  
 CITY/STATE: Sacramento Ca 95814-7065 2922

INSPECTOR VERIFICATION:

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATA ENTRY INPUT:

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



#5504

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 <i>United States Army Corp of Engineers MIKE BATTERY #31</i>		NAME OF OPERATOR <i>U.S. ARMY CORPS OF ENGINEERS</i>		
ADDRESS <i>LAKE Chabot Rd</i>		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME <i>SAN LEANDRO CASTRO VALLEY</i>		STATE <i>CA</i>	ZIP CODE <i>94546</i>	SITE PHONE # WITH AREA CODE <i>916-373-1617</i>
<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LOCAL AGENCY DISTRICTS
<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> STATE AGENCY	<input checked="" type="checkbox"/> FEDERAL AGENCY		
TYPE OF BUSINESS	<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 4 PROCESSOR
	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <i>ONE</i>	E. P. A. I. D. # (optional)

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Cameron, William</i>	PHONE # WITH AREA CODE <i>916-373-1617</i>	DAYS: NAME (LAST, FIRST) <i>Sisley, John</i>	PHONE # WITH AREA CODE <i>916-373-1617</i>
NIGHTS: NAME (LAST, FIRST) <i>CAMERON, William</i>	PHONE # WITH AREA CODE <i>916-373-1617</i>	NIGHTS: NAME (LAST, FIRST) <i>Sisley, John</i>	PHONE # WITH AREA CODE <i>916-373-1617</i>

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>U.S. Army Corps of Engineers</i>	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>PO Box 935</i>	<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME <i>West Sacramento</i>	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE AGENCY
	<input type="checkbox"/> COUNTY AGENCY	<input checked="" type="checkbox"/> FEDERAL AGENCY	
STATE <i>CA</i>	ZIP CODE <i>95961-0935</i>	PHONE # WITH AREA CODE <i>916-373-1617</i>	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>U.S. Army Corps of Engineers</i>	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>PO Box 935</i>	<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME <i>West Sacramento</i>	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE AGENCY
	<input type="checkbox"/> COUNTY AGENCY	<input checked="" type="checkbox"/> FEDERAL AGENCY	
STATE <i>CA</i>	ZIP CODE <i>95961-0935</i>	PHONE # WITH AREA CODE <i>916-373-1617</i>	

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

TY (TK) HQ   -

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

<input checked="" type="checkbox"/> BOX TO INDICATE	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 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) <i>Thomas J. Dougherty</i>	APPLICANT'S TITLE <i>Project Coordinator</i>	DATE <i>07/06/95</i>
--	---	-------------------------

LOCAL AGENCY USE ONLY - NOT REGISTERED WITH STATE -

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

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: NIKE BATTERY 31

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

A. OWNER'S TANK I. D. # <u>6000 GAL DIESEL</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>6000</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" type="checkbox"/> 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	

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 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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<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"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) UNK OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) UNK

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

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

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

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1980</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>Thomas J. Dougherty Thomas J. Dougherty</u>	DATE <u>07/06/95</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
---------------	-------------------------	------------------------

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

— NDT REGISTERED WITH STATE —

white -env.health  
yellow -facility  
pink -files

ALAMEDA COUNTY, DEPARTMENT OF  
ENVIRONMENTAL HEALTH  
Hazardous Materials Inspection Form

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

II, III

Site ID # \_\_\_\_\_ Site Name Nike Battery # 31 Today's Date 8/3/95  
Site Address Lk. Chabot Road  
City Castro Valley Zip 94546 Phone \_\_\_\_\_

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

**Inspection Categories:**

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

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

12:15 - 2:30

**Comments:**

On-site to witness closure of a single 6000 gallon diesel UST used previously to serve a generator at this former Nike missile site. William Potts (ACFD) was on site to ensure tank inertness.

**Removal:**

Upon removal, the UST appeared to be in fine shape, with the tar-coated exterior substantially in place. Prior to removal, the tank was reportedly filled with water to the point where a concrete access sump parched upon one end was also filled w/ water. Removal of the sump in preparation of the tank removal caused this water to spill out and collect at the base of the excavation. Some discoloration is noted in (native) "back fill" material both previously surrounding and below the UST along the pit base.

Samples: a sample was collected @ the excavation base from each end. A sample was also collected from ea. sidewall. The material sampled from the base of the excavation <sup>@ ~12' BG</sup> was significantly discolored, and odorous. The same was observed in all sidewall sample locations (staining, odor). Encountered materials were blocky chunks of fractured bedrock within a fine-grained matrix. Sidewall samples were collected @ a depth of ~8' BG.

Contact Michael DeKlotz  
Title CKY Inc.  
Signature Michael DeKlotz

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

II, III



ERICKSON Tank Processing JOB #: 906313  
TANK CERTIFICATION

\*\*\*\*\* PART 1 - To be completed by the Customer \*\*\*\*\*

CUSTOMER: RCI GENERATOR: ARMY CORP - FENBINE INC. State Waste Codes: 512  
LOCATION: 17930 LAKE CHARLOT EPA I.D.#: CAC001011840 EPA Waste Codes:  None  
LAKE VALLEY MANIFEST #: \*95592204  See Attached  
TRANSPORTER: ERICKSON INC

	TANK 1	TANK 2	TANK 3	TANK 4	TANK 5	TANK 6
TANK #:	<u>16240</u>					
CAPACITY:	<u>6000</u>					
DIAMETER:	<u>8'</u>					
LENGTH:	<u>18'</u>					
STEEL/GLASS:	<u>S</u>					
LAST CONTAINED:	<u>D</u>					

LG = Leaded Gas, UG = Unleaded Gas, D = Diesel, UO = Used Oil, FO = Fuel Oil  
Specify the material Last Contained if other than above.

ERICKSON, INC. TANK PROCESSING FACILITY  
LAND DISPOSAL RESTRICTION NOTIFICATION FORM

The waste represented on this manifest is not generated by a chemical manufacturing plant, coke-by-product recovery plant of petroleum refinery. As such, it is not regulated under 40 CFR Part 61, Subpart FF (NESHAPS for Benzene Operations).

Pursuant to 40 CFR 268.7 I am notifying Erickson, Inc. that the material described by the above manifest is a nonwastewater, Non-RCRA hazardous waste and not currently subject to EPA Land Disposal Restrictions.

Pursuant to CCR 22 66268.7 I am notifying Erickson, Inc. that the material described by the manifest is a metal containing Non-RCRA solid hazardous waste (66268.29(g)), with treatment standard at 66268.106 (a) (3) Table CCWE I-C. It is also an organics containing Non-RCRA solid hazardous waste (66268.29 (k)), with treatment standard at 66268.113. Both metal and organic containing Non-RCRA solid hazardous wastes are subject to a variance from prohibition from land disposal which expires after 1/1/96

I understand that Erickson, Inc. has relied on these representations in preparing it's quote. If these representations are incorrect, I agree to be charged an additional amount according to the schedule of charges in effect at that time.

I am an authorized agent/representative of the generator. I certify that all information submitted in this and associated documents is complete and accurate. The tanks on the transport equipment have been numbered to correspond with the information provided above. In the event that the tanks do not correspond to the form, I will pay any and all costs incurred in rectifying the discrepancy(ies) between the tank(s) and the form. I am aware that due to the inherent uncertainties in measuring the remaining contents of tank(s) that the tank(s) may contain excessive solids or liquids. In such event, I agree to pay the cost of preparation, transportation and disposal/recycling of the excess material according to the schedule of charges in effect at the time of receipt of the tank(s). Further, I will not hold Erickson, Inc. responsible for any damage to tanks which occurs after the tanks are removed from the ground.

AUTHORIZED REPRESENTATIVE  
SIGNATURE: Randy Rogers, For USACE DATE: 8-3-95  
PRINT NAME: RANDY ROGERS, FOR USACE TITLE: PM FOR RCI

95592204  
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>CAC001011840</b>		Manifest Document No. <b>114</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address <b>ARMY (P.O. BOX 175) 17930 LAKE CHIMBORAZO RD CASIRO VALLEY CA 94546</b>						A. State Manifest Document Number <b>9559220</b>											
4. Generator's Phone ( ) ( ) - <b>(916) 235-1254</b>						B. State Generator's ID											
5. Transporter 1 Company Name <b>ELI-KON INC</b>						C. State Transporter's ID <b>616258</b>											
6. US EPA ID Number <b>KADK 17466377</b>						D. Transporter's Phone <b>510-235-1213</b>											
7. Transporter 2 Company Name						E. State Transporter's ID											
8. US EPA ID Number						F. Transporter's Phone											
9. Designated Facility Name and Site Address <b>ERICKSON, INC. 255 Parr Blvd. Richmond, CA. 94801</b>						G. State Facility's ID											
10. US EPA ID Number <b>CAD009466392</b>						H. Facility's Phone <b>(510) 235-1399</b>											
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) <b>a. NON-RCRA Hazardous Waste Solid Waste Empty Storage Tank.</b>						12. Containers		13. Total		14. Unit		15. Waste Number					
						No.		Type		Quantity		Wt/Vol		State		EPA/Other	
								<b>201 TP</b>		<b>06000 P</b>						<b>512</b>	
J. Additional Descriptions for Materials Listed Above <b>Qty 1 Empty Storage Tank (116340) (Tanks) have been inserted with 15 New Dry Bulk Bags (1000 Gallon Capacity)</b>						K. Handling Codes for Wastes Listed Above											
						a.		b.		c.		d.					
15. Special Handling Instructions and Additional Information <b>Keep away from sources of ignition. Always wear hardhats when working around U.G.S.T.'s 24 Hr. Contact Name: MACE, HALLOKS Phone: 916-686-6154 NIKE BATTERY #31 17930 LAKE CHIMBORAZO RD</b>																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name <b>KANDY ROGERS, FOR USACE</b>				Signature <i>Kandy Rogers</i>		Month <b>08</b>		Day <b>03</b>		Year <b>19</b>							
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <b>PAUL JACOBO</b>				Signature <i>Paul Jacobo</i>		Month <b>08</b>		Day <b>03</b>		Year <b>19</b>							
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature		Month		Day		Year							
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name						Signature		Month		Day		Year					

DO NOT WRITE BELOW THIS LINE.

95205720  
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9802; WITHIN CALIFORNIA, CALL 1-800-852-7550

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>CAC00101184P105720</b>		Manifest Document No. <b>05720</b>		2. Page 1 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address <b>Army Corp. of Engineers P.O. Box 935 West Sacramento, CA 95661</b>						A. State Manifest Document Number <b>95205720</b>											
4. Generator's Phone <b>(916) 686-6154</b>						B. State Generator's ID											
5. Transporter 1 Company Name <b>Enrick, on, Inc.</b>			6. US EPA ID Number <b>C A D 0 0 9 4 6 6 3 9 2</b>			C. State Transporter's ID <b>616586</b>											
7. Transporter 2 Company Name						D. Transporter's Phone <b>510-235-1399</b>											
8. US EPA ID Number						E. State Transporter's ID											
9. Designated Facility Name and Site Address <b>Gibson Oil/Pilot Petroleum 475 Sea Port Blvd. Redwood City, CA, 94063</b>						10. US EPA ID Number <b>C A D 0 4 3 2 0 7 0 2</b>											
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste Number					
a. <b>NO Hazardous Waste Liquids MS (Benzene) 9 NA 1082, PG III DU18 ERG #11</b>						<b>001 TIT 49510 G</b>						State <b>223</b> EPA/Other <b>DATA</b>					
b.												State EPA/Other					
c.												State EPA/Other					
d.												State EPA/Other					
J. Additional Descriptions for Materials Listed Above <b>Hydrocarbon Mixture With Water (99% Water, 1% Hydrocarbons)</b>						K. Handling Codes for Wastes Listed Above a. b. c. d.											
15. Special Handling Instructions and Additional Information <b>Gibson Oil Waste Stream Profile # 17926 ERG 31 24 Hr. Contact Mark Hallock 24 hr. Phone# (916) 686-6154 MIKE 17430 LINE (495) 616 (P. VALUE) MIKE BATTERY 31</b>																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name <b>Randy Rogers For USACE</b>				Signature <i>Randy Rogers For USACE</i>				Month <b>08</b>		Day <b>02</b>		Year <b>91</b>					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name <b>Robert Noid</b>		Signature <i>Robert Noid</i>				Month <b>08</b>		Day <b>30</b>		Year <b>91</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name		Signature				Month		Day		Year	
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.																	
Printed/Typed Name				Signature				Month		Day		Year					

DO NOT WRITE BELOW THIS LINE.

**REMEDIAL  
CONSTRUCTORS,  
INC.**

**Randy Rogers**

*SDBE / MBE / DVBE*

---

License No. 645468, A & HAZ

***Elk Grove Office:***

8627 Diamond Oak Way  
Elk Grove, CA 95624  
Phone: (916) 686-6154  
FAX: (916) 686-6064  
Pager: (916) 697-3219

***Corporate Headquarters:***

Phone: (209) 537-8196  
FAX: (209) 537-8197



***CKY incorporated***  
*Environmental Services*

**Michael DeKlotz**

3480 Torrance Blvd., Suite 100  
Torrance, CA 90503

TEL: (310) 792-3723  
FAX: (310) 792-3726

*Denver • Oak Ridge • San Francisco*