

3603

# U.S. WINDPOWER, INC.

2305 South Vasco Road  
Livermore, California 94550  
(415) 455-6012

*yes  
file UG TANKS*

December 5, 1985

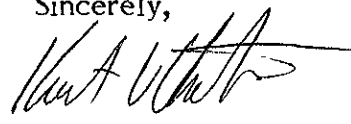
Mr. Ted Gerow  
Alameda County Health Care Services  
Division of Environmental Health  
470 -27TH Street, Room 324  
Oakland, CA 94612

Dear Ted,

Enclosed you will find (3) three sets of plans for our proposed 500 gallon underground waste oil tank. Each set consists of (1) Site Plan, (2) Typical Tank Arrangement, and (3) Manufacturers Tank Certification. The tank will be located at our Midway Control Site, 17350 Patterson Pass Road.

If there is any additional information required or questions, that come up during review. Please don't hesitate in contacting me.

Sincerely,



Kenneth Christensen

KC/as

RECEIVED  
DEC 9 - 1985  
ENVIRONMENTAL HEALTH  
ADMINISTRATION

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

INITIAL  
SUBMITTAL

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name U S A Wind power Inc.  
Business Owner 6952 Preston Avenue
2. Site Address 17350 PATTERSON PASS RD. EXT 22  
City Livermore, Ca. Zip 94550 Phone 415-455-6012
3. Mailing Address 6952 Preston Avenue  
City Livermore, Ca. Zip 94550 Phone \_\_\_\_\_
4. Land Owner \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_
5. EPA I.D. No. CAC 000-238-633
6. Contractor A A A Tank Removal & Demolition  
Address 4900 No. Hi 99 # 206  
City Stockton, Ca. 95212 Phone 209-931-6810  
License Type A ID# 24352
7. Consultant \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

8. Contact Person for Investigation

Name Al Williamson Title Owner  
Phone 209-931-6810

9. Total No. of Tanks at facility 1

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

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Transporter

Name Refinery Service EPA I.D. No. 1500  
Address P.O. Box 1171  
City Paterson State Ca. Zip 95363

b) Rinsate Transporter

Name Refieries Service EPA I.D. No. 1500  
Address P. O. Box 1171  
City Paterson State Ca. Zip 95363

c) Tank Transporter

Name Erickson EPA I.D. No. 0019  
Address 255 Parr. Blvd.  
City Richmond State Ca. Zip 94801

d) Tank Disposal Site

Name Erickson EPA I.D. No. 0019  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e) Contaminated Soil Transporter

Name Erickson EPA I.D. No. 0019  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

13. Sampling Information for each tank or area

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

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

If yes, describe. Haul Hazardous

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

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

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

16. Laboratories

Name Anametrix

Address 1961 Conouse Drive

City San Jose State Ca Zip 95131

State Certification No. 151

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 State Fund

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

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) AAA Tank Removal & Demo  
Signature Al Williamson  
Date 1-9-90

Signature of Site Owner or Operator

Name (please type) GIL MORALES  
Signature Gil Morales  
Date 1/9/90

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. A copy of your approved plan must be sent to the landowner.
5. 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.

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

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

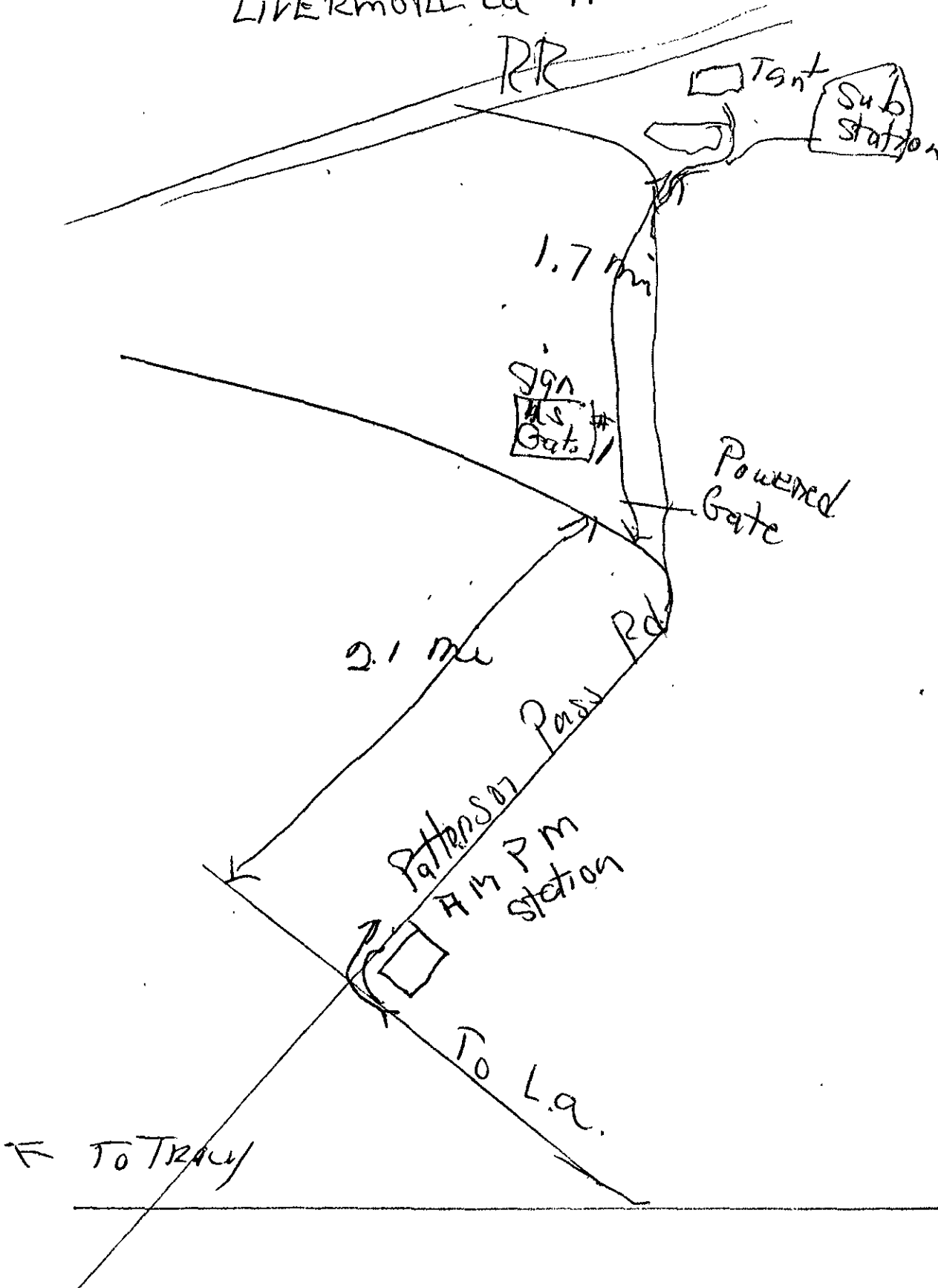
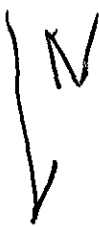
ATTACHMENT A

SAMPLING RESULTS

Tank or Area	Contaminant	Location & Depth	Results (specify units)



US Windpower  
6952 Preston Ave  
LIVERMORE Ca 94550



by AL Williamson

# AAA Tank Removal & Demolition

GENERAL ENGINEERING CONTRACTORS  
4900 N. Highway 99 — No. 206  
Stockton, California 95212  
(209) 931-6810

Mr. Miller

This tank is a double  
contoured tank legal for  
reuse. I would like to salvage  
this tank if possible, if not  
acceptable will follow instruction

AL

Midway Control Building  
17350 Patterson Pass Road  
Livermore, CA. 94550

