

ALPHA GEO SERVICES INC.

GENERAL ENGINEERING CONTRACTOR LICENSE NO. 507520

298 BROKAW Rd.
SANTA CLARA, Ca. 95050

Phone (408) 988-1055
Fax (408) 988-3343

January 6, 1993

Mr. Edwin Spencer
880 Columbine Court
Danville, California 94526

Dear Mr. Spencer:

Please send a copy of Alpha Geo Services' report entitled "Removal of 3 Underground Storage Tanks from Livermore Honda Property" by register mail to the following regulatory agencies:

Regional Water Quality Control Board
2101 Webster Street, Suite 500
Oakland, California 94612

City of Livermore Fire Department
4550 East Avenue
Livermore, California 94550
ATTENTION: MR. ERIC R. CARLSON

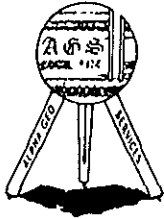
✓
Alameda County Health Care Service Agency
Department of Environmental Health
80 Swan Way, Room 200
Oakland, California 94621
ATTENTION: MR. JEFF SHAPIRO

If you have any questions, please feel free to contact our office at your convenience.

Sincerely,

ALPHA GEO SERVICES

Dianna Nguyen
Dianna Nguyen



ALPHA GEO SERVICES INC.

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298 BROKAW Rd.
SANTA CLARA, Ca. 95050

Phone (408) 988-1055
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January 6, 1993

File No. TR92

Mr. Edwin Spencer
880 Columbine Court
Danville, California 94526

SUBJECT: REMOVAL OF 3 UNDERGROUND STORAGE TANKS
FROM LIVERMORE HONDA PROPERTY
Located 3800 First Street, in
Livermore, California

Dear Mr. Spencer:

Per your request and authorization, our firm has provided underground storage tanks removal services for the property located at 3800 First Street, Livermore, California.

After obtaining all the necessary permits from Alameda County Health Care Services Agency--Department of Environmental Health (ACHCSA--DEH) and City of Livermore Fire Department (CLFD), Alpha Geo Services excavated and removed three (one 550 gallon waste oil, one 550 gallon gasoline and one 2,000 gallon gasoline) underground storage tanks on December 22, 1992. The tanks were transported under a Uniform Hazardous Waste Manifest by Dexanna, Ltd. to Erickson, Inc. facility in Richmond, California, for proper disposal.

File No. TR92

After removal of the tanks, soil samples were taken from the base of the excavation by Soil Tech Engineering, Inc. (STE), under the direction of Mr. Jeff Shapiro with Alameda County Health Care Services Agency--Department of Environmental Health (ACHCSA--DEH) and Mr. Eric R. Carlson with City of Livermore Fire Department (CLFD). The results of the sampling and analysis were submitted by STE in a separate report.

Enclosed, please find copies of all the permits and manifest papers.

We recommend that a copy of this report be forwarded to the proper state and local regulatory agencies.

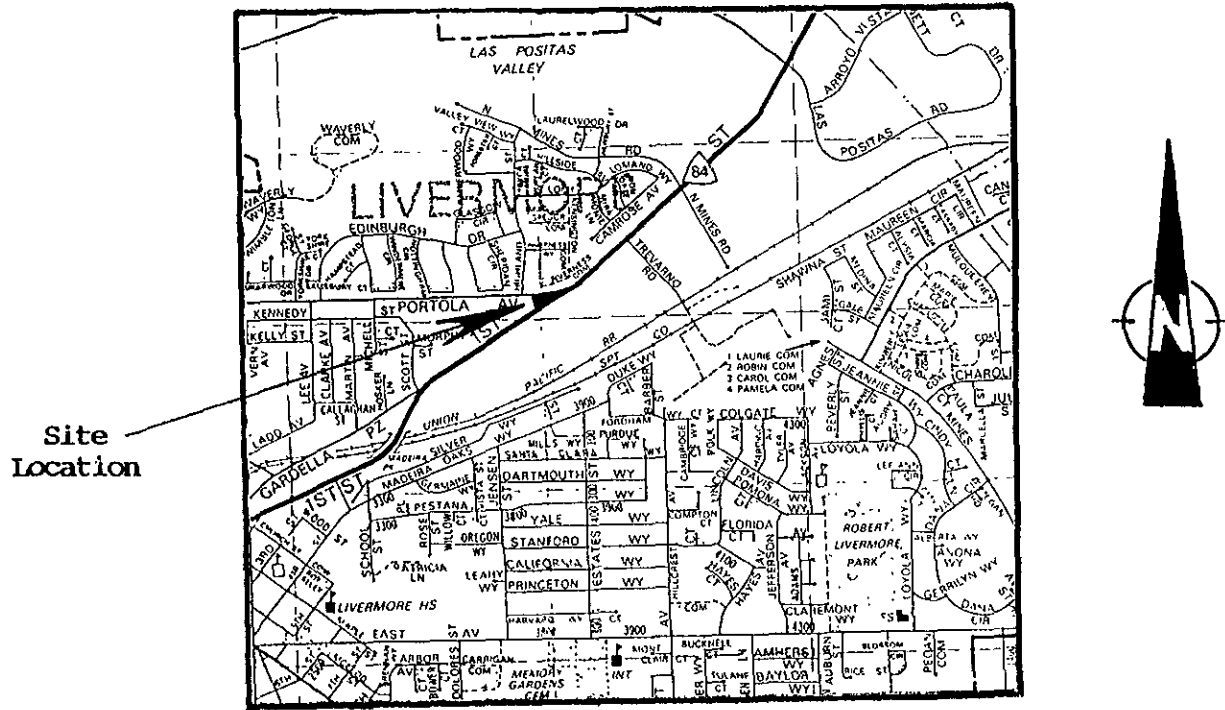
If you have any questions or require additional information, please feel free to contact our office at your convenience.

Sincerely,

ALPHA GEO SERVICES

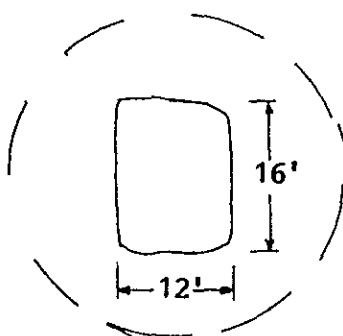
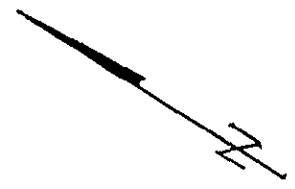


Frank Hamedi-Fard
General Manager



Thomas Brothers Map 1993 Edition
San Francisco, Alameda,
and Contra Costa Counties

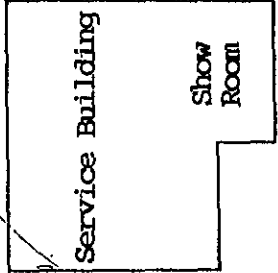
Figure 1



Approximate Underground Tanks Locations

Used Car Lot

PORTOLA AVENUE



FIRST STREET

--- Chain Link Fence

SCALE: 1"=100'

Figure 2

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 checked="" 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 Livermore Honda		NAME OF OPERATOR Jim Hickok		
ADDRESS 3800 First Street		NEAREST CROSS STREET Livermore Avenue	PARCEL # (OPTIONAL)	
CITY NAME Livermore		STATE CA	ZIP CODE 94550	SITE PHONE # WITH AREA CODE 510-447-1100
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER
			# OF TANKS AT SITE 3	E. P. A. I. D. # (optional) CAC000857808

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Spencer, Edwin		PHONE # WITH AREA CODE 510-837-6204	DAYS: NAME (LAST, FIRST) Hickok, Jim		PHONE # WITH AREA CODE 510-447-1100
NIGHTS: NAME (LAST, FIRST) Spencer, Edwin		PHONE # WITH AREA CODE 510-837-6204	NIGHTS: NAME (LAST, FIRST) Hickok, Jim		PHONE # WITH AREA CODE 510-447-1100

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Edwin Spencer		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 880 Columbia Court		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Danville		STATE CA	ZIP CODE 94526	PHONE # WITH AREA CODE 510-837-6204

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Spencer, Edwin		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 880 Columbia Court		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Danville		STATE CA	ZIP CODE 94526	PHONE # WITH AREA CODE 510-837-6204

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

TY (TK) HQ **44** -

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

<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 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) Edwin Spencer	APPLICANT'S TITLE Owner	DATE MONTH/DAY/YEAR 11/30/92
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LOCAL AGENCY USE ONLY

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

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
FORM A (5-91) FOR0033A-5

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 NLW 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: Livermore Honda

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <u>1</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>	D. TANK CAPACITY IN GALLONS: <u>550</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.		
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input type="checkbox"/> 1a REGULAR UNLEADED <input checked="" 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"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <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		
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

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

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 VAPOR MONITORING <input 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) <u>Unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>Unknown</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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>Edwin Spencer</u>	DATE <u>11/30/92</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW			
STATE I.D. #	COUNTY #	JURISDICTION #	FACILITY #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE	

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 NLW 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: Livermore Honda

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <u>2</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>	D. TANK CAPACITY IN GALLONS: <u>2,000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.		
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input checked="" type="checkbox"/> 2 LEADED		<input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <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		
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"/> 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"/> 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"/> 99 OTHER

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE				
A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A (U) 99 OTHER
B. CONSTRUCTION	A (U) 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A (U) 1 BARE STEEL A U 5 ALUMINUM	A U 2 STAINLESS STEEL A U 6 CONCRETE	A U 3 POLYVINYL CHLORIDE (PVC) A U 7 STEEL W/ COATING	A U 4 FIBERGLASS PIPE A U 8 100% METHANOL COMPATIBLE W/FRP A U 95 UNKNOWN A 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 type="checkbox"/> 99 OTHER

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 type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>Unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>Unknown</u> 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>Edwin Spencer</u>	DATE <u>11/30/92</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	

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: Livermore Honda

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <u>3</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>	D. TANK CAPACITY IN GALLONS: <u>550</u>

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 type="checkbox"/> 1 PRODUCT <input checked="" 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		
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

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

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"/> 91 NONE
<input type="checkbox"/> 3 VAPOR MONITORING <input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING <input type="checkbox"/> 99 OTHER
<input type="checkbox"/> 5 GROUND WATER MONITORING	

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>Unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>Unknown</u> 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>Edwin Spencer</u>	DATE <u>11/30/92</u>
--	-------------------------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW			
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE	TANK #

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) Jeff Sandoz

ACCEPTED
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 470 - 27th Street, 11th Floor
 Oakland, CA 94612
 Telephone: (415) 271-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to our plans indicated by this Department are to assure compliance with State and local laws. The project proposed here 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 alteration 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.

Approved w/ Changes made to pages 4+5, JS 12/16/92
UNDERGROUND TANK CLOSURE PLAN

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

1. Business Name Livermore Honda
 Business Owner Livermore Honda

2. Site Address 3800 First Street
 City Livermore Zip 94550 Phone 510-447-1100

3. Mailing Address 3800 First Street
 City Livermore Zip 94550 Phone 510-447-1100

4. Land Owner Mr. Edwin Spencer
 Address 880 ~~Columbia~~ ^{Columbine} Court City, State Danville, CA Zip 94526

5. Generator name under which tank will be manifested Mr. Edwin Spencer
LIVERMORE FIRE DEPARTMENT
Code Admin/Insp. Div.

EPA I.D. No. under which tank will be manifested CAC000857808

rev 12/90

- 1 -

JS
 12/21/92

Documents attached w/A Approved

Print to Fire Dept. _____

6. Contractor Alpha Geo Services
Address 298 Brokaw Road
City Santa Clara, CA 95050 Phone 408-988-1032
License Type C57 & General "A" ID# 507520

7. Consultant Soil Tech Engineering, Inc.
Address 298 Brokaw Road
City Santa Clara, CA 95050 Phone 408-496-0265

8. Contact Person for Investigation

Name Frank Hamed-Fard Title General Manager
Phone 408-496-0265

9. Number of tanks being closed under this plan 3

Length of piping being removed under this plan _____

Total number of tanks at facility 3

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 Trident Truck Line, Inc. EPA I.D. No. CAD982484370
Hauler License No. 2773 License Exp. Date 6/93
Address 23422 Clawiter Road
City Hayward. State CA Zip 94545

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD0009466392
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Erickson, Inc. EPA I.D. No. CAD0009466392
Hauler License No. 0019 License Exp. Date 5/93
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD0009466392
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Noori Ameli
Company Soil Tech Engineering, Inc.
Address 298 Brokaw Road
City Santa Clara State CA Zip 95050 Phone 408-496-0265

12. Laboratory

Name Priority Environmental Labs
Address 1764 Houret Court
City Milpitas State CA Zip 95035
State Certification No. 1708

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

Dry ice. 20 pounds of dry ice per 1,000 gallons

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)		
2,000	gasoline	soil & groundwater if present	Soil/backfill intergrade into 2' of native soil.
550	gasoline	Soil & groundwater if present	soil/backfill intergrade into 2' of native soil.
550	waste oil	Soil & groundwater if present	Soil/backfill intergrade into 2' of native soil.

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)	Sampling Plan one discrete sample every 20 cubic yards

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
TPHg	5030	GCFID	
BTEX	8020 or 8240		
TPHd	3550	GCFID	
TOG	5520 D&F		
CL HC	8010 or 8240		

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan Soil Samples will be placed in brass tubes, sealed w/ Teflon tape and plastic caps. Samples must be placed on ice and transported to a state certified lab w/ chain of custody.

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
WASTE OIL TANK TPH-G TPH-D BTEX TOIG CLHC Hvy metals Cd, Cr, Pb, Zn, Ni	5030 3550 8020 or 8240 5520 DIF 8010 or 8240 AA or ICAP		
GASOLINE TANKS TPH-G BTEX TOIG Total Pb	5030 8020 or 8240		

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Compensation Insurance 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 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.

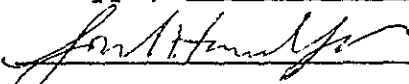
I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

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) Frank Hamedi-Fard

Signature 

Date 11/30/92

Signature of Site Owner or Operator

Name (please type) Edwind Spencer

Signature _____

Date 11/30/92

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Compensation Insurance 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 report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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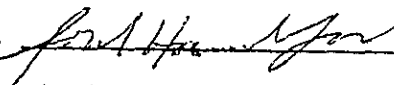
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Signature of Contractor

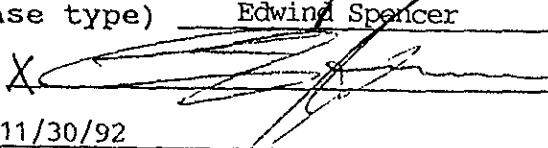
Name (please type) Frank Hamed-Fard

Signature 

Date 11/30/92

Signature of Site Owner or Operator

Name (please type) Edwin Spencer

Signature X 

Date 11/30/92

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

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.

HEALTH AND SAFETY PLAN
FOR
LIVERMORE HONDA PROPERTY
3800 FIRST STREET
LIVERMORE, CALIFORNIA

GENERAL:

This Health and Safety Plan (HSP) contains the minimum requirements for the subject site and tank removal. The field activities include: removal of product, excavation, product lines, triple washing the tank, sampling rinsate, removing rinsate with vactruck, removing the tank, and proper disposal. All personnel and contractors will be required to strictly adhere to these HSP requirements.

The objective of the HSP plan is to describe procedures and actions to protect the worker, as well as unauthorized person, from inhalation and ingestion of, and direct skin contact with potentially hazardous materials that may be encountered at the site. The plan describes (1) personnel responsibilities and (2) protective equipment to be used as deemed when working on the site. At a minimum, all personnel working at the site must read and understand the requirements of this HSP. A copy of this HSP will be on-site, easily accessible to all staff and government field representative.

ALPHA GEO SERVICES

PERSONNEL RESPONSIBILITIES:

The key personnel directly involved in the investigation will be responsible for monitoring the implementation of safe work practices and the provisions of this plan are (1) Alpha Geo Services (AGS) supervisor, Mr. Richard Manley and (2) Soil Tech Engineering, Inc. (STE) project field engineer, Mr. Noori Ameli. These personnel are responsible for knowing the provisions of the plan, communicating plan requirements to workers under their supervision and regulatory agencies inspectors and for enforcing the plan.

The personnel-protective equipment will be selected to prevent field personnel from exposure to fuel hydrocarbons that may be present at the site. To prevent direct skin contact, the following protective clothing will be worn as appropriate while working at the site:

1. Tyvek coveralls.
2. Butyl rubber or disposable vinyl gloves.
3. Hard hat with optional face shield.
4. Steel toe boots.
5. Goggles or safety glasses.

The type of gloves used will be determined by the type of work being performed. Excavation and tank removal personnel will be required to wear butyl rubber gloves because they may have long

ALPHA GEO SERVICES

duration contact with the subsurface materials. The triple washing (decontaminated) and vactruck crews shall wear butyl rubber gloves as they may have long duration contact with the rinsate. STE sampling staff will wear disposable gloves when handling any sample. These gloves will be changed between each sample.

Tank destruction and removal personnel will be required to wear hard hats and when appropriate wear a protective face shield. Personnel protective equipment shall be put on before entering the immediate work are. The sleeves of the overalls shall be outside of the cuffs of the gloves to facilitate removal of clothing with the least potential contamination of personnel. If at any time protective clothing (coveralls, boots or gloves) become torn, wet or excessively soiled, it will be replaced immediately.

Total organic vapors will be monitored at the site with a portable PID and portable LEL meter. Should the total organic vapor content approach that of the threshold limit value (TLV) for any of the substances listed in Table 1, appropriate safety measures will be implemented under the supervision of the site project engineer. These precautions include, but are not limited to, the following: (1) Donning of respirators (with appropriate cartridges) by site personnel, (2) forced ventilation of the site, (3) shutdown of work until such time as appropriate safety measures sufficient to insure the health and safety of site personnel can be implemented.

TABLE 1
THRESHOLD LIMIT VALUES
FOR
COMMON GASOLINE CONSTITUENTS

Benzene	10 ppm
Toluene	100 ppm
Ethylbenzene	100 ppm
Xylenes	100 ppm

No eating, drinking or smoking will be allowed in the vicinity of the drilling operations. AGS will designate a separate area on-site for eating and drinking. Smoking will not be allowed at the vicinity of the site except in designated areas. No contact lenses will be worn by field personnel.

WORK ZONES AND SECURITY MEASURES:

The project engineer will call Underground Service Alert (USA), and the utilities will be marked before any excavation is conducted on-site, and excavation will be at safe distances from the utilities. The client will also be advised to have a representative on-site to advise us in selecting locations of piping trenches with respect to utilities, underground or above ground structures. AGS assumes no responsibility to utilities not so located. The excavation will be hand dig or using small power tools. Each of the areas where the tank or piping will be excavated will be designated as exclusion zones. Only essential personnel will be allowed into an exclusion zone. When it is

practical and local topography allows, approximately 25 to 75 feet of space surrounding those exclusion zones will be designated as contamination reduction zones.

Cones, wooden barricades or a suitable alternative will be used to deny public access to these contamination reduction zones excavation area. The general public will not be allowed closed to the work area under any conditions. If for any reason the safety of a member or the public (e.g. motorists or pedestrians) may be endanger, work will cease until the situation is remedied. Cones and working signs will be used when necessary to redirect motorists or pedestrians.

LOCATION AND PHONE NUMBERS OF EMERGENCY FACILITIES:

The fire department and hospital addresses and phone numbers are listed below:

City of Livermore Fire Department 911
4550 East Avenue, Livermore

Valley Memorial Hospital (510) 447-7000
1111 East Stanley Boulevard

ADDITIONAL CONTINGENCY TELEPHONE NUMBERS:

Poison Control Center (800) 532-2222
Soil Tech Engineering, Inc. (408) 496-0265
CHEMTREC (800)424-9300

NOTE: CHEMTREC stands for Chemical Transportation Emergency Center, a public service of the Chemical Manufacture's Association. CHEMTREC can usually provide hazard information, warnings and guidance when given the identification number or the name of product and that nature of the problem. CHEMTREC can also contact the appropriate experts.

ALPHA GEO SERVICES

**TYPES OF PROTECTIVE CLOTHING AND RESPIRATION THAT
SHOULD BE USED AT HAZARDOUS WASTE SITES
LIVERMORE HONDA PROPERTY
3800 FIRST STREET
LIVERMORE, CALIFORNIA**

The degree of hazard is based on the waste material's physical, chemical, and biological properties and anticipated concentrations of the waste. The level of protective clothing and equipment worn must be sufficient to safeguard the individual. A four category system is described below.

LEVEL A

Level A consists of a pressure-demand SCBA (air supplying respirator with back mounted cylinders), fully encapsulated resistant suit, inner and outer chemical resistant gloves, chemical resistant steel safety boots (toe, shank, and metatarsal protection), and hard hat. Optional equipment might include cooling systems, abrasive resistant gloves, disposal oversuit and boot covers, communication equipment, and safety line. Level A is worn when the highest level of respiratory, skin, and eye protection is required. Most samplers will never wear Level A protection.

LEVEL B

Level B protection is utilized in areas where full respiratory protection is warranted, but a lower level of skin and eye protection is sufficient (only a small area of head and neck

is exposed). Level B consists of SCBA, splash suite (one or two piece) or disposal chemical resistant coveralls, inner and outer chemical resistant gloves, chemical resistant safety boots, and hard hat with face shield. Optional items include glove and boot covers and inner chemical resistant fabric coveralls.

LEVEL C

Level C permits the utilization of air-purifying respirators. Level B body, foot, and hand protection is normally maintained. Many organizations will permit only the use of approved full-face masks equipped with a chin or harness-mounted canister. However, many sites are visited by personnel wearing a half-mask cartridge respirator.

LEVEL D

Level D protection consists of a standard work uniform of coveralls, gloves, safety shoes or boots, hard hat, and goggles or safety glasses.

Respirators are of two basic types, air-purifying and air-supplying. Air-purifying respirators are designed to remove specific contaminants by means of filters and/or sorbents. Air-purifying respirators come in various sizes, shapes, and models and can be outfitted with a variety of filters, cartridges, and canisters. Each mask and cartridge or canister is designed for

protection against certain contaminant concentrations. Just because a cartridge says it is for use against organic vapors does not mean that it is good for all organic vapors.

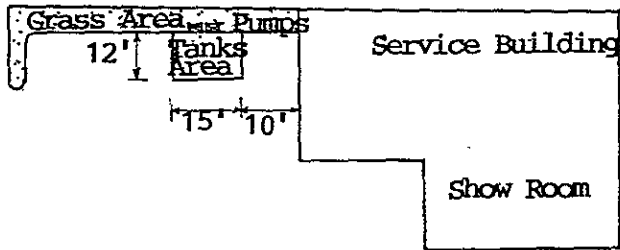
Air-supplying respirators are utilized in oxygen-deficient atmospheres (less than 19.5 percent) or when an air-purifying device is not sufficient. Air is supplied to a face-mask from an uncontaminated source of air via and air line from stationary tanks, from a compressor, or from air cylinders worn on the back (SCBA). Rated capacities of the SCBA's are normally between 30 and 60 minutes. Only positive pressure (pressure demand) respirators should be used in high concentration hazardous environments.

Contact lenses are not permitted for use with any respirator. Contact lenses should not be worn at any site since they tend to concentrate organic materials around the eyes; soft plastic contact lenses can absorb chemicals directly. In addition, rapid removal of contact lenses may be difficult in an emergency. Although eye glasses can prevent a good seal around the temple when wearing goggles or full face masks, spectacle adapters are available for masks and goggles. Respirators often malfunction during cold weather or after continued use. Only NIOSH (National Institute for Occupational Safety and Health) MSHA (Mine Safety and Health Administration) approved respirators should be used.

ALPHA GEO SERVICES



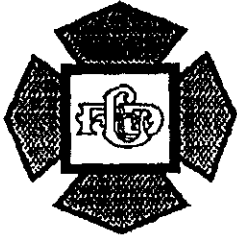
PORTOLA AVENUE



Brick Wall

Used Car Lot

FIRST STREET



CITY of LIVERMORE
LIVERMORE FIRE DEPARTMENT
FIRE PREVENTION BUREAU

PERMIT NO. 92-138

EFFECTIVE DATE: DEC 92 **EXPIRATION DATE:** DEC 93

Under the provisions of the Uniform Fire Code of the City of Livermore.

Having made application in accordance therewith, a permit is hereby granted for the following:

REMOVAL OF STORAGE TANK FROM LIVERMORE HONDA

Permit Issued to: ALPHA GEO SERVICES
298 BROKAW ROAD, SANTA CLARA, CA 95050 408-988-1032

Legal Owner of Premises: _____

Address of Premises: LIVERMORE HONDA - 3800 FIRST STREET

This Permit does not take the place of any license required by the law and is not transferrable. *Any change in the use or occupancy of premises shall require a new Permit.*

This Permit is issued and accepted on conditions that all provisions of the currently adopted edition of the Uniform Fire Code, Article 79 of the City of Livermore be complied with. Any violations of the provisions may be grounds for the revocation of this permit.

By: Eric R. Carlson /sb
ERIC R. CARLSON, FIRE MARSHAL/SB

ADDITIONAL COMMENTS AND/OR REQUIREMENTS:

EXPLOSIMETER AND CALIBRATION KIT MUST BE ON SITE AND CALIBRATION MUST BE DEMONSTRATED TO FIRE INSPECTOR.

THIS PERMIT MUST AT ALL TIMES BE KEPT POSTED ON THE PREMISES MENTIONED ABOVE



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

Wagner

REGULATION 8, RULE 40
Aeration of Contaminated Soil and
Removal of Underground Storage Tanks

NOTIFICATION FORM

- Removal or Replacement of Tanks
- Excavation of Contaminated Soil

SITE INFORMATION

SITE ADDRESS <u>3800 First Street</u>	
CITY, STATE <u>Livermore, CA</u>	ZIP <u>94550</u>
OWNER NAME <u>Mr. Edwin Spencer</u>	
SPECIFIC LOCATION OF PROJECT <u>North First Street, between Livermore Avenue and McCleod Street.</u>	
<u>TANK REMOVAL</u>	<u>CONTAMINATED SOIL EXCAVATION</u>
SCHEDULED STARTUP DATE <u>12/08/92</u>	SCHEDULED STARTUP DATE _____
VAPORS REMOVED BY:	STOCKPILES WILL BE COVERED? YES _____ NO _____
<input checked="" type="checkbox"/> WATER WASH	ALTERNATIVE METHOD OF AERATION (DESCRIBE BELOW):
<input checked="" type="checkbox"/> VAPOR FREEING (CO ²)	_____
<input type="checkbox"/> VENTILATION	(MAY REQUIRE PERMIT)

CONTRACTOR INFORMATION

NAME <u>Alpha Geo Services</u>	CONTACT <u>Frank Hamedl</u>
ADDRESS <u>298 Brokaw Road</u>	PHONE (<u>408</u>) <u>988-1032</u>
CITY, STATE, ZIP <u>Santa Clara, CA 95050</u>	

CONSULTANT INFORMATION (IF APPLICABLE)

NAME <u>Soil Tech Engineering, Inc.</u>	CONTACT <u>Frank Hamedl</u>
ADDRESS <u>298 Brokaw Road</u>	PHONE (<u>408</u>) <u>496-0265</u>
CITY, STATE, ZIP <u>Santa Clara, CA 95050</u>	

FOR OFFICE USE ONLY

DATE RECEIVED FAX <u>11/30/92</u>	BY <u>[Signature]</u> (init.)	
DATE POSTMARKED _____	BY _____ (init.)	
CC: INSPECTOR NO. <u>563</u>	DATE <u>12/2/92</u>	BY <u>[Signature]</u> (init.)
UPDATE: CONTACT NAME _____	DATE _____	BY _____ (init.)
BAAQMD N # _____	DATA ENTRY <u>12/2/92</u>	

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH *P2*
Hazardous Materials Inspection Form

II, III

white - env. health
yellow - facility
pink - files

Site ID # _____ Site Name LIVERMORE Honda Today's Date 12/22/92

Site Address 3800 1st Street
City Livermore Zip 94550 Phone _____

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

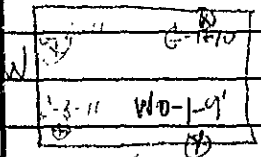
Inspection Categories:

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

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

Comments:

Time: 1:00 - 6:00



Sample # G-1-10 Depth 10' Visual
contamination of NATIVE SOIL Blue Clay in color
(photos). This is the site of the 550 Gal. GASOLINE
Tank.

A H₂O sample was taken from this area w/o
purging the initial H₂O found in the pit.
It appears that the H₂O in the pit came from
Rear of Honda not ground this - No need to know H₂O sample
Sample WD-19 - WASTE OIL Tank - Depth 9' Visual
subs of contamination

G-2-11 - Depth 11' Visual Contamination
G-3-11 - " " no visual Contamination

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Stds. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. Off-Site Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General**
- 1. Permit Application 25284 (H&S)
 - 2. Pipeline Leak Detection 25292 (H&S)
 - 3. Records Maintenance 2712
 - 4. Release Report 2651
 - 5. Closure Plans 2670

- Monitoring for Existing Tanks**
- 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose Semi-annual groundwater One time soil
 - 3) Daily Vadose One time soil Annual tank test
 - 4) Monthly Groundwater One time soil
 - 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/gndwater mon.
 - 6) Daily Inventory Annual tank testing Cont pipe leak det
 - 7) Weekly Tank Gauge Annual tank testing
 - 8) Annual Tank Testing Daily Inventory
 - 9) Other _____
 - 7. Precs Tank Test Date: _____ 2643
 - 8. Inventory Rec. 2644
 - 9. Soil Testing 2646
 - 10. Ground Water. 2647

- New Tanks**
- 11. Monitor Plan 2632
 - 12. Access. Secure 2634
 - 13. Plans Submit Date: _____ 2711
 - 14. As Built Date: _____ 2635

Contact: LAJ & H&M
Title: _____
Signature: _____

Inspector: JEFF SHAPIRO
Signature: Jeff Shapiro

II, III

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

white -env.health
yellow -facility
pink -files

II, III

Site ID # _____ Site Name Livermore Hardware Today's Date 12/27/92

Site Address 3900 14 Street

City Livermore Zip 94590 Phone _____

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

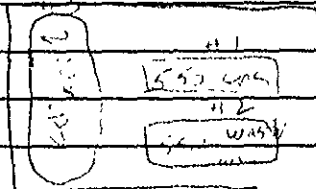
Inspection Categories:

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

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

Comments:

Tank Removal



#1 Tank 1 meter - The Bottom of the tank showed signs of unsubs. contamination. The top was mostly clean.

at some of inspection was evident on the bottom of tank #1. No apparent holes.

#2 Tank The way WASTE OIL TANK bottom was in tank. no one detected. No apparent holes.

#3 Tank 1) some of inspection detected. No apparent holes.

Water found under OX4 line
Visual contamination found under tank #1

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus Plan 51d. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ MATS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Asses. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General
- 1. Permit Application 25284 (H&S)
 - 2. Pipeline Leak Detection 25292 (H&S)
 - 3. Records Maintenance 2712
 - 4. Release Report 2651
 - 5. Closure Plans 2670

- Monitoring for Existing Tanks
- 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
Semi-annual groundwater
One time soils
 - 3) Daily Vadose
One time soils
Annual tank test
 - 4) Monthly Groundwater
One time soils
 - 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/groundwater mon
 - 6) Daily Inventory
Annual tank testing
Cont pipe leak det
 - 7) Weekly Tank Gauge
Annual tank testing
 - 8) Annual Tank Testing
Daily Inventory
 - 9) Other _____

- 7. Precs Tank Test 2643
Date: _____
- 8. Inventory Rec. 2644
- 9. Soil Testing 2646
- 10. Ground Water. 2647

- New Tanks
- 11. Monitor Plan 2632
 - 12. Access. Secure 2634
 - 13. Plans Submit 2711
Date: _____
 - 14. As Built 2635
Date: _____

Contact: [Signature]
Title: _____
Signature: [Signature]

Inspector: [Signature]
Signature: [Signature]

II, III

80432

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAC000857808	Manifest Document No. 6, 8, 2, 1, 8	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Edwin Spencer 880 Columbine Ct. - Danville, Calif.			A. State Manifest Document Number 91688751		
4. Generator's Phone (510) 837-6204			B. State Generator's ID _____		
5. Transporter 1 Company Name Dexanna, Ltd.		6. US EPA ID Number C, A, D, 9, 8, 2, 4, 3, 8, 5, 6, 6		C. State Transporter's ID 308784	
7. Transporter 2 Company Name _____		8. US EPA ID Number _____		D. Transporter's Phone (510) 687-1292	
9. Designated Facility Name and Site Address Erickson Inc 255 Parr Blvd. Richmond, California 94801		10. US EPA ID Number C, A, D, 0, 0, 9, 4, 6, 6, 3, 9, 2		E. State Transporter's ID _____	
				F. Transporter's Phone _____	
				G. State Facility's ID C, A, D, 0, 0, 9, 4, 6, 6, 3, 9, 2 (AS)	
				H. Facility's Phone (510) 235-1393	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total	14. Unit
		No.	Type	Quantity	Wt/Vol
a. Waste Empty Storage Tank NON-RCRA Hazardous Waste Solid.		0, 0, 3	T, P	03,000	P
1. Additional Descriptions for Materials Listed Above		12. Containers		13. Total	14. Unit
Qty. 3 Empty Storage Tanks #10389, 10390, & 10391. Tanks have been inerted with 15 lbs Dry Ice per 1000 gals. cap.					
15. Special Handling Instructions and Additional Information		K. Handling Codes for Wastes Listed Above			
Keep away from sources of ignition. Always wear hardhats when working around U.S.T.'s. Site Location: 3800 1st Street - Livermore, California. 24 Hr. Contact Name: Edwin Spencer & Phone # (510) 837-6204		a. 01	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 Agent for Generator		Signature <i>[Signature]</i>		Month	Day
NOORA AMELI				1, 2	2, 2, 9, 2
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>[Signature]</i>		Month	Day
Printed/Typed Name James R. Cox				1, 2	2, 2, 9, 2
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day
Printed/Typed Name					
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.		Signature <i>[Signature]</i>		Month	Day
Printed/Typed Name DAVID SATO				1, 2	2, 2, 9, 2

DO NOT WRITE BELOW THIS LINE.

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE
CERTIFIED SERVICES COMPANY
255 Parr Boulevard • Richmond, California 94801

NO. 15195

CUSTOMER
ALPHA GEO
JOB NO. 80432

FOR: Erickson, Inc. TANK NO. 10391

LOCATION: Richmond DATE: 12/28/92 TIME: 16:01:12

TEST METHOD Via 1 Gastech/1311 SMPN LAST PRODUCT LG

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 20 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION
SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.
SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration that permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

REPRESENTATIVE K. A. [Signature] TITLE _____ INSPECTOR [Signature]

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 15194

CUSTOMER
ALPHA GEO
JOB NO. 80432

FOR: Erickson, Inc. TANK NO. 10390

LOCATION: Richmond DATE: 12/28/92 TIME: 16:01:12

TEST METHOD Visual Gastech/1314 SMPN LAST PRODUCT LG

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 500 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 30.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

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The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

REPRESENTATIVE

TITLE

INSPECTOR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 15193

CUSTOMER
ALPHA GEO
JOB NO. 80432

FOR: Erickson, Inc. TANK NO. 10389

LOCATION: Richmond DATE: 12/28/92 TIME: 16:01:12

TEST METHOD Visual Gastech/1314 SMPN LAST PRODUCT UO

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 500 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

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REPRESENTATIVE

TITLE

INSPECTOR