

**Golder Associates Inc.**

1451 Harbor Bay Pkwy., Suite 1000  
Alameda, CA USA 94502  
Telephone (510) 521-0400  
Fax (510) 865-9618



October 3, 1993

Our ref: 933-9041

Alameda County Department of  
Environmental Health  
80 Swan Way, Room 200  
Oakland, CA 94621

ATTN: Ms. Juliet Shin

RE: REVISED UST CLOSURE PLAN - J&M, INC FACILITY  
HAYWARD, CALIFORNIA

Dear Ms. Shin:

On behalf of J&M Inc., Golder Associates Inc. (Golder) is transmitting the attached revised tank closure plan, health and safety plan and plot plan for the closure of two underground storage tanks at the subject site. The closure plan has been prepared in response to the Alameda County Department of Environmental Health letter to J&M, Inc., dated September 2, 1993 which requested a revised closure plan be submitted to the County. A copy of J&M, Inc's Workers Compensation Certificate has been forwarded directly to the County from J&M, Inc's insurance carrier. Upon receipt of approval of the closure plan from the County we will initiate the closure of the tanks.

Golder has recently surveyed and completed a round of groundwater sampling of the 3 groundwater monitoring wells located at the site. Following receipt of the chemical analysis results, a quarterly monitoring report will be forwarded to the County.

If you have any questions or need any additional information, please contact Kent Reynolds at (510) 521-0400.

Sincerely,

GOLDER ASSOCIATES INC

A handwritten signature in black ink, appearing to read 'Kent R. Reynolds', is written over a horizontal line.

Kent R. Reynolds  
Senior Hydrogeologist

cc: Mr. Manuel Marques - J&M, Inc.

ALAMEDA COUNTY HEALTH CARE SERVICES  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 HAZARDOUS MATERIALS DIVISION  
 80 SWAN WAY, ROOM 200  
 OAKLAND, CA 94621  
 PHONE NO. 510/271-4320

*John Lewis* 11/16/93

ACCEPTED

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

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this permit are to assure compliance with State and local laws. A permit prepared herein is now released for issuance of any required building permits for construction. A copy of these accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any scheme or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. A permit to enter is dependent on completion of all accepted plans and all applicable laws and regulations. Required inspections:

- \_\_\_\_\_ Removal of Tank and Piping
- \_\_\_\_\_ Sampling
- \_\_\_\_\_ Final Inspection

THIS IS A FINAL PERMIT AND NOT  
 A PERMIT TO ENTER THE TANK.

**UNDERGROUND TANK CLOSURE PLAN**

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

1. Business Name J & M, INC.  
 Business Owner Manuel Marques, President
  2. Site Address 3826 Depot Road  
 City Hayward Zip 94543 Phone 782- 3434
  3. Mailing Address Post Office Box 128  
 City Hayward Zip 94543 Phone 782-3434
  4. Land Owner Manuel Marques, Jr.  
 Address P.O. Box 128 City, State Hayward, CA Zip 94543
  5. Generator name under which tank will be manifested J& M, INC.
- EPA I.D. No. under which tank will be manifested CAL 9124 72836

6. Contractor A.M.G. Pipeline Inc  
Address 42536 Osgood Rd  
City Fremont, Ca 94539 Phone (510) 490-4432  
License Type\* A ID# A3739

\*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. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Consultant GOLDER ASSOCIATES INC..  
Address 1451 Harbor BAY Parkway, Suite 1000  
City Alameda Phone (510)521-0400

8. Contact Person for Investigation  
Name Kent R. Reynolds Title Senior Hydrogeologist  
Phone (510) 521-0400

9. Number of tanks being closed under this plan 2  
Length of piping being removed under this plan 2 feet  
Total number of tanks at facility 2

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 Evergreen Oil, Inc. EPA I.D. No. CAD980887418  
Hauler License No. 0242 License Exp. Date 7/92  
Address 6880 Smith Avenue  
City Newark State CA Zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site

Name Evergreen Oil, Inc. EPA I.D. No. CAD980887418  
Address 6880 Smith Avenue  
City Newark State CA Zip 94560

c) Tank and Piping Transporter

Name Erickson, Inc. EPA I.D. No. CAD009466392  
Hauler License No. 0019 License Exp. Date May 31, 1994  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD009466392  
Address 255 Parr Blvd.  
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Kent R. Reynolds  
Company Golder Associates Inc.  
Address 1451 Harbor Bay Parkway, Suite 1000  
City Alameda State CA Zip 94502 Phone (510) 521-0400

12. Laboratory

Name APPL, Inc.  
Address 4203 West Swift Avenue  
City Fresno State CA Zip 93722  
State Certification No. 1312

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, LEL levels  $< \frac{10}{15}$  O<sub>2</sub> levels  $< 10$

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)		
1,000 gal.	leaded gasoline	soil, groundwater	1 soil sample at each end of each tank at soil/water interface, or; 1 sample beneath each end of each tank a maximum of 2 feet below backfill contact w/ native soil  no piping requiring sampling
550 gal.	leaded gasoline	soil, groundwater  If groundwater present in either or both pits- 1 sample of g.w. from each pit or if 2 tanks in same pit, 1 sample of g.w.	

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	
<b>Stockpiled Soil Volume (Estimated)</b>  250 yd <sup>3</sup>	<b>Sampling Plan</b> plastic sheeting under and over until excavation sample analysis completed; if contaminated 1 sample per 50yds <sup>3</sup> or as required for offsite disposal; or 1 sample per 20yds <sup>3</sup> for onsite reuse. Sample analysis to include TPH-G and BTEX.

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	
			Soil (ppm)	Water (ppb)
TPH-G	5030	5030	.1	50
BTEX	5030	5030/8020	0.02	0.5
Total lead	7421	7421	5	3

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer Unicare Insurance Company

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

Signature of Contractor

Name (please type) Tony Goncalves (A.M.G. Pipeline Inc)

Signature T. Goncalves

Date September 30, 1993

Signature of Site Owner or Operator

Name (please type) Manuel Marques

Signature Manuel Marques

Date 9/29/30

Golder Associates Inc.

HEALTH AND SAFETY PLAN

Page 1 of 16

Revision Level 0

Job No. 933-7041

1. Items 1-9 to be completed by Project or Field Manager.

Project Name J&M/UST Closure/CA

Task UST Removal and Groundwater Sampling

Requested by K.R. Reynolds

Proposed Start-Up Date October 1993 Project/Task No. 933-7034

Rev. Level 0

Reviewed by Health and Safety Officer

Printed Name David C. Dobson

Signature \_\_\_\_\_ Date \_\_\_\_\_ 19

Prepared/Reviewed by Project Health and Safety Coordinator

Printed Name Kent R. Reynolds

Signature [Signature] Date 10/13 19 93

Approved by Project Manager

Printed Name Kent R. Reynolds

Signature \_\_\_\_\_ Date \_\_\_\_\_ 19



**2. Project Description:**

The objective of this project is to provide engineering services for removal of one, 1,000 gallon and one, 550 gallon gasoline underground storage tank (UST), soil excavation, and soil and groundwater sampling at the J&M Inc. facility located at 3826 Depot Road in Hayward, California. The purpose of the project is to document the excavation and removal activities associated with the removal of the two USTs. Golder will perform construction oversight, and collect confirmation samples during tank and soil removal activities. Groundwater (if present) will be sampled from the excavation pit(s). All samples will be analyzed for total petroleum hydrocarbons-gasoline (TPH-g), total lead and benzene, toluene, ethylbenzene and xylene (BTEX).

**3. Location: 3826 Depot Road, Hayward, California**

**4. Facility/Work Site Description:** The property is a construction yard used for the storage and maintenance of heavy equipment and contains open paved surfaces, an office building and maintenance shop. A chain link fence provides security around the perimeter of the facility. The site is adjacent to a pallet storage business, an electrical contractor company vehicle storage yard and an automotive wrecking yard. Petroleum hydrocarbons (gasoline) and BTEX are suspected parameters or compounds associated with the USTs.

**5. Proposed Personnel and Tasks:**

Project Manager Kent R. Reynolds

Field Team Leader Kent R. Reynolds

Proposed Field Team	Job Function/Tasks
Kent R. Reynolds	Field Geologist

6. Confined Space Entry

A confined space is defined as any space not currently used or intended for human occupancy, having a limited means of egress, which is subject to the accumulation of toxic contaminants, a flammable or oxygen deficient atmosphere, or other hazards, such as engulfment, or electrical or mechanical hazards should equipment be inadvertently activated while an employee is in the space. Confined spaces include but are not limited to storage tanks, process vessels, bins, boilers, ventilation or exhaust ducts, air pollution control devices, smoke stacks, underground utility vaults, sewers, septic tanks, and open top spaces more than four feet in depth such as test pits, waste disposal trenches, sumps and vats.

Will this task require entry into any confined or partially confined space?  YES - Describe below  
 No

7. Cutting and Welding

Will this task involve use of a cutting torch or welding?  YES - Describe below  
 No

8. Other Potential Hazards

- Chemical
- Radiological
- Fire/Explosion
- Heat Stress
- Electrical
- Machinery/Mechanical Equipment
- Trips, Slips, Falls
- Trenching/Shoring
- Heavy Equipment/Vehicular Traffic
- Overhead Hazards
- Unstable/Uneven Terrain
- Other - Describe below

6,7,8 Description/Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. I, Kent R. Reynolds, attest that this information is accurate to the best of my knowledge and hereby request a Health and Safety Plan for the task(s) designated above.

Signature

Date

Project Health and Safety Coordinator

Title

## 10. Chemical/Radiological Hazard Evaluation

Waste Media	Hazardous Characteristics
<input checked="" type="checkbox"/> Airborne Contamination	<input type="checkbox"/> Ignitable
<input type="checkbox"/> Surface Contamination	<input type="checkbox"/> Corrosive
<input checked="" type="checkbox"/> Contaminated Soil	<input type="checkbox"/> Reactive
<input checked="" type="checkbox"/> Contaminated Groundwater	<input type="checkbox"/> Explosive
<input type="checkbox"/> Contaminated Surface Water	<input checked="" type="checkbox"/> Toxic (non-radiological)
<input type="checkbox"/> Solid Waste	<input type="checkbox"/> Radioactive
<input type="checkbox"/> Liquid Waste	
<input type="checkbox"/> Sludge	

## Substance

This task will involve a reasonable possibility of exposure to the substances listed below at concentrations or in quantities which may be hazardous to the health of the site personnel. Note however that these hazard evaluations are intended to qualitatively express the relative hazards associated with each substance at the concentrations and under the exposure conditions anticipated during this specific task. The hazards identified may or may not be representative of the hazards associated with working with or handling these substances in pure form or under other exposure conditions.

Primary Hazard Rate: neg (negligible), low, mod (moderate), high, ext (extreme)

Substance	Inhalation of Gases/ Vapors	Inhalation of Dusts/ Mists	Ingestion	Dermal Absorption of Solids/ Liquids and/or Skin Contam.	Dermal Absorption of Gases/ Vapors	Corrosive/ Irritant	Ignit- ability	Reactivity/ Explosion
Benzene	Low	Neg	Low	Mod	Neg	Neg	Low	Neg
Ethyl Benzene	Low	Neg	Low	Mod	Neg	Neg	Low	Neg
Toluene	Low	Neg	Low	Low	Neg	Neg	Low	Neg
Xylene	Low	Neg	Low	Low	Neg	Neg	Low	Neg

## 10. Chemical/Radiological Hazard Evaluation (Continued)

Substance	Exposure Limit	IDLH Level (Acute Effects)	Health Effects
Benzene	.1 ppm 1 ppm 15 min ceiling (NIOSH REL)	2,000 ppm	Anesthetic-narcotic effects CNS Toxin Leukemia.
Ethyl Benzene	100 ppm (8 hr TWA)	2,000 ppm	CNS, upper respiratory, eye irritant
Toluene	100 ppm (8 hr TWA) 150 ppm STEL	2,000 ppm	CNS Toxin, Liver- Kidney damage.
Xylene	100 ppm (8 hr TWA) 150 ppm STEL	10,000 ppm	CNS Toxin Liver- Kidney damage.

**11. Ambient Air/Site Monitoring Procedures**

The following instruments shall be used to monitor the work environment and workers' breathing zones prior to site entry and at the specified intervals.

Instrument	Monitoring Frequency				
	Cont.	15min.	30min.	hourly	other _____
<input checked="" type="checkbox"/> PID (HNU, OVM) w/ <u>10</u> eV lamp	Cont.	<u>15min.</u>	30min.	hourly	other _____
<input type="checkbox"/> OVA	Cont.	15min.	30min.	hourly	other _____
<input checked="" type="checkbox"/> Combustible Gas Indicator	Cont.	15min.	30min.	hourly	other <u>tank only</u>
<input type="checkbox"/> H2S Detector	Cont.	15min.	30min.	hourly	other _____
<input type="checkbox"/> Colorimetric Detector Tubes	Cont.	15min.	30min.	hourly	other _____
<input type="checkbox"/> Other (describe below)	Cont.	15min.	30min.	hourly	other _____

Description/Other:

**12. Action Levels**

Task personnel shall observe the following Action Levels:

<u>Instrument</u>	<u>Action Level</u>	<u>Specific Action</u>
OVM	Any 3.75 min average reading >10 ppm	Don half face air purifying respirator
	or	
OVM	Any peak >25 ppm in breathing zone	Don half face air purifying respirator
OVM	Any 3.75 min average reading >100 ppm	Upgrade to supplied air
	or	
OVM	Any peak >250 ppm in the breathing zone	Upgrade to supplied air
***	Visible airborne dust	Don air purifying respirator

**13. Personal Monitoring**

Passive Dosimeter

Personal Air Sampling

Other

Description/Other:

**14. Biological Monitoring/Medical Surveillance**

N/A This project requires medical surveillance or biological monitoring procedures beyond the provisions of the routine medical surveillance program, see description below

Description:

**15. Onsite Control**

Control boundaries have been established, and the Exclusion Zone (the contaminated area), Hotline, Decontamination Line, Contamination Control Zone and Support Zone (clean area) have been designated and are identified as follows:

Entire fenced-in area of site is considered the control zone. No unauthorized persons will be allowed to enter this area.

Kent Reynolds has been designated to coordinate access control on the work site during this task. No unauthorized person shall be allowed beyond the Contamination Control line.

16. Personal Protective Equipment

Location	Job Function/Task	Initial Level of Protection						
		B	C	D	1	2	3	other
Controlled Zone	<u>Soil Sampling</u>			<u>D</u>	<u>1</u>	2	3	other
	<u>Soil Sampling if Action Level is Exceeded</u>		<u>C</u>	D	1	<u>2</u>	3	other
	<u>Soil Excavation</u>			<u>D</u>	<u>1</u>	2	3	other
	<u>Soil Excavation if Action Level Exceeded</u>		<u>C</u>	D	1	<u>2</u>	3	other
	<u>Groundwater Sampling</u>			<u>D</u>	<u>1</u>	2	3	other
Decontamination Zone	_____			D	1	2	3	other
	_____			D	1	2	3	other
	_____			D	1	2	3	other

List the specific protective equipment and material (where applicable) for each of the Levels of Protection identified above

Level B \_\_\_\_\_

- \_\_\_ Pressure demand airline
- \_\_\_ Pressure demand airline with escape provisions
- \_\_\_ Pressure demand SCBA

Level C 2

- X Half face Air Purifying Respirator
- \_\_\_ Full face Air Purifying Respirator
- \_\_\_ Full face canister Air Purifying Respirator
- Plus D2
- X Tyvex suit

Level D 1

- Standard workclothes
- Hard hat, steel toed boots, safety glasses
- Inner latex gloves
- Outer NBR (Nitrile Butyl Rubber) gloves

Level \_\_\_\_\_

Where air purifying respirators are authorized, organic vapor/HEPA are the appropriate canisters/cartridges for use with the specific substances and concentrations anticipated.

NO CHANGES TO THE SPECIFIED LEVELS OF PROTECTION SHALL BE MADE WITHOUT THE KNOWLEDGE AND APPROVAL OF THE HEALTH AND SAFETY OFFICER AND THE PROJECT MANAGER

**17. Decontamination**

Personnel and equipment leaving the Controlled Zone shall proceed through the following decontamination stations and procedures from the decontamination zone:

Personnel Decontamination

<u>Station</u>		<u>Procedure</u>
1	Rinse boots	
2	Remove outer gloves	
3	Remove respirator (if applicable)	
4	Remove inner latex gloves - discard	

Equipment Decontamination

<u>Station</u>	<u>Procedure</u>
	Wash respirator face piece (if used) and harness in mild detergent solution and air dry at end of each shift.

The following decontamination equipment is required:

A source of clean water for personal and equipment decontamination. If no source is available, alternate sources such as 5 gallon jerry cans must be brought on site on a daily basis for decontamination. Scrubbing brushes, detergent, tub, pressurized sprayers, plastic bags for disposal of contaminated personal protection equipment, and wash/rinse water.

Emergency decontamination procedures:

If decontamination can be done:

Wash, rinse and/or cut off protective clothing and equipment.

If decontamination cannot be done:

Wrap the victim in blankets, plastic or rubber to reduce contamination of other personnel. Alert emergency and offsite personnel to potential contamination; instruct them about specific decontamination procedures if necessary. Send along site personnel familiar with the incident.



18. Confined Entry Procedures  Not Applicable

Yes N/A

Yes N/A

Provide Forced Ventilation

Refer to Personal Protective Equip. (#16)

Test Atmosphere For:

Refer to Emergency Procedures (#29)

(a) %O<sub>2</sub>

Other Special Procedures

(b) %LEL

(c) Other

Descriptions/Other:

19. Cutting Procedure  Not Applicable

Yes N/A

Relocate or Protect Combustibles

Wet Down or Cover Combustible Floor

Check Flammable Gas Concentrations (%LEL) in air

Cover Wall, Floor, Duct and Tank Openings

Provide Fire Extinguisher

Other Special Instructions:

**20. Onsite Organization and Coordination**

Project Coordinator: Kent R. Reynolds

Field Team Leader: Kent R. Reynolds

Site Safety Officer: Kent R. Reynolds

Field Team	Name	Job Function
	<u>Kent R. Reynolds</u>	<u>On site Sample Collection</u>

**21. Special Instructions**

22. Sanitation Requirements

- Potable water supply available on work site?  Yes  
 No
- Portable toilets required on work site?  Yes If Yes, how many? \_\_\_\_\_  
 No
- Temporary washing/shower facilities required at work site?  Yes If yes, describe below.  
 No If no, state location existing facilities.

23. Field Procedures Change Authorization

Instruction Number \_\_\_\_\_ Duration of Authorization Requested \_\_\_\_\_ Date: \_\_\_\_\_  
to be changed  Today only  
 Duration of Task

Description of Procedures Modification:

Justification:

Person Requesting Change:		Verbal Authorization Received From:	
_____	_____	_____	_____
Name	Name	Time	
_____	_____	_____	_____
Title	Title		
_____	Approved By		
Signature	(Signature of person named above to be obtained within 48 hours of verbal authorization)		

**24. Emergency Procedures** This section is to be posted at prominent location on site.

Yes      No  
\_\_\_\_\_   X   On-site Communications Required?      Emergency Channel \_\_\_\_\_

Nearest Telephone inside administrative offices at the J&M, Inc. facility

**Fire and Explosion**

In the event of a fire or explosion, if the situation can be readily controlled with available resources without jeopardizing the health and safety of yourself, the public, or other site personnel, take immediate action to do so, otherwise:

1. Notify emergency personnel by calling 911
2. If possible, isolate the fire to prevent spreading.
3. Evacuate the area

**Safety Procedures for Reporting Explosive Vapor Leaks**

Leaks from piping or equipment of any size or volume are to be considered potentially dangerous. It is of utmost importance that all personnel understand that work operations in the immediate area of leaking gas be halted immediately, personnel moved a safe distance from the source, and equipment or other sources of ignition be secured. While every gas leak may be different in potential, the following general rules apply:

- Immediately isolate the area to prevent further exposure to personnel and equipment. This may require that you may stay in the area to control the situation from a safe distance. One hundred meters upwind is generally accepted as a minimum safe distance.
- Remain in the safe area until relieved by qualified personnel and you are assured that the situation is under control.
- Qualified personnel who discover the leak may deem that the safest approach is to immediately take whatever actions are necessary to control the leak prior to making notifications. If this is the case, all actions are to be reported immediately to your supervisor following control of the leak.

24. Emergency Procedures - Cont'd

Chemical Exposure

Site workers must notify the site health and safety officer immediately in the event of any injury or any of the signs or symptoms of overexposure to hazardous substances identified below:

<u>Substances Present</u>	<u>Symptoms of Acute Exposure</u>	<u>First Aid</u>
Benzene	Dizziness, headache, nausea,	Move to clean air, seek
Toluene	weakness, confusion (sweet	medical attention.
Xylene	"solventy" odor).	
Ethyl benzene		

On Site Injury Or Illness

In the event of an injury requiring more than minor first aid, or any employee reporting any sign or symptom of exposure to hazardous substances, immediately take the victim to St. Rose Hospital located at 27200 Calaroga Ave., Hayward, CA Phone (510) 782-6200 In the event of life-threatening or traumatic injury, implement appropriate first-aid and immediately call for emergency medical assistance at (510) 537-1234. The nearest designated trauma center is Eden Medical Center located at 20103 Lake Chabot Rd. Castro Valley, CA, Phone (510) 537-1234

Designated Personnel Current in First Aid/CPR (Names)

<u>Kent R. Reynolds</u>	

Designated Back-Up Personnel (Names)

Function


24. Emergency Procedures - Cont'd

Required Emergency Back-Up Equipment

_____	_____
_____	_____
_____	_____
_____	_____

Emergency Response Authority

Kent R. Reynolds is the designated site emergency coordinator and has final authority for first response to on-site emergency situations.

Upon arrival of the appropriate emergency response personnel, the site emergency coordinator shall defer all authority but shall remain on the scene if necessary to provide any and all possible assistance. At the earliest opportunity, the site safety officer or the site emergency coordinator shall contact the GAI project manager or health and safety officer.

Project Coordinator Kent R. Reynolds Phone (w) (510) 521-0400 (h) \_\_\_\_\_  
Health and Safety David C. Dobson Phone (w) (510) 521-0400 (h) \_\_\_\_\_  
Officer

**25. Safety Briefing**

At \_\_\_\_\_, on \_\_\_\_\_, I conducted a pre-job safety briefing for the  
(time) (date)  
\_\_\_\_\_. The safety briefing included an  
(Project Name and Task as Shown on Cover Sheet)

item by item discussion of the provisions of this task-specific health and safety plan including "Safety Procedures for Reporting and Handling Gas Leaks" in accordance with BPD requirements for NPR-1 Subcontractors.

- Fully charged ABC Class fire extinguisher available at the work site? YES \_\_\_
- Fully stocked First Aid Kit available on site? YES \_\_\_
- All project personnel advised of location of nearest phone? YES \_\_\_
- All project personnel advised of location of designated medical facility or facilities? YES \_\_\_

\_\_\_\_\_  
Printed Name of Field Team Leader or Site Safety Officer

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

The personnel whose signatures appear below were in attendance at said briefing and are familiar with the provisions of this Health and Safety Plan:

Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

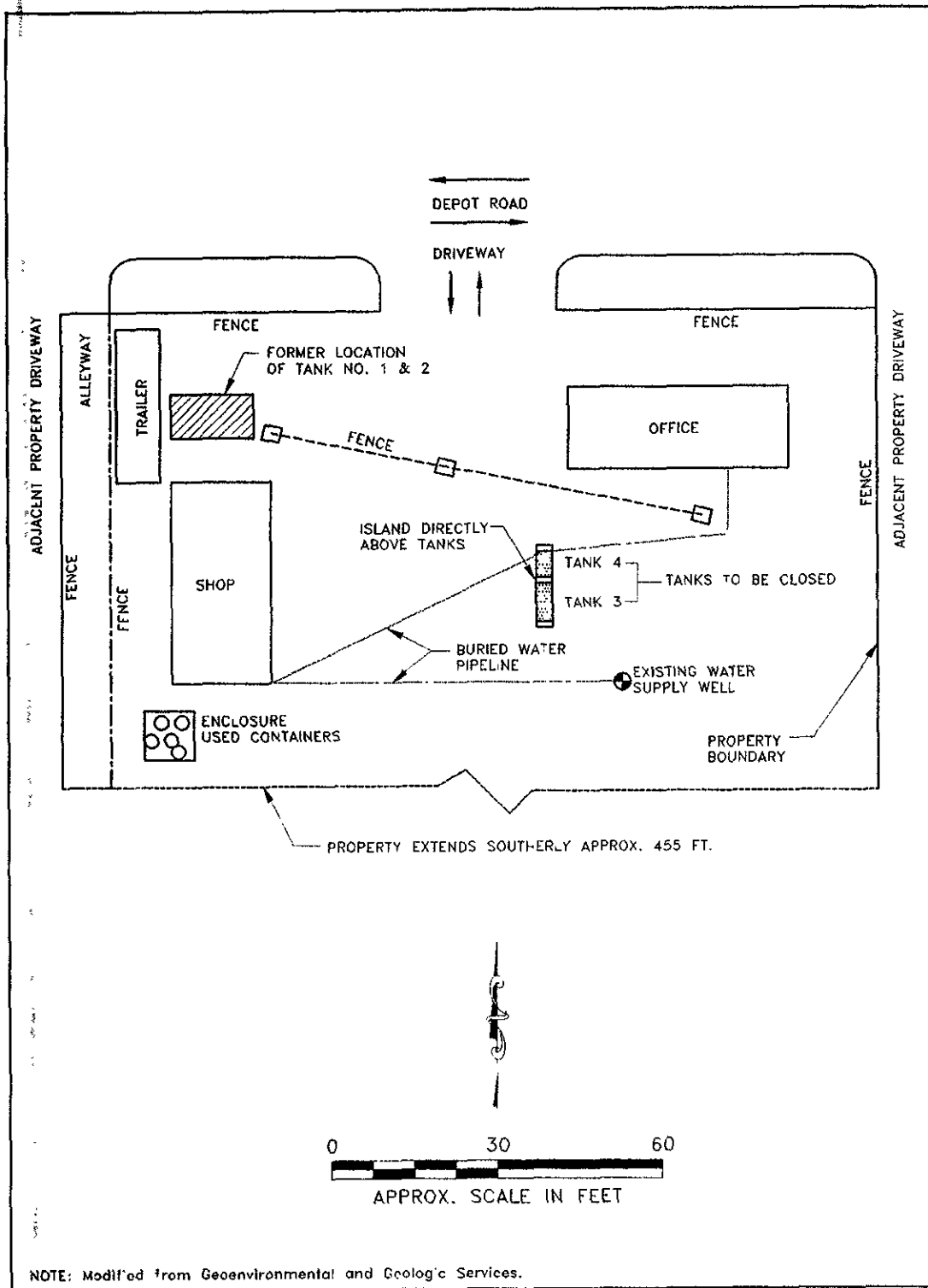


FIGURE 1  
**LOCATION OF UNDERGROUND STORAGE TANKS TO BE CLOSED**  
 J & M INC./UST CLOSURE/CA



# **UNDERGROUND STORAGE TANK CLOSURE PLAN**

with

**APPENDIX A - SITE HEALTH AND SAFETY PLAN**

**APPENDIX B - WORKERS COMPENSATION CERTIFICATE**

**APPENDIX C - PLOT PLAN**

Submitted to:

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION  
80 Swan Way, Room 200  
Oakland, California 94621**

Submitted By:

**J&M, INC.  
3826 DEPOT ROAD  
POST OFFICE BOX 128  
HAYWARD, CALIFORNIA 94543**

**EPA Identification Number CAL912472836**

**~~September 26, 1991~~ [NOTE: Appendix dates should read December 30, 1991]**

**~~December 30, 1991~~**

Project Specialist (print) Ramona Evans

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

ACCEPTED

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

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

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

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

- Removal of Tank and Piping
- Sampling
- Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS. 1-21-92

UNDERGROUND TANK CLOSURE PLAN

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

1. Business Name J+M, Inc.  
Business Owner Manuel Margues, President
  2. Site Address 3826 Depot Road  
city Hayward zip 94543 Phone 782-3434
  3. Mailing Address P.O. Box 128  
city Hayward zip 94543 Phone 782-3434
  4. Land Owner Manuel Margues, Jr.  
Address P.O. Box 128 city, state Hayward CA zip 94543
  5. Generator name under which tank will be manifested J+M, Inc.
- EPA I.D. No. under which tank will be manifested CAL 912472836

6. Contractor J + M, Inc.  
Address P.O. Box 128  
City Hayward Phone 782-3434  
License Type General ID# 94-1419318

7. Consultant GGG  
Address P.O. Box 30664  
City Walnut Creek Phone 510-934-5902

8. Contact Person for Investigation  
Name Richard Kent Title R.G.  
Phone 510-934-5902

9. Number of tanks being closed under this plan 2  
Length of piping being removed under this plan 2-ft  
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 Evergreen Oil, Inc. EPA I.D. No. CA0980887418  
Hauler License No. 0242 License Exp. Date 7-92  
Address 6880 Smith Ave.  
City Newark state CA zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site

Name Evergreen Oil, Inc. EPA I.D. No. CA0980887418  
Address 6880 Smith Ave.  
City Newark state CA zip 94560

c) Tank and Piping Transporter

Name OND Trucking EPA I.D. No. CAD982486375  
Hauler License No. 145,100 License Exp. Date 1992  
Address P.O. Box 7897  
city Fremont state CA zip 94537

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD009466392  
Address 255 Parr Blvd.  
city Richmond state CA zip 94801

11. Experienced Sample Collector

Name Richard Kent, R.G.  
Company Geoenvironmental and Geologic Services  
Address P.O. Box 30664  
city Walnut Creek state CA zip 94598 Phone 510-934-5902

12. Laboratory

Name Sequoia Analytical  
Address 1900 Bates Ave., Suite LM  
city Concord state CA zip 94520  
State Certification No. 1271

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

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

14. Describe methods to be used for rendering tank inert

Dry ice, LEL levels < 20 O levels < 5%  
15 10

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, groundwater, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
#3 1,000	leaded gasoline	soil, groundwater	1 at each end of tank at soil/water interface
#4 550	leaded gasoline tanks installed 1960's tanks last in service 1990	soil, groundwater If groundwater present in either or both pits: - 1 sample of g.w. from each pit If 2 tanks in same pit, minimum of 1 sample is required.	on sidewall if applicable, else one beneath each end of tank a max. of 2 feet below backfill contact with native soil. 1 sample per tank at fill end at obvious contamination if any. If G.W. present, sample as for 100 gal tank no piping involved (directly above)

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)  250 yd <sup>3</sup>	Sampling Plan  Sheeting under and over until excavation sample analysis completed; if contaminated, stockpile samples same analysis / remediate on-site per air board or off-site disposal per manifest.  1/50 yd <sup>3</sup> for offsite disposal. 1/20 yd <sup>3</sup> for onsite replacement

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 BTEX T.lead.  (no diesel)	5030 5030 DHS	GC/FID 8020 AA DHS total	1.0 ppm 0.005 ppm 0.5 ppm

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

18. Submit Worker's Compensation Certificate copy enclosed

Name of Insurer Republic Indemnity Ins. Co.

19. Submit Plot Plan (See Instructions) enclosed

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) Manuel Marques, President, J+M, Inc.

Signature Manuel Marques

Date 1/8/92

Signature of Site Owner or Operator

Name (please type) Manuel Marques, President, J+M, Inc.

Signature Manuel Marques

Date 1/8/92

**APPENDIX A  
SITE HEALTH AND  
SAFETY PLAN**



## 1. INTRODUCTION

This Plan describes for the worker basic minimum procedural and equipment requirements for onsite protection and outlines a contingency for emergency situations. Operating conditions may change during progress of the work which may require some modifications to certain portions of this Plan. This Plan shall be available to employees at the site, to their designated representatives, regulatory officials, and to all subcontractors involved in the project. The Plan is intended to identify, evaluate, and control safety and health hazards, and provide for emergency response.

All persons potentially exposed to site-specific contaminants during investigation sampling, excavation sampling, and/or remediation of any contaminated soil, water, or hazardous materials of any kind are subject to this health and safety and emergency response plan. Such persons shall include, but not be limited to, site visitors, inspectors, site personnel, and subcontractors. In addition, all contractors must comply with applicable OSHA (in California CAL-OSHA) standards which are unique to their trade or profession.

Each individual contractor is responsible for the health and safety requirements of its employees and representatives and subcontractors, and should comply with this Plan or shall prepare a separate health and safety plan.

All personnel shall be trained in the health and safety requirements of this health and safety plan in accordance with 29 CFR 1910.1200. All personnel required to wear respirators during work tasks shall be properly trained in the use of respirators, and shall have undergone qualitative fit testing.

## 2. RESPONSIBILITIES OF KEY PERSONNEL

The Project Manager will ensure that all requirements of this health and safety plan are implemented and followed by all persons and Team Members involved in the project.

Each contractor will establish clear lines of authority by designating a Project Safety Manager for enforcing compliance with the health and safety policies and procedures. Such enforcement includes providing field supervision, maintaining restricted work areas, enforcing safe work and hygiene practices, ensuring proper use of personal protective equipment, and communicating approved modified safety requirements to their respective site personnel and employees.

Each contractor will assign an Onsite Safety Coordinator who will be responsible for the field technical coordination of the health and safety plan. Specific duties will include: conducting periodic safety inspections, maintaining first aid kits and providing first aid as necessary, notifying the proper response agency in the event of an emergency, conducting site specific employee training and information sessions, conducting general air monitoring and employee personal exposure monitoring, and completing the necessary record keeping. Each Coordinator will be required to attend a health and safety meeting to be conducted at the site. Additional meetings may also be held during the project schedule.

The Project Manager, Project Safety Managers, or Onsite Safety Coordinators will each have the authority to stop any unsafe act or correct any unsafe conditions associated with the project. In addition, any individual on the site has the authority to stop any activity which creates an immediate danger to life or health.

### 3. SITE HISTORY

A preliminary site evaluation was performed prior to site entry by a trained person to aid in the selection of appropriate employee protection methods prior to site entry. During site entry, a more detailed evaluation of the site specific hazards shall be performed if necessary to further aid in the selection of appropriate engineering controls and PPE requirements.

A site-specific health and safety plan has been developed and is described below.

Proposed dates of field work:

~~2nd or 3rd week in October 1991~~ Jan 1992

Location:

Address: 3826 Depot Road, Hayward, California

A Site Map is shown in Appendix C.

Approximate acreage: 2.25

Topographic features: flat, approximately 1.1-miles east of nominal Bay tideline

Accessibility: through Depot Road gate; all other sides are fenced without gates

Known dispersion pathways: soil cuttings; asphalt cover on old UST excavation

Anticipated weather conditions: clear

Past use of the site: general construction supplies and equipment

Current use of the site: general construction supplies and equipment

Known on-site hazardous materials and wastes and their locations: soil and water beneath asphalt patch over previous UST excavation; waste oil containment area is immediately south of maintenance building

Physical and chemical state of known hazardous materials and wastes: soil and groundwater may be contaminated with diesel, gasoline and possibly BTXE

Range of known hazardous materials and wastes concentrations to date: TPHd 100 ppm on August 20, 1990; toluene 6.2 ppm same date for soil within previous UST excavation; TPHd of 8.1 ppm for water in excavation, same date; TPHd composite 230, 190 and 110 ppm near surface in soil southern part of property, August 20, 1990

#### 4. NAMES OF KEY HEALTH AND SAFETY PERSONNEL

<u>PROJECT ASSIGNMENT</u>	<u>NAME/AGENCY</u>	<u>PHONE</u>
<u>Project Manager:</u>	Manuel Marques, President, J&M, Inc.	(415) 782-3434
<u>Project Safety Manager:</u>	Manuel Marques, President, J&M, Inc.	(415) 782-3434
<u>Onsite Safety Coordinator:</u>	Manuel Marques, President, J&M, Inc.	(415) 782-3434
<u>Client Contact:</u>	Mr. Manuel Marques, President, J&M, Inc. Mr. Leo Neu, landowner representative	(415) 782-3434 (415) 782-3434
<u>Consultant:</u>	Richard C. Kent, R.G., GGS	(510) 934-5902

#### 5. SITE HAZARD SUMMARY

The general hazard determination and recommendation for site health and safety is:

Serious       Moderate       Low       Unknown

The minimum acceptable level of personal protective equipment is:

Level A       Level B       Level C       Level D

Any changes in the scope of work or site conditions must be amended in writing on the Site Safety Plan Amendment Sheet and approved by the Project Safety Manager.

Onsite equipment recommendation:

As required: onsite air monitoring equipment, Tyvek coveralls, portable sprayer for decontamination, containment tub for cleaning equipment, safety glasses, earplugs when drilling, chemical resistant gloves.

Onsite emergency equipment recommendation:

As required: air purifying respirators, cartridge, goggles, fire extinguisher, first aid kit, eye wash kit.

#### 6. CHEMICALS OF CONCERN

The following chemicals may be encountered at the site: diesel fuel, leaded gasoline fuel.

## 7. GENERAL PHYSICAL SAFETY RULES

Employees will be provided with appropriate personal protective equipment as required by their respective employers. Only NIOSH/MSHS certified respiratory protective equipment may be used.

Individuals who do not have or who do not properly wear the required personal protective equipment shall either not be allowed on the site or shall be asked to leave the site or work site as appropriate until they can procure and properly wear the required protective equipment.

### 7.1. Physical Hazards

The following potential physical hazards shall be addressed at all times:

- Slip, trip and fall hazards shall be minimized.
- Protection of onsite personnel from being struck by, against, or caught in, on or between materials, structures or machinery.
- Moving equipment or machinery shall have all necessary safety devices required by OSHA.
- The ambient temperature shall be monitored and the necessary controls implemented to reduce heat stress.
- An area of 25-foot radius surrounding all drilling equipment and supplies shall be clearly marked with high intensity colored traffic cones, flagging tape, barricades, or similar traffic and personnel warning safety devices.
- Access within 25-foot radius of any onsite operation is prohibited to all but employee personnel and subcontractors. Space and facilities for decontamination of personnel and equipment shall be clearly marked and delineated.
- Spoil shall be kept at least two (2)-feet from the edge of any excavation. Excavations greater than five (5)-feet deep (or shallower if unstable soil) must be properly shored before entry.
- Heavy equipment shall be properly supported per manufacture guidelines.
- The site shall be secured with fences or by posting signs to warn and prevent the entry of unauthorized persons into the site.
- All electrical equipment and power cables must be equipped with a 3-wire ground wire and properly grounded.

### 7.2. Body Protection

All onsite personnel are required to wear Tyvek coveralls or cloth coveralls which must be removed at the end of the workday and retained safely on the site, as required.

All onsite personnel are required to wear inner vinyl or latex surgical gloves with outer neoprene, cotton or canvas gloves taped to coverall sleeves, as required.

All onsite personnel are required to wear half face air purifying respirator equipped with cartridges approved for protection against organic vapors, as required.

### 7.3. Head Protection

All onsite personnel are required to wear a hard hat during drilling supervision, sampling investigations, and remediation activities while on the site. The hat must be worn properly and not altered in any way that would lessen head protection. All hats must meet ANSI Standard Z89.1.

### 7.4. Foot Protection

Steel tip safety boots are required for all onsite personnel during drilling supervision, sampling investigations, and remediation activities while on the site. All boots must meet ANSI Standard Z41.1/75.

### 7.5. Eye Protection

Eye protection is required to prevent eye injuries from contact with chemical and physical hazards. Safety glasses with eye shields are the minimum required eye protection for all onsite personnel. All safety eyewear must meet ANSI Standard Z87.1.

### 7.6. Ear Protection

Onsite personnel exposure to unnecessary noise shall be avoided at all times. The control of occupational noise exposures will comply with Title 8, CCR, 5095. Onsite personnel who operate, or are within ten (10)-feet of, gasoline or diesel powered equipment must wear hearing protection to limit the unnecessary exposure to noise.

## 8. EMERGENCIES

In the event of an accident or emergency situation, immediate action must be taken by the first person to recognize the event. First aid equipment is located onsite in the J&M, Inc. offices. Notify the Project Safety Manager and Onsite Safety Coordinator about the situation immediately after emergency procedures are implemented.

### 8.1. Emergency Telephone Numbers:

#### Immediate Emergencies:

Local Police: Hayward, 911

State Police: Hayward, 911

Fire: Hayward, 911

Ambulance: Oakland, 911

#### Medical:

Nearest Hospital: St. Rose Hospital

Telephone: 415-782-6200

Directions: turn right on Depot Road from site; when reach Hesperian Blvd. turn right; when reach W. Tennyson Road, turn left; when reach Calaroga Ave., turn left and the hospital is on the right side at 27200 Calaroga Street.

Poison Control Center: 1-800-535-0525  
415-476-2845

#### Environmental Emergency:

National Response Center, EPA 24-hour Hotline: 1-800-424-8802

Regional EPA Office - Spills: 415-974-8131

GGs, Walnut Creek, CA: 510-934-5902

## 8.2. Emergency Situation

Personnel encountering a hazardous situation shall instruct others onsite to evacuate the vicinity immediately and call the Project Manager, Project Safety Manager, or, in their absence, the Principal Engineer for instructions.

The site must not be re-entered until the situation has been corrected.

## 8.3. Procedures For Injury

1. Call for ambulance or medical assistance if necessary. Notify the receiving hospital of the nature of physical injury or chemical overexposure.
2. Notify the Project Manager and Onsite Safety Coordinator. If the injury is minor, proceed to administer first aid and notify the Onsite Safety Coordinator.

### 8.3.1. First Aid

At least one person qualified to perform first aid will be present onsite at all times during work activity. This person will have earned a certificate in first-aid training from the American Red Cross or will have received equivalent training.

## 8.4. Emergency Treatment

In all cases of chemical overexposure, follow standard procedures for poison management, first aid, and if possible, cardiopulmonary resuscitation.

### 8.4.1. Transportation To Emergency Treatment

A vehicle will be available at all times for use in transporting personnel to the hospital. Hospital routes shall be discussed prior to onsite activity. If it becomes necessary to transport an injured person to a hospital, bring this Plan to assist medical personnel with diagnosis and treatment.

### 8.4.2. Ingestion

Call the Poison Control Center: 415-476-2845 or 800-535-0525 or 911 for instructions.

If Vomiting IS NOT recommended by written instructions on the container with the poison, dilute the poison by making the person drink one or two glasses of water or milk. Do not use carbonated beverages.

If Vomiting IS recommended by written instructions on the container with the poison (never if person is unconscious or having convulsions), give two tablespoons (one ounce) of syrup of ipecac, followed by at least one cup of water. After ipecac has been swallowed, promptly get the person to the hospital. If vomiting does not occur within 20 minutes, repeat this procedure once.

### **8.4.3. Inhalation**

Move the person from the contaminated area. Initiate CPR if necessary. Call or have someone call for emergency medical assistance. Refer to MSDS information. If necessary, transport the person to the nearest available hospital.

### **8.4.4. Skin Contact**

Immediately wash off skin with a large amount of water. Remove any contaminated clothing and rewash skin using soap. If necessary, transport the person to the nearest available hospital.

### **8.4.5. Eyes**

Hold eyelids open and rinse the eyes immediately with water for 15 minutes. If necessary, have the person remove contact lenses. Do not permit the eyes to be rubbed. If necessary, transport the person to the nearest available hospital.



**9. CERTIFICATION AND ACKNOWLEDGEMENT STATEMENT**

**J&M, Inc.**

**3826 Depot Road, Hayward**

**UNDERGROUND STORAGE TANK CLOSURE**

All project personnel and subcontractor personnel are required to make the following certification prior to conducting work at the site.

I, \_\_\_\_\_ employed by \_\_\_\_\_  
Name Employer

certify that I have read and fully understand the Site Health and Safety Plan and my individual responsibilities and I agree to abide by the provisions of the Site Health and Safety Plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**10. SITE SAFETY PLAN AMENDMENT SHEET**

Project Name: \_\_\_\_\_

Project No.: \_\_\_\_\_

Location: \_\_\_\_\_

Changes in field activities or hazards: \_\_\_\_\_

Proposed Amendment: \_\_\_\_\_

Proposed by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Amendment Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

APPENDIX B  
WORKERS COMPENSATION  
CERTIFICATE

# ADDITIONAL CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
8/20/91

PRODUCER

**OLYMPIA AND BERKELEY  
INSURANCE BROKERS, INC.**  
2000 TRINIDAD AVENUE  
SACRAMENTO, CALIFORNIA 95833  
(916) 442-2277

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

## COMPANIES AFFORDING COVERAGE

CODE SUB-CODE

INSURED

**J & M, INC., CANAN, INC. AND  
MARTIN MARGONS, JR.**  
P.O. BOX 128  
RAYMOND, CA. 94543

- COMPANY LETTER **A** **REPUBLIC INDEMNITY INS. CO.**
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

## COVERAGES

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

CO LYA	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
	GENERAL LIABILITY				GENERAL AGGREGATE
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMPOS. AGGREGATE
	CLAIMS MADE OCCUR.				PERSONAL & ADVERTISING INJURY
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE
					FIRE DAMAGE (Any one fire)
					MEDICAL EXPENSE (As per policy)
	AUTOMOBILE LIABILITY				COMBINED SINGLS LIMIT
	ANY AUTO				BODILY INJURY (Per person)
	ALL OWNED AUTOS				BODILY INJURY (Per accidnt)
	SCHEDULED AUTOS				PROPERTY DAMAGE
	HIRED AUTOS				
	NON-OWNED AUTOS				
	CARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE
	OTHER THAN UMBRELLA FORM				AGGREGATE
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	PC 996207	10/1/90	10/1/91	STATUTORY
	OTHER				1,000 (EACH OCCURRNT)
					1,000 (DISEASE-POLICY LIMIT)
					1,000 (DISEASE-EACH EMPLOYEE)

DESCRIPTION OF OPERATIONS/LOCATION(S)/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

**REPAIRMAN LICENSE # 176709**

CERTIFICATE HOLDER

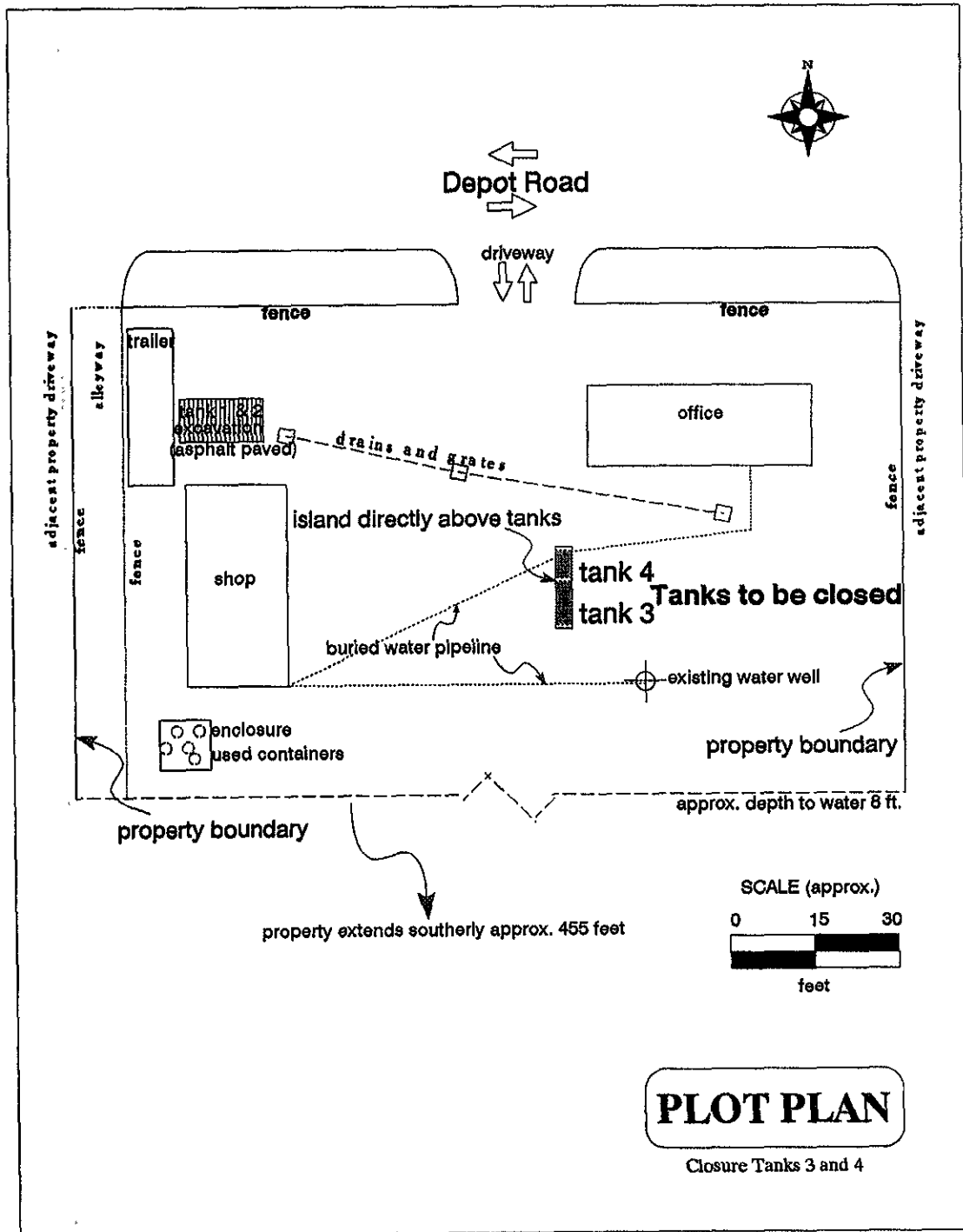
**Controlers State License Board**  
P.O. Box 26000  
Sacramento, CA.  
95826

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

APPENDIX C  
PLOT PLAN



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION  
80 SWAN WAY, ROOM 200  
OAKLAND, CA 94612  
PHONE NO. 415/271-4320

95 OCT 31 12:13

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. **Business Name** J & M Inc  
**Business Owner** Manuel Marques Jr
2. **Site Address** 3826 Depot Road  
**City** Hayward **CA** **zip** 94545 **Phone** (415) 782-3434
3. **Mailing Address** P.O. Box 128  
**City** Hayward, CA **zip** 94543 **Phone** (415) 782-3434
4. **Land Owner** Manuel Marques Jr  
**Address** 3826 Depot Road **city, State** Hayward, Ca **zip** 94545
5. **EPA I.D. No.** \_\_\_\_\_
6. **Contractor** J & M Inc  
**Address** P.O. Box 128  
**City** Hayward, Ca 94543 **Phone** (415) 782-3434  
**License Type** Gen. Eng. Contractor **ID#** 94-1419318
7. **Consultant** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **Phone** \_\_\_\_\_

8. Contact Person for Investigation

Name Manuel Marques Jr Title Owner

Phone (415) 782-3434

9. Total No. of Tanks at facility 4

10. Have permit applications for all tanks been submitted to this office? Yes [ X ] No [ ]

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name Alviso Independent Oil, Inc EPA I.D. No. CAD980695340

Address P.O. Box 184

City Alviso State CA Zip 95002

b) Rinsate Transporter

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c) Tank Transporter

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

d) Tank Disposal Site

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e) Contaminated Soil Transporter

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



12. Sample Collector

Name Louis Du Puts  
Company Trace Analysis Laboratory, Inc  
Address 3423 Investment Boulevard #8  
City Hayward State Ca Zip 94545 Phone (415) 783-6960

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
	N/A		

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

If yes, describe. Unknown

15. NFPA methods used for rendering tank inert? Yes [ ] No [x]

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

An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name Trace Analysis Laboratory, Inc  
Address 3423 Investment Boulevard #8  
City Hayward State CA Zip 94545  
State Certification No. 122

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number

18. Submit Site Safety Plan

19. Workman's Compensation: Yes  No

Copy of Certificate enclosed? Yes  No

Name of Insurer Republic Indemnity Company of America

20. Plot Plan submitted? Yes  No

21. Deposit enclosed? Yes  No

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

# AGORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

10-24-90

PRODUCER

**OLIVEIRA AND ARNOLD  
INSURANCE BROKERS, INC.**  
1322 THORNTON AVENUE  
NEWPORT, CALIFORNIA 94360  
415 793 1887

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

## COMPANIES AFFORDING COVERAGE

INSURED

J & M INC. COAL, INC. AND  
ARNOLD MARSHALL, JR.  
P.O. BOX 128  
MONTICELLO, CA. 94343

- COMPANY LETTER **A** REPUBLIC INDEMNITY COMPANY  
COMPANY LETTER **B**  
COMPANY LETTER **C**  
COMPANY LETTER **D**  
COMPANY LETTER **E**

## COVERAGES

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN QUANTITIES
GENERAL LIABILITY				GENERAL AGGREGATE \$ PRODUCTS-COMPLETION AGGREGATE \$ PERSONAL & ADVERTISING WORK \$ EACH OCCURRENCE \$ FIRE DAMAGE (SEE POLICY) \$ MEDICAL EXPENSE (SEE POLICY) \$ COMBINE BODILY INJURY (SEE POLICY) \$ SODALITY (SEE POLICY) \$ PROPERTY DAMAGE \$
WORKERS COMPENSATION	PC 996207	10-1-90	10-1-91	EACH OCCURRENCE \$
PROPERTY DAMAGE				EACH OCCURRENCE \$

FOR A COMPLETE LIST OF COVERAGES WHICH ARE NOT LISTED ON THIS SPECIAL ITEM

### CERTIFICATE HOLDER

Department of Environmental  
Health Hazardous Material Program  
50 Swan Way, Rm. 200  
Oakland, Ca. 94621

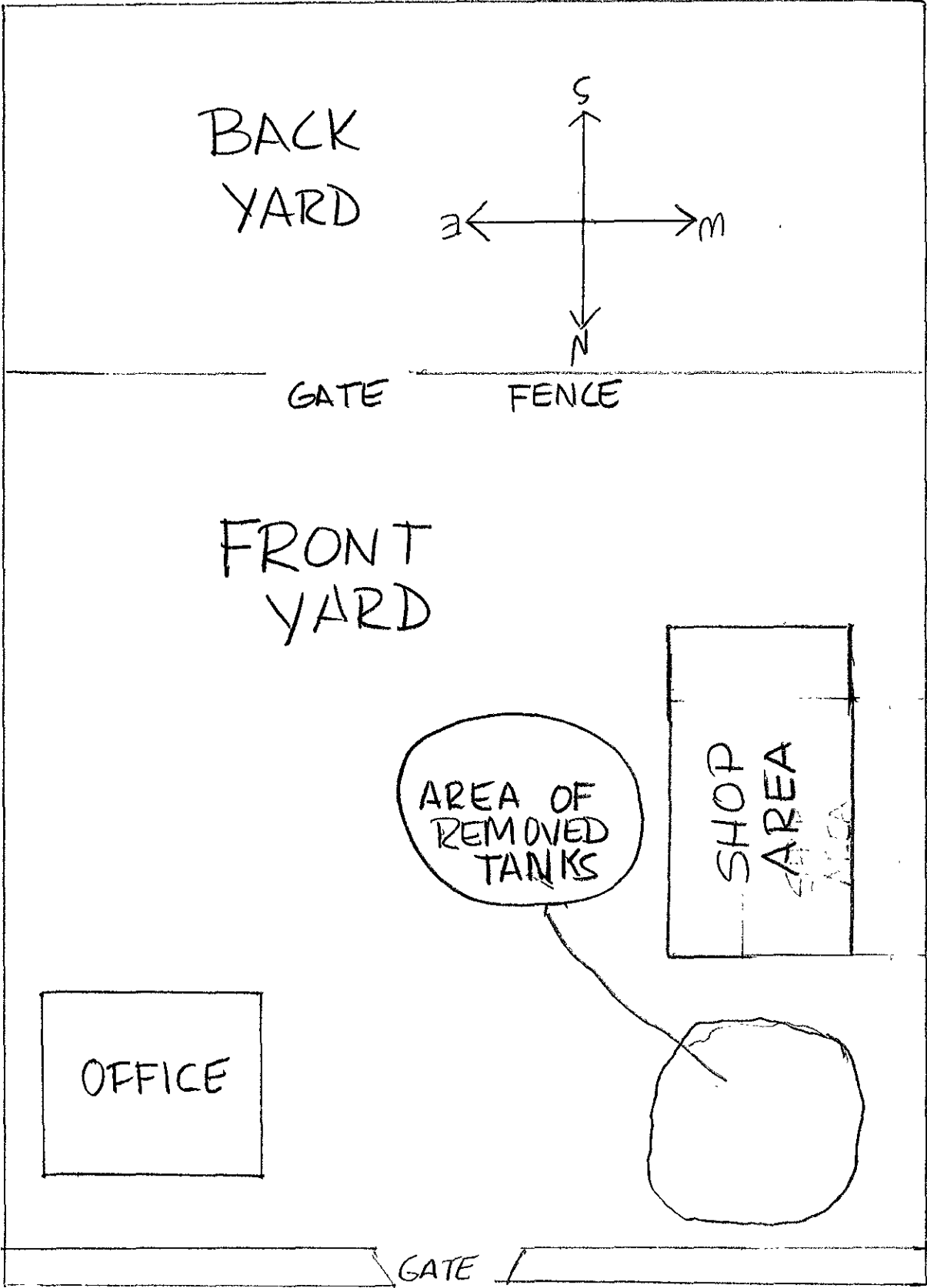
### CANCELLATION

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

AUTHORIZED REPRESENTATIVE

*Dan J. Arnold*

AGORD CORPORATION 1986



DEPOT RD

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 and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. 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.

Signature of Contractor

Name (please type) Manuel Marques Jr  
Signature *Manuel Marques Jr*  
Date October 30, 1990

Signature of Site Owner or Operator

Name (please type) Manuel Marques Jr  
Signature *Manuel Marques Jr*  
Date October 30, 1990

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. After approval of plan, notification of at least two (2) working days (48 hours) must be given to this Department prior to removal of tank(s).
5. A copy of your approved plan must be sent to the landowner.
6. Triple rinse means that:
  - a) Final rinse must contain less than 100 ppm of Gasoline (EPA method 8020 for soil, or EPA method 602 for water) or Diesel (EPA method 418.1). Other methods for halogenated volatile organics (EPA method 8010 for soil, EPA method 601 for water) may be required. The composition of the final rinse must be demonstrated by an original or facsimile report from a laboratory certified for the above analyses.
  - b) Tank interior is shown to be free from deposits or residues upon a visual examination of tank interior.
  - c) Tank should be labelled as "tripled rinsed; laboratory certified analysis available upon request" with the name and address of the contractor.

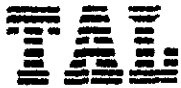
If all the above requirements cannot be met, the tank must be transported as a hazardous waste.

7. Any cutting into tanks requires local fire department approval.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A  
SAMPLING RESULTS

Tank or Area	Contaminant	Location & Depth	Results (specify units)
	Refer to the attached sheets		



LOG NO.: 9038  
DATE SAMPLED: 8/20/90  
DATE RECEIVED: 8/20/90  
DATE EXTRACTED: 8/27/90  
DATE ANALYZED: 8/28/90  
DATE REPORTED: 9/05/90

CUSTOMER: J and M, Inc.  
REQUESTER: Leo New  
PROJECT: J and M, Inc., 3826 Depot Road, Hayward

Sample Type: Water

<u>Method and Constituent</u>	<u>Units</u>	<u>No. 1</u>	
		<u>Concen- tration</u>	<u>Detection Limit</u>
DHS Method: Total Petroleum Hydro- carbons as Diesel	ug/l	8,100	50



Trace Analysis Laboratory, Inc.

Trace Analysis Laboratory, Inc.

LOG NO.: 9038  
DATE SAMPLED: 8/20/90  
DATE RECEIVED: 8/20/90  
DATE ANALYZED: 8/30/90  
DATE REPORTED: 9/05/90  
PAGE: Two

Sample Type: Water

<u>Method and Constituent</u>	<u>Units</u>	<u>No. 1</u>	
		<u>Concen- tration</u>	<u>Detection Limit</u>
Modified EPA Method 8020:			
Benzene	ug/l	4.7	0.5
Toluene	ug/l	9.1	2
Xylenes	ug/l	22	2
Ethylbenzene	ug/l	6.0	0.5



LOG NO.: 9038  
 DATE SAMPLED: 8/20/90  
 DATE RECEIVED: 8/20/90  
 DATE EXTRACTED: 8/27/90  
 DATE ANALYZED: 8/28/90  
 DATE REPORTED: 9/05/90  
 PAGE: Three

Sample Type: Soil

Method and Constituent	Units	No. 2		No. 3		No. 4	
		Concentration	Detection Limit	Concentration	Detection Limit	Concentration	Detection Limit
DHS Method: Total Petroleum Hydrocarbons as Diesel	ug/kg	< 3,000	3,000	< 3,000	3,000	110,000	3,000

Sample Type: Soil

Method and Constituent	Units	No. 5		Composite of: No. 6, No. 7, No. 8		Composite of: No. 9, No. 10, No. 11	
		Concentration	Detection Limit	Concentration	Detection Limit	Concentration	Detection Limit
DHS Method: Total Petroleum Hydrocarbons as Diesel	ug/kg	< 3,000	3,000	230,000	3,000	190,000	3,000



LOG NO.: 9038  
 DATE SAMPLED: 8/20/90  
 DATE RECEIVED: 8/20/90  
 DATE EXTRACTED: 8/27/90  
 DATE ANALYZED: 8/28/90  
 DATE REPORTED: 9/05/90  
 PAGE: Four

Sample Type: Soil

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<u>Method and Constituent</u>	<u>Units</u>	<u>No. 12</u>	
		<u>Concen- tration</u>	<u>Detection Limit</u>
DHS Method: Total Petroleum Hydro- carbons as Diesel	ug/kg	110,000	3,000



LOG NO.: 9038  
 DATE SAMPLED: 8/20/90  
 DATE RECEIVED: 8/20/90  
 DATE EXTRACTED: 8/30/90  
 DATE ANALYZED: 8/30/90 and 8/31/90  
 DATE REPORTED: 9/05/90  
 PAGE: Five

Sample Type: Soil

Method and Constituent	Units	No. 2		No. 3		No. 4	
		Concentration	Detection Limit	Concentration	Detection Limit	Concentration	Detection Limit
Modified EPA Method 8020:							
Benzene	ug/kg	< 50	50	< 50	50	< 700	700
Toluene	ug/kg	< 50	50	< 50	50	6,200	800
Xylenes	ug/kg	< 200	200	< 200	200	4,700	3,000
Ethylbenzene	ug/kg	< 50	50	< 50	50	1,300	900

Sample Type: Soil

Method and Constituent	Units	No. 5		Composite of: No. 6, No. 7, No. 8		Composite of: No. 9, No. 10, No. 11	
		Concentration	Detection Limit	Concentration	Detection Limit	Concentration	Detection Limit
Modified EPA Method 8020:							
Benzene	ug/kg	< 50	50	< 50	50	< 50	50
Toluene	ug/kg	< 50	50	210	50	< 50	50
Xylenes	ug/kg	< 200	200	1,200	200	< 200	200
Ethylbenzene	ug/kg	< 50	50	130	50	< 50	50



LOG NO.: 9038  
DATE SAMPLED: 8/20/90  
DATE RECEIVED: 8/20/90  
DATE EXTRACTED: 8/30/90  
DATE ANALYZED: 8/30/90 and 8/31/90  
DATE REPORTED: 9/05/90  
PAGE: Six

Sample Type: Soil

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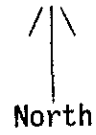
<u>Method and Constituent</u>	<u>Units</u>	<u>No. 12</u>	
		<u>Concen- tration</u>	<u>Detection Limit</u>
Modified EPA Method 8020:			
Benzene	ug/kg	< 50	50
Toluene	ug/kg	< 50	50
Xylenes	ug/kg	< 200	200
Ethylbenzene	ug/kg	< 50	50

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Louis W. DuPuis  
Quality Assurance/Quality Control Manager



J and M  
3826 Depot Road  
Hayward, CA

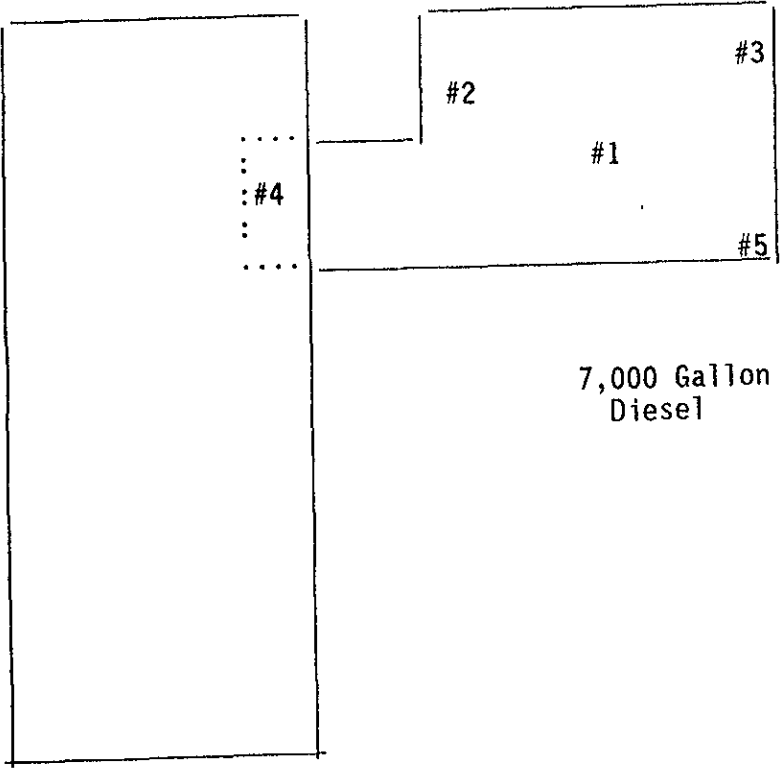


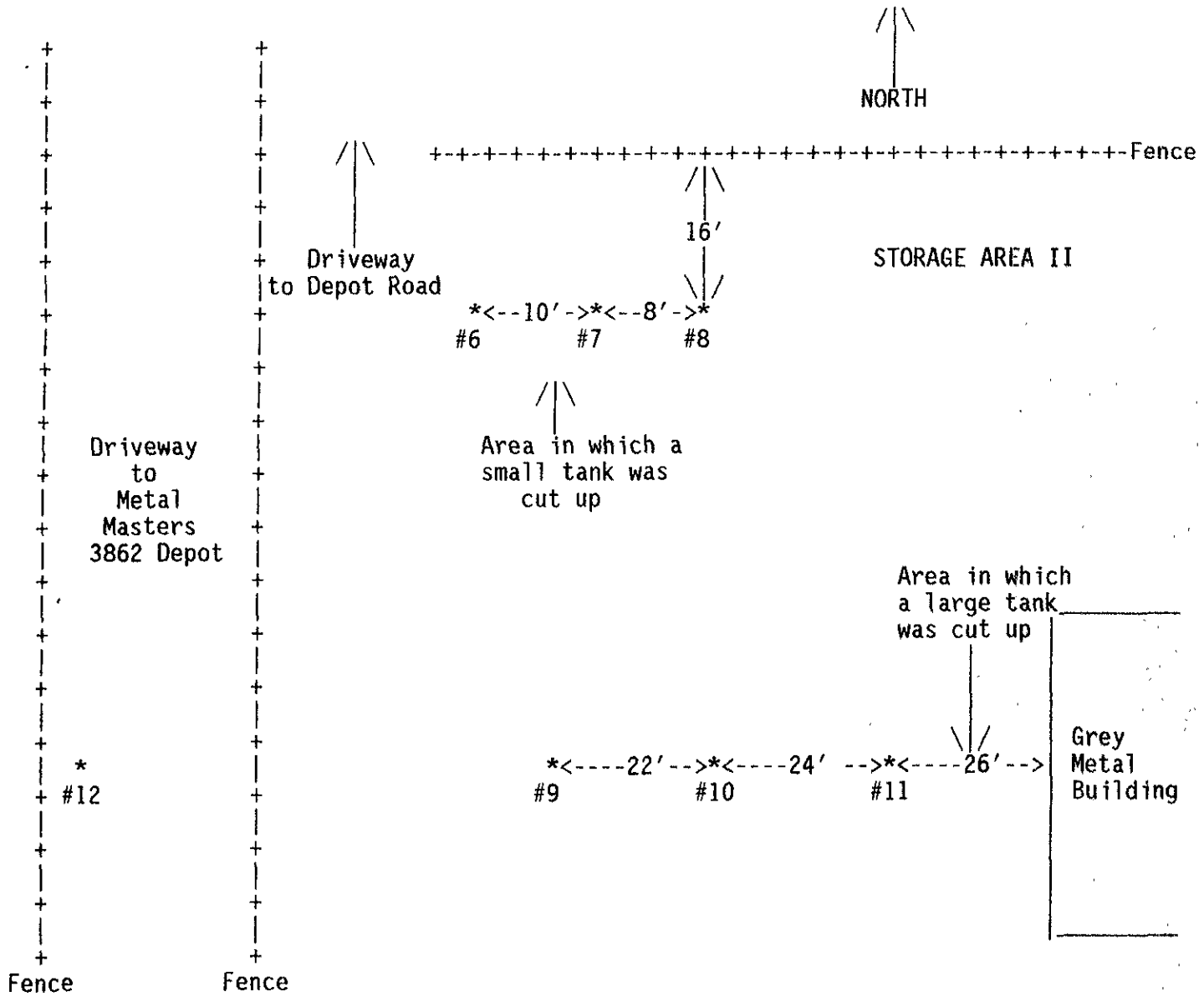
DEPOT ROAD

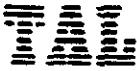
Fence +-----+

Driveway

4,000 Gallon  
Diesel







CHAIN OF CUSTODY RECORD

PROJ. NO.		PROJECT NAME		NO. OF CONTAINERS		STATION LOCATION	
		Tamb M, 3826 Depot Road Hayward		9038		reg TAT	
SAMPLERS: (Signature) Louis D. Ruiz, Trace Analysis				NO. OF CONTAINERS		STATION LOCATION	
STA. NO.	DATE	TIME	COM.	GRAB	STATION LOCATION	NO. OF CONTAINERS	STATION LOCATION
N. 1	8/20	11:39 am	X	X	water	2-40nd 1-1.ter	
N. 2		11:43 am	X	X	soil, 3" deep	1-BT	wall at high water level
N. 3		11:48 am	X	X	soil, 3" deep	1-BT	wall at high water level
N. 4		12:02 pm	X	X	soil, 3" deep	1-BT	wall at high water level
N. 5		12:05 pm	X	X	soil, 3" deep	1-BT	wall at high water level
N. 6		12:16 pm	X	X	soil, 4" deep	1-BT	Composite 6, 7, 8
N. 7		12:20 pm	X	X	↓ ↓	1-BT	
N. 8		12:18 pm	X	X	↓ ↓	1-BT	
9		12:28 pm	X	X		1-BT	Composite 9, 10, 11
10		12:30 pm	X	X		1-BT	
11		12:31 pm	X	X		1-BT	
12		12:44 pm	X	X	↓ ↓	1-BT	
		1998					
Relinquished by: (Signature)		Date / Time	Received by: (Signature)		Date / Time	Received by: (Signature)	
Relinquished by: (Signature)		Date / Time	Received by: (Signature)		Date / Time	Received by: (Signature)	
Relinquished by: (Signature)		Date / Time	Received for Laboratory by: (Signature)		Date / Time	Remarks LEO NEW [Signature]	

Green  
 - 12, 10, 2, 40nd  
 - 1 BT, 100  
 Y-8  
 ↓





August 30, 1993

STID 2673

Certified Mail No. P 397 752 929

Ms. Juliet Shin  
Hazardous Materials Specialist  
Alameda County Health Care Services Agency  
Hazardous Materials Program  
80 Swan Way, Room 200  
Oakland, CA 94621

RE: STID 2673  
3826 Depot Road (J&M, Inc.), Hayward, CA

Dear Ms. Shin:

This is to inform you that portions of our "UNDERGROUND STORAGE CLOSURE PLAN" (submitted for J&M, Inc.), dated September 26, 1991, as revised December 30, 1991, and approved by Pamela J. Evans of your office on or about January 30, 1992 are *invalid*. Attached please find a copy of those portions (pages) of the previous Closure Plan that are invalid as of the date of this letter.

Invalid portions relate to:

- ◆ dates of field work;
- ◆ consultant name and address;
- ◆ contact person for investigation;
- ◆ sample collector;
- ◆ laboratory;
- ◆ names of key health and safety personnel; and,
- ◆ emergency situation information.

Please place each attached Invalid page into the original 1991 Closure Plan. We do not have plans to submit a revised Closure Plan on behalf of J&M, Inc. at this time.

Very truly yours,  
Geoenvironmental and Geologic Services

  
Richard C. Kent

FILE COPY

**UNDERGROUND STORAGE TANK CLOSURE PLAN**

with

**APPENDIX A - SITE HEALTH AND SAFETY PLAN**

**APPENDIX B - WORKERS COMPENSATION CERTIFICATE**

**APPENDIX C - PILOT PLAN**

Submitted to:

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION  
80 Swan Way, Room 200  
Oakland, California 94621

Submitted By:

J&M INC.  
382 DEPOT ROAD  
POST OFFICE BOX 128  
HAYWARD, CALIFORNIA 94543

EPA Identification Number CAL912472836

September 26, 1991 [NOTE: Appendix dates should read December 30, 1991]  
December 30, 1991

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) Pamela Evans

UNDERGROUND TANK CLOSURE PLAN

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

1. Business Name J+M, Inc.  
Business Owner Manuel Marques, President
2. Site Address 3826 Depot Road  
city Hayward zip 94543 Phone 782-3434
3. Mailing Address P.O. Box 128  
city Hayward zip 94543 Phone 782-3434
4. Land Owner Manuel Marques, Jr.  
Address P.O. Box 128 city, state Hayward CA zip 94543
5. Generator name under which tank will be manifested J+M, Inc.

EPA I.D. No. under which tank will be manifested CAL 9124 72836

14. Describe methods to be used for rendering tank inert

Dry Ice, LEL levels < 20 O levels > 10  
 15 O levels < 10

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)		
#3 1,000	leaded gasoline	soil, groundwater	1 at each end of tank at soil/water interface
#4 850	leaded gasoline tanks installed 1960's tanks last in service 1990	soil, groundwater If groundwater present in either or both pits 1 sample of g.w. from each pit If both tanks in same pit, minimum of 1 sample is required.	on sidewall if applicable also one each beneath <del>end</del> end of tank a max. of 2 feet below backfill contact with native soil. 1 sample per tank at floor and at obvious contamination if any - if g.w. present, sample as for 1000 gal tank no piping involved (directly above)

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
250 yd <sup>3</sup>	Sheeting under and over until excavation sample analysis completed; if contamination stockpile samples same analysis; remediation on-site per air board or off-site disposal per manifest. 120 yd <sup>3</sup> for offsite disposal. 120 yd <sup>3</sup> for onsite replacement

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
70 mg STEY mixed	5039 5030 DHS	GC/FID 8020 AA DHS total	1.0 ppm 0.005 ppm 0.5 ppm
(continued)			

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

Underground Storage Tank Closure Plan

Site Health and Safety Plan  
3826 Depot Rd., Hayward

Appendix A

### 1. SITE HISTORY

A preliminary site evaluation was performed prior to site entry by a trained person to aid in the selection of appropriate employee protection methods prior to site entry. During site entry, a more detailed evaluation of the site specific hazards shall be performed if necessary to further aid in the selection of appropriate engineering controls and PPE requirements.

A site-specific health and safety plan has been developed and is described below.

Planned dates of field work:

2nd or 3rd week in October 1991

*Jan 1991 May 1993 1993?*

Location:

Address: 3826 Depot Road, Hayward, California

A Site Map is shown in Appendix C.

Approximate acreage: 2.25

Topographic features: flat, approximately 1.1-miles east of nominal Bay tideline

Accessibility: through Depot Road gate; all other sides are fenced without gates

Known dispersion pathways: soil cuttings; asphalt cover on old UST excavation

Anticipated weather conditions: clear

Past use of the site: general construction supplies and equipment

Current use of the site: general construction supplies and equipment

Known on-site hazardous materials and wastes and their locations: soil and water beneath asphalt patch over previous UST excavation; waste oil containment area is immediately south of maintenance building

Physical and chemical state of known hazardous materials and wastes: soil and groundwater may be contaminated with diesel, gasoline and possibly BTXE

Range of known hazardous materials and wastes concentrations to date: TPHd 100 ppm on August 20, 1990; toluene 6.2 ppm same date for soil within previous UST excavation; TPHd of 8.1 ppm for water in excavation, same date; TPHd composite 230, 190 and 110 ppm near surface in soil southern part of property, August 20, 1990

6. Contractor J & M, Inc.  
Address P.O. Box 128  
City Hayward Phone 782-3434  
License Type General ID# 94-1419318

7. Consultant GGG  
Address P.O. Box 30664  
City Walnut Creek Phone 510-934-5102

8. Contact Person for Investigation  
Name Richard Kent Title P.G.  
Phone 510-934-5902

9. Number of tanks being closed under this plan 2  
Length of piping being removed under this plan 2-ft  
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 Evergreen Oil, Inc. EPA I.D. No. CA0980887418  
Hauler License No. 0242 License Exp. Date 7-92  
Address 6880 Smith Ave.  
City Newark State CA Zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site

Name Evergreen Oil, Inc. EPA I.D. No. CA0980887418  
Address 6880 Smith Ave.  
City Newark State CA Zip 94560

c) Tank and Piping Transporter

Name OND Trucking EPA I.D. No. CA0982486375  
Hauler License No. 145,100 License Exp. Date 1992  
Address P.O. Box 7897  
City Fremont State CA zip 94537

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CA000466392  
Address 255 Parr Blvd.  
City Richmond State CA zip 94801

11. Experienced Sample Collector

Name Richard Kent, Jr.  
Company Geoenvironmental and Ecologic Services  
Address P.O. Box 30664  
City Walnut Creek State CA zip 94598 Phone 510-934-5902

12. Laboratory

Name Sequoia Analytical  
Address 1300 Bates Ave., Suite LM  
City Concord State CA zip 94520  
State Certification No. 1271

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

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



#### 4. NAMES OF KEY HEALTH AND SAFETY PERSONNEL

<u>PROJECT ASSIGNMENT</u>	<u>NAME/AGENCY</u>	<u>PHONE</u>
<u>Project Manager:</u>	Manuel Marques, President, J&M, Inc.	(415) 782-3434
<u>Project Safety Manager:</u>	Manuel Marques, President, J&M, Inc.	(415) 782-3434
<u>Onsite Safety Coordinator:</u>	Manuel Marques, President, J&M, Inc.	(415) 782-3434
<u>Client Contact:</u>	Mr. Manuel Marques, President, J&M, Inc.	(415) 782-3434
	Mr. Leo Neu, landowner representative	(415) 782-3434
<u>Consultant:</u>	Richard C. Kent, R.G. SGS	(510) 934-5902

#### 5. SITE HAZARD SUMMARY

The general hazard determination and recommendation for site health and safety is:

Serious                       Moderate                       Unknown

The minimum acceptable level of personal protective equipment is:

Level A                       Level B                       Level C                       Level D

Any changes in the scope of work or site conditions must be amended in writing on the Site Safety Plan Amendment Sheet and approved by the Project Safety Manager.

##### Onsite equipment recommendation:

As required: onsite air monitoring equipment, Tyvek coveralls, portable sprayer for decontamination, containment for cleaning equipment, safety glasses, earplugs when drilling, chemical resistant gloves.

##### Onsite emergency equipment recommendation:

As required: air purifying respirators, cartridge, goggles, fire extinguisher, first aid kit, eye wash kit.

#### 6. CHEMICALS OF CONCERN

The following chemicals may be encountered at the site: diesel fuel, leaded gasoline fuel.

## 8. EMERGENCIES

In the event of an accident or emergency situation, immediate action must be taken by the first person to recognize the event. First aid equipment is located onsite in the J&M, Inc. offices. Notify the Project Safety Manager and Onsite Safety Coordinator about the situation immediately after emergency procedures are implemented.

### 8.1. Emergency Telephone Numbers:

#### Immediate Emergencies:

Local Police: Hayward, 911  
State Police: Hayward, 911  
Fire: Hayward, 911  
Ambulance: Oakland, 911

#### Medical:

Nearest Hospital: St. Rose Hospital  
Telephone: 415-782-6000  
Directions: Turn right on Depot Road from site; when reach Hesperian Blvd. turn right; when reach W. Tennessee Road, turn left; when reach Calaroga Ave., turn left and the hospital is on the right side at 2720 Calaroga Street.

Poison Control Center: 1-800-535-0525  
5-476-2845

#### Environmental Emergency:

National Response Center, EPA 24-hour Hotline: 1-800-424-8802  
Regional EPA Office - Spills: 415-974-8131  
GGG, Walnut Creek, CA: 510-934-5902

93 OCT 15 PM 12:11

Mr. Manuel Marques  
Re: 3826 Depot Rd.  
July 1, 1993  
Page 2 of 3

Due to the fact that you have not conducted consecutive ground water sampling events, that gradients were not determined, and that, apparently, contaminated soil was left in place in the tank pit, this office is requiring that you conduct at least two additional quarterly sampling events and gradient determinations. These sampling events must begin immediately. Failure to furnish technical reports regarding documented or potential ground water contamination violates Section 13267 (b) of the California Water Code. The Regional Water Quality Control Board can impose civil penalties of up to \$1,000 per day that such a violation continues.

This office has also reviewed Geoenvironmental and Geologic Services' Characterization Sampling Report for Tank No. 1, dated February 17, 1992. If the remaining piece of the 7,000-gallon underground storage tank will be accepted by the proposed scrap metal dealer, then disposal to this metal dealer is acceptable.

Lastly, it is the understanding of this office that there are two inactive gasoline underground storage tanks currently at your site. Apparently, these tanks have been inactive for over two years. Per Alameda County Fire Code, Section 79.114(e), you are required to remove these tanks within 90 days of not being in service. Therefore, you are required to remove these tanks within 45 days of the date of this letter. Although a closure plan was submitted and approved in January 1992, you are required to submit another plan if any changes are made.

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

Sincerely,

Juliet Shin  
Hazardous Materials Specialist

cc: Sumadhu Arigala, RWQCB