

LOP - RECORD CHANGE REQUEST FORM

printed:
07/01/96

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

Insp: ALL

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 12034
 StID : 646 LOC:
 SITE NAME: Eden Hospital Medical Center DATE REPORTED : 05/30/91
 ADDRESS : 20103 Lake Chabot Rd DATE CONFIRMED: 11/04/91
 CITY/ZIP : Castro Valley 94546 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: G CONTRACT STATUS: 4 PRIOR CODE:2A4 EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 03/04/92
 PRELIMINARY ASMNT: C DATE UNDERWAY: 12/21/91 DATE COMPLETED: 03/28/96
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 03/04/92
 LUFT FIELD MANUAL CONSID: 3HSCAW
 CASE CLOSED: Y DATE CASE CLOSED: 07/02/96
 DATE EXCAVATION STARTED : 10/17/91 REMEDIAL ACTIONS TAKEN: ET, ED

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Robert Bosold
 COMPANY NAME: Eden Hospital
 ADDRESS: 20103 Lake Chabot Rd.
 CITY/STATE: Castro Valley CA 94546

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only Case Progress Changes

ANPPGMS _____ LOP _____ DATE _____ || LOP _____ DATE _____

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700

July 14, 1995

Robert Bosold
Eden Hospital Medical Center
20103 Lake Chabot Rd
Castro Valley CA 94596

StID 646

Subject: Investigations of former UST site located at 20103 Lake
Chabot Rd., Castro Valley, CA

Dear Mr. Bosold:

On July 6, 1995, Mr. Robert Kitay of Aqua Science Engineers Inc. contacted this office in regard to the subject site. He indicated that Eden Hospital requests approval from this agency prior to installing above-ground water tanks above the location where two 10,000-gallon diesel USTs were recently removed and adjacent to the emergency generator room at the subject site.

Based on the soil and groundwater data that has been submitted to this office to date, we will not require further soil excavation in this area.

Please continue a quarterly schedule of well sampling, monitoring, and report submittal to this office. Please note that the review of environmental assessment/investigations for this site has been transferred from Scott Seery to Amy Leech of this office. Should you have questions, please contact me at (510)567-6755 and submit all reports to my attention.

Sincerely,

Amy Leech
Hazardous Materials Specialist

c: Robert Kitay
Aqua Science Engineers, Inc.
2411 Old Crow Canyon Rd., #4
San Ramon CA 94583

T. Peacock, Acting Chief of Environmental Protection-
File(ALL)

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

STID 646

Alameda County CC4580
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda CA 94502-6577

April 12, 1995

Mr. Robert Bosold
Eden Hospital Medical Center
20103 Lake Chabot Road
Castro Valley, CA 94546

RE: PRELIMINARY SITE ASSESSMENT; 20103 LAKE CHABOT ROAD, CASTRO
VALLEY

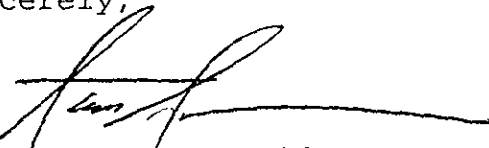
Dear Mr. Bosold:

I am in receipt and have completed review of the March 31, 1995
Aqua Science Engineers, Inc. (ASE) soil and ground water
investigation report for the referenced site. The cited ASE
report documents the advancement of two soil borings and
subsequent conversion into ground water monitoring wells.

At this time please adhere to a **quarterly** schedule of well
sampling, monitoring, and report submittal. Sample analytes
shall continue to be total petroleum hydrocarbons as diesel (TPH-
D), and the aromatic compounds benzene, toluene, ethylbenzene,
and total xylene isomers (BTEX).

Please call me at 510/567-6783 should you have any questions.

Sincerely,



Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Agency Director
Gil Jensen, Alameda County District Attorney's Office
Robert Kitay, Aqua Science Engineers, Inc.

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

STID 646

March 3, 1995

Mr. Robert Bosold
Eden Hospital Medical Center
20103 Lake Chabot Road
Castro Valley, CA 94546

Alameda County CC4530
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda CA 94502-6577

RE: PRELIMINARY SITE ASSESSMENT; 20103 LAKE CHABOT ROAD, CASTRO VALLEY

Dear Mr. Bosold:

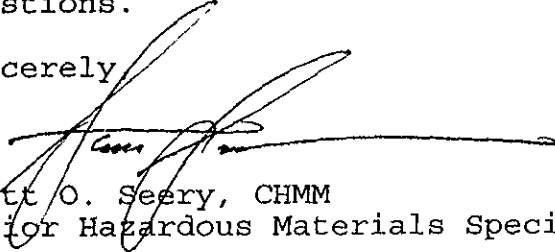
I am in receipt and have completed review of the February 17, 1995 Aqua Science Engineers, Inc. (ASE) work plan for the initial stages of the soil and ground water investigation at the referenced site. The ASE work plan was amended February 28, 1995 following conversations with Mr. Robert Kitay of ASE with respect to the number and locations of initial wells/borings.

The amended ASE work plan has accepted with the following provisions:

- 1) Minimum boring depth shall be 50 feet below grade, or to a depth appropriate for well construction should ground water be encountered before the 50 foot depth;
- 2) Screen intervals should be limited to lengths of ≤ 15 feet;
- 3) Soil samples shall also be collected during boring advancement at intervals where contamination is identified, in addition to the sampling intervals proposed;

I understand field work has been scheduled to begin today, March 2, 1995. Please call me at 510/567-6783 should you have any questions.

Sincerely,


Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Agency Director
Gil Jensen, Alameda County District Attorney's Office
Ed Laudani, Alameda County Fire Department
Robert Kitay, Aqua Science Engineers, Inc.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

STID 646

December 27, 1994

ALAMEDA COUNTY CC4580
DEPT. OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PKWY., #250
ALAMEDA CA 94502-6577

Mr. Robert Bosold
Eden Hospital Medical Center
20103 Lake Chabot Road
Castro Valley, CA 94546

RE: PRELIMINARY SITE ASSESSMENT REQUEST; 20103 LAKE CHABOT
ROAD, CASTRO VALLEY

Dear Mr. Bosold:

The results of sample analysis and observations documented during the October 1991 and October 1994 closures of a total of three (3) fuel underground ground storage tanks (UST) from a shared excavation have been evaluated. As was articulated in correspondence from this office dated March 16, 1992, provisions of Article 11, Title 23, California Code of Regulations (CCR), require the performance of a preliminary site assessment (PSA) when a confirmed release from an UST has occurred.

A confirmed release from an UST has occurred at this site. Hence, a PSA must be performed. To facilitate this task, a PSA work plan must be submitted for review. **This work plan is due within 90 days of the date of this letter.** The salient elements of a PSA work plan are summarized in the attached Appendix A.

A report must be submitted within 45 days of the completion of field activities associated with this phase of work at the site. Subsequent reports are to be submitted quarterly until this site qualifies for final RWQCB "sign off."

The referenced reports must describe the status of the investigation and include, among other elements, the following:

- o Details and results of all work performed during the designated reporting period: records of field observations and data, boring and well construction logs, water level data, chain-of-custody forms, laboratory results for all samples collected and analyzed (including QA/QC data), tabulations of free product thicknesses and dissolved fractions, etc.
- o Status of ground water contamination and characterization

Mr. Robert Bosold
RE: 20103 Lake Chabot Road
December 27, 1994
Page 2 of 2

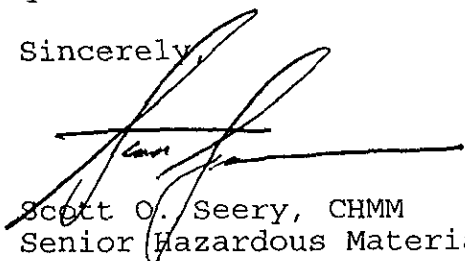
- o Interpretation of results: water level contour maps showing gradients, free and dissolved product plume definition maps for each target compound, geologic cross sections, etc.
- o Recommendations for additional work

All reports and proposals must be submitted under seal of a California-registered geologist or civil engineer with the appropriate environmental background. Please include a statement of qualifications for each lead professional involved with this project.

Please be advised that this letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b).

Please feel free to call me at 510/567-6783, should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott O. Seery", is written over a horizontal line. The signature is stylized and cursive.

Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

attachment

cc: Rafat A. Shahid, Agency Director, Env. Health
Gil Jensen, Alameda County District Attorney's Office
Ed Laudani, Alameda County Fire Department
Robert Weston, ACDEH

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

80 Swan Way, #200
Oakland, CA 94621
(415) 271-4320

II, III

Site ID # 646 Site Name Eden Hospital Today's Date 10/21/94

- 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)

Site Address 20103 Lk Chabot Rd.
City Castro Valley Zip 94546 Phone _____

- 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. OffSite 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

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)

III. UNDERGROUND TANKS (Title 23)

- General
- 1. Permit Application 25284 (H&S) ①
 - 2. Pipeline Leak Detection 25292 (H&S) ②
 - 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. Precip 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 Submitt 2711
Date: _____
 - 14. As Built 2635
Date: _____

Comments: 9:00-12:15; 12:45-2:45; 4:00-4:45
 On-site to observe removal of 2 x 10,000 and 1 x 3000 USTs. Nitrogen gas was supplied by The hospital to supplement the solid CO2 in inerting the two 10,000 diesel USTs. The first UST was lifted @ ~ 12:00 noon. It was still tar coated (although the coating was a very thin veneer, brittle and flaky over much of its surface). Minor pitting noted locally. The second 10,000 gal UST was removed @ ~ 1:15, and was in a similar condition as the first. Water had accumulated in the UST pit, reportedly from a severed irrigation line which had spanned the width of the UST cluster. Apparent product emulsion was noted on the water's surface. Apparent fuel staining was noted along the southern sidewall, ~~bottom~~, and east end bottom. Overburden was reportedly extensively impacted by diesel fuel (over filling?). Diesel odor evident. ~~10,000 gal UST removed~~ @ ~ 2:30. Its tar coat is intact. Water in pit ^{suspected} from ~~broken~~ irrigation line. Although apparent product emulsion present on water, no odor evident.

Contact: Dave Allen
 Title: Aqua Science Eng.
 Signature: [Signature]

Inspector: S. Seery
 Signature: [Signature]

II, III

80 Swan Way, #200
Oakland, CA 94621
(415) 271-4320

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

II, III

white -env.health
yellow -facility
pink -files

Site ID # 646 Site Name Eden Hosp. Today's Date 10/21/94

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
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- 5. Inventory Complete 2730
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- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

Site Address 20103 Lk. Chabot
City Castro Valley Zip 94576 Phone _____

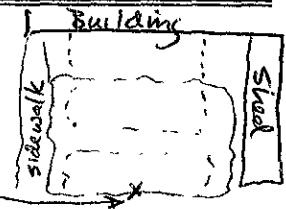
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- 14. Offsite Conseq. Assess. 25524(c)
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- 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose Semi-annual groundwater One time soils
 - 3) Daily Vadose One time soils Annual tank test
 - 4) Monthly Gndwater One time soils
 - 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

① Soil samples from below 3000 gallon tank collected in my absence, from a depth of ~ 9' BC from both ends

② Several impediments to fulfilling the usual sampling from below the 10K gal USTs presented themselves: ① both USTs were on pads ② The pads were submerged in water, limiting visual identification of their edges ③ a portable building lay at the east edge of the pit ④ sewer lines were located along the west and south edges of the pit. Therefore, only a single sample was collected along the southern flank of the pit, as close to the edge of the pad as was possible, given the conditions.

Sampled material appears to be silt, tan in color, with surfaces inboard, towards the tank inverts, showing marked discoloration. Because of pit instability, it is recommended that backfilling of pit with clean material occur as soon as possible.

Rev 8/88

Contact: Dave Allen
Title: Aqua Science, Eng
Signature: [Signature]

Inspector: S. SEERY
Signature: _____

II, III

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

Scott Seery

10-17-94
EOS
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 is not to be 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:

- EOS 10-21-94 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.

THIS IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name EDEN MEDICAL CENTER
Business Owner SAME
2. Site Address 20103 LAKE CHABOT ROAD
City CASTRO VALLEY Zip 94546 Phone 510.889-5059
3. Mailing Address SAME
City _____ Zip _____ Phone _____
4. Land Owner SAME
Address _____ City, State _____ Zip _____
5. Generator name under which tank will be manifested _____
EDEN MEDICAL CENTER
EPA I.D. No. under which tank will be manifested CAD076538214

6. Contractor AQUA SCIENCE ENGINEERS, INC.
Address 2411 OLD CROW CANYON RD., #4
City SAN RAMON CA 94583 Phone 510.820.9391
License Type* A HAZ ID# 487000

*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 SEE #6
Address _____
City _____ Phone _____

8. Contact Person for Investigation
Name DAVID ALLEN Title PROJECT MANAGER
Phone 510.820.9391

9. Number of tanks being closed under this plan 3
Length of piping being removed under this plan 20
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 W.O.R.S. EPA I.D. No. CA7000626515
DOHJ 843
Hauler License No. CAL PUD 106399 License Exp. Date 7/95
Address 6401 LEONA ST.
City OAKLAND State CA Zip 94605

b) Product/Residual Sludge/Rinsate Disposal Site

Name ALVISO OIL EPA I.D. No. CAL 000048571
Address 5002 ARCHER DRIVE
City ALVISO State CA Zip 95002

c) Tank and Piping Transporter

Name ERICKSON EPA I.D. No. CA009466392
Hauler License No. 0019 License Exp. Date 5/59
Address 255 PARR BLVD.
City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name SEE "C" ABOVE EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

11. Experienced Sample Collector

Name DAVID ALLEN
Company AQUA SCIENCE ENGINEERS, INC.
Address 2411 OLD CROW CANYON RD. #4
City SAN RAMON State CA Zip 94583 Phone 510-820-9391

12. Laboratory

Name AEN
Address 3440 VINCENT RD
City PLEASANT HILL State CA Zip 94523
State Certification No. 1172

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

BY INSERTING DRY ICE INTO EACH UST AT A RATE OF
2.5 lbs / 100 GALLONS OF UST VOLUME.

Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be 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)		
3000	DIESEL	SOIL (GROUND WATER) (IF PRESENT)	SAMPLE BOTH ENDS OF UST 1-2 FEET BELOW TANK BOTTOM
10,000	DIESEL	"	"
10,000	DIESEL	"	"

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. THERE ARE NO PUMPS AND THE FORMER GENERATORS USING THE FORMER DIESEL FUEL SAT DIRECTLY ABOVE EACH TANK.

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) 100 yds ³	Sampling Plan 1 soil sample will be collected for each 20 yds ² if the soil appears "clean". If contamination is evident, then one sample will be collected for each 50 yds ² .

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				
DIESEL	3550 / 8015 M		<table border="0"> <tr> <td><u>SOIL</u></td> <td><u>WATER</u></td> </tr> <tr> <td>10 ppm</td> <td>50 ppb</td> </tr> </table>	<u>SOIL</u>	<u>WATER</u>	10 ppm	50 ppb
<u>SOIL</u>	<u>WATER</u>						
10 ppm	50 ppb						
BTEX	8020		<table border="0"> <tr> <td>0.005 ppm</td> <td>0.5 ppb</td> </tr> </table>	0.005 ppm	0.5 ppb		
0.005 ppm	0.5 ppb						

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The 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) DAVID ALLEN

Signature *David Allen*

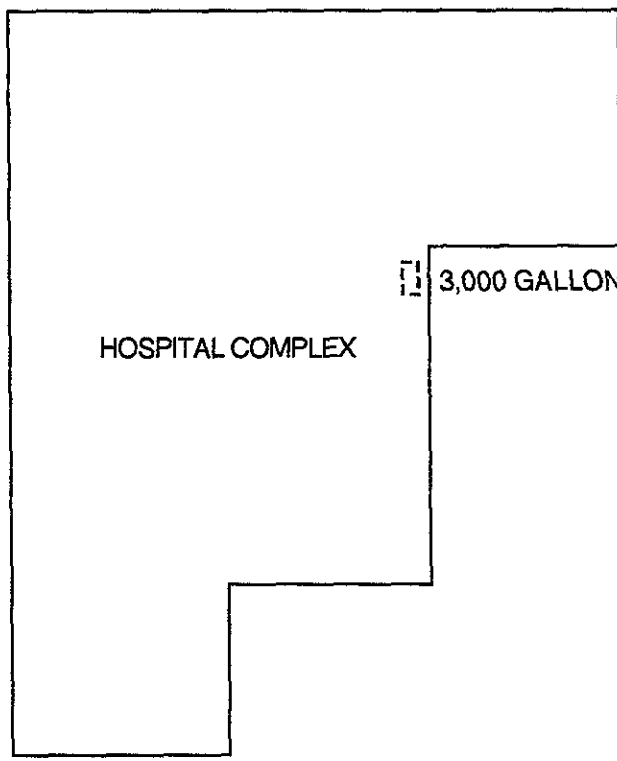
Date 10-11-94

Signature of Site Owner or Operator

Name (please type) ROBERT F BOSOLD

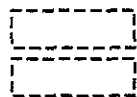
Signature *Robert Bosold*

Date 10/13/94



HOSPITAL COMPLEX

3,000 GALLON DIESEL UST



10,000 GALLON DIESEL USTS

L
A
K
E

C
H
A
B
O
T

R
O
A
D



NOT TO SCALE

SITE PLAN

Eden Medical Center
20103 Lake Chabot Road
Castro Valley, California

Aqua Science Engineers

Figure 1

CONTRACTORS STATE LICENSE BOARD

No. 487000

Building Quality

ISSUED 02-13-86

This license is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. It becomes void if not renewed.

Contractor's License


Pursuant to the provisions of Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:

AQUA SCIENCE ENGINEERS, INC.

to engage in the business or act in the capacity of a contractor in the following classification(s):

A GENERAL ENGINEERING CONTRACTOR

WITNESS my hand and sealed this
12TH day of FEBRUARY 1986.

	State of California CONTRACTORS STATE LICENSE BOARD ACTIVE LICENSE
License Number	487000
Entity	CORP
Business Name	AQUA SCIENCE ENGINEERS INC
Classification(s)	A C57 HAZ
Expiration Date	02/29/96

J. K. Mabrey
Registrar of Contractors

Signature of Licensee

William F. Rusk

Signature of person who qualified
on behalf of the licensee

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 08-01-94

POLICY NUMBER: 1355840 - 94
CERTIFICATE EXPIRES: 08-01-95

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

This policy is not subject to cancellation by the Fund except upon 10 days' advance written notice to the employer.

We will also give you 10 days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.


PRESIDENT

EMPLOYER'S LIABILITY LIMIT: \$3,000,000.00 PER OCCURRENCE.

EMPLOYER

LEGAL NAME

AQUA SCIENCE ENGINEERS INC.
2411 OLD CROW CANYON RD
#4, SAN RAMON CA 94583

AQUA SCIENCE ENGINEERS INC.



HEALTH & SAFETY PLAN

for:

**EDEN MEDICAL CENTER
20103 LAKE CHABOT ROAD
CASTRO VALLEY, CALIFORNIA**

prepared by:

Aqua Science Engineers, Inc.
2411 Old Crow Canyon Road, #4
San Ramon, California 94583
(510) 820-9391

EDEN MEDICAL CENTER - October, 1994

- 1 -

B. SITE/WASTE CHARACTERISTICS

Waste Type(s): Solid: XXX Sludge: Liquid: XXX Gas:

Characteristics: HYDROCARBON RESIDUALS, TOXIC

Site Parameter:

A MINIMUM BOUNDARY OF THREE FEET SURROUNDING THE TANK EXCAVATION, AND BORING LOCATIONS IS TO BE MAINTAINED IN AS MUCH AS IS POSSIBLE.

C. HAZARD EVALUATION

CHEMICAL HAZARDS

Potential chemical hazards include skin and eye contact or inhalation exposure to potentially toxic concentrations of hydrocarbon vapors. The potential toxic compounds that may exist at the site are listed below, with descriptions of specific health effects of each. The list includes the primary potential toxic constituents of gasoline and waste oil known to be on site. Exposure levels and symptoms are taken from the NIOSH Pocket Guide to Chemical Hazards.

1. BENZENE

- a. Colorless, clear, highly flammable liquid with characteristic odor.
- b. High exposure levels may cause acute restlessness, convulsions, depression, respiratory failure. BENZENE IS A SUSPECTED CARCINOGEN.
- c. Permissible exposure level (PEL) for a time weighted average (TWA) over an eight hour period is 1.0 ppm.

2. TOLUENE

- a. Colorless liquid with a benzene-like odor.
- b. High exposure levels may cause fatigue, euphoria, confusion, dizziness. TOLUENE IS LESS TOXIC THEN BENZENE.
- c. PEL for a ten hour TWA is 100 ppm.

3. XYLENE

- a. Colorless, flammable liquid with aromatic odors.
- b. high exposure levels may case dizziness, drowsiness, narcosis.
- c. PEL for a ten hour TWA is 100 ppm.

4. ETHYLBENZENE

- a. Clear, colorless, highly flammable liquid with characteristic odor.
- b. High exposure levels may cause irritation to skin, nose and throat, dizziness, constriction in chest, loss of consciousness, respiratory failure.
- c. PEL for an eight hour TWA is 100 ppm.

5. LEAD

(Lead Arsenate)

- a. Odorless, colorless solid with properties that vary depending upon specific compounds.
- b. High exposure levels may cause nausea, diarrhea, inflamed mucous membranes, abdominal pains, weakness. LEAD IS A SUSPECTED CARCINOGEN.
- c. PEL for an eight hour TWA is .05 milligrams per cubic meter (airborne).

**ALL SUBSTANCES AS THEY EXIST ON SITE ARE EXPECTED TO BE STABLE.
PHYSICAL HAZARDS**

Under no circumstances will anyone climb on any soil piles. Personnel shall maintain the maximum distance possible from the excavation while performing their activities. Other on-site hazards include physical injuries due to the proximity of workers to engine-driven heavy equipment and tools. Heavy equipment used during excavation may include backhoes, excavators, compressors, jackhammers, and whackers. Only trained personnel will operate machines, tools and equipment; all will be kept clean and in good repair. Minimum safety apparel required around heavy equipment will include a hardhat, steel-toed boots and hearing conservation devices. ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH OSHA GUIDELINES.

Inspections of the excavation, the adjacent areas, and protective systems are to be made by a qualified person while personnel are on site. Attention will be made to note if any evidence of potential cave-in exists.

1. USE SAFETY EQUIPMENT, MASK RESPIRATORS WITH NIOSH APPROVED C-21 CARTRIDGES FOR ORGANIC VAPORS, AS NECESSARY.
2. HAVE AT LEAST ONE DRY CHEMICAL MODEL PA-200 A-B-C FIRE EXTINGUISHER PRESENT.

LEVEL OF PROTECTION

A contamination Reduction Zone (CRZ) will be maintained and adjusted as work proceeds and moves around the site. The workers on site will wear level 'D' protective clothing. (This protection level may be upgraded after on-site conclusions of data are completed). THE LEVEL OF PROTECTION FOR PERSONNEL WORKING IN THE AREA WILL BE UPGRADED IF; the organic vapor levels in the operator's breathing zone exceeds 5 ppm above background levels continuously for more than five minutes. This will be monitored by use of a hand-held Organic Vapor Meter (Gastech 1314 Oxygen/ppm Concentration Meter (PID) calibrated with Hexane). In this event, personnel protective equipment will include full face respirators with double-cartridge filters for organic vapors and particulates, in addition to hardhat, steel-toed boots and coveralls. If work proceeds in an environment where vapor concentrations exceed 200 ppm, a self contained breathing apparatus or airline respirator will be utilized by the personnel.

Levels of Protective Clothing are defined on the following pages as described in the "EPA Standard Operating Safety Guidelines":

LEVEL A PROTECTION

Components:

- 1.) Pressure-demand, supplied air respirator that is MSHA and NIOSH approved. Respirators may be pressure demand, self contained breathing apparatus (SCBA), or pressure demand, airline respirator with an escape bottle for atmospheres with an extreme IDLH.
- 2.) Fully encapsulating chemical resistant suit.
- 3.) Inner, chemical resistant gloves.
- 4.) Disposable gloves and boot covers, worn over the fully encapsulating suit.
- 5.) 2-way radio communications is highly recommended.

LEVEL B PROTECTION

Components:

- 1.) Pressure-demand, supplied air respirator that is MSHA and NIOSH approved. Respirators may be pressure demand, self contained breathing apparatus (SCBA), or pressure demand, airline respirator with an escape bottle for atmospheres with an extreme IDLH.
- 2.) Chemical resistant clothing which includes overalls and long sleeved jacket or, hooded one or two piece chemical splash suit or disposable chemical resistant one piece suit..
- 3.) Outer chemical resistant gloves.
- 4.) Inner chemical resistant gloves.
- 5.) Chemical resistant, steel toed and shank boots.
- 6.) Disposable chemical resistant boot covers.
- 7.) Hardhat.
- 8.) 2-way radio communications is highly recommended.

LEVEL C PROTECTION

Components:

- 1.) Air purifying respirator, full face, with twin cartridge or cannister equipped filters, that are MSHA and NIOSH approved.
- 2.) Chemical resistant clothing which includes coveralls or, hooded one-piece or two-piece chemical splash suit or chemical resistant hood and apron; disposable chemical resistant coveralls.
- 3.) Outer chemical resistant gloves.
- 4.) Inner chemical resistant gloves.
- 5.) Chemical resistant, steel toed and shank boots.
- 6.) Disposable chemical resistant boot covers.
- 7.) Hardhat.

LEVEL D PROTECTION

Components:

- 1.) Coveralls.
- 2.) Gloves.
- 3.) Leather boots, shoes or chemical resistant, with steel toe and shank.
- 4.) Safety glasses or chemical splash goggles.
- 5.) Hardhat or face shield.

SITE ENTRY PROCEDURES

Any personnel entering the site will observe all conditions set forth by the owners/operators of the property, including vehicle travel speeds, restricted areas and conduct. Eating, drinking, smoking and other practices which increase the probability of hand-to-mouth transfer of contamination is prohibited in the work zone. All field personnel will be instructed to thoroughly wash their hands and face upon leaving the work area for breaks or cessation of day's activities.

DECONTAMINATION PROCEDURES

If required, equipment and personnel decontamination areas will be designated by the Project Manager at the start of the project. To prevent the transfer of contamination from the work site into clean areas, all tools will be cleaned adequately prior to final removal from the work zone. Disposable protective clothing such as Tyvek coveralls, latex gloves, boot covers, etc. will be changed on a daily basis or at the discretion of the Project Manager on site. All disposable protective clothing will be put into plastic bags and disposed of in a proper manner. All respirator cartridges will be discarded and replaced with fresh units on a daily basis, disposal will be in the same manner as the protective clothing. Soil will be stockpiled in an area designated by the Project Manager, to be handled as agreed upon in the scope of work contract with the client.

In the event of a medical emergency, the injured party will be taken through decontamination procedures, if possible. However, the procedures may be omitted when it may aggravate or cause further harm to the injured party. member of the work team will accompany the injured party to the medical facility to advise on matters concerning chemical exposure. The injured person will not transport themselves to the medical facility!

Personnel Protection Level will be Level 'D'. Protective clothing levels may be upgraded in the event that on site conclusions determine a greater than anticipated danger to personnel.

Site Entry: BARRICADES, CONES, OR BANNER GUARD MAY BE ERECTED TO CONTROL FOOT TRAFFIC AWAY FROM THE WORK ACTIVITY.

Decontamination-

Personnel and Equipment: IF REQUIRED, PERSONNEL AND EQUIPMENT WILL BE DECONTAMINATED A PER USEPA STANDARD OPERATING SAFETY GUIDELINES. A SMALLER MODIFIED DECONTAMINATION LINE MAY BE USED DUE TO SPACE RESTRICTIONS.

Work Limitations (time, weather):

NONE ARE ANTICIPATED, HOWEVER, PERSONNEL WORKING ON SITE MAY EXPERIENCE ELEVATED TEMPERATURES DURING THE WORK DAY. IN THE EVENT THAT AMBIENT TEMPERATURES REACH OR EXCEED 80 DEGREES FAHRENHEIT, THE FOLLOWING GUIDELINES ARE RECOMMENDED.

1. Periods of work should be reduced to no less than one hour time frames and separated by breaks intended to reduce personnel stress due to reduced natural ventilation from wearing protective clothing.

2. All personnel wearing level C protective clothing or greater, will be subject to medical monitoring of body temperature after work periods, by the following guidelines;

a. Heart Rate (HR) should be measured by counting the radial pulse rate for 30 seconds and doubling count for the correct pulse rate. This should be done as early as possible in the resting period. The HR at the beginning of the rest period should not exceed 110 beats per minute. If the HR is higher, the next work period should be shortened by 10 minutes, while the length of the rest period remains the same. If the HR is 100 beats per minute at the beginning of the next rest period, the following work period should be shortened by an additional 10 minutes.

b. Body temperatures should be measured orally with a clinical thermometer as soon as possible in each resting period. Oral Temperatures (OT) should not exceed 99 degrees Fahrenheit. If it does, the next work period should be reduced by 10 minutes while the length of the resting period remains the same. If the OT exceeds 99 degrees Fahrenheit at the beginning of the next work period, the following work period should be reduced by an additional 10 minutes. OT should be

measured at the end of each rest period to ensure that the body's temperature has dropped below 99 degrees Fahrenheit.

Body Water Loss (BWL) from sweating, could result in dehydration and further complications and stress on personnel working in protective clothing under adverse weather conditions. It is strongly recommended that plenty of stress relief beverages be available on site to replace body fluids. Commercial drink mixes that provide electrolyte balancing solutions or water are adequate for replacing body fluids. Alternate methods of heat stress reduction can be made available such as,

- Portable showers or hose-down facilities,
- Shelter cover to protect against direct sunlight,
- Rotating teams of personnel wearing protective clothing,
- Performing extremely arduous tasks early in the workday.

EMERGENCY INFORMATION

In the event of an injury or suspected chemical exposure, the first responsibility of the Project Manager will be to prevent any further injury. This objective will normally require an immediate stop to work until the situation is remedied. The Project Manager may order the evacuation of the work party. Other primary responsibilities in the event of an accident will be the first aid and decontamination of the injured team member(s). The injured party will be moved to a designated safe area and initial first aid will be rendered.

Employees are asked to make every effort and take personnel responsibility to prevent accidents involving machinery or any other aspect of the job, either by individual action or by notifying the Project Manager immediately of any unsafe condition that may exist.

In the event of an unexpected hazardous material discovery on site, the following actions will be taken by any employee involved;

1. The person having uncovered the unexpected material will notify the Project Manager and other workers of the danger. The site will be cleared of personnel if deemed necessary by the Project Manager. If site evacuation is required, appropriate local agencies such as the Fire Department or Health Department will be notified as well.

2. Immediate action will be taken to contain the hazardous material, provided the workers involved are properly attired with adequate protective clothing to avoid exposure.

3. Proper containment procedures will be determined for the hazardous material encountered prior to cleanup commencing. All personnel involved in the containment effort will be properly protected to prevent exposure. Backup personnel will be similarly protected while monitoring the work being done for any additional dangers.

4. The container(s) will be staged on site, away from the major activity areas and in such a way that if loss of containment occurs, the material will be withheld from further spread by a secondary containment berm or vessel.

5. The owner or agent controller of the property will be notified promptly of the incident and will be apprised as to the options available for proper disposal.

EXPOSURE SYMPTOMS AND FIRST AID

<u>EXPOSURE ROUTE</u>	<u>SYMPTOMS</u>	<u>FIRST AID</u>
Skin	Dermatitis, itching redness, swelling	Wash immediately with soap and water contact ambulance if evacuation is needed.
Eyes	Irritation, watering	Flush with water, transport directly to emergency room, if necessary.
Inhalation	Vertigo, tremors	Move person to fresh air, cover source of exposure.
Ingestion	Nausea, vomiting	Call Poison Control Center, DO NOT <u>INDUCE VOMITING</u> , transport to medical facility.

Local Resources:

HEALTH AND SAFETY CONTACT FOR ASE:

David Allen
Office: (510) 820-9391
Police } : 911
Fire }

POISON CONTROL: SF (415) 476-6600
SJ (800) 798-0720

ROUTE TO NEAREST HOSPITAL:

SUBJECT SITE IS A HOSPITAL

AQUA SCIENCE ENGINEERS INC.

HAZARDOUS MATERIALS SITE SAFETY PLAN

The below signed personnel have read this plan, understand it's contents and agree to follow the guidelines set forth;

EMPLOYEE NAME (print)

SIGNATURE

DATE

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT <input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT <input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION <input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED SITE
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I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME EDEN MEDICAL CENTER		NAME OF OPERATOR EDEN MEDICAL CENTER		
ADDRESS 20103 LAKE CHABOT RD.		NEAREST CROSS STREET CASTRO VALLEY BLVD.	PARCEL # (OPTIONAL)	
CITY NAME CASTRO VALLEY		STATE CA	ZIP CODE 94546	SITE PHONE # WITH AREA CODE 510-889-5059
<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"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 3	E. P. A. I. D. # (optional) CAD076538214

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) DAVID ALLEN, DAVID	PHONE # WITH AREA CODE 510-820-9391	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) ALLEN, DAVID	PHONE # WITH AREA CODE 946-6646	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME EDEN MEDICAL CENTER		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 20103 LAKE CHABOT RD.		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME CASTRO VALLEY		STATE CA	ZIP CODE 94546	PHONE # WITH AREA CODE 510-889-5059

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER EDEN MEDICAL CENTER		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 20103 LAKE CHABOT RD.		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME CASTRO VALLEY		STATE CA	ZIP CODE 94546	PHONE # WITH AREA CODE 510-889-5059

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

TY(TK) HQ 44-034493

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 checked="" 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:	<input checked="" type="checkbox"/> I.	<input type="checkbox"/> II.	<input type="checkbox"/> III.
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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) DAVID ALLEN David Allen, ASE Inc.	APPLICANT'S TITLE PROJECT MANAGER	DATE MONTH/DAY/YEAR 10-11-94
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LOCAL AGENCY USE ONLY

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

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 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: EDEN MEDICAL CENTER

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

A. OWNER'S TANK I.D.# <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>3000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <u>WASTE</u> PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<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 type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input 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 <input checked="" type="checkbox"/> 1 SUCTION	A U <input type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 3 GRAVITY	A U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A <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
C. MATERIAL AND CORROSION PROTECTION	A U <input type="checkbox"/> 1 BARE STEEL	A U <input type="checkbox"/> 2 STAINLESS STEEL	A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="checkbox"/> 4 FIBERGLASS PIPE
	A U <input type="checkbox"/> 5 ALUMINUM	A U <input type="checkbox"/> 6 CONCRETE	A <input checked="" type="checkbox"/> 7 STEEL W/ COATING	A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	A U <input type="checkbox"/> 9 GALVANIZED STEEL	A U <input type="checkbox"/> 10 CATHODIC PROTECTION	A U <input type="checkbox"/> 95 UNKNOWN	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 checked="" 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 checked="" type="checkbox"/> 6 TANK TESTING	<input checked="" 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>1993</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</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>DAVID AUBEN David Allen</u>	DATE <u>10-11-94</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: EDEN MEDICAL CENTER

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

A. OWNER'S TANK I.D.#	<u>UNKNOWN</u>	B. MANUFACTURED BY:	<u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS:	<u>10,000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <u>WATER</u> PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<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 type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input 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 checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input 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 <input checked="" type="radio"/> 1 SUCTION	A U <input type="radio"/> 2 PRESSURE	A U <input type="radio"/> 3 GRAVITY	A U <input type="radio"/> 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALL	A U <input type="radio"/> 2 DOUBLE WALL	A U <input type="radio"/> 3 LINED TRENCH	A U <input type="radio"/> 95 UNKNOWN
				A U <input type="radio"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U <input type="radio"/> 1 BARE STEEL	A U <input type="radio"/> 2 STAINLESS STEEL	A U <input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="radio"/> 4 FIBERGLASS PIPE
	A U <input type="radio"/> 5 ALUMINUM	A U <input type="radio"/> 6 CONCRETE	A <input checked="" type="radio"/> 7 STEEL W/ COATING	A U <input type="radio"/> 8 100% METHANOL COMPATIBLE W/FRP
	A U <input type="radio"/> 9 GALVANIZED STEEL	A U <input type="radio"/> 10 CATHODIC PROTECTION	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input checked="" 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 checked="" type="checkbox"/> 6 TANK TESTING	<input checked="" 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>1993</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</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>DAVID ALLEN David Allen ASE, Inc.</u>	DATE <u>10.11.94</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: **EOEN MEDICAL CENTER**

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

A. OWNER'S TANK I.D.# UNKNOWN	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN	D. TANK CAPACITY IN GALLONS: 10,000

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<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 type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<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"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input 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 checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input 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 <input checked="" type="checkbox"/> 1 SUCTION	A U <input type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 3 GRAVITY	A U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A <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 type="checkbox"/> 1 BARE STEEL	A U <input type="checkbox"/> 2 STAINLESS STEEL	A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="checkbox"/> 4 FIBERGLASS PIPE
	A U <input type="checkbox"/> 5 ALUMINUM	A U <input type="checkbox"/> 6 CONCRETE	A <input checked="" type="checkbox"/> 7 STEEL W/ COATING	A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	A U <input type="checkbox"/> 9 GALVANIZED STEEL	A U <input type="checkbox"/> 10 CATHODIC PROTECTION	A U <input type="checkbox"/> 95 UNKNOWN	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 checked="" 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 checked="" type="checkbox"/> 6 TANK TESTING	<input checked="" 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) 1993	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 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) DAVID ALLEN David Allen ASE, Inc.	DATE 10.11.94
--	-------------------------

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		

Hazardous Material's Deposit Refund System

Edit Save Add new Delete Reset Previous Next Quit

Site #: 6073 StID#: 646 LookUp-PAYOR #:606 Sitelst: 6073
 Site Name: Eden Hosp. Medical Center Eden Hosp. Medical Center
 Address: 20103 Lake Chabot Rd Address: 20103 Lake Chabot Rd.
 City: Castro Valley Zip: 94546 City: Castro Valley CA Zip: 94546
 Contact: Robert Bosold Contact:
 Phone #: 889-5059 Phone #: 510/889-5089

Unauthorized Release? (y/n) Y Receipt #'s: 604989, 604844, 612073
 Date Site Complete: 08/23/94 Type List:
 Payor Links: 606-c, 606-b, 3 I,R,R,T,
 04A,

PROJ#	DATE:	RCPT#:	CHECK #:	\$AMOUNT	Type: R,I,M	#TANKS	DATE DEP COMPLETE	INSP
6073B	03/24/92	604844	14303	432.00	R	1	08/23/94	CL
6073C	08/28/92	604989	20241	459.00	I	1	08/23/94	CL

[ESC] Done [F2] Clear field [Shift-F2] Clear to end [Shift-F10] More
 Form: DEP Table: SITES Field: Site# Page: 1



AUG 24 REC'D

August 22, 1994

Scott O. Seery, CHMM
Senior Hazardous Materials Specialist
Alameda County Health Care Services
Department of Environmental Health
1131 Harbor Bay Pkwy 2nd Floor
Alameda, CA 94502-6577

**SUBJECT: UNDERGROUND STORAGE TANK REMOVAL
EDEN MEDICAL CENTER**

I received your letter dated August 8, 1994 requesting an update of the closure project for two storage tanks.

The new storage tank was approved by your department in June 1994 and I have met with consultants who are now planning the removal of the old tanks (Petro-Analytical, Inc./Fugro West, Inc.)

We hope the removal can start in 4-5 weeks but will keep you informed as we progress.

If you have any questions, please call me at 889-5059.

Sincerely

Robert F. Bosold
Director of Facilities

RFB/lc

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

STID 646

August 8, 1994

Mr. Robert Bosold
Eden Hospital Medical Center
20103 Lake Chabot Road
Castro Valley, CA 94546

Alameda County CC 4580
Health Care Services Agency
Dept. Of Environmental Health
1131 Harbor Bay Pkwy 2nd Flr.
Alameda, CA 94502-6577

RE: UNDERGROUND STORAGE TANK REMOVAL / INSTALLATIONS;
PRELIMINARY SITE ASSESSMENT

Dear Mr. Bosold:

In correspondence to you dated August 5, 1993, this office requested an update regarding the scheduled closure of two existing fuel oil underground storage tanks (UST), their replacement with one double-walled UST, and the performance of a preliminary site assessment (PSA). A PSA was required as a result of a confirmed release identified during the October 1991 closure of a single UST sharing the same excavation as the remaining two. A copy of the cited letter is attached for your reference.

My August 5, 1993 correspondence requested that you contact me to develop a schedule for performing the required tasks. This did not occur. However, I do understand that the replacement UST was installed during the fall of 1993. I recall it was the need to complete this installation *first* that impinged on the hospital's ability to remove the remaining, still-active USTs. Therefore, I must assume that the remaining UST closures and PSA work plan submittal are to occur forthwith.

Please submit, within 15 days of the date of this letter, your schedule for implementing the remaining tasks. Please note our new mailing address. Should you have any questions, I may be reached at 510/567-6700.

Sincerely,



Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

attachment

cc: Rafat A. Shahid, Assistant Agency Director
Gil Jensen, Alameda County District Attorney's Office
Jim Ferdinand, Alameda County Fire Department
Pam Evans, ACDEH



EDEN HOSPITAL MEDICAL CENTER
20103 LAKE CHABOT RD.
CASTRO VALLEY
CALIFORNIA 94546-5367
510/537-1234

April 12, 1994

Robert J. Whitman
Applied Environmental Solutions, Inc.
2530 Berryessa Rd., Suite 809
San Jose, CA 95132-2903

SUBJECT: EDEN HOSPITAL FUEL TANK

Dear Mr. Whitman:

The work as directed in my letter to you dated March 21, 1994 has not been completed by the deadline of April 1, 1994 as required.

Therefore, pursuant to Article 14: Termination or Suspension of Contract, Supplementary Conditions page 00800-35 of the Specifications for Eden Hospital Fuel Oil Storage Tank dated June 1, 1993, the Contractor: Applied Environmental Solutions, Inc. is terminated from employment.

The Contractor shall immediately discontinue all work and the Owner will arrange for completion of the work required under the contract along with distribution of the remaining unpaid contract balance as provided for in the specifications.

Sincerely,

Robert F. Bosold
Director of Facilities

cc: Jean Guelpa
Amwest Surety

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

STID 646

August 5, 1993

Mr. Robert Bosold
Eden Hospital Medical Center
20103 Lake Chabot Road
Castro Valley, CA 94546

RE: UNDERGROUND STORAGE TANK REMOVAL / INSTALLATIONS;
PRELIMINARY SITE ASSESSMENT

Dear Mr. Bosold:

On March 16, 1992, Eden Hospital Medical Center was sent a notice from this office requesting the submittal of a preliminary site assessment (PSA) work plan as a result of observations made during the October 17, 1991 removal of one 3,000 gallon diesel underground storage tank (UST). During a telephone conversation with your assistant, Bob Costanzo, on March 24, 1992, I was advised that overexcavation of the subject UST and the emplacement of monitoring wells would occur once the replacement UST was installed and the remaining two USTs sharing the subject tank's excavation were removed. Correspondence dated April 3, 1992, authored by Fred Gharati of Applied Environmental Solutions, Inc., further corroborated this planned course of action. Mr. Gharati's letter implied the UST installation and removal process would proceed quickly. Although both the installation and removal plans have been approved for many months (the closure plan being approved June 19, 1992), as of this writing, no progress has been made to implement either.

Please be reminded that Section 2652, and Article 11 of Title 23, Section 2720 et seq., California Code of Regulations, require the performance of environmental investigations and regular submittal of technical reports whenever leaks from USTs are identified. These tasks are also required pursuant to language contained in the California Water Code.

Please contact me at your earliest convenience so that we may assist in developing a schedule for implementation of the noted activities in a fashion amenable to all parties and within the scope of applicable law and regulations. I may be reached at 510/271-4530.

Mr. Robert Bosold
RE: Eden Hospital, 20103 Lake Chabot Road
August 5, 1993
Page 2 of 2

Sincerely,



Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Assistant Agency Director
Gil Jensen, Alameda County District Attorney's Office
Jim Ferdinand, Alameda County Fire Department
Kenin Tinsley, ACDEH
file



Working towards a
pollution free environment

Applied Environmental Solutions Inc.
775 Montague Expressway
Milpitas, California 95035

92/10/2 Telephone 408 957-7700
Fax 408 263-2702
1:20

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, California 94621

April 3, 1992

Attn: Mr. Scott O. Seery

Dear Scott:

This is a follow up on our telephone conversation on Wednesday April 1, 1992. As we discussed on the phone Eden Hospital Medical Center (EHMC) is planning to install new underground fuel storage facility, and remove the remaining underground storage tanks.

In response to your March 16, 1992 letter addressed to EHMC, EHMC would like to have the opportunity to proceed with the above mentioned installation and removal so an attempt can be made to overexcavate the remaining Petroleum Hydrocarbon Contaminated Soil from the impacted areas prior to submitting an investigation workplan.

The permitting process for the installation of the new facility has already begun and an answer is expected shortly. The installation project should begin within 45 to 60 days after the permitting process is completed and should be completed within 40 days.

The permitting process for the removal project will begin shortly, and the project itself will begin immediately following the completion of the installation project and should take about 5 working days.

The overexcavation project will begin immediately following the completion of the removal project.

The investigation workplan will follow once the progress of the overexcavation is assessed and results are analyzed.

If you have any questions regarding this project please call me at (408) 957-7700.

Sincerely,

Fred Gharaati
V.P. of Operations

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

STID 646

March 16, 1992

Mr. Robert Bosold
Eden Hospital Medical Center
20103 Lake Chabot Road
Castro Valley, CA 94546

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

RE: PRELIMINARY SITE ASSESSMENT PROPOSAL REQUEST; 20103 LAKE CHABOT
ROAD, CASTRO VALLEY

Dear Mr. Bosold:

The Department is in receipt and has completed review of the December 1991 Applied Environmental Solutions, Inc. (AES) report documenting the closure of one diesel underground storage tank (UST) on October 17, 1991 at the referenced site. This closure was necessitated by the presence of severe corrosion, pitting, and through-going holes at the top of this UST observed in May 1991 when it was uncovered during the repiping of the boiler and emergency generator tanks. As a result of these observations, an initial Underground Storage Tank Unauthorized Release (Leak) report was filed on June 8, 1991.

The subject tank was closed on October 17, 1991. Water observed in the excavation originated from a sewer line broken during excavation of the tank. The odor of diesel fuel was evident, both from stockpiled soil previously excavated from the UST pit and from within the pit itself. Soil discoloration was also evident within the excavation.

Excavation activities were hampered by several factors: the pit's close proximity to the generator room and an apparent equipment trailer; another UST sharing the excavation to the west; and, the presence of product piping strung across the south end of the tank. (Please note that the site map enclosed with the referenced AES report appears to identify the compass direction "north" in a direction opposite to this author's field notes. This letter will continue to refer to such compass directions in a manner consistent with field data.) As a result of these factors, the backhoe was incapable of completely uncovering the south end of the tank.

Further complicating its removal, the tank was set upon a concrete pad at the base of the excavation. This pad, compounded by the unremoved overburden above the south end of the tank, prevented the backhoe from "wrenching" the UST from its excavation. The use of a crane was required to remove the tank, and even then it was difficult.

Mr. Robert Bosold
RE: Eden Hospital, 20103 Lake Chabot Road
March 16, 1992
Page 2 of 4

Samples were not collected from the north end UST pit until October 25, 1991; from the south end, October 29, 1991. The concrete pad at the base of the excavation prevented the collection of bottom samples. Hence, only tank-end sidewall samples were collected. Because of close quarters, a slide hammer soil sampler was used to collect a sample from the south end of the pit.

Soil sample EH-2, collected from the south end of the UST pit, exhibited only 25 parts per million (ppm) of total petroleum hydrocarbons (TPH-D), and minor concentrations of ethylbenzene and xylenes. Sample EH-1, collected from the north end of the pit, did not exhibit concentrations of target compounds over method detection limits. However, a composite sample collected from previously excavated material exhibited 220 ppm of TPH-D.

The San Francisco Bay Regional Water Quality Control Board (RWQCB) requires additional environmental investigations to be performed at those sites where a confirmed release has occurred. The holes observed in the subject UST is one of the recognized indicators of a confirmed release, as reflected by the Underground Storage Tank Unauthorized Release (Leak) report filed June 3, 1991. Evident staining and diesel odors in the UST pit are other indicators. Although in-situ soil samples collected from within the pit had low or nondetectable concentrations of target compounds which were below "traditional" action thresholds, sampling did not follow ideal protocols because of site-specific sampling constraints, as discussed previously. Stockpile samples did, however, exhibit elevated concentrations of TPH-D.

A result of the unauthorized release at this site, further investigation is required. The purpose of this investigation is to determine the lateral and vertical extent, and severity, of latent soil and ground water contamination which may have resulted from the release at this site.

Such an investigation shall be in the form of a **Preliminary Site Assessment**, or PSA. The information gathered by the PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The PSA must be conducted in accordance with the RWQCB Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks. The major elements of such an investigation are summarized in the attached Appendix A.

In order to proceed with a site investigation, you should obtain professional services of a reputable environmental consultant. Your responsibility is to have the consultant submit for review a proposal outlining planned activities pertinent to meeting the criteria broadly outlined in this letter and the attached Appendix A.

Mr. Robert Bosold
RE: Eden Hospital, 20103 Lake Chabot Road
March 16, 1992
Page 3 of 4

This Department will oversee the assessment and remediation of your site. Our oversight will include the review of and comment on work proposals and technical guidance on appropriate investigative approaches and monitoring schedules. The issuance of well drilling permits, however, will be through the Alameda County Flood Control and Water Conservation District, Zone 7, in Pleasanton. The RWQCB may choose to take over as lead agency if it is determined following the completion of the initial assessment that there has been a substantial impact to ground water.

The PSA proposal is due within 45 days of the date of this letter, or by **May 1, 1992**. Once the proposal is approved, field work should commence within 60 days. A report must be submitted within 45 days after the completion of this phase of work at the site. Subsequent reports are to be submitted quarterly until this site qualifies for final RWQCB "sign off." Such quarterly reports are due the first day of the second month of each subsequent quarter (i.e., May 1, August 1, November 1, and February 1).

The referenced initial and quarterly reports must describe the status of the investigation and must include, among others, the following elements:

- o Details and results of all work performed during the designated period of time: records of field observations and data, boring and well construction logs, water level data, chain-of-custody forms, laboratory results for all samples collected and analyzed, tabulations of free product thicknesses and dissolved fractions, etc.
- o Status of ground water contamination characterization
- o Interpretation of results: water level contour maps showing gradients, free and dissolved product plume definition maps for each target component, geologic cross sections, etc.
- o Recommendations or plans for additional investigative work of remediation

All reports and proposals must be submitted under seal of a California-Registered Geologist, -Certified Engineering Geologist, or -Registered Civil Engineer. Please include a statement of qualifications for each lead professional involved with this project.

Please be advised that this is a formal request for technical reports pursuant to California Water Code Section 13267 (b). Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by either this agency or the RWQCB.

Mr. Robert Bosold
RE: Eden Hospital, 20103 Lake Chabot Road
March 16, 1992
Page 4 of 4

Should you have any questions about the content of this letter,
please call me at 510/271-4320.

Sincerely,



Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

enclosure

cc: Rafat A. Shahid, Assistant Agency Director, Environmental Health
Edgar Howell, Chief, Hazardous Materials Division
Gil Jensen, Alameda County District Attorney's Office
Lester Feldman, RWQCB
Howard Hatayama, DHS
Bob Bohman, Castro Valley Fire Department
file

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
REPORT DATE 02/11/92		CASE #		SIGNED: <i>[Signature]</i> DATE: 2/11/92	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT SCOTT SEERY		PHONE (510) 271-4320		SIGNATURE <i>[Signature]</i>
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME ALAMEDA CO. ENV. HEALTH		
	ADDRESS 80 SWAN WAY, Rm. 200 OAKLAND, CA 94621				
RESPONSIBLE PARTY	NAME EDEN HOSPITAL MEDICAL CENTER		CONTACT PERSON Robert Bosold		PHONE (510) 889-8059
	ADDRESS 20103 Lake Chabot Rd., Castro Valley CA 94546				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Eden Hospital Medical Center		OPERATOR Robert Bosold		PHONE (510) 889-8059
	ADDRESS 20103 Lake Chabot Rd. Castro Valley Alameda 94546				
	CROSS STREET Congress Way				
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda Co. Env. Health		CONTACT PERSON Scott Seery		PHONE (510) 271-4320
	REGIONAL BOARD San Francisco Bay		CONTACT PERSON Lester Feldman		PHONE (510) 462-1255
SUBSTANCES INVOLVED	(1) Diesel		NAME		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)		NAME		QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN
DISCOVERY/ABATEMENT	DATE DISCOVERED 053091		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER <i>UST uncovered for replumbing</i>		
	DATE DISCHARGE BEGAN UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 10/17/91				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input checked="" type="checkbox"/> OVERFILL? <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)				
COMMENTS	Corrosion holes noted along top of 3,000 gallon diesel tank in ~ May 1991. This tank was removed in October 1991. Soil samples indicate contamination in native material, although sampling was extremely difficult due to the presence of a concrete below this tank, and tight orientation of on-site structures which limited ability of excavator to collect samples from appropriate locations.				

DATE: 2/11/92
TO : Local Oversight Program
FROM: Scott
SUBJ: Transfer of Eligible Oversight Case

Site name: Eden Hospital Medical Center
Address: 20102 Lake Chabot Rd. City Castro Valley Zip 94546
Closure plan attached? Y N DepRef remaining \$ -91.77
DepRef Project # 6073A STID #(if any) ~~300~~ (?) 646
Number of Tanks: 1 removed? Y N Date of removal 10/17/91
Leak Report filed? Y N Date of Discovery 5/30/91
Samples received? Y N Contamination: soil
Petroleum Y N Types: Avgas Jet leaded unleaded Diesel
fuel oil waste oil kerosene solvents
Monitoring wells on site 0 Monitoring schedule? Y N
LUFT category 1 2 3 * H S C A R W G O
Briefly describe the following:
Preliminary Assessment Pending
Remedial Action NA
Post Remedial Action Monitoring NA
Enforcement Action NA

Through-going corrosion holes noted during site visit 5/30/91. Operator was advised to remove tank. UST closed 10/17/91. Severe corrosion pitting was observed. UST was placed on concrete slab in UST pit. This fact, and the limited access by excavating equipment to UST pit, made sampling awkward and difficult. Samples were collected as close as possible to ~~the~~ the slab/native soil juncture at the ~~end~~ either end of UST pit.

Fairly low (25 ppm) conc. of diesel and volatiles discovered. However, overburden/backfill exhibited strong product odors / staining and 220 ppm diesel. P&H proposal request must be made.

TITLE 22

(Register 94, No. 41-10-13-04)

ENVIRONMENTAL HEALTH

§ 66630

(p. 1800.15)

593. Phosphorus (amorphous, red) (T,F,R)
 594. Phosphorus (white or yellow) (T,F,R)
 595. Phosphorus oxybromide, Phosphoryl bromide (T,C,R)
 596. Phosphorus oxychloride, Phosphoryl chloride (T,C,R)
 597. Phosphorus pentachloride, Phosphoric chloride (T,C,F,R)
 598. Phosphorus pentasulfide, Phosphoric sulfide (T,C,F,R)
 599. Phosphorus sesquisulfide, Tetraphosphorus trisulfide (T,C,F,R)
 600. Phosphorus tribromide (T,C,R)
 601. Phosphorus trichloride (T,C,R)
 602. Picramide, Trinitroaniline (T,R)
 603. Picric acid, Trinitrophenol (T,R)
 604. Picryl chloride, 2-Chloro-1,3,5-trinitrobenzene (T,R)
 605. Platinum compounds (T)
 606. Polychlorinated biphenyls, PCB, Askarel, AROCLOR, CHLOREX-TOL, INERTEEN, PYRANOL (T)
 607. Polyvinyl nitrate (F,R)
 608. POTASAN; O,O-Diethyl-O-(4-methylumbelliferone) phosphorothioate (T)
 609. Potassium (C,F,R)
 610. Potassium arseniate (T)
 611. Potassium arsenite (T)
 612. Potassium bifluoride, Potassium acid fluoride (T,C)
 613. Potassium bitartrate, Potassium acid oxalate (T)
 614. Potassium bromate (T,F)
 615. Potassium cyanide (T)
 616. Potassium dichloroarsenate (T,F)
 617. Potassium dichromate, Potassium bichromate (T,C,F)
 619. Potassium fluoride (T)
 620. Potassium hydride (C,F,R)
 621. Potassium hydroxide, Caustic potash (T,C)
 622. Potassium nitrate, Saltpeter (F,R)
 623. Potassium nitrite (F,R)
 624. Potassium oxalate (T)
 625. Potassium perchlorate (T,F,R)
 626. Potassium permanganate (T,C,F)
 627. Potassium peroxide (C,F,R)
 628. Potassium sulfide (T,F)
 629. Propargyl bromide, 3-Bromo-1-propyne (T,F)
 630. beta-Propiolactone, BPL (T)
 631. Propionaldehyde, Propanal (T,F)
 632. Propionic acid, Propanoic acid (T,C,F)
 633. n-Propyl acetate (T,F)
 634. n-Propyl alcohol, 1-Propanol (T,F)
 635. n-Propylamine (and isomers) (T,F)
 636. Propyleneimine, 2-Methylaziridine (T,F)
 637. Propylene oxide (T,F)
 638. n-Propyl formate (T,F)
 639. n-Propyl mercaptan, 1-Propanethiol (T,F)

§ 66680

(p. 1800.16)

ENVIRONMENTAL HEALTH

640. n-Propyltrichlorosilane (T,C,F,R)
 641. Prothioate, FOSITION, FAC; O,O-Diethyl-S-carboethoxyethyl phosphorodithioate (T)
 642. Pyridine (T,F)
 643. Pyrosulfuryl chloride, Disulfuryl chloride (T,C,R)
 644. Quinone; 1,4-Benzoquinone (T)
 645. Raney nickel (F)
 646. Schradan, Octamethyl pyrophosphoramide, OMPA (T)
 647A. Selenium (T)
 647B. Selenium compounds (T)
 648. Selenium fluoride (T)
 649. Selenous acid, Selenious acid and salts (T)
 650. Silicon tetrachloride, Silicon chloride (T,C,R)
 651. Silver acetylde (T,R)
 652. Silver azide (T,R)
 653. Silver compounds (T)
 654. Silver nitrate (T)
 655. Silver stypnate, Silver trinitroresorcinate (T,R)
 656. Silver tetrazone (T,R)
 657. Sodium (C,F,R)
 658. Sodium aluminate (C)
 659. Sodium aluminum hydride (C,F,R)
 660. Sodium amide, Sodamide (C,F,R)
 661. Sodium arsenite (T)
 662. Sodium arsenite (T)
 663. Sodium azide (T,R)
 664. Sodium bifluoride, Sodium acid fluoride (T,C)
 665. Sodium bromate (T,F)
 666. Sodium cacodylate, Sodium dimethylarsenate (T)
 667. Sodium carbonate peroxide (F)
 668. Sodium chlorate (T,F)
 669. Sodium chlorite (T,F)
 670. Sodium chromate (T,C)
 671. Sodium cyanide (T)
 672. Sodium dichloroarsenate (F)
 673. Sodium dichromate, Sodium bichromate (T,C,F)
 674. Sodium fluoride (T)
 675. Sodium hydride (T,C,F,R)
 676. Sodium hydroxide, Sodium hyposulfite (F)
 677. Sodium hydroxide, Caustic soda, Lye (T,C)
 678. Sodium hypochlorite (T,F,R)
 679. Sodium methylate, Sodium methoxide (C,F,R)
 680. Sodium molybdate (T)
 681. Sodium nitrate, Soda niter (T,F,R)
 682. Sodium nitrite (T,F,R)
 683. Sodium oxide, Sodium monoxide (T,C)
 684. Sodium perchlorate (T,F,R)
 685. Sodium permanganate (T,F)
 686. Sodium peroxide (T,F,R)

TITLE 22

(Register 94, No. 41-10-13-04)

TITLE 23

(Register 94, No. 41-10-13-04)

ENVIRONMENTAL HEALTH

§ 66680

(p. 1800.)

687. Sodium picramate (T,F,R)
 688. Sodium potassium alloy, NaK, Naek (C,F,R)
 689. Sodium selenate (T)
 690. Sodium sulfide, Sodium hydrosulfide (T,F)
 691. Sodium thiocyanate, Sodium sulfocyanate (T)
 692. Stannic chloride, Tin tetrachloride (T,C)
 693. Strontium arsenate (T)
 694. Strontium nitrate (T,F,R)
 695. Strontium peroxide, Strontium dioxide (F,R)
 696. Strychnine and salts (T)
 697. Styrene, Vinylbenzene (T,F)
 698. Succinic acid peroxide (T,F)
 699. Sulfide salts (soluble) (T)
 700. Sulfotepp, DITHIONE, BLADAFUM, Tetraethyl dithiopyrophosphate, TEDP (T)
 701. Sulfur chloride, Sulfur monochloride (T,C,R)
 702. Sulfur mustard (T,C,R)
 703. Sulfur pentasulfide (T,C)
 704. Sulfur trioxide, Sulfuric anhydride (T,C,F)
 705. Sulfuric acid, Oil of vitriol, Battery acid (T,C)
 706. Sulfurous acid (T,C)
 707. Sulfuryl chloride, Sulfonyl chloride (T,C,R)
 708. Sulfuryl fluoride, Sulfonyl fluoride (T,C,R)
 709. SUPRACIDE, ULTRACIDE, S-[5-Methoxy-2-oxo-1,2,4-thiadiazol-3(2H)-yl] methyl]-O,O-dimethyl phosphorodithioate (T)
 710. SURECIDE, Cyanophenphos, O-para-Cyanophenyl-O-ethyl phenyl phosphonothioate (T)
 711. Tellurium hexafluoride (T,C)
 712. TELODRIN, Isobenzar; 1,2,4,5,6,7,8,8-Octachloro-1,2,3a,4,7,7a-hexahydro-4,7-methanobenzofuran (T)
 713. TEMIK, Aldicarb, 2-Methyl-2(methylthio) propionaldehyde-O-(methylcarbamoyl) oxime (T)
 714. 2,3,7,8-Tetrachlorodibenzo-p-para-dioxin, TCDD, Dioxin (T)
 715. sym-Tetrachloroethane (T)
 717. Tetraethyl lead, TEL (and other organic lead) (T,F)
 718. Tetraethyl pyrophosphate, TEPP (T)
 719A. Tetrahydrofuran, THF (T,F)
 719B. Tetrahydrophthalic anhydride, Menthetrahydrophthalic anhydride (T)
 720. TETRALIN, Tetrahydronaphthalene (T)
 721. Tetramethyl lead, TML (T,F)
 722. Tetramethyl succinonitrile (T)
 723. Tetranitromethane (T,F,R)
 724. Tetrasul, ANIMERT V-101, S-para-Chlorophenyl-2,4,6-trichlorophenyl sulfide (T)
 725. Tetrazene, 4-Amidino-1-(nitrosamino-amidino)-1-tetrazene (T,R)
 726. Thallium (T)
 727. Thallium compounds (T)
 728. Thallous sulfate, Thallium sulfate, RATOX (T)

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Division Inspection Form

Site ID# _____ Site Name Eden Hospital Today's Date 10/29/91
 Site Address 2003 LK Chabot Rd EPA ID# _____
 City Castro Valley Zip 94546 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

- I.A. GENERATOR (Title 22)**
- Manifest
 - 1. Waste ID * 66471
 - 2. EPA ID 66472
 - 3. > 90 days 66508
 - 4. Label dates 66508
 - 5. Biennial 66493
 - 6. Records 66492
 - 7. Correct 66484
 - 8. Copy sent 66492
 - 9. Exception 66484
 - 10. Copies Rec'd 66492
 - Misc.
 - 11. Treatment 66371
 - 12. On-site Disp. (H.S.&C.) 26189.5
 - 13. Ex Haz. Waste 66570
 - Prevention
 - 14. Communications 67121
 - 15. Aisle Space 67124
 - 16. Local Authority 67126
 - 17. Maintenance 67120
 - 18. Training 67105
 - Confin. Agency
 - 19. Prepared 67140
 - 20. Name List 67141
 - 21. Copies 67141
 - 22. Emg. Coord. Trng. 67144
 - Containers, Tanks
 - 23. Condition 67241
 - 24. Compatibility 67242
 - 25. Maintenance 67243
 - 26. Inspection 67244
 - 27. Buffer Zone 67246
 - 28. Tank Inspection 67259
 - 29. Containment 67245
 - 30. Safe Storage 67261
 - 31. Freeboard 67257

- I.B. TRANSPORTER (Title 22)**
- Manifest
 - 32. Applic./Insurance 66428
 - 33. Comp. Cert./CHP Insp. 66448
 - 34. Containers 66465
 - 35. Vehicles 66465
 - 36. EPA ID #s 66531
 - 37. Correct 66541
 - 38. HW Delivery 66543
 - 39. Records 66544
 - Cont'rs
 - 40. Name/ Covers 66545
 - 41. Recyclables 66800

Comments: 1:30 - 2:00
 On-site to witness sampling at south end of UST pit. UST previously removed 10/17/91. Sampling of north end of pit completed 10/25, but concrete pad at base of excavation hampered the collection of bottom samples. End sidewall samples were only alternative. However, backhoe could not facilitate the collection of the south end sample because of close quarters which prevented the equipment from accessing that end of the pit.
 A slide-hammer soil sampler was used to collect the sample. As the previously-excavated soil had been placed back into the pit pending ^{lab} analysis, the impression at the south end of the pit left by the end of the closed UST was somewhat obscured, about 1/2 way up its diameter. Hence, rather than the sample being collected at the concrete slab/sidewall interface, it was collected approx 2-3 feet up the sidewall.

Rev 6/88

Contact: Candace Sales
 Title: geologist / sampler
 Signature: _____

Inspector: S. [Signature]
 Signature: _____

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Eden Hospital Today's Date 10/25/91

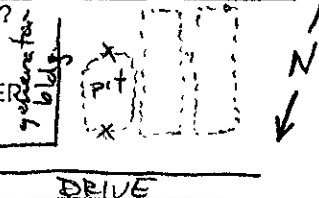
Site Address Lk. Chabot Rd

City Castro Valley Zip 945 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: 4:05 - 5:20
on-site to witness soil sampling not completed last week during UST closure!

There is an apparent concrete pad at the base of the excavation, the presence of which impacts the ability to collect soil samples. At my direction, samples were collected from the tank-end sidewalls, as close to the sidewall-~~interface~~ bottom interface as possible. The sample collected from the south end of the pit was possible only after partially backfilling the UST pit with material previously excavated. The soil in this area (south end) is deeply stained and odorous of product.

* A sample could not be collected from the south end because of mechanical limitations of the backhoe and the tight quarters within which it had to operate. Sampling w/ a slide hammer sampler will be attempted next week.

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. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25533(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. Precls 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: _____

Rev 8/88

Contact: Candace Soles
 Title: geologist/sampler (ECC)
 Signature: _____

Inspector: _____
 Signature: _____

II, III

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

80 Swan Way, #200
Oakland, CA 94621
(415) 271-4320

II, III

Site ID # _____ Site Name Eden Hospital Today's Date 10/17/91

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus Plan Sids. 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)

Site Address 20103 Lk. Chabot Rd

City Castro Valley Zip 94546 Phone 537-1234

II.B ACUTELY HAZ. MAT'LS

- 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. 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

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:

1:00 - 4:30

On site to witness closure of ~~one~~ 3000 gal diesel UST. Larry Brown (CVFD) and Phil Mitchell (Env. Construction Company) met me on site. Upon arrival, water was observed in the tank pit (ground water?); also, the odor of diesel fuel was evident, both from soils already excavated from around/above the subject UST, and from within the tank pit. The sampler, Candace Soles of Applied Env. Solutions, Inc., indicated the water previously noted was from a broken sewer line, which has since been repaired. CVFD cleared the tank for removal ~ 1315 hrs, and left site. At 1410 hrs, after several unsuccessful attempts at removing the tank using a backhoe, a crane was called in. Tank pulled @ 1610 hrs. Tank appeared intact along its bottom (however, from a previous inspection, the top of the tank has several throughgoing holes), and was tar-wrapped. Soil proximal to the fill (east) end appears heavily stained. H+H Ship Service transported tank off site. - No samples collected today - out of time -

III. UNDERGROUND TANKS (Title 23)

- | | |
|--|---|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 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/grdwat 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 _____ | |
| New Tanks | <input type="checkbox"/> 7. Precip Tank Test 2643 |
| | Date: _____ |
| | <input type="checkbox"/> 8. Inventory Rec. 2644 |
| | <input type="checkbox"/> 9. Soil Testing . 2646 |
| <input type="checkbox"/> 10. Ground Water. 2647 | |
| <input type="checkbox"/> 11. Monitor Plan 2632 | |
| <input type="checkbox"/> 12. Access. Secure 2634 | |
| <input type="checkbox"/> 13. Plans Submit 2711 | |
| Date: _____ | |
| <input type="checkbox"/> 14. As Built 2635 | |
| Date: _____ | |

Rev 8/88

Contact: Phil Mitchell
Title: _____
Signature: _____

Inspector: _____
Signature: [Signature]

II, III

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

EMERGENCY	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?	FOR LOCAL AGENCY USE ONLY
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM)

REPORT DATE 06/03/91	CASE #
SIGNED: _____ DATE: 6-4-91	

NAME OF INDIVIDUAL FILING REPORT SCOTT SEERY	PHONE (415) 271-4320	SIGNATURE <i>[Signature]</i>
---	-------------------------	---------------------------------

REPRESENTING	OWNER/OPERATOR	REGIONAL BOARD	COMPANY OR AGENCY NAME
<input checked="" type="checkbox"/> LOCAL AGENCY	<input type="checkbox"/> OTHER	<input type="checkbox"/>	ALAMEDA CO. ENV. HEALTH HAZ. MAT. DIV.

ADDRESS 90 SWAN WAY, Rm. 200	CITY OAKLAND	STATE CA	ZIP 94621
---------------------------------	-----------------	-------------	--------------

NAME EDEN HOSP. MED. CENTER	CONTACT PERSON ROBERT BOBOLD	PHONE (415) 879-5059
--------------------------------	---------------------------------	-------------------------

ADDRESS 20103 LAKE CHARLOT ROAD	CITY CASTRO VALLEY	STATE CA	ZIP 94546
------------------------------------	-----------------------	-------------	--------------

FACILITY NAME (IF APPLICABLE) EDEN HOSP. MEDICAL CENTER	OPERATOR	PHONE (415) 879-5059
--	----------	-------------------------

ADDRESS 20103 LAKE CHARLOT ROAD	CITY CASTRO VALLEY	COUNTY ALAMEDA	ZIP 94546
------------------------------------	-----------------------	-------------------	--------------

CROSS STREET NONE

LOCAL AGENCY ALAMEDA CO. ENV. HEALTH	AGENCY NAME	CONTACT PERSON SCOTT SEERY	PHONE (415) 271-4320
---	-------------	-------------------------------	-------------------------

REGIONAL BOARD SAN FRANCISCO BAY	CONTACT PERSON LESTER FELDMAN	PHONE (415) 464-1355
-------------------------------------	----------------------------------	-------------------------

SUBSTANCES INVOLVED (1) DIESEL	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
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SUBSTANCES INVOLVED (2)	QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN
----------------------------	---

DATE DISCOVERED 05/20/91	HOW DISCOVERED <input type="checkbox"/> TANK TEST	INVENTORY CONTROL <input type="checkbox"/>	SUBSURFACE MONITORING <input type="checkbox"/>	NUISANCE CONDITIONS <input type="checkbox"/>	OTHER CORROSION HOLES NOTED ON TOP OF TANK DURING PIPING MOVS
-----------------------------	--	---	---	---	--

DATE DISCHARGE BEGAN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)
<input checked="" type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/> REMOVE CONTENTS

HAS DISCHARGE BEEN STOPPED? UNKNOWN	REPAIR TANK	CLOSE TANK & FILL IN PLACE	CHANGE PROCEDURE
--	-------------	----------------------------	------------------

SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK	CAUSE(S) <input checked="" type="checkbox"/> OVERFILL	RUPTURE/FAILURE	SPILL
--	--	-----------------	-------

SOURCE OF DISCHARGE <input checked="" type="checkbox"/> PIPING LEAK	CAUSE(S) <input checked="" type="checkbox"/> CORROSION	UNKNOWN	OTHER
--	---	---------	-------

CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED
--

CHECK ONE ONLY <input checked="" type="checkbox"/> NO ACTION TAKEN	PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED	POLLUTION CHARACTERIZATION
---	--	----------------------------

CHECK ONE ONLY <input checked="" type="checkbox"/> LEAK BEING CONFIRMED	PRELIMINARY SITE ASSESSMENT UNDERWAY	POST-CLEANUP MONITORING IN PROGRESS
--	--------------------------------------	-------------------------------------

CHECK ONE ONLY <input checked="" type="checkbox"/> REMEDIATION PLAN	CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY)	CLEANUP UNDERWAY
--	--	------------------

CHECK APPROPRIATE ACTION(S) <input checked="" type="checkbox"/> CAP SITE (CD)	EXCAVATE & DISPOSE (ED)	REMOVE FREE PRODUCT (FP)	ENHANCED BIO-DEGRADATION (IT)
--	-------------------------	--------------------------	-------------------------------

CHECK APPROPRIATE ACTION(S) <input checked="" type="checkbox"/> CONTAINMENT BARRIER (CB)	EXCAVATE & TREAT (ET)	PUMP & TREAT GROUNDWATER (GT)	REPLACE SUPPLY (RS)
---	-----------------------	-------------------------------	---------------------

CHECK APPROPRIATE ACTION(S) <input checked="" type="checkbox"/> VACUUM EXTRACT (VE)	NO ACTION REQUIRED (NA)	TREATMENT AT HOOKUP (HU)	VENT SOIL (VS)
--	-------------------------	--------------------------	----------------

COMMENTS: DURING UNPERMITTED TANK/PIPING MOVS, UST WAS UNCOVERED. DEEP CORROSION PITS (2-3") WERE NOTED BY WORKMEN. ONE WAS PUSHED CLEAN THROUGH INTO TANK. UNCLER WHETHER UST IS REPAIRABLE OR TO BE REPLACED. UST IS NOW OUT OF SERVICE. PIT OVER BURDEN WAS APPARENTLY CONTAMINATED BY FUEL. RELEANT UST INTEGRITY TEST REVEALS UST TIGHT & UNCLER WHETHER OTHER CORROSION PITS/HOLES EXIST THROUGH STEEL WALLS. AT THIS TIME

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Certified Mailer # P 367 604 362

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

June 3, 1991

Mr. Robert Bosold, Director of Facilities
Eden Hospital Medical Center
20103 Lake Chabot Road
Castro Valley, CA 94546-5367

RE: HAZARDOUS MATERIALS STORAGE / UNDERGROUND TANKS / TANK TESTING

Dear Mr. Bosold:

I would like to express my thanks to you and Mr. Miracle for bringing the underground storage tank (UST) problems to my attention, and for taking the time out of your busy schedules to meet with me May 30.

For your information, the Alameda County Department of Environmental Health, Hazardous Materials Division, has been delegated authority by the State of California to implement the hazardous waste, underground tank, and hazardous materials storage laws and regulations, as codified under Chapters 6.5, 6.7, and 6.95 of the State Health and Safety Code (HSC), and Titles 22, 23, and 19 of the California Code of Regulations (CCR), respectively. A handful of cities within the county have ordinances incorporating hazardous materials and underground tank elements, superceding those of the state, which became effective prior to the effective dates of the state laws; in these cities, the Department retains sole responsibility for the enforcement of hazardous waste law and regulation, only. However, in those cities lacking such ordinances and in unincorporated areas of the county, the Department maintains full responsibility for each of the three programs.

Attached for your use are summaries and other pertinent information pertaining to the three programs run by the Department (underground tank, hazardous waste generator, and hazardous materials management plan), with the following breakdown:

- o **Hazardous Materials Management Plan (HMMP)**
 - Flow chart of program
 - Request for submission of HMMP
 - HMMP application forms, Parts I and II (with examples)
 - List of Extremely Hazardous Substances (from: 40 CFR, Part 355, Appendix A)

- o **Hazardous Waste Generator Program**
 - Flow chart of program
 - General guidelines for hazardous waste generators
 - Sections 67105 and 67141, 22CCR, pertaining to personnel training and contingency plans

Mr. Robert Bosold
RE: 20103 Lake Chabot Road
June 3, 1991
Page 2 of 5

o **Underground Storage Tank (UST) Program**

- Flow chart of program
- Underground storage tank removal process in Alameda County
- Underground Storage Tank Closure Plan (application)
- Site Health and Safety Plan requirements for UST removals
- Bay Area Air Quality Management District (BAAQMD) requirements for UST removals (Reg. 8, Rule 40)
- Procedure for Obtaining Approval for Plans and Specifications for Compliance with State Statutes Pertaining to Underground Storage of Hazardous Substances
- Quarterly summary report sheet
- LG-102: Underground Tank Tester Reports
- LG-113: Approval of UST Leak Detection Methods

How each of these programs impact Eden Hospital will be discussed in the following text.

During the May 30 site visit, at least one through-going hole, approximately 1-2 cm across, was observed at the top of the subject tank, a 3,000 gallon UST constructed of uncoated steel and used to fuel emergency generators; several other deep corrosion pits of the same approximate dimension were also observed. Other signs of corrosion, such as scaling and surface rust, were evident. As a result of these observations, the subject UST may not be brought back into service in its present condition.

Section 2660 et seq. of 23CCR, discusses the specific criteria by which a container may be judged as repairable or not, illustrates the available repair methodologies, describes post-repair testing requirements, and presents the grounds for local agency denial of repair proposals. A copy of 23CCR, Article 6, was presented to you during our May 30 meeting. Please be advised, however, that final approval for repair of an UST is at the discretion of the local fire marshal.

You were urged to consider replacement (as opposed to repair) of the subject tank with a modern double-wall UST, and to further consider the likely integrity of the two nearby USTs used to store diesel fuel for the hospital boilers. These other two tanks are approximately 10 years older than the generator fuel tank; the UST registration forms indicate that both were installed during 1953. Both tanks are of 10,000 gallon capacity.

Mr. Robert Bosold
RE: 20103 Lake Chabot Road
June 3, 1991
Page 3 of 5

Tanks of this age are likely nearing the limits of their serviceable lives. Further, federal law calls for the upgrading of all UST systems by 1998 with internal/external cathodic protection and overflow protection. In meeting these requirements, most operators will wisely opt for replacement of current single-wall tanks with double-wall units constructed of cathodically-protected steel, fiberglass-reinforced plastic (FRP), or FRP-coated steel.

As we discussed, UST closures in Alameda County require the submittal, in triplicate, of an "Underground Tank Closure Plan" to this office. Approval of the closure plan must be rendered by this agency and the local fire department before closure activities begin. Tank installations or modifications (e.g., piping changes or upgrades, overflow sumps, etc.) require similar submittals and approval by this agency, local fire department, and county building department. Each project further requires the remittance of a deposit to cover county time in oversight of the project. Future work at the site will require such submittals and approval.

Annual UST integrity test results are to be reported to this Department yearly. Only state-approved test methods and certified testers may be employed for this task. Testers must be certified for the specific test method used, and the tester's certification number must appear on the test report. Please reference the attached LG letters, LG-102 and -113, issued by the State Water Resource Control Board (SWRCB) which pertain to this subject.

Current Title 23 monitoring standards for USTs using product reconciliation as one element of the monitoring regimen, such as at Eden Hospital, require the submittal of quarterly summaries that certify either: 1) all product variations for the reporting period were within the level variations allowable by law; or, 2) product variations for the reporting period exceeded the allowable variations, but were not due to an unauthorized release (leak). Attached is an example of such a quarterly report, and a copy of Section 2641(c)(5), 23CCR (or "Alternative #5," as it is more commonly known), which describes the steps involved with this monitoring alternative, allowable measurement variations based upon tank size and throughput, and steps to take should any measurements fall outside those deemed allowable. Section 2644(e), 23CCR, requires that reconciliation summary reports be submitted to the Department on a quarterly basis.

Mr. Robert Bosold
RE: 20103 Lake Chabot Road
June 3, 1991
Page 4 of 5

Variations which are suspected or known to be a result of a leak are to be reported to this Department within 24 hours of their discovery. An Unauthorized Release Report is to be submitted to the Department within 5 working days in these cases. Other indicators, such as the observation of holes in the top of the subject tank, are also cause to suspect a possible release; hence, a leak report was completed for this facility. Please find attached to this letter a copy of the leak report for this site, as submitted to the SWRCB.

Please be advised that the current edition of the UST regulations, Title 23, has gone through extensive revision. The new revised edition is expected to be adopted by the SWRCB within the month, and implemented shortly thereafter. Changes in UST monitoring and testing requirements, among other elements, are significant (e.g., product reconciliation for single-wall USTs may not be allowed after 1991, etc.). Please be further advised that single-wall tank monitoring may become more time consuming and the approach more quantitative, and, hence, more expensive to accomplish.

Review of Eden Hospital's file indicates that an HMMP has not been submitted to this Department. HMMPs are required from those facilities that store, use or otherwise handle quantities of regulated materials, including hazardous wastes, which exceed established regulatory thresholds (SEE: HMMP information for specific requirements). Observations made during the May 30 visit indicate that this facility does store, use or handle such materials over threshold quantities. **Therefore, you are required to complete and submit both Parts I and II of the HMMP application.** We encourage the submittal of your HMMP on computer diskette. Please contact this Department for details.

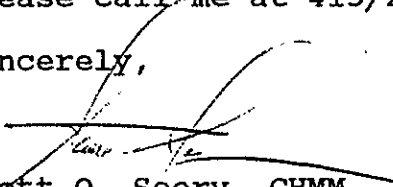
We will expect the submittal of your completed HMMP, Parts I and II, within 30 days of the receipt of this letter. We will also expect the submittal of an UST closure plan or tank repair proposal within this same time frame. Again, please bear in mind that final approval for UST repairs is at the discretion of the local fire marshal, Mr. Bob Bohman of the Castro Valley Fire Department.

The Department understands the critical role emergency generators play in the operation of this, or any other, hospital. We will do our best to work with you to resolve the issues discussed in this letter within the framework of applicable law and regulation.

Mr. Robert Bosold
RE: 20103 Lake Chabot Road
June 3, 1991
Page 5 of 5

Please call me at 415/271-4320 should you have any questions.

Sincerely,



Scott O. Seery, CHMM
Hazardous Materials Specialist

cc: Rafat A. Shahid, Assistant Agency Director, Environmental Health
Edgar Howell, Chief, Hazardous Materials Division
Gil Jensen, Alameda County District Attorney's Office
Lester Feldman, RWQCB
Howard Hatayama, DHS
Bob Bohman, Castro Valley Fire Department
files

WATER RESOURCES CONTROL BOARD
DIVISION OF WATER QUALITY - UST CLEANUP PROGRAM
SITE SPECIFIC QUARTERLY REPORT
01/01/92 THROUGH 03/31/92

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 12034
StID : 646
SITE NAME: Eden Hospital Medical Center DATE REPORTED : 05/30/91
ADDRESS : 20103 Lake Chabot Rd. DATE CONFIRMED:
CITY/ZIP : Castro Valley 94546 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: U	CONTRACT STATUS: 2	EMERGENCY RESP:
RP SEARCH: S		DATE COMPLETED: 03/04/92
PRELIMINARY ASMNT:	DATE UNDERWAY:	DATE COMPLETED:
REM INVESTIGATION:	DATE UNDERWAY:	DATE COMPLETED:
REMEDIAL ACTION:	DATE UNDERWAY:	DATE COMPLETED:
POST REMED ACT MON:	DATE UNDERWAY:	DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 03/04/92
LUFT FIELD MANUAL CONSID: 2,S,C,A
CASE CLOSED: DATE CASE CLOSED:
DATE EXCAVATION STARTED : 10/17/91 REMEDIAL ACTIONS TAKEN: ET, ED

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Robert Bosold
COMPANY NAME: Eden Hospital
ADDRESS: 20103 Lake Chabot Rd.
CITY/STATE: Castro Valley, CA 94546
