

ENVIRONMENTAL
PROTECTION
00 JUL 17 PM 12:56

State of California Business, Housing & Transportation Agency

MEMORANDUM


July 7, 2000

Mr. Larry Seto
Environmental Health Services
Environmental Protection
1131 Harbor Bay Parkway, Suite 250
Alameda, CA. 94502-6577

RE: Caltrans –Eastbay Paint Yard, End of Burma Road, Oakland, CA

Per your request, by letter dated May 22, 2000, in accordance with section 25297.15 (a) of Chapter 6.7 of the Health and Safety Code be advised that Fee Title to the property located at the above referenced site is held by the Department of Transportation (Caltrans), State of California. The above named owner is the sole landowner of this site.

If you have further questions or concerns, please contact Joe Glaspie at 111 Grand Ave, P.O. Box 23660, Oakland, CA. 94623-0660 or by phone at (510) 286-4495.


Joe Glaspie
Business Plans Unit
Caltrans District 4

Cc: JN, File

Caltrans District 4

111 Grand Ave. P.O. Box 23660
Oakland, Ca. 94623-0660

ENVIRONMENTAL
PROTECTION

00 JUN 19 AM 8:59


Mr. Larry Seto
Alameda County Health Care Services
1131 Harbor Bay Parkway, Suite 250
Alameda, CA. 94502-6577

Dear Mr. Seto:

It was a pleasure talking to you yesterday. I learned a lot during our brief conversation. I'm certain we will be talking more in the future. I officially assumed this position last week. I have a field maintenance background, totally unrelated to tanks, so I have a lot to learn. I'll be getting back to you as soon as the information you have requested has been provided by our Right of Way dept.

I don't have business cards, as yet, but all matters related to ASTs or USTs can be addressed to me at the above address. I can also be reached at the phone number listed below.

Again, thank you for the info yesterday.



Joe Glaspie
Caltrans Area Superintendent
Maintenance Services (510) 286-4495

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

May 22, 2000

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
Oakland, CA 94623
STID 4464

RE: Cal Trans-Eastbay Paint Yard, End of Burma Road, Oakland, CA

Dear Mr. Rosseli:

Two letters, (1) A Landowner Notification and Participation Requirements and (2) Intent to Make a Determination That No Further Action is Required both dated March 9, 2000 were sent to you with the incorrect site identification number (STID). Please discard those letters.

Please replace the discarded letters with the two (2)-enclosed letters. They are the same letters as above, but with the correct STID.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

Cc: Files

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

May 22, 2000

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
Oakland, CA 94623
STID 4464

INTENT TO MAKE A DETERMINATION THAT NO FURTHER ACTION IS
REQUIRED OR ISSUE A CLOSURE LETTER FOR CAL TRANS-EASTBAY PAINT
YARD, END OF BURMA STREET, OAKLAND, CA

Dear Mr. Rosseli:

This letter is to inform you that Alameda County Environmental Health Department, Local Oversight Program (LOP), intends to make a determination that no further action is required at the above site or to issue a closure letter. Please notify this agency of any input and recommendations you may have on these proposed actions within 20 days of the date of this letter.

In accordance with section 25297.15 of Ch. 6.7 of the Health & Safety Code, you must provide certification to the local agency that all of the current record fee title owners have been informed of the proposed action. Please provide this certification to this office within 20 days of the date of this letter.

If you have any questions about these proposed actions, please contact Larry Seto at (510) 567-6774.

Sincerely,

Thomas Peacock
Manager, LOP

cc: Chuck Headlee, RWQCB
Leroy Griffin, City of Oakland Fire Department, 1603 Martin Luther King,
Oakland, CA 94612
Larry Seto, Alameda County Environmental Health
Files

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

May 22, 2000

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
Oakland, CA 94623
STID 4464

RE: Cal Trans-Eastbay Paint Yard, End of Burma Road, Oakland, CA

LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

Dear Ms. Rosseli:

This letter is to inform you of new legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

For purposes of implementing these sections, you have been identified as the primary or active responsible party. Please provide to this agency, within twenty (20) calendar days of receipt of this notice, a complete mailing list of all current record owners of fee title to the site. You may use the enclosed "list of landowners" form (sample letter 2) as a template to comply with this requirement. If the list of current record owners of fee title to the site changes, you must notify the local agency of the change within 20 calendar days from when you are notified of the change.

If you are the sole landowner, please indicate that on the landowner list form. The following notice requirements do not apply to responsible parties who are the sole landowner for the site.

LANDOWNER NOTIFICATION

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
Oakland, CA 94623
May 22, 2000
Page 2 of 4

In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

- 1) consider a cleanup proposal (corrective action plan)
- 2) consider a site closure proposal
- 3) make a determination that no further action is required
- 4) issue a closure letter

You may use the enclosed "notice of proposed action" form (sample letter 3) as a template to comply with this requirement. Before approving a cleanup proposal or site closure proposal, determining that no further action is required, or issuing a closure letter, the local agency will take all reasonable steps necessary to accommodate responsible landowner participation in the cleanup and site closure process and will consider all input and recommendations from any responsible landowner.

Please call me at (510) 567-6774 should you have any questions about the content of this letter.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Attachments

cc: Chuck Headlee, RWQCB

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
May 22, 2000
Page 3 of 4

SAMPLE LETTER (2): LIST OF LANDOWNERS FORM

Name of local agency
Street address
City

SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR (*Site Name and Address*)

(Note: Fill out item 1 if there are multiple site landowners. If you are the sole site landowner, skip item 1 and fill out item 2.)

1. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:
2. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I am the sole landowner for the above site.

Sincerely,

Signature of primary responsible party

Name of primary responsible party

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
Oakland, CA 94623
May 22, 2000
Page 4 of 4

SAMPLE LETTER 3: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY

Name of local agency
Street address
City

SUBJECT: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY
FOR (*Site Name and Address*)

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I have notified all responsible landowners of the enclosed proposed action. Check space for applicable proposed action(s):

cleanup proposal (corrective action plan)

site closure proposal

local agency intention to make a determination that no further action is required

local agency intention to issue a closure letter

Sincerely,

Signature of primary responsible party

Name of primary responsible party

cc: Names and addresses of all record fee title owners

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

March 9, 2000

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION (LOP)
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
Oakland, CA 94623
STID 3985 4464

New Contact Person

RE: ~~San Francisco/Oakland Bay Bridge~~, End of Burma Street, Oakland, CA
at Trans, Eastbay Paint Yard

LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

Dear Ms. Rosseli:

This letter is to inform you of new legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

For purposes of implementing these sections, you have been identified as the primary or active responsible party. Please provide to this agency, within twenty (20) calendar days of receipt of this notice, a complete mailing list of all current record owners of fee title to the site. You may use the enclosed "list of landowners" form (sample letter 2) as a template to comply with this requirement. If the list of current record owners of fee title to the site changes, you must notify the local agency of the change within 20 calendar days from when you are notified of the change.

If you are the sole landowner, please indicate that on the landowner list form. The following notice requirements do not apply to responsible parties who are the sole landowner for the site.

LANDOWNER NOTIFICATION

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
Oakland, CA 94623
March 9, 2000
Page 2 of 4

In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

- 1) consider a cleanup proposal (corrective action plan)
- 2) consider a site closure proposal
- 3) make a determination that no further action is required
- 4) issue a closure letter

You may use the enclosed "notice of proposed action" form (sample letter 3) as a template to comply with this requirement. Before approving a cleanup proposal or site closure proposal, determining that no further action is required, or issuing a closure letter, the local agency will take all reasonable steps necessary to accommodate responsible landowner participation in the cleanup and site closure process and will consider all input and recommendations from any responsible landowner.

Please call me at (510) 567-6774 should you have any questions about the content of this letter.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Attachments

cc: Chuck Headlee, RWQCB

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
March 9, 2000
Page 3 of 4

SAMPLE LETTER (2): LIST OF LANDOWNERS FORM

Name of local agency
Street address
City

SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR (*Site Name and Address*)

(Note: Fill out item 1 if there are multiple site landowners. If you are the sole site landowner, skip item 1 and fill out item 2.)

1. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:
2. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I am the sole landowner for the above site.

Sincerely,

Signature of primary responsible party

Name of primary responsible party

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
Oakland, CA 94623
March 9, 2000
Page 4 of 4

SAMPLE LETTER 3: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY

Name of local agency
Street address
City

SUBJECT: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY
FOR *(Site Name and Address)*

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, *(name of primary responsible party)*, certify that I have notified all responsible landowners of the enclosed proposed action. Check space for applicable proposed action(s):

- cleanup proposal (corrective action plan)
- site closure proposal
- local agency intention to make a determination that no further action is required
- local agency intention to issue a closure letter

Sincerely,

Signature of primary responsible party

Name of primary responsible party

cc: Names and addresses of all record fee title owners

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



March 9, 2000

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION (LOP)
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

Mr. Randy Rosseli
State of California
Department of Transportation, District 4
111 Grand Avenue
Oakland, CA 94623
STID 3963 4464

New Contact Person

*Eastbay Pier
Yard*
INTENT TO MAKE A DETERMINATION THAT NO FURTHER ACTION IS
REQUIRED OR ISSUE A CLOSURE LETTER FOR ~~SAN FRANCISCO/OAKLAND~~ *Cal Trans -*
~~BAY BRIDGE, END OF BURMA STREET, OAKLAND, CA~~

Dear Mr. Rosseli:

This letter is to inform you that Alameda County Environmental Health Department, Local Oversight Program (LOP), intends to make a determination that no further action is required at the above site or to issue a closure letter. Please notify this agency of any input and recommendations you may have on these proposed actions within 20 days of the date of this letter.

In accordance with section 25297.15 of Ch. 6.7 of the Health & Safety Code, you must provide certification to the local agency that all of the current record fee title owners have been informed of the proposed action. Please provide this certification to this office within 20 days of the date of this letter.

If you have any questions about these proposed actions, please contact Larry Seto at (510) 567-6774.

Sincerely,

Thomas Peacock
Manager, LOP

cc: Chuck Headlee, RWQCB
Leroy Griffin, City of Oakland Fire Department, 1603 Martin Luther King,
Oakland, CA 94612
Larry Seto, Alameda County Environmental Health
Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



March 1, 2000

ENVIRONMENTAL HEALTH SERVICES

1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9335 (FAX)

Mr. Carlos A. Lopez
State of California
Department of Transportation
Environmental Program, MS 27
Hazardous Waste Management Office
1120 N Street
Sacramento, CA 95814
STID 3963

RE: San Francisco/Oakland Bay Bridge, End of Burma Street, Oakland, CA

LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

Dear Mr. Lopez:

This letter is to inform you of new legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

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LANDOWNER NOTIFICATION

Mr. Carlos A. Lopez
State of California
Department of Transportation
Environmental Program, MS 27
Hazardous Waste Management Office
1120 N Street
Sacramento, CA 95814
March 1, 2000
Page 2 of 4

In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

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Please call me at (510) 567-6774 should you have any questions about the content of this letter.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Attachments

cc: Chuck Headlee, RWQCB

Mr. Carlos A. Lopez
State of California
Department of Transportation
Environmental Program, MS 27
Hazardous Waste Management Office
1120 N Street
Sacramento, CA 95814
March 1, 2000
Page 3 of 4

SAMPLE LETTER (2): LIST OF LANDOWNERS FORM

Name of local agency
Street address
City

SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR (*Site Name and Address*)

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Sincerely,

Signature of primary responsible party

Name of primary responsible party

Mr. Carlos A. Lopez
State of California
Department of Transportation
Environmental Program, MS 27
Hazardous Waste Management Office
1120 N Street
Sacramento, CA 95814
March 1, 2000
Page 4 of 4

SAMPLE LETTER 3: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY

Name of local agency
Street address
City

SUBJECT: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY
FOR (*Site Name and Address*)

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I have notified all responsible landowners of the enclosed proposed action. Check space for applicable proposed action(s):

- cleanup proposal (corrective action plan)
- site closure proposal
- local agency intention to make a determination that no further action is required
- local agency intention to issue a closure letter

Sincerely,

Signature of primary responsible party

Name of primary responsible party

cc: Names and addresses of all record fee title owners

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

March 1, 2000

ENVIRONMENTAL HEALTH SERVICES

1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9335 (FAX)

Mr. Carlos A. Lopez
State of California
Department of Transportation
Environmental Program, MS 27
Hazardous Waste Management Office
1120 N Street
Sacramento, CA 95814
STID 3963

INTENT TO MAKE A DETERMINATION THAT NO FURTHER ACTION IS
REQUIRED OR ISSUE A CLOSURE LETTER FOR SAN FRANCISCO/OAKLAND
BAY BRIDGE, END OF BURMA ROAD, OAKLAND

Dear Mr. Lopez:

This letter is to inform you that Alameda County Environmental Health Department, Local Oversight Program (LOP), intends to make a determination that no further action is required at the above site or to issue a closure letter. Please notify this agency of any input and recommendations you may have on these proposed actions within 20 days of the date of this letter.

In accordance with section 25297.15 of Ch. 6.7 of the Health & Safety Code, you must provide certification to the local agency that all of the current record fee title owners have been informed of the proposed action. Please provide this certification to this office within 20 days of the date of this letter.

If you have any questions about these proposed actions, please contact Larry Seto at (510) 567-6774.

Sincerely,

Thomas Peacock
Manager, LOP

cc: Chuck Headlee, RWQCB
Leroy Griffin, City of Oakland Fire Department, 1603 Martin Luther King,
Oakland, CA 94612
Larry Seto, Alameda County Environmental Health
Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700

Certified Mailer# P 143 589 371

July 21, 1998

Mr. ~~Mike Hilliard~~ *Steve Tyler*
Department of Transportation
P.O. Box 23660
Oakland, CA 94623
STID 4464

RE: Cal Trans East Bay Paint Yard, End of Burma Road, Oakland, CA 94649

Dear Mr. Hilliard:

I have reviewed the Underground Tank Removal at Cal Trans East Bay Paint Yard report dated July 8, 1998 that was prepared by Bradley Environmental Services. The report identified groundwater contained contaminants at the following concentrations: 33,000 ppb TPH(gas), 3,800 ppb TPH(diesel), 55 ppb benzene and 1,100 ppb MTBE.

An Unauthorized Release Form must be completed and submitted to this office within ten days.

A subsurface investigation is required to define the lateral and vertical extent of contamination in the soil and groundwater at the above site. As per Title 23, California Code of Regulations, Article 11, you are required to submit a Soil and Water Investigation workplan within 45 days of the receipt of this letter to this office. The workplan must be prepared by a California Registered Geologist, Certified Engineering Geologist, or Registered Civil Engineer.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,


Larry Seto
Sr. Hazardous Materials Specialist

Cc: Leroy Griffin, City of Oakland – Fire Department, 505 – 14th Street, 7th Floor,
Oakland, CA 94612

Gary Smith, Bradley Environmental Services, 5175-B Hillsdale Circle, El Dorado Hills,
CA 95762

Files

ENVIRONMENTAL
PROTECTION

98 AUG 19 AM 2:26

#4464
L.SETO P 143 589 371

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Mr. Mike Hilliard	
Dept. of Transportation	
Street & Number P.O. Box 23660	
Post Office, State, & ZIP Code Oakland CA 94623	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: #4464 L. Seto

Mr. Mike Hilliard
Department of Transportation
P.O. Box 23660
Oakland CA 94623

4a. Article Number
P 143 589 371

4b. Service Type
 Registered Certified.
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
7/28/98

5. Received By: (Print Name)
A. G.

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X [Signature]

Thank you for using Return Receipt Service.

Transfer of Eligible Local Oversight Case

STID 4464 Date of input/By: na 7/20/98

Date: 7-15-98 From: Carry Seto

Site Name: San Francisco/Oakland Bay Bridge / Dept. of Transportation

Address: Burma Rd. City: Emeryville Zip: 94649
SE BAY BRIDGE TOLL PIZ I-80 94608

This address is correct: End of Burma Rd., Oakland 94649.

To be eligible for LOP, case must meet 3 qualifications:

1. Y N Tanks Removed? # of removed? 2 Date removed: 1-21-98
2. Y N Samples received? Contamination level: 33,000 ppb, 1000 ppb in water
 Type of test TPH (9), MTBE
 Contamination should be over 100 ppm TPH to qualify for LOP
3. Y N Petroleum? Circle Type(s): • Avgas • diesel • unleaded • fuel oil • jet
 • waste oil • kerosene • solvents

Procedure to follow should your site meet all the above qualifications:

1. a. Close the deposit refund case.
 b. Account for **ALL** time you have spent on the case.
 c. Turn in account sheet to Leslie.
 If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: _____
 DepRef Case Closed with Candyce/Leslie? Y N (If no, explain why below.)

2. Submit the completed **A** and **B** permit application forms to **NORMA**.
3. Give the entire case to the proper LOP staff.

UST 11/24/97
ALM

Removed 2/98



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"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME CALTRANS EAST BAY PAINT YARD		NAME OF OPERATOR MKHEAL A. HILLIARD		
ADDRESS SAN FRANCISCO BAY BRIDGE		NEAREST CROSS STREET GRAND AVE	PARCEL # (OPTIONAL)	
CITY NAME OAKLAND BAY BRIDGE TOLL PLAZA		STATE CA	ZIP CODE 94649	SITE PHONE # WITH AREA CODE 510-286-0548
<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LOCAL-AGENCY DISTRICTS
	<input type="checkbox"/> COUNTY-AGENCY*	<input checked="" type="checkbox"/> STATE-AGENCY*	<input type="checkbox"/> FEDERAL-AGENCY*	
* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST				
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 20	E. P. A. I. D. # (optional)

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) MICHAEL A. HILLIARD	PHONE # WITH AREA CODE 510-286-4495	DAYS: NAME (LAST, FIRST) GARY SMITH	PHONE # WITH AREA CODE 1-800-235-5518
NIGHTS: NAME (LAST, FIRST) MICHAEL A. HILLIARD	PHONE # WITH AREA CODE 510-286-4495	NIGHTS: NAME (LAST, FIRST) GARY SMITH	PHONE # WITH AREA CODE 1-800-235-5518

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME DEPARTMENT OF TRANSPORTATION	CARE OF ADDRESS INFORMATION MICHAEL A. HILLIARD		
MAILING OR STREET ADDRESS 111 GRAND AVE / P.O. Box 23660	<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> STATE-AGENCY
	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME OAKLAND CA	STATE CA	ZIP CODE 94623-0660	PHONE # WITH AREA CODE 510-286-4495

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER DEPARTMENT OF TRANSPORTATION	CARE OF ADDRESS INFORMATION MICHAEL A. HILLIARD		
MAILING OR STREET ADDRESS 111 GRAND AVE / P.O. Box 23660	<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> STATE-AGENCY
	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME OAKLAND	STATE CA	ZIP CODE 94623-0660	PHONE # WITH AREA CODE 510-286-4495

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TY (TK) HQ **44- NA**

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

<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND	<input type="checkbox"/> 5 LETTER OF CREDIT	<input checked="" type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOVT. MECHANISM		<input type="checkbox"/> 99 OTHER		

VI. LEGAL NOTIFICATION AND BILLING ADDRESS Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I. II. III.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

TANK OWNER'S NAME (PRINTED & SIGNATURE) M.A. Hilliard	TANK OWNER'S TITLE FOR M.A. Hilliard Task Order Manager	DATE MONTH/DAY/YEAR 30 DEC 97
---	---	---

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 01681023	3/11/98
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL	

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

USI
A LEVI

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD



UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B

Removed 2/98; A. Levi
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 checked="" 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 type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#	UNK	B. MANUFACTURED BY:	UNK
C. DATE INSTALLED (MO/DAY/YEAR)	UNK	D. TANK CAPACITY IN GALLONS:	2000

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 checked="" 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"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
			<input type="checkbox"/> 2 LEADED	<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 AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___			
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	
	DROP TUBE YES ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER	UNK
D. LEAK DETECTION	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
	<input type="checkbox"/> 99 OTHER				

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	UNK	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	UNK GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	-----	--	-------------	---

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

TANK OWNER'S NAME (PRINTED & SIGNATURE)	M.A. HILLIARD <i>Steve Hilliard</i>	TASK ORDER	DATE
	FOR M.A. HILLIARD MANG.		30 DEC 97

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	01	000	068023	000001
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

ENVIRONMENTAL Project Specialist
PROJECT NO. 1106

Page # 4258B

50 JUN 16 AM 10:27

DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PARKWAY, RM 250
ALAMEDA, CA 94502-6577
PHONE # 510/567-6700
FAX # 510/337-9335

ACCEPTED

Underground Storage Tank Closure Permit Application
Alameda County Division of Hazardous Materials
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/destruction.
One copy of the accepted plans must be on the job and available 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 Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
- Sampling
- Final Inspection

Issuance of a) permit to operate, b) permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contract Specialist

ROBERT WESTON
1-22-98

SEE NOTES
Pg. 5.

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business DEPARTMENT OF TRANSPORTATION
Business Owner or Contact Person (PRINT) MIKE A. HILLIARD 510-286-4495
2. Site Address SAN FRANCISCO/OAKLAND BAY BRIDGE - TOLL AREA
City OAKLAND Zip 94623 Phone 510-286-4495
3. Mailing Address 111 GRAND AVE. / PO Box 23660
City OAKLAND Zip 94623 Phone 510-286-4495
4. Property Owner DEPARTMENT OF TRANSPORTATION
Business Name (if applicable) CAL TRANS
Address 111 GRAND AVE / PO Box 23660
City, State OAKLAND CA. Zip 94623
5. Generator name under which tank will be manifested
DEPARTMENT OF TRANSPORTATION
EPA ID# under which tank will be manifested CA D982028664

6. Contractor BRADLEY ENVIRONMENTAL
Address 1815 WRIGHT AVE.
City LA VERNE CA. 91750 Phone 909-596-7780
License Type A-HAZ ID# 661390

*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.

7. Consultant (if applicable) N/A
Address _____
City, State _____ Phone _____

8. Main Contact Person for Investigation (if applicable)
Name GARY SMITH Title PROJECT MANAGER
Company BRADLEY ENVIRONMENTAL
Phone 916-431-9354 1-800-235-5518

9. Number of underground tanks being closed with this plan 2
Length of piping being removed under this plan Approx 60'
Total number of underground tanks at this facility (**confirmed with owner or operator) 2

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

** Underground storage tanks must be handled as hazardous waste **

a) Product/Residual Sludge/Rinsate Transporter
Name RAMOS ENVIRONMENTAL EPA I.D. No. CAD 044003556
Hauler License No. 0518 License Exp. Date 3/31/98
Address 1515 SOUTH RIVER RD.
City SACRAMENTO State CA. Zip 95691

b) Product/Residual Sludge/Rinsate Disposal Site
Name RAMOS ENVIRONMENTAL EPA ID# CAD 044003556
Address 1515 SOUTH RIVER RD.
City SACRAMENTO State CA. Zip 95691

c) Tank and Piping Transporter

Name ERICKSON EPA I.D. No. CA0009466392
Hauler License No. 0019 License Exp. Date 6/30/98
Address 255 PARR RD.
City RICHMOND State CA. Zip 94801

d) Tank and Piping Disposal Site

Name ERICKSON EPA I.D. No. CA0009466392
Address 255 PARR RD.
City RICHMOND State CA. Zip 94801

11. Sample Collector

Name STEVE MOULIS / JEFF WILSON
Company BRALEY ENVIRONMENTAL
Address 5175-B HILLSDALE CIR.
City EL DORADO HILLS State CA. Zip 95762 Phone 916-431-9354

12. Laboratory

Name SPARGER TECHNOLOGY
Address 3050 FITE CIR. SUITE 112
City SACRAMENTO State CA. Zip 95827
State Certification No. _____

13. Have tanks or pipes leaked in the past? Yes [] No [] Unknown
If yes, describe. _____

Describe methods to be used for rendering tank inert:

TRIPLE RINSE TANKS AND VACUUM RINSE OUT-PLACE DRY
ICE IN TANK 25 LBS PER THOUSAND - CHECK TANK LEL LEVEL
W/ GAS TECK INDICATOR

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 permanently plugged.

The Bay Area Air Quality Management District, 415/771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert.

15. Tank History and Sampling Information *** (see instructions) ***

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
2000	ESTIMATED LAST USE FOR BOTH TANKS WAS 12/96	GASOLINE	TANK INVERT AND UNDER PIPE
4000		DIESEL	TANK INVERT AND UNDER PIPE

One soil sample must be collected for every 20 linear feet of piping that is removed. A ground water sample must be collected if any ground water is present in the excavation.

Stockpiled Soil Volume (estimated)

100 cy

Sampling Plan

SEE ATTACHED

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

Will the excavated soil be returned to the excavation immediately after tank removal? [] yes [] no [] unknown

If yes, explain reasoning _____

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling operations.

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.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
DIESEL TPH D BTX	EPA 8015m DIESEL EPA 8020		
GAS	TPH 6 (5030) BTX & TPH (90260) TOTAL LEAD AA		

18. Submit Worker's Compensation Certificate copy

Name of Insurer _____

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 written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.

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

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

I declare that to the best of my knowledge and belief that 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 approval from the Environmental Protection Division 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.

CONTRACTOR INFORMATION

Name of Business BRADLEY ENVIRONMENTAL

Name of Individual GARY SMITH

Signature [Signature] Date 12/30/97

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business DEPARTMENT OF TRANSPORTATION

Name of Individual LEON PENNINGTON SUPERVISOR OR MIKE HILLIARD 510 286 4495

Signature [Signature] for LEON PENNINGTON Date 12/30/97

BILLING ADJUSTMENT FORM

2/16/94
Brian,
Please sign
& return to
me. (na) !!

Billing Acct.#	
<input type="checkbox"/> Generator ...H	_____
<input type="checkbox"/> HMMP.....L	_____
<input checked="" type="checkbox"/> UST.....T	51041

Date: 2/16/94
HazMat-Std#: 3963

Caller: _____ Phone: _____

Company Name : SF-Oak Bay Bridge Caltrans

Site Address : Bay Bridge Toll Plaza Oakland 94623
City Zip

Requested Changes : This site has been split between 2 sites. This site ^{Zip} Acct # 751041 should have 3 ust's. Under this 751041 site pd for 5 ust's 5/14/93; so please issue new acct number for site information below
initials: (na)

[] Rescind Bill with explanation and date (if available):

- Generator _____
- HMMP (AB2185) _____
- UST _____

[] Continue Billing With Following Changes:

- Change number of EMPLOYEES From: _____ To: _____
- Change number of TANKS From: _____ To: _____
- HMMP (AB2185)
- Updated information

Business Name Caltrans Toll Plaza Paint Yard Phone: STD 4464

SITE Address SE Bay Bridge Toll Plaza Emeryville 94608
City Zip

BILLING Address P.O. BOX 7310 San Francisco 94120
City Zip

Inspector: _____ Date: _____

[] Sent to Billing
on / /
Rev 12/91 Mac-BillAdj-2

Edit Reset Next Previous

Facility Name / Owner	Facility Address / Mail Address	# of Tanks
SF-Oak Bay Bridge CALTRANS Calif Dept Of Transp Cont: Phone: Fac: 464-1148 STID# Day: Emerg.# 3963 Nite: Emerg.# PermHist: 5 UST Permitted. Old state surch date 5/23/88 Regt	Bay Bridge Toll Plaza Oakland , CA 94623 P. O. Box 7310 San Francisco , CA 94120 State Surch.Date: 05/14/93 Final PermIssued: Old state surch date 5/23/88	St#68023 S:C #Tanks: 5 BILLING: DateSent- 12/15/87 Acct#T51041
CalTrans Toll Plaza Paint Yard California Dept Of Transp Cont: Phone: Fac: 286-0548 STID# Day: Emerg.# 4464 Nite: Emerg.# PermHist: File exists, need app A/B to be submitted before can send as new b Regt	SE Bay Bridge Toll Plaza Emeryville , CA 94608 SE Bay Bridge Toll Plaza Emeryville , CA 94608 State Surch.Date: Final PermIssued:	St# #Tanks: 2 BILLING: DateSent- Acct#

S:F

STATUS: C=Current F=awaiting appl. B=ready to Bill R=tanks Removed E=Exempt
 [ESC] Done [F2] Clear field [Shift-F2] Clear to end [Shift-F10] More
 Form: ugtlist Table: UGTlist Field: BusName Page: 1

2/9/94

Brian

Please note you requested these be 2 different sites.
 # 3963 showing 5 ust's. File does not indicate any removals,
 neither does depref. A/B forms are for #4464, correct?
 Therefore,

(4464) Do you now want them to be billed?
 #3963 has paid for 5 ust's on 5/14/93, but no A/B forms.

See me if you have any questions

Please respond ASAP so that I can proceed with the
 paper work.

Norma

P.S. I have files.

2-8-94

These are two (2) specific sites - They
are run by 2 different crews, or supervisors
They should, therefore be split into different STD #s

I do not however know how we will break
the sites up. I will be in contact with the
State concerning the sites - please return files

Brian

2/8/94

- Brian took files back. He will

#3963 (TANK FILE)

SF - Oakland Bay Bridge - CALTRANS

- Bay Bridge Toll Plaza

Oakland CA 94623

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 checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: CalTRANS / Paint Region San Francisco-Oakland Bay Bridge
(EAST -> (Paint Shop))

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D. # <u>T-SFP-02</u>	B. MANUFACTURED BY: <u>Owens/Corning Fiberglass</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1980</u>	D. TANK CAPACITY IN GALLONS: <u>4000</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. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" 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 AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" 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 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 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 checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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 <input type="radio"/> U 2 PRESSURE	A <input type="radio"/> U 3 GRAVITY	A <input type="radio"/> U 99 OTHER
B. CONSTRUCTION	A <input type="radio"/> U 1 SINGLE WALL	A <input type="radio"/> U 2 DOUBLE WALL	A <input type="radio"/> U 3 LINED TRENCH	A <input checked="" type="radio"/> U 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A <input type="radio"/> U 1 BARE STEEL	A <input type="radio"/> U 2 STAINLESS STEEL	A <input type="radio"/> U 3 POLYVINYL CHLORIDE (PVC)	A <input type="radio"/> U 4 FIBERGLASS PIPE
	A <input type="radio"/> U 5 ALUMINUM	A <input type="radio"/> U 6 CONCRETE	A <input type="radio"/> U 7 STEEL W/ COATING	A <input type="radio"/> U 8 100% METHANOL COMPATIBLE W/FRP
	A <input type="radio"/> U 9 GALVANIZED STEEL	A <input type="radio"/> U 10 CATHODIC PROTECTION	A <input checked="" type="radio"/> U 95 UNKNOWN	A <input type="radio"/> U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>Dailey</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--	--

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) Leon F. R. Far DATE 12-22-93

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBERS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY # <u>011</u>	JURISDICTION # <u>0100</u>	FACILITY # <u>068023</u>	TANK # <u>0100004</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE <u>5/14/98</u>		

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME Caltrans / Paint Region		NAME OF OPERATOR Caltrans		
ADDRESS San Francisco - Oakland Bay Bridge		NEAREST CROSS STREET None	PARCEL # (OPTIONAL)	
CITY NAME Oakland	STATE CA	ZIP CODE	SITE PHONE # WITH AREA CODE 510 2860548	
<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LOCAL AGENCY DISTRICTS
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY	<input checked="" type="checkbox"/> STATE AGENCY	<input type="checkbox"/> FEDERAL AGENCY
TYPE OF BUSINESS <input checked="" type="checkbox"/> 1 GAS STATION		<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 4 PROCESSOR
<input type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 2	E. P. A. I. D. # (optional)

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Glenn Annis	PHONE # WITH AREA CODE 510 2861291	DAYS: NAME (LAST, FIRST) Pennington, Leon	PHONE # WITH AREA CODE 510 2860548
NIGHTS: NAME (LAST, FIRST) Pennington, Leon	PHONE # WITH AREA CODE 510 2358180	NIGHTS: NAME (LAST, FIRST) Annis, Glenn	PHONE # WITH AREA CODE 510 2283744

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Caltrans / State of Calif.	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 111 GRAND AVE	<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME OAKLAND	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> STATE AGENCY
STATE CA	ZIP CODE 94623-0660	PHONE # WITH AREA CODE 510 2864509	<input type="checkbox"/> COUNTY AGENCY
			<input type="checkbox"/> FEDERAL AGENCY

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Caltrans / State of Calif.	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 111 GRAND AVE	<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME OAKLAND	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> STATE AGENCY
STATE CA	ZIP CODE 94623-0660	PHONE # WITH AREA CODE 510 2864509	<input type="checkbox"/> COUNTY AGENCY
			<input type="checkbox"/> FEDERAL AGENCY

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

TY (TK) HQ **44** -

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

<input checked="" type="checkbox"/> BOX TO INDICATE	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

VI. LEGAL NOTIFICATION AND BILLING ADDRESS Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:	I. <input type="checkbox"/>	II. <input type="checkbox"/>	III. <input checked="" 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) Leon F. Pennington	APPLICANT'S TITLE SIR. ST. PTR. Supv.	DATE MONTH/DAY/YEAR 12-22-93
---	---	--

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 068023
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
MEMORANDUM

DATE :
TO : 7 April, 1989
FROM : Ed
SUBJECT: Dennis

IT Corp. tank monitoring proposals for State facilities
within the Group 1 area.

- 1) Dept. of General Services IT Project 190297-03
1111 Jackson St. Oakland, 94607
- 2) C.H.P. Facility IT Project 190297-06
3601 Telegraph Ave, Oakland, 94609
- 3) Caltrans Facility, IT Project 190297-12
6153 So. Front Rd, Livermore, 94550 *p-Test 2/1/89*
- 4) Caltrans Facility IT Project 190301-24
3465 Ettie St. Oakland 94608 *p-Test 2/7/89*

Items 1-4 were covered in a letter to Tim Anenson, of IT on
3/13/89.

- 5) Caltrans Facility IT Project 190297-14
Bay Bridge Toll Station Mail P.O Box 7310
Oakland, 94607 San Francisco,
Ca. 94120
- a) 4,000 gallon gasoline
 - b) 2,000 gallon diesel Suction piping in both

The diesel tank has a shunt-line to the backup generator. This line is unmetered and flows whenever the generator automatically kicks-in. This could complicate the inventory reconciliation process. IT should propose a mechanism which would assure the accuracy of inventory records. Interim permits for these tanks are on file. Monitoring alternative FIVE would seem adequate for the gas tank, and would probably be adequate for the diesel once the shunt-line flow is accounted for.

IT Tank Monitoring Proposals
7 April, 1989
Page 2 of 2

- 6) Caltrans Facility IT Project 190297-13
Bay Bridge Paint Yard Mail P.O. Box 7310
Oakland, 94607 San Francisco,
 Ca. 94120
- a) 3,000 gallon gasoline
b) 2,000 gallon diesel All Suction piping
c) 2,000 gallon diesel

Interim permits are on file for these tanks.
Monitoring alternative FIVE would seem adequate

- 7) Caltrans Facility IT Project # Unknown
West End of the Mail P.O. Box 558
Caldicot Tunnel Orinda, 94120
Oakland, 94618
- a) 1500 gallon diesel Piping unknown
the tank is used for a backup generator

We have no file regarding this site. A tank permit application
(Form A) was filled out on 4/6/89. Form B is to be submitted
later. Monitoring alternative FIVE would seem to be adequate.
This tank passed a precision test on 12/22/88.

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 state of california Dept of Transportation Today's Date 3/28/89
Bay Bridge Toll station

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 _____
 City Oakland Zip 94607 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

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(i)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

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

Comments:

2 underground tanks at

1 gasoline tank 3,000 gallons

1 diesel tank 2,000 gallons

discussed UGT permitting process

Form A of application package filled out by me

Two copies of Form B left with John Ongaro for later submittal

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 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 _____ |
| New Tanks | ___ 7. Precs Tank Test 2643
Date: _____ |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing 2646 |
| | ___ 10. Ground Water. 2647 |
| | ___ 11. Monitor Plan 2632 |
| | ___ 12. Access. Secure 2634 |
| | ___ 13. Plans Submit 2711
Date: _____ |
| | ___ 14. As Built 2635
Date: _____ |

Rev 6/88

II, III

Contact: John Ongaro
 Title: main engineer superintendent Inspector: D. Byrae
 Signature: [Signature] Signature: [Signature]

STATE OF CALIFORNIA
 PUBLIC UTILITIES COMMISSION
 SITE

REGISTRATION INFORMATION
 COMPLETE THIS SECTION

MARK ONLY ONE ITEM

1 NEW PERMIT 3 RENEWAL PERMIT 5 CHANGE OF INFORMATION 7 PERMANENTLY CLOSED SITE

2 INTERIM PERMIT 4 AMENDED PERMIT 6 TEMPORARY SITE CLOSURE

I. FACILITY/SITE INFORMATION & ADDRESS -- (MUST BE COMPLETED)

FACILITY/SITE NAME <i>S.F. Oakland Bay Bridge Toll Plaza</i>		CARE OF ADDRESS INFORMATION	
ADDRESS <i>Interstate 805</i>		NEAREST CROSS STREET	<input checked="" type="checkbox"/> Box to indicate CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP LOCAL AGENCY <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY FEDERAL AGENCY
CITY NAME <i>Oakland</i>	STATE <i>CA</i>	ZIP CODE <i>94607</i>	SITE PHONE #, WITH AREA CODE
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 checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS <input type="checkbox"/>	EPA ID #	# of TANKS AT THIS SITE <i>2</i>
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)	
DAYS: NAME (LAST, FIRST) <i>Ongaro John</i>	PHONE # WITH AREA CODE <i>464-0876</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION & ADDRESS -- (MUST BE COMPLETED)

NAME <i>State of California</i>		CARE OF ADDRESS INFORMATION	
MAILING or STREET ADDRESS <i>P.O. Box 7310</i>		<input checked="" type="checkbox"/> Box to indicate CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP LOCAL AGENCY <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY FEDERAL AGENCY	
CITY NAME <i>San Francisco</i>	STATE <i>CA</i>	ZIP CODE <i>94130</i>	PHONE #, WITH AREA CODE

III. TANK OWNER INFORMATION & ADDRESS -- (MUST BE COMPLETED)

NAME <i>State of California, Dept of Transportation</i>		CARE OF ADDRESS INFORMATION	
MAILING or STREET ADDRESS <i>P.O. Box 7310</i>		<input checked="" type="checkbox"/> Box to indicate CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP LOCAL AGENCY <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY FEDERAL AGENCY	
CITY NAME <i>San Francisco</i>	STATE <i>CA</i>	ZIP CODE <i>94130</i>	PHONE #, WITH AREA CODE <i>464-0876</i>

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

THIS TANK IS LOCATED AT THE FOLLOWING ADDRESS: *[Address]*

THIS TANK HAS BEEN DOCUMENTED UNDER PERMIT # *[Permit #]* AND TANK # *[Tank #]*

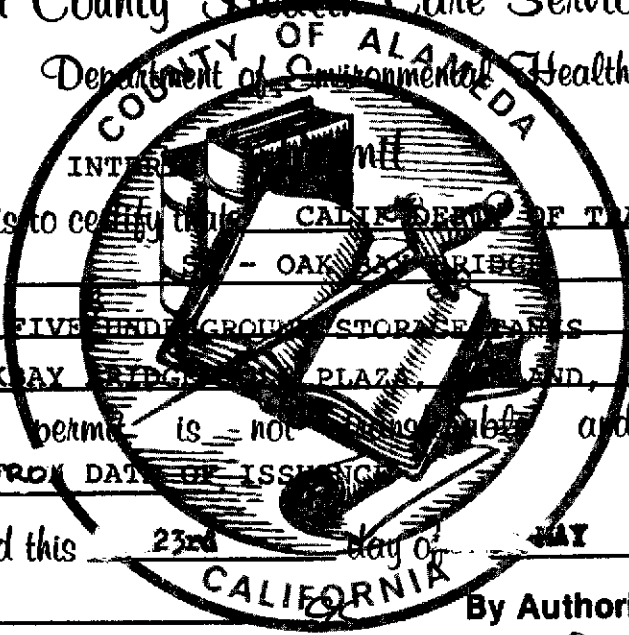
[Signature]

LOCAL AGENCY USE ONLY

PERMIT NUMBER	FORM APPROVAL	DATE	TIME
ISSUE DATE	ISSUE TIME	SUPERVISOR'S SIGNATURE	DATE
OFFICE	FIELD OFFICE	CHECKED BY	DATE

Alameda County Health Care Services Agency

Department of Environmental Health



This is to certify that CALIFORNIA DEPT. OF TRANSPORTATION
doing business as SF - OAKWAY BRIDGE, is permitted
to operate a FIVE FEED GROUNDS STORAGE TANKS
at SF - OAKWAY BRIDGE PLAZA, OAKLAND, CA 94601

This permit is not being voided and is good until
6 MONTHS FROM DATE OF ISSUANCE

Issued this 23rd day of MAY, 1988

By Authority of
County Health Officer

//Sanitarian HAZMAT SPECIALIST



**INTERNATIONAL
TECHNOLOGY
CORPORATION**

December 17, 1988

Mr. Ted Gerow
Department of Environmental Health
470 27th Street
Oakland, California 94612

**SUBJECT: LEAK DETECTION PLANS FOR STATE OF CALIFORNIA FACILITIES
OFFICE OF THE STATE ARCHITECT
IT CORPORATION PROJECT NUMBER 190263.**

IT Corporation was contracted by the Office of the State Architect (OSA) in August, 1987 to prepare leak detection plans for underground storage tanks at state-owned facilities throughout Regions 1 and 2 as specified by the OSA under Agreement Number CS 6387 and Work Order Number GST 754.

Each facility was visited and a leak detection was developed in accordance with state and/or local regulations. In order for the state to prioritize the facilities and begin implementation of the plans and for IT to complete its contractual obligations with the OSA, we need to receive from your office the form which was included with the leak detection plan indicating your approval, rejection, or conditions for approval. Our records show that the approval forms for the following facilities have not been received:

- o Dept. of General Services
Oakland - Jackson Street
1111 Jackson Street
Oakland, California 94607
- o Dept. of Highway Patrol
CHP - Oakland
3601 Telegraph Avenue
Oakland, California 94607
- o Department of Transportation
Hayward Maintenance Station
21195 Center Street
Castro Valley, California 94546

DB

DB

The two U.G.T. at this site were removed on 1-18-89. C.F.

o Department of Transportation
Livermore Facility
6153 South Front Street
Livermore, California 94550

7 ~~DB~~
DB

o Dept. of Transportation
San Francisco - Oakland Bay Bridge Toll Plaza
San Francisco - Oakland Bay Bridge Toll Plaza
Oakland, California 94102

7 ~~DB~~
DB

o Dept. of Transportation
San Francisco - Oakland Bay Bridge Paint Yard
East side of Toll Plaza
Oakland, California 94102

7 ~~DB~~
DB

o Dept. of Transportation
South Oakland
1112 29th Avenue
Oakland, California 94601

7 DB
LS

o Dept. of Transportation
Oakland Maintenance Station
3465 Ettie Street
Oakland, California 94608

7 ~~DB~~
DB

2) 3,750 unlead
1) 6,600 diesel

only 2 tanks
permitted

o Dept. of Transportation
Caldecott Tunnel
West End of Caldecott Tunnel
Oakland, California

4 ~~DB~~ } DB
94618 }
no
app on
record

If you have any questions, please call me at (415) 372-9100.
We appreciate your assistance in this matter.

Sincerely,

John F. McGuire
Supervisor, Underground
Storage Tank Engineering

Tim Anderson
372-5202