

**PRELIMINARY REPORT AND
SITE CONTAMINATION WORKPLAN**

**CORPORATION YARD
507 SAN GABRIEL, ALBANY, CALIFORNIA**

prepared for

**CITY OF ALBANY
DEPARTMENT OF PUBLIC WORKS
1000 SAN PABLO AVENUE
ALBANY, CALIFORNIA 94706**

by

HARLAN TAIT ASSOCIATES

Project No. 653.061

July 2, 1992

The Preliminary Report and Site Contamination Workplan presented herein have been prepared in accordance with the scope of services outlined in our proposal dated June 3, 1992. The scope of the workplan presented was developed as a result of a telephone conversation with Ms. Susan Hugo of the Alameda County Health Care Services Agency, Department of Environmental Health. The workplan conforms to the methodology required by the State of California Water Resources Control Board's Leaking Underground Fuel Tank (LUFT) Manual (revised August 1990) for assessing and reporting soil and groundwater quality contamination associated with closure of underground storage tanks.

The Preliminary Report and Site Contamination Workplan presented herein were prepared by a State of California Registered Civil Engineer who has five or more years of professional experience in groundwater hydrology.



David H. Connell
Civil Engineer 24634

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF CLEAN WATER PROGRAMS
2014 T STREET, SUITE 130
P.O. BOX 944212
SACRAMENTO, CA 94244-2120



93 SEP 29 AM 11:44

916/227-4325
916/226-4349 FAX

Ron Lefler
City of Albany
1000 San Pablo Avenue
Albany, CA 94706

Dear Mr. Lefler:

UNDERGROUND STORAGE TANK (UST) LOCAL OVERSIGHT PROGRAM (LOP), SITE NO. 3752,
ALAMEDA COUNTY

This is in response to your July 29, 1993 letter requesting clarification on the oversight costs on the July 23, 1993 UST Cleanup Site Invoice for the above-referenced site.

These oversight costs were charged by the Alameda County Health Care Services Agency, Hazardous Material Division, for work activities completed at this site for the entire year of 1992. These activities included reviewing reports, workplans, remedial action plans, preliminary assessments and/or post-remedial monitoring; responsible party identification and notification; and attending meetings regarding the site. If any work activity took place at your site in 1993 you will be billed for those activities as well.

Also, in your letter you indicate that the site has been cleaned up, however; according to our records this is still an active site. You will continue to receive invoices for the oversight costs incurred at this site until Alameda County issues a closure document. For questions concerning the status of the cleanup at your site, please telephone Tom Peacock, Alameda County, at 510/271-4530.

If further clarification is needed on the UST Site Invoice, please telephone me at the above listed telephone number.

Sincerely,

L Casias
Lori Casias, Acting Chief
Local Oversight Program

✓cc: Tom Peacock, Alameda County

HTA

**Harlan
Tait
Associates**

92 JUN 11 10 27 AM
Consulting Engineers and Geologists

July 2, 1992
Project No. 653.061

STIP 2752

Ms. Susan Hugo
Alameda County Health Agency
Department of Environmental Health
80 Swan Way, Room 200
Oakland, CA 94621

SUBJECT: SITE CONTAMINATION ASSESSMENT WORKPLAN
ALBANY CORPORATION YARD
507 San Gabriel Avenue, Albany, California

Dear Ms. Hugo:

On behalf of the City of Albany, Harlan Tait Associates (HTA) is pleased to submit for your review and approval the enclosed Site Contamination Assessment Workplan for evaluation of possible soil and groundwater contamination in the area of the removed underground fuel storage tank at the Corporation Yard in Albany, California. This document is being submitted in response to the February 11, 1992, letter from the Alameda County Department of Environmental Health to the City of Albany requesting further assessment of the site. Upon receipt of your written approval, HTA and the City of Albany will implement the Workplan.

If you have any questions or require additional information, please call the undersigned or Jason Baker at the City of Albany, (510) 528-5760. Your prompt review of the Workplan would be appreciated.

Very truly yours,

HARLAN TAIT ASSOCIATES



David H. Connell
Civil Engineer 24634
Exp. 12/31/93

Enc: Contamination Assessment Workplan

cc: City of Albany, ATT: Jason Baker

T\P\600\653-061.G1

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I. INTRODUCTION

This document presents the site contamination workplan for evaluation of soil and groundwater contamination at the location of the former 250-gallon underground fuel storage tank at the City of Albany Corporation Yard. The corporation yard is located at 507 San Gabriel Avenue. The former tank location is shown on Figure 1, Site Plan, and the site location is shown on Figure 2. The owner of the site is the City of Albany. The contact person for the City is Jason Baker, 1000 San Pablo Avenue, Albany, California, (510) 528-5760. The lead Investigating Agency is the Alameda County Health Agency, Department of Environmental Health (ACDEH). *gasoline*

The tank was excavated and removed from the site, and disposed of as hazardous waste on August 22, 1991.

This workplan is presented in response to a letter from the ACDEH to the City of Albany dated February 11, 1992, a copy of which is in Appendix A. The purpose of this study is to evaluate the vertical and lateral extent of any soil contamination and to test a groundwater sample to evaluate if the groundwater has been affected by petroleum hydrocarbon compounds in the proximity of the location of the former tank. This workplan describes the methods and procedures to be utilized for collecting and analyzing samples of soil and groundwater.

II. PRELIMINARY REPORT

A. Site Description

The corporation yard is presently occupied by improvements consisting of U-shaped, one-story wood-frame buildings with raised wood, asphaltic concrete or concrete floors. The interior portion of the yard, exterior to the structures, is generally covered with asphaltic concrete. [REDACTED] of gasoline tank was located within the San Gabriel Avenue right-of-way and a pump was located in the corporation yard, both just north of the yard gate, as shown on Figure 1. A concrete slab covers the pump area and asphalt covers the removed tank location.

The corporation yard is approximately 7500 square feet in size and is bordered on three sides by Hill Lumber Company property and on the west side by San Gabriel Avenue. The Hill Lumber Company property adjacent to the corporation yard is presently undeveloped land used for storing lumber. Most of the ground surface is barren with some weeds and a few pieces of concrete and asphalt debris.

The concrete encased channel for El Cerrito Creek runs through the Hill Lumber property as shown on Figure 1. The channel is about 3 feet deep and 5 feet wide and is covered by a thin layer of soil over most of its length.

B. Physical Setting

The site is located on an alluvial plane east of the San Francisco Bay and west of the Berkeley Hills. The site is underlain by older alluvial fan deposits derived from the hills to the east. The alluvial deposits generally consist of interbedded clays and silts with sand and gravel zones. At the site, the alluvial materials are believed to be in excess of 50 feet thick. The site is approximately one mile southwest of the Hayward fault. There are no known active faults traversing the site.

The site is generally level, at an elevation of about 65 feet (MSL). The ground surface in the site area generally slopes gradually in a westerly direction toward the San Francisco Bay (see Figure 2).

We reviewed files of the State of California Department of Water Resources and Zone 7 of the Alameda County Flood Control District to identify wells located within the site area. Figure 2 illustrates the locations of these wells. Table 1 lists completion details for each well.

Based on this data, shallow groundwater is estimated to be at a depth of about 8 to 12 feet underlying the site. As shown on Figure 2, the available groundwater data shows that the gradient generally follows the ground surface and slopes to the west. About 2000 feet west of the site, Albany Hill acts as a groundwater barrier causing the groundwater to flow north towards El Cerrito Creek. At the site, the shallow groundwater gradient is probably not influenced by El Cerrito Creek due to its encasement.

C. Tank Excavation, Removal and Disposal

The tank was removed on August 22, 1991, by SEMCO, Environmental and General Engineering Contractors. The tank was disposed of by SEMCO as hazardous waste. After removal, the hole was filled with crushed rock and covered with asphalt. The stockpile material was taken to the Albany landfill to aerate. No holes or other structural defects were noted in the tank removal report.

D. Soil Sampling and Analyses

Following tank removal, a sample of soil from below the tank and a composite sample of the stockpile were taken and tested for total petroleum hydrocarbons as gasoline (TPH), total lead, and benzene, toluene, ethylbenzene, and xylene (BTEX). The composite sample revealed 560 parts per million (ppm) TPH and 0.4 to 30 ppm BTEX. The only constituents detected in the sample taken from below the tank were 0.009 ppm benzene and 0.007 ppm ethylbenzene. Total lead was not detected in either sample. Sample testing was performed by Superior Precision Analytical Inc. laboratories, San Francisco, California. Table 2 lists the analytical results, analytical methods used, and detection limits. The tank removal report including analytical results and chain-of-custody record, are presented in Appendix B.

An Underground Storage Tank Unauthorized Release/Contamination Site Report was filed by the City of Albany. A copy of the report is presented in Appendix C.

III. SITE CONTAMINATION WORKPLAN

A. Introduction

The following is the proposed workplan for evaluating soil and groundwater contamination in the area of the removed fuel tank. Phase 1 will involve collecting and analyzing soil and groundwater samples from the tank area to evaluate if uppermost groundwater at the site and soil adjacent to and below the old tank are contaminated with petroleum hydrocarbons. Phase 2 will involve writing and submitting to the LIA a Preliminary Investigation and Evaluation Report (PIER) which will summarize the field and laboratory operations conducted, methods and procedures used, the data obtained, and conclusions and recommendations based on the findings of the assessment.

The contamination workplan will be conducted by a State of California Registered Geologist working under the supervision of a State of California Registered Civil Engineer who has five or more years of professional experience in groundwater hydrology.

B. Phase 1

Necessary drilling permits will be obtained, and the LIA and Zone 7 personnel will be notified to observe all groundwater and soil sampling operations for Phase 1. All personnel working on this project will be health and safety trained in accordance with State of California and Federal OSHA regulations.

1. Soil and Groundwater Sampling

Retain V.B.I. In-Situ Testing Inc. to perform one cone penetration hole to determine the subsurface stratigraphy and groundwater depth. Next, from three other cone-size holes located adjacent to three sides of the old tank location (see Figure 1), obtain soil samples at about 5 foot intervals, and in the hole west (downgradient) of the tank obtain a water sample using a Hydropunch II. Soil samples will be collected in minimum 1-inch diameter by 3-inch long brass liners filled sufficiently so that no headspace is present in the liner. Both ends of the liner will be covered with aluminum foil and plastic end caps, sealed with tape, labeled, logged on a chain-of-custody form, and placed in an ice chest to be kept at 4°C during transport to the analytical laboratory.

Obtain a composite sample of the tank removal stockpile material presently located at the landfill. A small disposable spoon or spade will be used to obtain the composite sample. The soil will be placed in a glass jar with a teflon top obtained from the laboratory. The jar will be filled with soil so that no headspace is present. The jar will be labeled, stored and transported to the laboratory.

Water samples will be transferred from the Hydropunch to sample containers supplied by the laboratory. Each container will be filled completely with no headspace. Following transference, each sample container will be labeled, logged on a chain-of-custody form, and placed in an ice chest to be kept at 4°C during transport to the analytical laboratory.

Prior to initial and between subsequent use, all cone penetrometer equipment will be steam-cleaned and sampling equipment will be field decontaminated by washing in clear water, washing in a mixture of Alconox and clear water, rinsing in clear water, rinsing in distilled water, and allowing to air dry. Generated rinsate and wash waters will be placed in a DOT approved 55-gallon capacity steel drum, marked, and securely stored at the site. Final disposition will be based in part on soil confirmation sample analyses.

2. Analyses

All analyses will be conducted by Coast to Coast Analytical Services Laboratory, Benicia, California (State of California Certification No. 1719). The proposed analytical protocol is presented on Tables 3 and 4. The proposed analytical protocol is the minimum verification analyses for soil and water with respect to leaded gasoline tank contamination assessment as listed on Table 2 in the LUFT Manual (revised August, 1990).

Analyze 6 soil samples from the holes (2 from each hole), 1 composite soil sample from the stockpile, 1 groundwater sample and a blank water sample (for QA/QC) for TPH, BTEX and total lead.

C. Phase 2

A Preliminary Investigation and Evaluation Report will be prepared summarizing field and laboratory methods used, data obtained, and conclusions and recommendations. The document will contain:

- A complete description of the conduct of Phases 1 and 2;
- Plan maps and cross sections illustrating the lithology encountered and soil sampling locations;
- Tables summarizing soil and groundwater analytical data;
- Conclusions based on generated data;
- Recommendations for further assessment work, if necessary; and
- Recommendations for further soil and groundwater remediation work, if necessary.

TABLE 1

WELL COMPLETION DETAILS
AREAL IRRIGATION AND OTHER WELLS

WELL/OWNER	USE	DATE COMPLETED	DEPTH Feet	PERFORATIONS
1 El Cerrito High School	Irrigation	1951	65	Unknown
2 PGE	Cathodic	1973	76	NA
3 PGE	Cathodic	1976	120	NA
4 PGE	Cathodic	1973	75	NA
5 PGE	Cathodic	1976	120	NA
6 Shell Oil Company, 7 wells	Monitoring	1990	12 to 16	0.02"
7 Firestone, 4 wells	Monitoring	1990	12 to 15	0.01"
8 Troxell Auto Body, 3 wells	Monitoring	1990	20	0.02"
9 Plaza Car Wash, 3 wells	Monitoring	1989	15 (Approx)	Unknown
10 Mobil Gas Station, 3 wells	Monitoring	1985	20 (Approx)	Unknown

TABLE 2

ANALYTICAL RESULTS
TANK REMOVAL SAMPLES

SAMPLE NO./ANALYSES	1 Below Tank, 10'	2 Composite	DETECTION LIMIT
TPH-G (EPA 5030/CADHS-LUFT)	ND	560	1 mg/kg
TOTAL LEAD (EPA 7420/CADHS-LUFT)	ND	ND	10 mg/kg
PURGEABLE AROMATICS (EPA 5030/8020)			
Benzene	9	400	3 ug/kg
Toluene	ND	2400	3 ug/kg
Ethylbenzene	7	4300	3 ug/kg
Xylene	ND	30,000	3 ug/kg

Analytical results and detection limits as shown.

ND Not detected in excess of the analytical detection limit.

TABLE 3

ANALYTICAL PROTOCOL
GROUNDWATER SAMPLES

<i>Analyses</i>	<i>Container</i>	<i>Analytical Method</i>	<i>Minimum Detection Limit</i>
TPH-G	40 Milliliter Glass Vial	EPA 5030	50 ug/l
TOTAL LEAD	1 Liter Glass Bottle	EPA 7421	1.0 mg/l
BTEX	40 Milliliter Glass Vial	EPA 602	0.0005 mg/l

TABLE 4

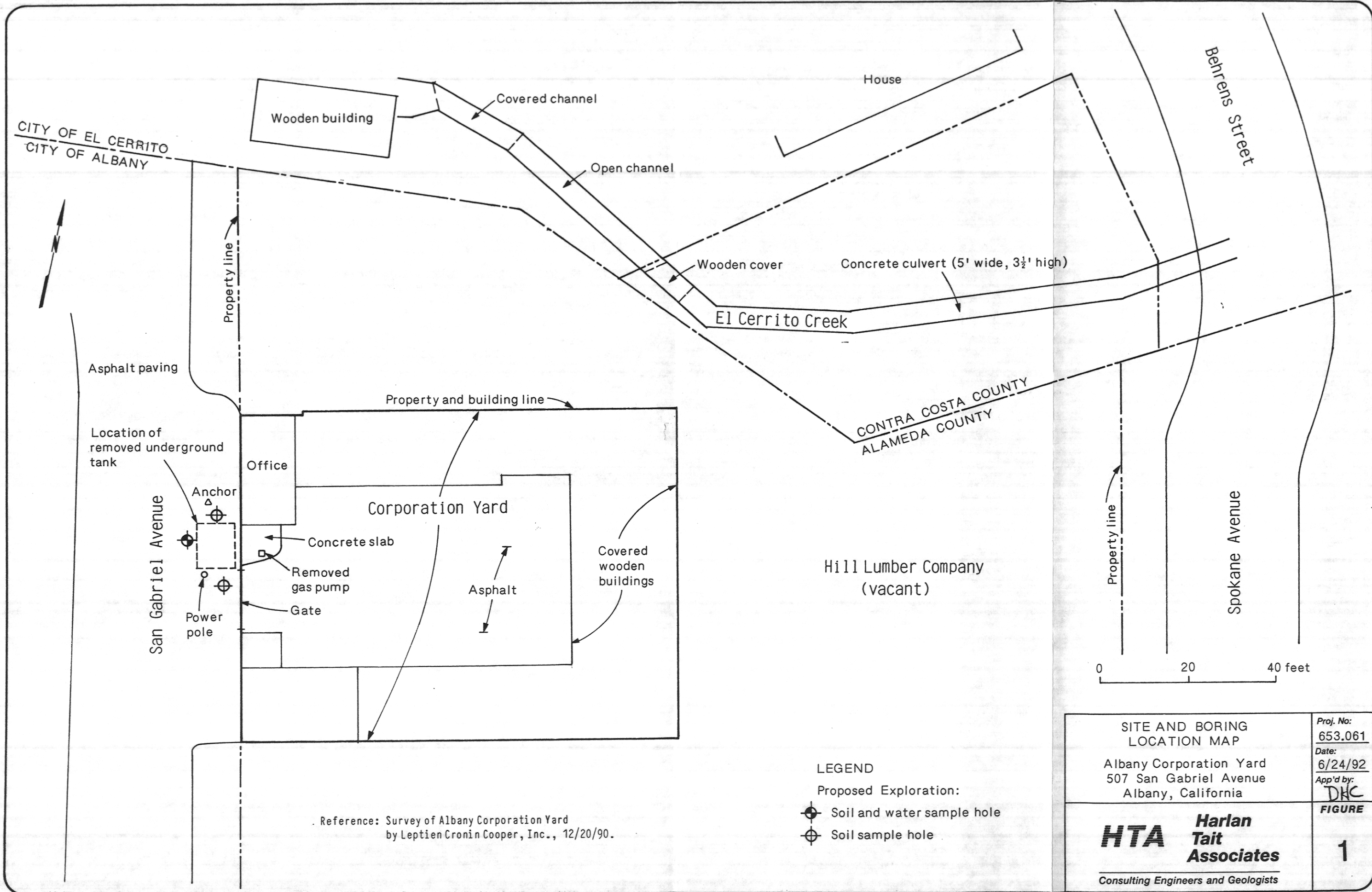
ANALYTICAL PROTOCOL
SOIL SAMPLES

<i>Analyses</i>	<i>Analytical Method</i>	<i>Minimum Detection Limit</i>
TPH-G	EPA 5030	1.0 mg/kg
TOTAL LEAD	EPA 7420	10.0 mg/kg
BTEX	EPA 8020	5.0 ug/kg

TPH-G Total Petroleum Hydrocarbons - Gasoline Fraction

EPA Standards are as presented in USEPA "Test Methods for Evaluating Solid Wastes," SW-846, Third Edition, November 1986, revised December 1987.

FIGURES



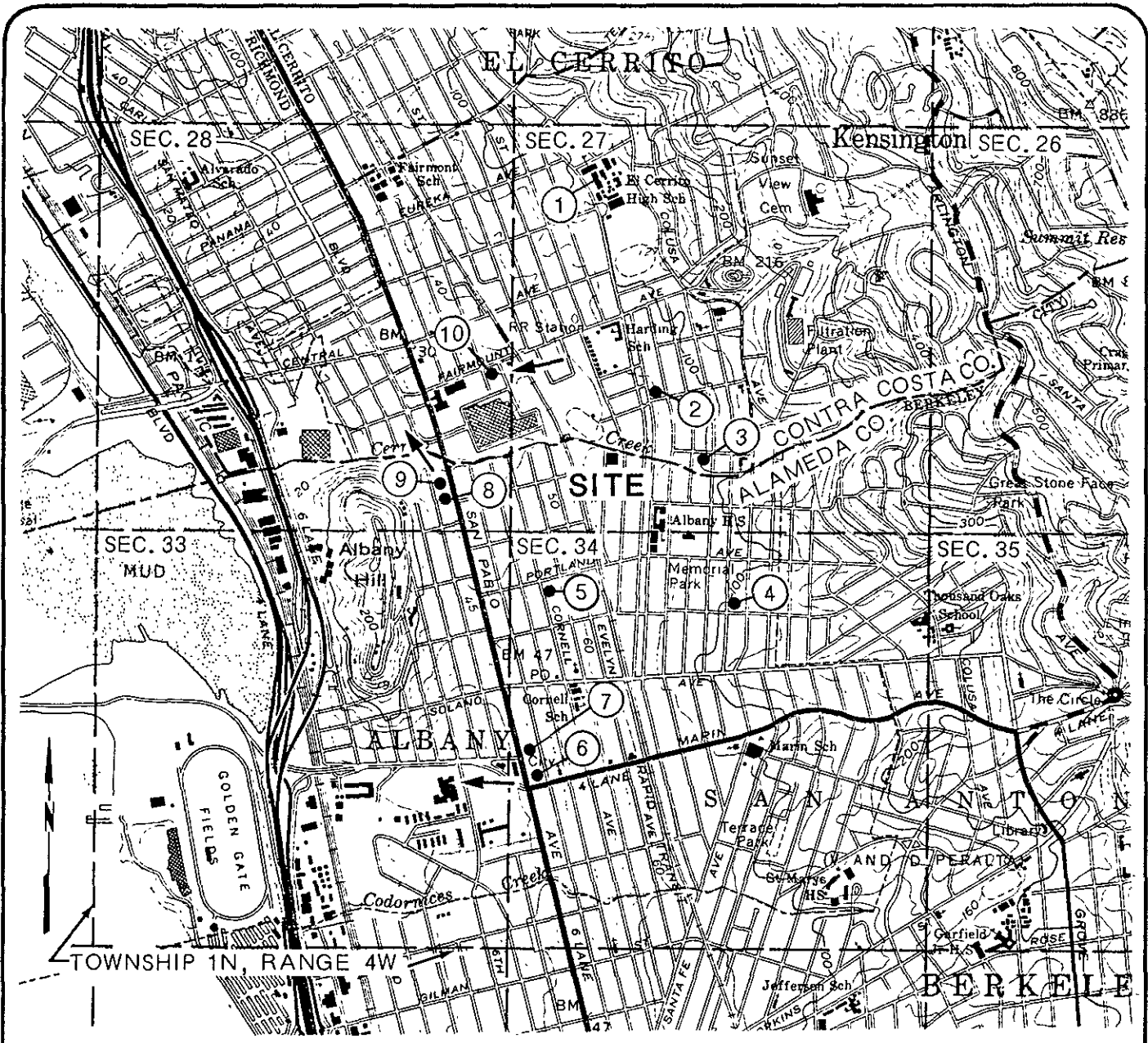
CITY OF EL CERRITO
CITY OF ALBANY

CONTRA COSTA COUNTY
ALAMEDA COUNTY

Reference: Survey of Albany Corporation Yard
by Leptien Cronin Cooper, Inc., 12/20/90.

- LEGEND
- Proposed Exploration:
- ⊕ Soil and water sample hole
 - ⊙ Soil sample hole

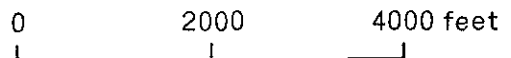
SITE AND BORING LOCATION MAP		Proj. No: 653.061
Albany Corporation Yard 507 San Gabriel Avenue Albany, California		Date: 6/24/92
HTA Harlan Tait Associates		App'd by: DHC
Consulting Engineers and Geologists		FIGURE 1



LEGEND

- ⑩ • Well location (see text for details)
- ← Shallow groundwater downgradient direction (when available)

Reference: USGS 7.5' Richmond Quadrangle, 1980



HTA Harlan
Tait
Associates
Consulting Engineers and Geologists

VICINITY AND WELL LOCATION MAP

Albany Corporation Yard
507 San Gabriel Avenue
Albany, California

FIGURE

2

Proj. No: 653.061

Date: 6/26/92

App'd by: *DHL*

APPENDIX A

ALAMEDA COUNTY
HEALTH CARE SERVICES



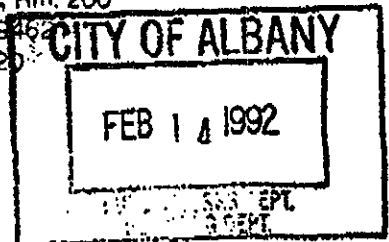
AGENCY
DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

February 11, 1992

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94612
(510) 271-4320

Mr. Ron Lefler, Director of Public Works
City of Albany
1000 San Pablo Avenue
Albany, CA 94706



RE: City of Albany, Corporation Yard, 507 San Gabriel
Albany, CA

Dear Mr. Lefler:

I have reviewed the Tank Excavation Report that was prepared by Semco for the above site. A composite soil sample taken from the stockpile soil revealed 560 PPM TPH(g), 400 PPM Benzene, 2,400 PPM Toluene, 4,300 PPM EthylBenzene and 30,000 PPM Xylene. Gasoline odors from the backfill was detected during the underground tank removal. A subsurface investigation must commence to determine the lateral and vertical extent of contamination. This investigation must be performed in accordance to the Tri-Regional Board Staff Recommendations For Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990.

Please submit to this office within 30 Days of the receipt of this letter your plan of correction. This plan must include, but shall not be limited to:

1. Name of your environmental consultant
2. Method(s) that will be used to determine the lateral and vertical extent of contamination
3. Method(s) that will be used to determine the down gradient direction
4. Number of monitoring well(s) that will be installed, and their proposed location(s)
5. Proposed time schedule for your investigation/remediation

If you have any questions, please contact me at (510) 271-4320.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

cc: Gil Jensen, Alameda County District Attorney's Office
Eddie So, RWQCB
Charlene Williams, DTSC
Rafat Shahid, Assistant Agency Director, Enviromental Health
Files

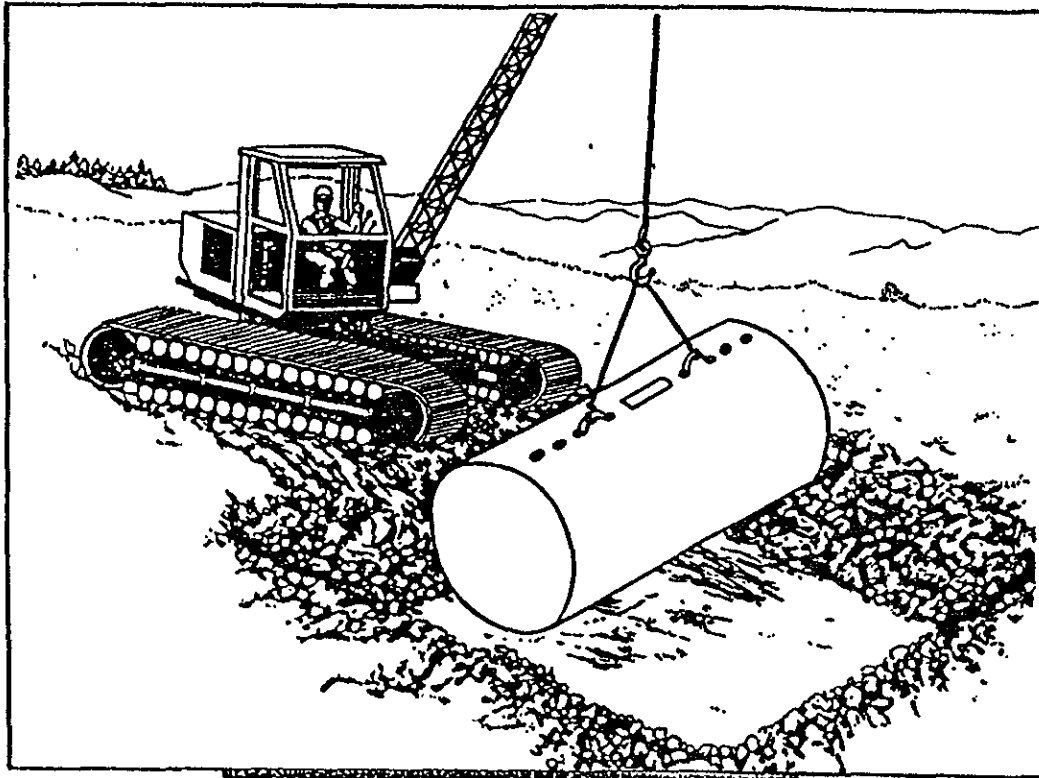
sig

Hu

APPENDIX B



*TANK EXCAVATION
REPORT*



*CITY OF ALBANY
1000 SAN PABLO AVE
ALBANY, CALIFORNIA*

S E M C O
Environmental and General Engineering Contractors
License No. 449864 A,B & C-61
1741 Leslie Street
San Mateo, California 94402
(415) 572-8033

This tank excavation report is submitted to you for your files. SEMCO will document the removal and excavation of the tank from the site. SEMCO will provide sampling locations, site logs where applicable and deliver detailed analytical reports with chain of custody procedures. Finally, SEMCO will supply manifests for the disposal of the tanks as well as appropriate gas free certificates and documentation for final destination of the tank

The locations are as follows: Fire Station - 1000 San Pablo Avenue; Corp Yard -507 San Gabriel, Albany in Alameda County.

REMOVAL AND DISPOSAL OF FUEL STORAGE TANKS.

Two underground fuel storage tanks were excavated and removed from the sites on August 22, 1991. Tank abandonment was performed by SEMCO, Contractors License Number 449864, Classification A,B,C - 61 / D 40. The tanks contents were as follows:

1-1000 and 1-250 gallon gasoline tanks.

It was determined that the tanks were dry before removal procedures were begun. Solid carbon dioxide (dry ice) was placed in the tanks after a water rinse before removal to eliminate any explosive vapors that may have existed. An Alameda County representative along with the Albany Fire Dept. were present at the time of tank removal. Soil samples were collected with a drive sampler, contained in sealed brass tubes, labeled, then stored in an iced container. Chain of Custody procedures were observed and are included herein.

On August 23, 1991, SEMCO delivered the samples to Superior Analytical Laboratories, Inc. in San Francisco, California for analysis. SEMCO requested the laboratory to analyze samples from the base of the excavation for TPH as gas, BTXE and LEAD.

Transportation and off site disposal of the tanks was accomplished by Rich Hamilton Trucking Company, 431 West Hatch Road, Modesto, California. The tanks were then taken to Erickson for disposal.

SEMCO is pleased to present this tank excavation report to you for your file. We would, of course, be happy to answer any questions you may have. Thank you for allowing SEMCO to complete this tank removal. We look forward to working with you again.

ANALYTICAL DATA

Superior Precision Analytical, Inc.

825 Arnold Drive, Ste. 114 • Martinez, California 94553 • (415) 229-1512 / Fax (415) 229-1506

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 8376a
 CLIENT: SEMCO
 CLIENT JOB NO.: ALBANY CORP YD

DATE RECEIVED: 08/23/91
 DATE REPORTED: 08/30/91
 DATE SAMPLED: 08/22/91

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS
 by MODIFIED EPA SW-846 METHOD 5030 and 8015

LAB #	Sample Identification	Concentration (mg/Kg) Gasoline Range
1	1-250-G-10'	
2	2-250-G-COMP	ND<1 560

mg/Kg - parts per million (ppm)

Method Detection Limit for Gasoline in Soil: 1 mg/Kg

QAQC Summary:

Daily Standard run at 2mg/L: RPD Gasoline = <15
 MS/MSD Average Recovery = 113/117%: Duplicate RPD = 7

Richard Sina, Ph.D.

Robert W. [Signature]
 Laboratory Director

Superior Precision Analytical, Inc.

824 Aurora Drive, Ste. 114 • Martinez, California 94553 • (415) 229-1127 • FAX: (415) 229-1526

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 83764
 CLIENT: SEMCO
 CLIENT JOB NO.: ALBANY CORP YD

DATE RECEIVED: 08/23/91
 DATE REPORTED: 08/30/91
 DATE SAMPLED: 08/22/91

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES
 by EPA SW-846 Methods 5030 and 8020

LAB #	Sample Identification	Concentration(ug/Kg)			
		Benzene	Toluene	Ethyl Benzene	Xylenes
1	1-250-G-10'	9	ND<3	7	ND<3
2	2-250-G-COMP	400	2400	4300	30000

ug/Kg - parts per billion (ppb)

Method Detection Limit in Soil: 3 ug/Kg

QA/QC Summary:

Daily Standard run at 20ug/L: RPD = <15%
 MS/MSD Average Recovery = 93%: Duplicate RPD = <10

Richard Srna, Ph.D.

Robert Winter (for)
 Laboratory Director

Superior Precision Analytical, Inc.

1025 Alameda Drive, Ste. 114 • Menlo Park, California 94025 • (415) 729-1112 / Fax (415) 729-1122

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 83764
 CLIENT: SEMCO
 CLIENT JOB NO.: ALBANY CORP YD

DATE RECEIVED: 08/23/91
 DATE REPORTED: 08/30/91

ANALYSIS FOR TOTAL LEAD
 by SW-846 Method 7420

LAB #	Sample Identification	Concentration (mg/Kg) Total Lead
1	1-250-G-10'	ND<10
2	2-260-G-COMP	ND<10

mg/Kg - parts per million (ppm)

Method Detection Limit for Lead in Soil: 10 mg/Kg

QA/QC Summary: MS/MSD Average Recovery : 89/93%
 Duplicate RPD : 4

Richard Srna, Ph.D.

Richard Srna
 Laboratory Manager

CHAIN OF CUSTODY AND ANALYSIS REQUEST

LAB NO. _____

Section I

Consultant Name SEMCO
 Office Location 1741 Leese Rd. San Mateo, CA 94402
 Fax No. (415) 572-9734
 Project Manager Chuck Ripper
 Phone (415) 572 8033

TURN AROUND TIME
 (Circle One)
 Same Day _____
 24 Hrs _____
 48 Hrs _____
 72 Hrs _____
 5 Day 5 Day

SUPERIOR ANALYTICAL, INC.
 Martinez San Francisco
 415/229-1512 415/647-2081

Send Coolers to : Modesto San Mateo
 Project No. / P.O. No. ALBANY CORP Yd

Sampler Chuck Ripper
 Regulatory Agency Alameda Cty, Larkspur

Section II Analysis Request **Section III Sample Information**

Sample Identification	S=Soil W=Water Matrix	TPH - G & D	TPH - Low Level D	TPH - G	BTXE	O&G	8010	8240	Metals	Others * Subject to Subcontracting	LEAD	TOXICITY	Date	Time	Containers		Sampling Remarks
															Quantity	Pres.	
1 <u>21-250-G-10'</u>	<u>SOIL</u>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>8/24/91</u>	<u>3:25</u>	<u>1</u>		
2 <u>2-250-G-Comp</u>	<u>SOIL</u>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<u>HOLD TOXICITY</u>
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

Relinquished by <u>Chuck Ripper</u>	Date/Time <u>8/23/91 1:20</u>	Received by _____
Organization <u>Semco</u>		Organization _____
Relinquished by <u>W. J. ...</u>	Date/Time <u>8/23/91 1:21</u>	Received by _____
Organization <u>W. J. ...</u>		Organization _____
Relinquished by _____	Date/Time _____	Received by _____
Organization _____		Organization _____

Please Initial _____
 Samples Stored in Ice _____
 Appropriate Containers _____
 Samples Preserved _____
 VOA's without Headpace _____
 Comments _____

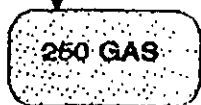
#2-250 COMP



BUILDING

BRIGHTON

#1-250-G @ 10'



250 GAS

SAN GABRIEL

SEMCO

ALBANY CORP YARD
507 SAN GABRIEL
ALBANY, CA 94706

← N

Superior Precision Analytical, Inc.

825 Arnold Drive, Ste. 114 • Martinez, California 94553 • (415) 229-1517 / (fax) (415) 229-1526

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 83762
 CLIENT: SEMCO
 CLIENT JOB NO.: ALBANY FIRE

DATE RECEIVED: 08/23/91
 DATE REPORTED: 08/30/91
 DATE SAMPLED: 08/22/91

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS
 by MODIFIED EPA SW-846 METHOD 5030 and 8015

LAB #	Sample Identification	Concentration (mg/Kg) Gasoline Range
1	1-1KG-E-11'	ND<1
2	2-1KG-W-11'	ND<1
3	3-1KG-G-COMP	1

mg/Kg - parts per million (ppm)

Method Detection Limit for Gasoline in Soil: 1 mg/Kg

QAQC Summary:

Daily Standard run at 2mg/L: RPD Gasoline = <15
 MS/MSD Average Recovery = 106/113%: Duplicate RPD = 6

Richard Srna, Ph.D.

Richard Srna
 Laboratory Director

Superior Precision Analytical, Inc.

875 Arnold Drive, Ste. 114 • Martinez, California 94553 • (415) 229-1512 / fax (415) 229-1526

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO : 83762
 CLIENT: SEMCO
 CLIENT JOB NO.: ALBANY FIRE

DATE RECEIVED: 08/23/91
 DATE REPORTED: 08/30/91
 DATE SAMPLED : 08/22/91

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES
 by EPA SW-846 Methods 5030 and 8020

LAB #	Sample Identification	Concentration(ug/Kg)			
		Benzene	Toluene	Ethyl Benzene	Xylenes
1	1-1KG-E-11'	ND<3	ND<3	ND<3	ND<3
2	2-1KG-W-11'	ND<3	ND<3	ND<3	ND<3
3	3-1K-G-COMP	8	12	23	74

ug/Kg - parts per billion (ppb)

Method Detection Limit in Soil: 3 ug/Kg

QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15%
 MS/MSD Average Recovery = 99%: Duplicate RPD = <8

Richard Srna, Ph.D.

Richard Srna
 Laboratory Director

Superior Precision Analytical, Inc.

875 Arnold Drive, Ste 114 • Murray, California 94553 • (415) 229-1517 / (415) 229-1526

C E R T I F I C A T E O F A N A L Y S I S

LABORATORY NO.: 83762
 CLIENT: SEMCO
 CLIENT JOB NO.: ALBANY FIRE

DATE RECEIVED: 08/23/91
 DATE REPORTED: 08/30/91

ANALYSIS FOR TOTAL LEAD
 by SW-846 Method 7420

LAB #	Sample Identification	Concentration (mg/Kg) Total Lead
1	1-1KG-E-11'	ND<10
2	2-1KG-W-11'	ND<10
3	3-1K-G-COMP	11

mg/Kg - parts per million (ppm)

Method Detection Limit for Lead in Soil: 10 mg/Kg

QAQC Summary: MS/MSD Average Recovery : 89/93%
 Duplicate RPD : 4

Richard Stone, Ph.D.

Robert W. Stone
 Laboratory Manager

CHAIN OF CUSTODY AND ANALYSIS REQUEST

LAB NO. _____

Section I

Consultant Name SEMCO
 Office Location 1741 Leese Rd. San Mateo, CA 94402
 Fax No. (415) 572-9734
 Project Manager Chuck Riper
 Phone (415) 672 8033

TURN AROUND TIME
 (Circle One)
 Same Day _____
 24 Hrs _____
 48 Hrs _____
 72 Hrs _____
 5 Day 5 Day

SUPERIOR ANALYTICAL, INC.
 Martinez San Francisco
 415/229-1512 415/647-2081

Send Coolers to : Modesto San Mateo
 Project No. / P.O. No. ALBANY FIRE

Sampler Chuck Riper
 Regulatory Agency Alameda City - Longwell

Section II		Analysis Request										Section III		Sample Information			
Sample Identification	Matrix	A=Air W=Water (S=Soil)	TPH - G & D	TPH - Low Level D	TPH - G	BYXE	OAG	8010	8240	Metals	Others • Subject to Subcontracting	Date	Time	Containers		Sampling Remarks	
														Quantity	Pres.	Bioremediation	Contamination
1 #1-1KG-E-11'	SOIL				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						8/12	2:11	1			
2 #2-1KG-W-11'	SOIL				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						8/22	2:09				
3 #3-1K-G-Comp	SOIL				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						8/21	2:12				HOLD TOXIC TEST
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

Relinquished by <u>Chuck Riper</u>	Date/Time <u>8/23/91 1:20</u>	Received by _____	Please Initial: Samples Stored in Ice _____ Appropriate Containers _____ Samples Preserved _____ VOA's without Headspace _____ Comments _____
Organization <u>Semco</u>	Date/Time _____	Organization _____	
Relinquished by _____	Date/Time _____	Received by _____	
Organization _____	Date/Time _____	Organization _____	
Relinquished by _____	Date/Time _____	Received by _____	
Organization _____	Date/Time _____	Organization _____	

FIREHOUSE

PUMP



1000 GAS

#1-1K G@11'

#2-1K -G @ 11'

#3-1K COMP

BUCHANAN STREET

ADAMS

SEMCO

ALBANY FIRE DEPT
1000 SAN PABLO
ALBANY, CA 94706

N↓



ALBANY FIRE



ALBANY CORP YD.

PERMITS

PERMIT APPLICATION

City of Albany



1000 SAN PABLO, ALBANY CA. 94706
PUBLIC WORKS OFFICE

FOR INSPECTION - PHONE 528-5760

A.P. NO.:

PERMIT NO. _____

DATE 1/1/91

TOTAL FEES, TAXES
AND DEPOSITS

FOR APPLICANT TO FILL IN

DESCRIPTION OF WORK

BUILDING PROJECT IDENTIFICATION

Address of Building 577 San Gabriel
Owner(s) Name City of Albany
Telephone No. 528-5769
Contractor's Name SE-1100
Contractor's Mailing Address 1341 1st Ave 3rd Floor
Ph. 528-5033 City Bus. Lic. 1740

Removal of one (1)
Ponding Ground Tank
250-Gas
Gallon

PLUMBING PERMIT

CONTRACTOR _____
STATE LICENSE NO. AND CLASSIFICATION _____
FEE \$ _____

W.C.	LAV	BATH	SHOWER	SINK	DISHWASHER	LAUNDRY	SLOP SINK
CLOTHES WASHER	FLOOR SINK	URINAL	DRAINING FOUNTAIN	GAS SYSTEMS	WATER HTR		
WASTE INTERCEPTER	WATER PIPING TREATING EQUIP.	SEWER	WET PUMP SYSTEM	SOLAR	PER 100 SQ FT		

ELECTRICAL PERMIT

CONTRACTOR _____
STATE LICENSE NO. AND CLASSIFICATION _____
FEE \$ _____

SERVICE AMP.	CIRCUITS	OUTLETS	FIXTURES	SWITCHES	WATER HTR.	RANGE	DRYER
DISPOSAL	DISHWASHER	FANS	MOTORS	PER 100 SQ FT			

HEATING / COOLING PERMIT

CONTRACTOR _____
STATE LICENSE NO. AND CLASSIFICATION _____
FEE \$ _____

FURN	AUX/HE	BOILER	COMP	AIR COND	OTHER	PER 100 SQ FT
------	--------	--------	------	----------	-------	---------------

LIST OF OTHER SUBCONTRACTORS

Name	License Number	Classification
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

DEPARTMENT USE ONLY

Plans received by _____ Date _____
Value of Project \$ _____
Permit Fee (Plus penalty if applicable) \$ _____
Plan Check Fee \$ _____
Special Inspection Deposit \$ _____
S.M.L.P. \$ _____
Other \$ _____
Sewer Connection Fee \$ _____
Total \$ _____
Comments _____

APPROVALS

PLANNING _____
ENGINEERING _____
FIRE _____
OTHER _____
PERMIT APPROVE 1/1/91

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class PL 1740 Lic Number 144764
Date _____ Contractor SE-1100

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7001.5, Business and Professions Code. Any city or county which requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professions Code or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7001.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than two hundred dollars (\$200).)

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure if not intended or offered for sale (Sec. 7044, Business and Professions Code). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. However, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law. All such construction must obtain City Bus. Lic.

I am exempt under Sec. _____ B & P.C. for the reason _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure or a certificate of Workers Compensation Insurance or a certified copy thereof (Sec. 3800 Labor Code)

Policy 644074 Company SHAWMUT INS.
 Certified copy is hereby furnished

Certified copy is filed with the city building inspection department
Applicant _____ Date 1/1/91

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Signature _____ Date _____

NOTICE TO APPLICANT: If, after making the Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civil Code)

LENDERS
NAME _____
LENDERS
ADDRESS _____

DO NOT CONCEAL OR COVER ANY CONSTRUCTION UNTIL THE WORK IS INSPECTED AND THE INSPECTION IS RECORDED. ALL INSPECTION REQUESTS ARE REQUIRED 24 HOURS IN ADVANCE OF THE INSPECTION.

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT, I INTEND TO OBEY ALL LOCAL ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND I MAKE THIS STATEMENT UNDER PENALTY OF LAW. I HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES. I AGREE TO SAVE, INDEMNIFY AND HOLD HARMLESS THE CITY OF ALBANY AGAINST ALL LIABILITIES, JUDGMENTS, COSTS AND EXPENSES WHICH MAY IN ANY WAY ACCRUE AGAINST SAID CITY AS A RESULT OF THE GRANTING OF THIS PERMIT.

Signature of Applicant or Agent [Signature] Date 1/1/91

NOTE: When properly validated this form constitutes a Building Permit. This permit expires and becomes null and void should work not be commenced within 180 days.

OWNER
APPLICANT
CONTRACTOR
OWNER/BUILDER
WORKERS' COMPENSATION
LENDER

PERMIT APPLICATION

City of Albany



1000 SAN PABLO, ALBANY CA. 94706
PUBLIC WORKS OFFICE

FOR INSPECTION - PHONE: 528-5760

A.P. NO:

PERMIT NO. _____

DATE 6/19/91

TOTAL FEES, TAXES
AND DEPOSITS

FOR APPLICANT TO FILL IN

DESCRIPTION OF WORK

BUILDING PROJECT IDENTIFICATION

Address of Building 1000 SAN PABLO
Owner(s) Name CITY OF ALBANY
Telephone No 534-5739
Contractor's Name SMICO
Contractor's Mailing Address 1741 W. 31st St. Albany
Ph. 528-5733 City Bus Lic. 1740
Architect and/or Engineer _____
Architect and/or Engineer's Address _____
Ph. _____ Lic. No. _____

X Removal of one (1) Underground Tank
1000 gallon gasoline

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class P.P.C. 17400 Lic. Number 449814
Date _____ Contractor SMICO

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professions Code or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).)

I, as owner of the property, or my employees with whom I have a sole compensation, will do the work, and the structure if not intended or offered for sale (Sec. 7044, Business and Professions Code). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law. All such construction must obtain City Bus Lic.

I am exempt under Sec. _____ B & P.C. for the reason _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers Compensation Insurance or a certified copy thereof (Sec. 3800 Labor Code)

Policy 80460741 Company FARMERS INS.
 Certified copy is hereby furnished

Certified copy is filed with the city building inspection department
Applicant Shirley K. Jones Date 6/19/91

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.) I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California

Signature _____ Date _____

NOTICE TO APPLICANT If after making the Certificate of Exemption you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued. (Sec. 3097, Civil Code)

LENDERS
NAME _____
LENDERS _____
ADDRESS _____

DO NOT CONCEAL OR COVER ANY CONSTRUCTION UNTIL THE WORK IS INSPECTED AND THE INSPECTION IS RECORDED. ALL INSPECTION REQUESTS ARE REQUIRED 24 HOURS IN ADVANCE OF THE INSPECTION

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE INFORMATION GIVEN IS TRUE AND CORRECT I AGREE TO COMPLY WITH ALL LOCAL ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION AND I MAKE THIS STATEMENT UNDER PENALTY OF LAW. I HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES. I AGREE TO SAVE, INDEMNIFY AND HOLD HARMLESS THE CITY OF ALBANY AGAINST ALL LIABILITIES, JUDGMENTS, COSTS AND EXPENSES WHICH MAY IN ANY WAY ACCRUE AGAINST SAID CITY AS A RESULT OF THE GRANTING OF THIS PERMIT.

X Shirley K. Jones 6/19/91
Signature of Applicant or Agent Date

NOTE: When properly validated this form constitutes a Building Permit. This permit expires and becomes null and void should work not be commenced within 180 days.

PLUMBING PERMIT

CONTRACTOR _____
STATE LICENSE NO. AND CLASSIFICATION _____ FEE \$ _____
W.C. LAV BATH E. SHOWER SINK DISHWASHER LAUNDRY T. SLOP SINK
CLOSET WASH. FLOOR SINK URINAL DRINKING FOUNTAIN GAS SYSTEMS WATER HTR. OUTLETS
WASTE INTERCEPTOR WATER PUMP TREATING EQUIP. SEWER SIX TUBE SYSTEM SOLAR PER 100 SQ. FT.

ELECTRICAL PERMIT

CONTRACTOR _____
STATE LICENSE NO. AND CLASSIFICATION _____ FEE \$ _____
SERVICE AMP. CIRCUITS OUTLETS FIXTURES SWITCHES WATER HTR. RANGE DRYER
DISPOSAL DISHWASHER FANS MOTORS PER 100 SQ. FT.

HEATING / COOLING PERMIT

CONTRACTOR _____
STATE LICENSE NO. AND CLASSIFICATION _____ FEE \$ _____
FURN. ELECT. FURN. BOILER COMP. AIR COND. OTHER PER 100 SQ. FT.

LIST OF OTHER SUBCONTRACTORS

Name	License Number	Classification
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

DEPARTMENT USE ONLY

Plans received by _____ Date _____
Value of Project \$ _____
Permit Fee (Plus penalty if applicable) \$ _____
Plan Check Fee \$ _____
Special Inspection Deposit \$ _____
S.M.L.P. \$ _____
Other \$ _____
Sewer Connection Fee \$ _____
Total \$ _____
Comments _____

APPROVALS

PLANNING _____
ENGINEERING _____
FIRE _____
OTHER _____

Project Specialist (print) Larry Seb

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

6/9/91

ACCEPTED

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

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

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

All other contractors of these plans and specifications must be submitted to the Department and to the fire and Building Departments for their approval. All such contractors must be licensed by the State and local laws. Contractors must be on site at least 48 hours prior to the start of the project.

Supervisor of Tank and Piping

Sealing

Project Description

City of Albany Health Department

City of Albany Health Department

*** Complete according to attached instructions ***
UNDERGROUND TANK CLOSURE PLAN

1. Business Name CITY OF ALBANY CORPORATION YARD
Business Owner CITY OF ALBANY
 2. Site Address 507 SAN GABRIEL
City ALBANY Zip 94706 Phone 528-5759
 3. Mailing Address 1000 SAN PABLO AVENUE
City ALBANY Zip 94706 Phone 528-5759
 4. Land Owner CITY OF ALBANY
Address 1000 SAN PABLO AVE. ALBANY
City, State CA Zip 94706
 5. Generator name under which tank will be manifested CITY OF ALBANY
- EPA I.D. No. under which tank will be manifested CAC000599152

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

Project Specialist (print) Cary Gelf

6/7/91

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621
 Telephone: (415) 874-7237

This plan has been reviewed and found to be acceptable. It meets all the requirements of State and local Health Laws. Changes to your plans indicated by this Department are to ensure compliance with State and local laws. This project proposed herein is now released for issuance of any required building permits for construction. Construction of this accepted plan must be on the job and subject to all contractors and craftsmen involved with the removal.

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

- _____ Removal of Tank and Piping
- _____ Sampling
- _____ Final Inspection

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

HAZARDOUS MATERIALS PERMITS FOR TANK
 CLOSURE

***** Complete according to attached instructions ***
 UNDERGROUND TANK CLOSURE PLAN**

1. Business Name CITY OF ALBANY FIRE DEPARTMENT
 Business Owner CITY OF ALBANY
 2. Site Address 1000 SAN PABLO AVE.
 City ALBANY Zip 94706 Phone (415) 528-5759
 3. Mailing Address 1000 SAN PABLO AVENUE
 City ALBANY Zip 94706 Phone 528-5759
 4. Land Owner CITY OF ALBANY
 Address: 1000 SAN PABLO AVE ALBANY
 City, State CA Zip 94706
 5. Generator name under which tank will be manifested CITY OF ALBANY
- EPA I.D. No. under which tank will be manifested CAC000599144



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

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

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

NOTIFICATION FORM

XX Removal or Replacement of Tanks
 Excavation of Contaminated Soil

Grose

GAS TANK

SITE INFORMATION

SITE ADDRESS 1000 SAN PABLO AVENUE
 CITY, STATE ALBANY, CALIFORNIA ZIP 94706
 OWNER NAME CITY OF ALBANY
 SPECIFIC LOCATION OF PROJECT [REDACTED] SECTION OF PROPERTY _____
 TANK REMOVAL SCHEDULED STARTUP DATE 8/22/91 CONTAMINATED SOIL EXCAVATION SCHEDULED STARTUP DATE _____
 VAPORS REMOVED BY:
 WATER WASH HIGH PRESSURE HOT WATER
 VAPOR FREEING (CO²) 20 LBS PER 1000 GALLONS DRY ICE
 VENTILATION PURGE WITH AIR BEFORE CO2
 STOCKPILES WILL BE COVERED? YES _____ NO _____
 ALTERNATIVE METHOD OF AERATION (DESCRIBE BELOW):
 (MAY REQUIRE PERMIT)

CONTRACTOR INFORMATION

NAME SEMCO CONTACT CHUCK OR RHONDA KIPER
 ADDRESS 1741 LESLIE STREET PHONE (415) 572-8033
 CITY, STATE, ZIP SAN MATEO, CALIFORNIA 94402

ACKNOWLEDGMENT

Bay Area Air Quality Management District acknowledges receipt of your Tank Removal/Contaminated Soil Excavation Notification Form received on 8.13.91

TANT INFORMATION IF APPLICABLE)

CONTACT _____
 PHONE () _____

DATE RECEIVED FAX 8.13.91 BY [Signature] (init.)
 DATE POSTMARKED _____ BY _____ (init.)
 CC: INSPECTOR NO. I-457 DATE 8-16-91 BY [Signature] (init.)
 UPDATE: CONTACT NAME _____ DATE _____ BY _____ (init.)
 BAAQMD N # _____ DATA ENTRY 8-16-91

• See reverse for instructions

MANIFESTS

Please print or type. Form designed for use on a 2-pitch typewriter.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. CA 16101010157911512
 Manifest Document No. 716171613

2. Page 1 of 1
 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
 City of Albany Corp/land
 507 Santa Barbara
 Albany 94706

A. State Manifest Document Number
 90764763

4. Generator's Phone (415) 528-5759

B. State Generator's ID

6. Transporter 1 Company Name
 RICH HAMILTON TRUCKING

8. US EPA ID Number
 CA 1A1D191821471151911

C. State Transporter's ID
 206786

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone
 709-578-4100

9. Designated Facility Name and Site Address
 ERICKSON
 PARR BLVD
 RICHMOND, CA 94801

10. US EPA ID Number
 CA 1A D 00 9466 3 92

G. State Facility's ID
 CA 00109466392
 H. Facility's Phone
 415-235-1393

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	Waste No.
	No.	Type			
a. EMPTY WASTE STORAGE TANK NON RCRA HAZARDOUS WASTE SOLID.	991	TIP	00250	P	State 512 EPA/Other NONE
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
 TANK ICED WITH 15LB DRY ICE PER 1000 GAL CAPACITY PRIOR TO TRANSPORT.
 Tank # 6917

K. Handling Codes for Wastes Listed Above
 a. 9
 b.
 c.
 d.

15. Special Handling Instructions and Additional Information
 KEEP AWAY FROM SOURCE OF IGNITION. ALWAYS WEAR HARD HATS AND GLASSES WHEN WORKING AROUND U.S.T.S. OBSERVE PROPER PROCEDURES; NO SMOKING WITHIN 50 FEET OF TANK.
 24 HOUR CONTACT; Jason Boren AND PHONE: 415-528-5759

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
 If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: HORACE I KOEPKE
 Signature: [Signature]
 Month Day Year: 1 8 22 91

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name: Mark Keen
 Signature: [Signature]
 Month Day Year: 08 22 91

18. Transporter 2 Acknowledgement of Receipt of Materials
 Printed/Typed Name: [Blank]
 Signature: [Blank]
 Month Day Year: [Blank]

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
 Printed/Typed Name: DONALD A GROSSO
 Signature: [Signature]
 Month Day Year: 08 22 91

Do Not Write Below This Line

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-952-7650

GENERATOR

TRANSPORTER

FACILITY

DAY OR NIGHT
TELEPHONE
(415) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO.

CUSTOMER <u>Service</u>
JOB NO.

FOR: Erickson, Inc. TANK NO. 6917

LOCATION: Richmond DATE: 08 23 91 TIME: 11:00 a.m.

EST METHOD Visual Gastech/1314 SMPN LAST PRODUCT Leaded Gas

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

TANK SIZE 1-550 Gallon Tank CONDITION Safe For Fire Only 20.0%
LEL LESS THAN 0.1%

REMARKS:

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

STANDARD SAFETY DESIGNATION

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

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

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

K. Hughes REPRESENTATIVE TITLE INSPECTOR Jim Cap

THIS SHIPPING ORDER

legibly filled in, in ink, in indelible pencil, or in carbon, and retained by the Agent.

Shipper's No. _____

CARRIER: **Erickson, Trucking Inc.**

SCAC

Carrier's No. **019**
Date _____

TO: **LMC Corp.**
Consignee **600 S. 4th St.**
Street **Richmond, Ca. 94805**
Destination **Zip**

FROM: **Erickson, Inc.**
Shipper **255 Parr Blvd.**
Street **Richmond, Ca. 94801**
Origin **Zip**

Route: _____ Vehicle Number **1D07**

No. Shipping Units	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
6	NON-D.O.T. REGULATED MATERIAL NON-HAZARDOUS, UNDERGROUND STORAGE TANKS FOR SCRAP.					
	75905-6813-6816	NONE	N/A	N/A	N/A	NONE
	Seneca-6917-6916					
	76024-6904					

Remit C.O.D. to: _____
Address: _____
City: _____ State: _____ Zip: _____
COD Amt: \$

C.O.D. FEE:
Prepaid
Collect \$

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

FREIGHT CHARGES
 PREPAID COLLECT

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. Per Jim Cox **PLACARDS REQUIRED** **NO** **PLACARDS SUPPLIED** YES NO - FURNISHED BY CARRIER DRIVER SIGNATURE: _____

SHIPPER: **Erickson, Inc.** CARRIER: **Erickson, Inc.**
PER: **Jim Cox** PER: **Mike Spagley**
DATE: **8/23/91** DATE: **8/23/91**

EMERGENCY RESPONSE TELEPHONE NUMBER: _____
Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (172.604).

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading. 9-BLS-A3 (Rev 9/90)

WEIGHMASTER CERTIFICATE

IS TO CERTIFY that the following described commodity was weighed, measured or counted by a weighmaster whose signature is on this certificate who is a recognized authority of accuracy as prescribed in Section 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code, administered by the Division of Measurement Standards of the California Department of Food and Agriculture.



SIGNATURE OF BELZER OR AGENT: Mike Spagley
LMC METALS WEIGHMASTER

SALVAGE VEHICLE SALES: I certify, under penalty of perjury, that any vehicles sold have been cleared for dismantling with Department of Motor Vehicles.
HOLD HARMLESS AGREEMENT: Seller will indemnify and hold buyer harmless from damages, demands and liabilities, including reasonable attorney's fees, resulting from the breach of any warranty hereunder and driver agrees to be responsible for damage to vehicle during unloading.
BILL OF SALE: I warrant that I am the owner (or owner's representative) of the material described hereon and have the right to sell same, that it contains no hazardous material as defined by Federal or State law and that for payment hereby received, I sell and convey title to LMC METALS.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

CIAK10101051911144/94762

3. Generator's Name and Mailing Address

CITY OF ALBANY
1000 SAN PABLO AVE.
ALBANY, CA 94706

A. State Manifest Document Number

90764762

4. Generator's Phone

(415) 528-5759

B. State Generator's ID

5. Transporter 1 Company Name

RICH HAMILTON TRUCKING

6. US EPA ID Number

ICAI D9182417115911

C. State Transporter's ID

206786

D. Transporter's Phone

209-578-4100

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

ERICKSON
PARR BLVD
RICHMOND, CA 94801

10. US EPA ID Number

ICLAID101081461681912

G. State Facility's ID

CA000941013912

H. Facility's Phone

415-235-1393

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type

13. Total Quantity

14. Unit (Lb/Vol)

15. Waste No.

a. EMPTY WASTE STORAGE TANK NON RCRA HAZARDOUS WASTE SOLID.

0101 TIP 01/10100 P

State

512

EPA/Other

NONE

State

EPA/Other

State

EPA/Other

State

EPA/Other

13. Additional Descriptions for Materials Listed Above

TANK ICED WITH 15LB DRY ICE PER 1000 GAL CAPACITY PRIOR TO TRANSPORT.

Tank # 6916

K. Handling Codes for Wastes Listed Above

a. b. c. d.

16. Special Handling Instructions and Additional Information

KEEP AWAY FROM SOURCE OF IGNITION. ALWAYS WEAR HARD HATS AND GLASSES WHEN WORKING AROUND U.S.T.S. OBSERVE PROPER PROCEDURES; NO SMOKING WITHIN 50 FEET OF TANK. 24 HOUR CONTACT; Jason Baker AND PHONE; 415-528-5759

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Jason Baker Signature: [Signature] Month Day Year: 10/8/2/91

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Mark Keon Signature: [Signature] Month Day Year: 10/8/2/91

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Month Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: [Name] Signature: [Signature] Month Day Year: [Date]

90764762
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7650

GENERATOR

TRANSPORTER

FACILITY

Do Not Write Below This Line

DAY OR NIGHT
TELEPHONE
415) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 0222

CUSTOMER <u>Souco</u>
JOB NO.

FOR: Erickson, Inc. TANK NO. 6916

LOCATION: Richmond DATE: 08-23-91 TIME: 11:00 a.m.

TEST METHOD Visual Gastech/1314 SMPN LAST PRODUCT Leaded Gas

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

TANK SIZE 1-1000 Gallon Tank CONDITION Safe For Fire - Oxy 20.0% LEL LESS THAN 0.1%

MARKS: _____

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

STANDARD SAFETY DESIGNATION

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

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

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

REPRESENTATIVE S. Hughes

TITLE _____

INSPECTOR John Cox

THIS SHIPPING ORDER

legibly filled in, in ink, in indelible pencil, or in Carbon, and retained by the Agent.

Shipper's No. _____

CARRIER: Erickson, Trucking Inc.

SCAC

Carrier's No. 019
Date _____

TO: LMC Corp.
600 S. 4th St.
Richmond, Ca. 94805
Zip _____

FROM: Erickson, Inc.
Shipper 255 Parr Blvd.
Street Richmond, Ca. 94801
Origin _____ Zip _____

Route: _____

Vehicle Number 1D07

No. Shipping Units	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (if EXE-200)
6	NON-D.O.T. REGULATED MATERIAL NON-HAZARDOUS, UNDERGROUND STORAGE TANKS FOR SCRAP.					
	75905-6873-6876	NONE	N/A	N/A	N/A	NONE
	Seneco 6917-6916					
	76024-6904					

Remit C.O.D. to:
Address: _____
City: _____ State: _____ Zip: _____

COD Amt: \$ _____

C.O.D. FEE:
Prepaid
Collect

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____

Subject to Section 7 of the contract, the carrier is to deliver to the consignee without recourse on the consignee. The consignee shall sign the following receipt: The carrier shall not make delivery of this shipment without payment of all other lawful charges.

FREIGHT CHARGES
 PREPAID COLLECT

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

PLACARDS REQUIRED

NO

PLACARDS SUPPLIED

YES NO - FURNISHED BY CARRIER DRIVER SIGNATURE

SHIPPER: Erickson, Inc.

PER: Jim Cox

DATE: 8/23/91

CARRIER: Erickson, Inc.

PER: [Signature]

DATE: 8/23/91

EMERGENCY RESPONSE TELEPHONE NUMBER: _____

Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (172.604).

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.
9-BLS-A3 (Rev 9/90)

WEIGHMASTER CERTIFICATE
THIS IS TO CERTIFY that the following described commodity was weighed, measured or counted by a weighmaster whose signature is on this certificate who is a recognized authority of accuracy as prescribed by Chapter 7 (commencing with Section 12700) of Division 5 of the California Business and Professions Code, administered by the Division of Measurement Standards of the California Department of Food and Agriculture:



A DIVISION OF SIMSMETAL USA CORPORATION
600 SOUTH 4th STREET
RICHMOND, CALIFORNIA 94804
(415) 236-0606

SIGNATURE OF SELLER OR AGENT

[Signature]
LMC METALS WEIGHMASTER

FOR SALVAGE VEHICLE SALES: hereby certify, under penalty of perjury, that any vehicles sold have been cleared for demeriting with Department of Motor Vehicles.

HOLD HARMLESS AGREEMENT: Seller will indemnify and hold buyer harmless from damages, demands and liabilities, including reasonable attorney's fees, resulting from the breach of any warranty hereunder and driver agrees to be responsible for damage to vehicle during unloading.

BILL OF SALE: I warrant that I am the owner (or Owner's representative) of the material described hereon and have the right to sell same. That it contains no hazardous material as defined by Federal or State law and that for payment hereby received, I sell and convey title to LMC METALS.

**DAILY SAFETY
BREIFING REPORT**

Project Albany Fire Dept & Albany Corp. Yard Date 08/22/11 Time 7:45 AM/PM AM
Project Number 91-0522 Project Location 1866 Fire Dept Brighton, Ill.
Client City of Albany Client Address Albany, IL
Project Activity (Specify) Crack Removal

— SAFETY TOPICS —

Chemical Hazards BENZENE, TOLUENE, XYLENE, ETHYL BENZENE, PETROLEUM HYDROCARBONS

Physical Hazards OPEN EXCAVATION, EXPOSED PIPING, DEBRIS PILES, ELECTRICAL SHOCK, MOVING EQUIPMENT

Respiratory Protective Equipment HALF FACE RESPIRATOR, WITH ORGANIC VAPOR CARTRIDGES IF NECESSARY

Safety / Personal Protective Equipment / Clothing (List specifically for each activity) HARD HAT, STEEL TOE SAFETY SHOES, SAFETY GLASSES, UNIFORM SHIRT, GLOVES

Specific Instructions NO SMOKING WITHIN 50' OF THE EXCAVATION

Hospital / Clinic ALTA BATES-ALBANY HOSPITAL Phone (415) 527-7411

Hospital Address 1247 MARIN AVE ALBANY, CA

Paramedic () 911 Fire Dept. () 911 Police Dept () 911

Emergency Procedures TREAT MINOR INJURIES ON SITE, TRANSPORT VICTIM TO HOSPITAL IF NECESSARY

— ATTENDEES —

NAME (Please Print)
STEVEN R WOOD
Asst Radiology
ANDY RAMSEY

NAME (Signature)
Steven R Wood
Andy Ramsey

Meeting Conducted By Dej Mize SP Wade
Supervisor

*DO NOT LEAVE ANY BLANK SPACES. PUT N/A IF NOT APPLICABLE.

APPENDIX C

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 08/01/92		CASE # _____ SIGNED: <i>[Signature]</i> DATE: _____			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Ronald Lefler		PHONE (510) 528-5760		SIGNATURE <i>[Signature]</i>
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER _____		COMPANY OR AGENCY NAME City of Albany		
	ADDRESS 1000 San Pablo Ave. Albany CA 94706				
RESPONSIBLE PARTY	NAME City of Albany <input type="checkbox"/> UNKNOWN		CONTACT PERSON Jason Baker		PHONE (510) 528-5760
	ADDRESS 1000 San Pablo Ave. Albany CA 94706				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Corporation Yard		OPERATOR City of Albany		PHONE (510) 528-5760
	ADDRESS 507 San Gabriel Avenue Albany CA Alameda 94706				
	CROSS STREET Brighton Avenue				
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Services Agency		AGENCY NAME Department of Environmental Health		CONTACT PERSON Susan Hugo
	REGIONAL BOARD San Francisco Region, Oakland				PHONE (510) 464-1255
SUBSTANCES INVOLVED	(1) NAME		QUANTITY LOST (GALLONS)		
	Gasoline		_____ <input type="checkbox"/> UNKNOWN		
(2)		_____ <input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 08/02/92		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER _____		
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER _____		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 08/02/92				
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER _____		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____		
	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) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT) _____				
COMMENTS	_____				
