

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

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



Site ID # 2672 Site Name Helmut Motors Today's Date 10/9/90

- 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 82 "A" St.
 City Hayward (Uninc.) Zip 94541 Phone 582-1238

- II.B ACUTELY HAZ. MAT'L'S**
- 10. Registration Form Filed 25533(a)
 - 11. Form Complete 25533(b)
 - 12. RMPP Contents 25534(c)
 - 13. Implement Sch. Req'd? (Y/N)
 - 14. OffSite Conseq. Assess. 25524(c)
 - 15. Probable Risk Assessment 25534(d)
 - 16. Persons Responsible 25534(g)
 - 17. Certification 25534(f)
 - 18. Exemption Request? (Y/N) 25534(b)
 - 19. Trade Secret Requested? 25538

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

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

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

- 7. Precs Tank Test Date: 2643
- 8. Inventory Rec. 2644
- 9. Soil Testing . 2646
- 10. Ground Water. 2647

- New Tanks**
- 11. Monitor Plan 2632
 - 12. Access, Secure 2634
 - 13. Plans Submit Date: 2711
 - 14. As Built Date: 2635

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

Comments:
 3 underground storage tanks removed
 5000 - gal. gasoline (N tank) a few rust spots
 5000 - gal. gasoline (S tank) many rust spots
 500 - gal. waste oil / no visible holes
 Tank removal contractor: T.L. Bush ^{some stained soil} (Ron Martin)
 Soil sampler: T.L. Bush
 (samples to be submitted to Trace Analysis)
 Tanks hauled by H+H Ship Service: CA000471168
 + residue. (1) waste oil over fill (2) below top of tanks
 Estimated 55 cubic yards sticky soil - 3 samples taken
 These tanks held leaded fuel, tests must be run
 for leaded gasoline, 2 taken from west ends of
 both tank pits on 10/9/90. Remaining 2 from East end pits
 Gas tanks have not been used or filled since
 1965 according to owner. Waste oil tank
 was used up until ~ 1 year ago.
 W.O. tank had some visible holes, some of which
 may have been caused by excavation. He sampled
 10/9/90. Some x-ray clayey.

Contact: Richard Taler
 Title: owner
 Signature: _____

Inspector: _____
 Signature: _____

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ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

II.A. BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Stds. 25503(b)
- ___ 3. RR Cars > 30 days 25503.7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Deficiency 25505(a)
- ___ 9. Modification 25505(b)

II.B. ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N)
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N)
- ___ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|--|
| General | ___ 1. Permit Application 25284 (H&S) |
| | ___ 2. Pipeline Leak Detection 25292 (H&S) |
| | ___ 3. Records Maintenance 2712 |
| | ___ 4. Release Report 2651 |
| | ___ 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | ___ 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose Semi-annual groundwater One time soils |
| | 3) Daily Vadose One time soils Annual tank test |
| | 4) Monthly Groundwater One time soils |
| | 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/groundwater mon. |
| | 6) Daily Inventory Annual tank testing Cont pipe leak det |
| | 7) Weekly Tank Gauge Annual tank testing |
| | 8) Annual Tank Testing Daily Inventory |
| | 9) Other _____ |
| New Tanks | ___ 7. Pre-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: _____ | |

Site ID # 2672 Site Name Helmut Motors, Inc. Today's Date 11/17/91

Site Address 82 A St

City Hayward Zip 94541 Phone _____

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- ___ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ___ II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

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

Comments:

Contamination was found in oil tank pit. Sampling was done to confirm that soil removal from pit has effectively remediated oil + grease contamination.

Two feet of soil was removed from the tank pit immediately below where the waste oil tank rested. Samples were taken from:
 1) tank pit bottom at ~ 7 feet.

~~2) An excavated soil~~

Owner plans to refill pit with crushed rock and repair bot section. He has excavated as deeply as he feels he can without jeopardizing the foundation of his building which is directly adjacent to the waste oil tank pit.

Still needed from T.L. Bush: Completed sampling reports including location + depth of each sample taken, QA/QC procedures.

II, III

Contact: _____

Title: _____

Signature: _____

Inspector: _____
 Signature: Pamela J. Evans


HAZARDOUS WASTE GENERATOR INSPECTION REPORT

| | | |
|------------------|--------------------------------|--------------------------|
| SI ID #: 2672 | FACILITY NAME: SG AUTOWORKS | PG. <u>2</u> OF <u>2</u> |
|------------------|--------------------------------|--------------------------|

SUPPLEMENTAL FORM

- Label waste oil tank as hazardous waste with generator info, EPA ID #, code hazards and accumulation start date. A new label was issued. Label used oil filter drum "Drained Used Oil Filters" and indicate the accumulation start date.
- Used oil is to be recycled every 90 days.
- Inspect the hazardous waste storage area weekly and keep records of this.
- Provide covered and labeled containers for used absorbent which is to be recycled or disposed of as hazardous waste.
- Recycle empty drums as needed.
- Keep receipts for all hazardous waste disposal on site for 3 years.
- Provide an approved hazardous waste management training program for the employees and document it on the training record form issued.
- Submit a copy of a Hazardous Materials Business Plan to this office within 30 days.

The waste oil and absorbent is recycled by Evergreen Environmental Service Co. of Newark (800) 972-5284. The used oil filters are recycled by RCA Oil Filters Recovery Co. of Antioch (733-2573). The used antifreeze is recycled onsite by Onsite Recycling Service Co. of Antioch (754-6540). The parts washer is serviced by Sefco Vision Corp. of Oakland (832-7942). The used batteries are recycled by Interstate Battery System of East Bay (928-3054). The wiping rags are cleaned by Valley Industrial Services (429-9115).

| | |
|---|--------------------------------|
| PRINT NAME: Sal Gaccio | INSPECTED BY: Rex O'Connell |
| SIGNATURE:  | DATE: 6/19/96 |



Alameda Countywide
Clean Water Program
Standard Stormwater Facility Inspection Report Form

Municipality: ALAMEDA COUNTY
Date: 6/19/96

Reason for Inspection: First Inspection Routine Inspection Response to Complaint Facility has closed or Facility Information has changed

NAME OF FACILITY: SG AUTOWORKS SITE ADDRESS: 82 A Street Hayward, CA 94541

CONTACT NAME: Salvador Garcia PHONE: 538-0151 BUSINESS TYPE/ACTIVITY: General auto repair SIC: 7530

Is the property owner different than the facility owner? Yes No If yes, complete the following:
NAME: Rick Faber PHONE: 606-6123
MAILING ADDRESS: 5283 Lenox Ave, Livermore, CA 94550

Is the facility covered under any other programs or permits? (Check all that apply.)
 Air quality Hazmat business plan None Sanitary sewer
 Fire department (hazmat storage) Hazmat waste generator Underground storage tanks Aboveground storage tanks
 Other

Is the facility covered under a storm water permit? Does not need Coverage No, but may need to be (Refer to Regional Board)
 Individual General: Does the facility have a SWPPP? yes no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
ACTUAL Type of Discharge: BMP: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
PEX = Pollutant Exposure, NSW = Non-Stormwater Discharge

| AREAS OF ACTIVITY | N/A | PTNL | ACTUAL Type of Discharge | | | REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement. |
|---|-------------------------------------|------|--------------------------|-----|-----|--|
| | | | BMP | PEX | NSW | |
| A. Outdoor Process/Manufacturing Areas | <input checked="" type="checkbox"/> | | | | | <input checked="" type="checkbox"/> A 2-compartment sump that drains to the storm drain was only partially filled with cement by the property owner and previous business owner. The outlet still exists and is currently filled with antifreeze. This must be sealed off within 30 days - NOV letter to follow check with Alameda County Public Works Dept and Orinda Sanitary District for their requirements on this. A previous notice to correct this illicit connection was issued by Alameda Co. Public Works Dept, on October 25, 1993. Scrap metal parts stored on ground outside - provide covers for these. |
| B. Outdoor Material Storage Areas | | 2 | | | | |
| C. Outdoor Waste Storage/Disposal Areas | | 1 | | | | |
| D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas | | 2 | | | | |
| E. Outdoor Parking Areas and Access Roads | | 2 | | | | |
| F. Outdoor Wash Areas | <input checked="" type="checkbox"/> | | | | | |
| G. Rooftop Equipment | <input checked="" type="checkbox"/> | | | | | |
| H. Outdoor Drainage from Indoor Areas | | | 3 | 3 | | |
| I. Other (describe): <u>Inside shop area</u> | <input checked="" type="checkbox"/> | | 3 | 3 | | |

ADDITIONAL COMMENTS/REMARKS: Notice to correct this illicit connection was issued by Alameda Co. Public Works Dept, on October 25, 1993. Scrap metal parts stored on ground outside - provide covers for these.

See attached for more comments.

FIRST Follow-up Inspection (Date & Findings): 7/19/96 SECOND Follow-up Inspection (Date & Findings):

PRIORITY FOR RE-INSPECTION: 1; First 2; Second 3; Third
ENFORCEMENT: None Verbal Notice Administrative Action Administrative Action w/ Penalty &/or Cost Recovery Legal Action

Facility Representative Signature: [Signature] Date: 6/19/96
Print Name of Facility Representative: Sal Garcia Inspector's Signature: [Signature]

ALAMEDA COUNTY ENVIRONMENTAL HEALTH / HAZARDOUS MATERIALS DIVISION
 1131 Harbor Bay Pkwy., Rm. 250, Alameda, CA 94502-6577
 (510) 567-6700 Fax (510) 337-9335

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

| | | | | | | | | | | | |
|---|--|------------------------------------|-------------------------------------|-------------------------------------|--|--|----------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| STID #: <u>2612</u> | | FACILITY NAME: <u>56 AUTOWORKS</u> | | | EPA I.D. #: <u>CA100077546</u> | | | | | | |
| ADD. RES. CITY & ZIP CODE: <u>82 A Street Hayward, CA 94541</u> | | | | | | PHONE: <u>538-0151</u> | | | | | |
| TYPE OF BUSINESS: <u>General auto repair</u> | | CODE SECTION | COMPLIANCE | | TIERED PERMITTING STATUS: | | CODE SECTION | COMPLIANCE | | | |
| | | | YES | NO | N/A | CE <input type="checkbox"/> CA <input type="checkbox"/> PBR <input type="checkbox"/> N/A <input checked="" type="checkbox"/> | | YES | NO | N/A | |
| 1. IDENTIFICATION NUMBER | | | | | 6. CONTINGENCY / BUSINESS PLAN | | | | | | |
| (a) Obtained EPA I.D. Number | | 66262.12(a) | <input checked="" type="checkbox"/> | | | (a) Contingency Plan Complete | | 66265.52(a-f) | <input checked="" type="checkbox"/> | | |
| (b) Transporter and TSD Have EPA I.D. # | | 66262.12(c) | <input checked="" type="checkbox"/> | | | (b) Copy of Plan on Site | | 66265.53 | | <input checked="" type="checkbox"/> | |
| 2. PRE-TRANSPORT REQUIREMENTS | | | | | (c) Contingency / Business Plan Submitted | | 66265.53(b) | | <input checked="" type="checkbox"/> | | |
| (a) HW Containers Labeled | | 66262.31 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | (d) Plan Amended as Necessary | | 66265.54 | | | <input checked="" type="checkbox"/> |
| (b) HW Label Properly Filled Out | | 66262.32(b) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | (e) ER Co-ordinator Familiar w/ Plan | | 66265.55 | | | <input checked="" type="checkbox"/> |
| (c) HW Accumulation Time Not Exceeded | | 66262.34(c) | <input checked="" type="checkbox"/> | | | 7. PREPAREDNESS AND PREVENTION | | | | | |
| (d) Accumulation Date Indicated | | 66262.34(f) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | (a) Internal Commun./Alarm Provided | | 66265.32(a) | <input checked="" type="checkbox"/> | | |
| (e) Description of HW Contents | | 66262.34(f) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | (b) A Device to Call Outside Provided | | 66265.32(b) | <input checked="" type="checkbox"/> | | |
| (f) HW Containers in Good Condition | | 66265.171 | <input checked="" type="checkbox"/> | | | (c) Spill Control Systems Available | | 66265.32(c) | <input checked="" type="checkbox"/> | | |
| (g) HW Compatible with Containers | | 66265.172 | <input checked="" type="checkbox"/> | | | (d) Maintain ER Equipment | | 66265.33 | <input checked="" type="checkbox"/> | | |
| (h) HW Containers Closed / Sealed | | 66265.173 | <input checked="" type="checkbox"/> | | | (e) Access to Commun. during HW Handl. | | 66265.34 | <input checked="" type="checkbox"/> | | |
| (i) HW Storage Area Inspected Weekly | | 66265.174 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | (f) Maintain Adequate Aisle Space | | 66265.35 | <input checked="" type="checkbox"/> | | |
| (j) Tank & Tank Equip. Inspected Daily | | 66265.195 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | (g) Arrangements w/ Local Agencies | | 66265.37 | <input checked="" type="checkbox"/> | | |
| (k) Incompatible HW in Separate Containers | | 66265.199 | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | 8. EMERGENCY PROCEDURES | | | | | |
| (l) Proper Management of Used Oil Filters | | 66266.130 | <input checked="" type="checkbox"/> | | | (a) Character/Source/Extent of ER Determ'd | | 66265.56 | | | <input checked="" type="checkbox"/> |
| 3. RECORDKEEPING AND REPORTING | | | | | (b) Proper Agencies Notified of Hlth. Hazard | | 66265.56 | | | | <input checked="" type="checkbox"/> |
| (a) HW Analysis Kept 5 Yrs./Land Disposal | | 66262.11 | | | <input checked="" type="checkbox"/> | (c) ER Data Submitted to DTSC & LIA | | 66265.56 | | | <input checked="" type="checkbox"/> |
| (b) Biennial Report Submitted to State | | 66262.41 | | | <input checked="" type="checkbox"/> | (d) Uncontrol. Release HW Properly Handled | | 66265.56 | | | <input checked="" type="checkbox"/> |
| 4. MANIFEST / RECEIPTS | | | | | 9. WASTE STREAMS | | | | | | |
| (a) HW Shipped with Proper Manifest | | 66262.20 | <input checked="" type="checkbox"/> | | | (a) Waste Oil | | | <input checked="" type="checkbox"/> | | |
| (b) Manifests Kept for last 3 Yrs. | | 66262.40(a) | | | <input checked="" type="checkbox"/> | (b) Non-Halogenated Solvents/Parts Cleaner | | | <input checked="" type="checkbox"/> | | |
| (c) HW Analysis Kept 3 Yrs. | | 66262.40(c) | | | <input checked="" type="checkbox"/> | (c) Ethylene Glycol/Antifreeze | | | <input checked="" type="checkbox"/> | | |
| (d) Manifests Received from TSDF | | 66262.42 | | | <input checked="" type="checkbox"/> | (d) Oily Sludges <u>Filters</u> | | | <input checked="" type="checkbox"/> | | |
| 5. TRAINING | | | | | (e) Other: <u>batteries</u> | | | <input checked="" type="checkbox"/> | | | |
| (a) Training Program Provided | | 66265.16 | | <input checked="" type="checkbox"/> | | (f) Other: <u>wiping rags</u> | | | <input checked="" type="checkbox"/> | | |
| (b) Personnel Trained & Supervised | | 66265.16(b) | | <input checked="" type="checkbox"/> | | (g) Other: <u>absorbent</u> | | | <input checked="" type="checkbox"/> | | |
| (c) HW Personnel Trained within 6 Months | | 66265.16(b) | | <input checked="" type="checkbox"/> | | (h) Other: | | | | | |
| (d) Training Records Kept on Site | | 66265.16(d) | | <input checked="" type="checkbox"/> | | (i) Other: | | | | | |
| (e) Training Records Maintained for 3 Yrs. | | 66265.16(e) | | <input checked="" type="checkbox"/> | | All above code sections refer to the California Code of Reg. Title 22 | | | | | |
| (f) Training Records Complete | | 66265.16(1,2) | | <input checked="" type="checkbox"/> | | | | | | | |
| PERMISSION GIVEN TO INSPECT FACILITY: | | | | | Pollution Prevention | | Health & Safety Code | | | | |
| YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | Source Reduction Plan Completed | | 25744.19 | | | | <input checked="" type="checkbox"/> |
| OTHER COUNTY PROGRAMS: UST <input type="checkbox"/> HMBP <input type="checkbox"/> UR <input type="checkbox"/> | | | | | | | | | | | |
| REMARKS: <u>This is a new general auto repair shop that relocated from 22357 Mack Ave in January of this year. They generate waste oil, oil filters, parts cleaning solvents, antifreeze, batteries, wiping rags and absorbent in the operation. See page 2 for a list of Title 22 code violations.</u> | | | | | | | | | | | |
| PRINT NAME: <u>Sal Garcia</u> | | | | | | TITLE: <u>Owner</u> | | | | | |
| SIGNATURE: <u>[Signature]</u> | | | | | | INSPECTED BY: <u>[Signature]</u> | | | DATE: <u>6/19/96</u> | | |

FACILITY SURVEY 

GENERAL INFORMATION

STID # 2672
County Use Only

1. Facility Name: SG Autoworks
2. Site Address: 82 A street
City: Hayward Zip: 94541
3. Billing Address (if different): _____
City: _____ Zip: _____
4. Contact Person: Sal Garcia Phone: (510) 538-0151
5. Business Owner Name: Sal Garcia Phone: (510) 538-0151
6. Date you started business: 1-1-96
7. Type of Business: Auto Repair 8. SIC #: 7538
9. Number of Employees Handling Haz. Waste: 2 9a. Total Number of Employees 3
10. EPA ID # CAL 000177546
11. Name of Previous Owner: Richard Faber

PERMITS

Check () if you have permits from any of the following:

Local Agencies:

12. Sanitary Sewer District
Name of District: Oro Loma
13. City or Local Fire Dept. (Underground tanks, Hazardous Materials Business Plan)
Name of City or Dept.: Alameda County
14. S.F. Regional Water Quality Control Board (NPDES - General or Individual Permit): Circle One
15. Bay Area Air Quality Management District

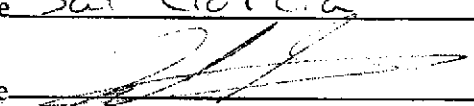
OTHER

Please check () if the following applies at your facility:

16. Acutely hazardous materials are handled.
17. 500 Lbs., 55 Gal., 200 Cu. Ft. or more of hazardous materials are handled.
18. Hazardous Materials or Hazardous Waste are contained in underground tanks.
19. The following category(s) of hazardous waste are handled at this facility:
 Toxic Corrosive Ignitable Reactive

CERTIFICATION

I hereby certify, to the best of my knowledge, that the information on this form is true and complete.

Print Name Sal Garcia Title Owner
Signature  Date 6-19-96

MATERIALS
HAZARDOUS WASTE GENERATOR INSPECTION REPORT

| | | | |
|-------------------|---|-------|------|
| STI D #: 2672 | FACILITY NAME: SG AUTOWORKS 82 A ST., HAYWARD 94541 | PG. 1 | OF 1 |
| SUPPLEMENTAL FORM | 10W-30 MOTOR OIL - ABOVEGROUND TANK - 120 GAL | | |
| | WASTE OIL - ABOVEGROUND TANK - 240 GAL | | |
| | WASTE SOLVENT - ANTIFREEZE - 55 GAL | | |
| | WASTE ANTIFREEZE - 55 GAL | | |

- 1) "CA. HAZARDOUS MATERIALS INVENTORY REPORTING FORM" 2/18/97 UNSIGNED.
SIGN + SUBMIT. - 30 DAYS
- 2) TRAINING REQUIRED - IMMEDIATE NOTIFICATION, MITIGATION + EVACUATION PROCEDURES. DOCUMENT ^{ANNUALLY} - 30 DAYS.
- 3) REPROCESSED COOLANT DRUM UNLABELED LABEL WITH "COOLANT" + "TOXIC" / "COMBUSTIBLE" - 7 DAYS.
- 4) OBTAIN MATERIAL SAFETY DATA SHEETS FOR MOTOR OIL + ANTIFREEZE. 30 DAYS

| | |
|----------------------------------|----------------------------------|
| PRINT NAME: S. L. [Signature] | INSPECTED BY: Don [Signature] |
| SIGNATURE: [Signature] | DATE: 6/20/97 |

ALAMEDA COUNTY ENVIRONMENTAL HEALTH / HAZARDOUS MATERIALS DIVISION

1131 Harbor Bay Pkwy., Rm. 250, Alameda, CA 94502-6577

(510) 567-6700 Fax (510) 337-9335

P 1 of 2

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

| | | | | | | | | | |
|--|--|-----------------------------|-------------------------------------|--|--|----------|----------------------|-------------------------------------|-------------------------------------|
| STIC # 257 | | FACILITY NAME: SG AUTOWORKS | | | EPA I.D. #: | | | | |
| ADDRESS, CITY & ZIP CODE: 82 A ST., HAYWARD 94541 | | | | | PHONE: | | | | |
| TYPE OF BUSINESS: AUTO REPAIR | | CODE SECTION | COMPLIANCE YES NO N/A | | TIERED PERMITTING STATUS: CE <input type="checkbox"/> CA <input type="checkbox"/> PBR <input type="checkbox"/> N/A <input type="checkbox"/> | | CODE SECTION | COMPLIANCE YES NO N/A | |
| 1. IDENTIFICATION NUMBER | | | | 6. CONTINGENCY / BUSINESS PLAN | | | | | |
| (a) Obtained EPA I.D. Number | | 66262.12(a) | | | (a) Contingency Plan Complete | | 66265.52(a-f) | <input checked="" type="checkbox"/> | |
| (b) Transporter and TSDF Have EPA I.D. # | | 66262.12(c) | | | (b) Copy of Plan on Site | | 66265.53 | <input checked="" type="checkbox"/> | |
| 2. PRE-TRANSPORT REQUIREMENTS | | | | (c) Contingency/Business Plan Submitted | | | | 66265.53(b) | <input checked="" type="checkbox"/> |
| (a) HW Containers Labeled | | 66262.31 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | (d) Plan Amended as Necessary | | 66265.54 | | |
| (b) HW Label Properly Filled Out | | 66262.32(b) | | <input checked="" type="checkbox"/> | (e) ER Co-ordinator Familiar w/ Plan | | 66265.55 | | |
| (c) HW Accumulation Time Not Exceeded | | 66262.34(c) | | | 7. PREPAREDNESS AND PREVENTION | | | | |
| (d) Accumulation Date Indicated | | 66262.34(f) | | <input checked="" type="checkbox"/> | (a) Internal Commun./Alarm Provided | | 66265.32(a) | <input checked="" type="checkbox"/> | |
| (e) Description of HW Contents | | 66262.34(f) | | <input checked="" type="checkbox"/> | (b) A Device to Call Outside Provided | | 66265.32(b) | <input checked="" type="checkbox"/> | |
| (f) HW Containers in Good Condition | | 66265.171 | <input checked="" type="checkbox"/> | | (c) Spill Control Systems Available | | 66265.32(c) | <input checked="" type="checkbox"/> | |
| (g) HW Compatible with Containers | | 66265.172 | <input checked="" type="checkbox"/> | | (d) Maintain ER Equipment | | 66265.33 | <input checked="" type="checkbox"/> | |
| (h) HW Containers Closed /Sealed | | 66265.173 | | <input checked="" type="checkbox"/> | (e) Access to Commun. during HW Handl. | | 66265.34 | <input checked="" type="checkbox"/> | |
| (i) HW Storage Area Inspected Weekly | | 66265.174 | <input checked="" type="checkbox"/> | | (f) Maintain Adequate Aisle Space | | 66265.35 | <input checked="" type="checkbox"/> | |
| (j) Tank & Tank Equip. Inspected Daily | | 66265.195 | | | (g) Arrangements w/ Local Agencies | | 66265.37 | <input checked="" type="checkbox"/> | |
| (k) Incompatible HW in Separate Containers | | 66265.199 | <input checked="" type="checkbox"/> | | 8. EMERGENCY PROCEDURES | | | | |
| (l) Proper Management of Used Oil Filters | | 66266.130 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | (a) Character/Source/Extent of ER Determ'd | | 66265.56 | | |
| 3. RECORDKEEPING AND REPORTING | | | | (b) Proper Agencies Notified of Hlth. Hazard | | 66265.56 | | | |
| (a) HW Analysis Kept 5 Yrs./Land Disposal | | 66262.11 | | | (c) ER Data Submitted to DTSC & LIA | | 66265.56 | | |
| (b) Biennial Report Submitted to State | | 66262.41 | | | (d) Uncontrol. Release HW Properly Handled | | 66265.56 | | |
| 4. MANIFEST / RECEIPTS | | | | 9. WASTE STREAMS | | | | | |
| (a) HW Shipped with Proper Manifest | | 66262.20 | | | (a) Waste Oil ABOVEGROUND TANK | | | | |
| (b) Manifests Kept for last 3 Yrs. | | 66262.40(a) | | | (b) Non-Halogenated Solvents/Parts Cleaner 30 GAL | | | | |
| (c) HW Analysis Kept 3 Yrs. | | 66262.40(c) | | | (c) Ethylene Glycol/Antifreeze 55 GAL | | | | |
| (d) Manifests Received from TSDF | | 66262.42 | | | (d) Oily Sludges | | | | |
| 5. TRAINING | | | | (e) Other: | | | | | |
| (a) Training Program Provided | | 66265.16 | | <input checked="" type="checkbox"/> | (f) Other: | | | | |
| (b) Personnel Trained & Supervised | | 66265.16(b) | | <input checked="" type="checkbox"/> | (g) Other: | | | | |
| (c) HW Personnel Trained within 6 Months | | 66265.16(b) | | <input checked="" type="checkbox"/> | (h) Other: | | | | |
| (d) Training Records Kept on Site | | 66265.16(d) | | <input checked="" type="checkbox"/> | (i) Other: | | | | |
| (e) Training Records Maintained for 3 Yrs. | | 66265.16(e) | | <input checked="" type="checkbox"/> | All above code sections refer to the California Code of Reg. Title 22 | | | | |
| (f) Training Records Complete | | 66265.16(1,2) | | <input checked="" type="checkbox"/> | | | | | |
| PERMISSION GIVEN TO INSPECT FACILITY: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | Pollution Prevention | | Health & Safety Code | | |
| OTHER COUNTY PROGRAMS: UST <input type="checkbox"/> HMBP <input checked="" type="checkbox"/> UR <input type="checkbox"/> | | | | | Source Reduction Plan Completed | | 25744.19 | | |
| REMARKS: 2B) HAZARDOUS WASTE LABEL ON WASTE ANTIFREEZE DRUM FADED. WRITE IN "TOXIC" NAME + ADDRESS OF BUSINESS, START ACCUMULATION DATE - 7 DAYS | | | | | | | | | |
| PRINT NAME: Sel Garcia | | | | | TITLE: Owner | | | | |
| SIGNATURE: [Signature] | | | | | INSPECTED BY: Son Wang | | DATE: 6/20/97 | | |

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STI D #: FACILITY NAME: 82 A ST. HAYWARD 94541 PG. 2 OF 2

SUPPLEMENTAL FORM

6H) OPENINGS ON TOP OF ABOVEGROUND WASTE OIL TANK. COVER OPENINGS WHEN NOT ADDING. - 30 DAYS.

4) UNABLE TO LOCATE MANIFESTS FOR WASTE OIL + BILLS OF LADING FOR USED FILTERS. SUBMIT LATEST FOR EACH. - 30 DAYS

6) CONTINGENCY REQUIRED TO BE SUBMITTED. HAS "ENVIRONMENTAL COMPLIANCE + SAFETY TRAINING PROGRAM" WHICH CONTAINS "HEALTH + SAFETY PLAN" + "EMERGENCY RESPONSE PLAN" + "HAZARDOUS MATERIALS BUSINESS PLAN" WHICH CONTAIN REQUIRED CONTENT FOR CONTINGENCY PLAN. SUBMIT APPROPRIATE SECTIONS OR COMPLETE FORM. - 30 DAYS.

6A) ON MAP, SHOW LOCATION OF EMERGENCY RESPONSE EQUIPMENT. - 30 DAYS.

5) DOCUMENTATION ON ^{TRAINING ON} CONTINGENCY PLAN REQUIRED. DOCUMENT ANNUALLY. - 30 DAYS.

1B) RECEIPT FOR WASTE COOLANT PROCESSING LACKS EPA ID# FOR "ONSITE RECYCLING SERVICES". 3377 DEER VALLEY RD. #274, ANTIOCH 94509. - 30 DAYS

PRINT NAME: [Signature]

INSPECTED BY: Don Wang

SIGNATURE: [Signature]

DATE: 6/20/97

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID#: [] FACILITY NAME: 82 A ST., HAYWARD 94541 PG. 3 OF 3

SUPPLEMENTAL FORM

20) DRUM FOR DRAINED USED OIL FILTERS
LACK START ACCUMULATION DATE. INDICATE
- 7 DAYS

76) ATTEMPT TO MAKE AN ARRANGEMENT
WITH FIRE DEPT FOR TO FAMILIARIZE
WITH FACILITY FOR EMERGENCY RESPONSE
- 30 DAYS

PRINT NAME: [Signature]

INSPECTED BY: [Signature]

SIGNATURE: [Signature]

DATE: 6/20/97



Alameda Countywide
Clean Water Program
Standard Stormwater Facility Inspection Report Form

Municipality: AlCo-PW
Date: 30 Jul 96

Reason for Inspection: First Inspection Routine Inspection Response to Complaint Facility has closed or Facility Information has changed

NAME OF FACILITY: SG Autoworks SITE ADDRESS: 82 "A" St., Hayward

CONTACT NAME: S. Garcia PHONE: 538-0151 BUSINESS TYPE/ACTIVITY: Automotive Repair SIC: 7538

Is the property owner different than the facility owner? Yes No If yes, complete the following:
NAME: R. Fabes PHONE: 606-6123
MAILING ADDRESS: 5283 Lenoxe Av., Livermore 94550

Is the facility covered under any other programs or permits? (Check all that apply.) None Sanitary sewer
 Air quality Hazmat business plan Underground storage tanks Aboveground storage tanks
 Fire department (hazmat storage) Hazmat waste generator Other

Is the facility covered under a storm water permit? Does not need Coverage No, but may need to be (Refer to Regional Board)
 Individual General: Does the facility have a SWPPP? yes no

N/A = Not Applicable; PTNL = POTENTIAL for Pollutant Discharge: 1 = low potential, 2 = medium potential, 3 = high potential
ACTUAL Type of Discharge: BMP: 0 = BMPs are effective, 1 = BMPs are fairly/almost effective, 2 = BMPs are not effective, 3 = No BMPs are implemented
PEX = Pollutant Exposure, NSW = Non-Stormwater Discharge

| AREAS OF ACTIVITY | N/A | PTNL | ACTUAL Type of Discharge | | | REMARKS: Describe recommendations, requirements, and time to implement. Check box if remark is a requirement. |
|---|-------------------------------------|------|--------------------------|-----|-----|---|
| | | | BMP | PEX | NSW | |
| A. Outdoor Process/Manufacturing Areas | <input checked="" type="checkbox"/> | | | | | <input type="checkbox"/> |
| B. Outdoor Material Storage Areas | | 2 | 1 | 2 | 0 | <input type="checkbox"/> |
| C. Outdoor Waste Storage/Disposal Areas | | 1 | 1 | 0 | 2 | <input checked="" type="checkbox"/> Used Oil tank, storage drums for Air Grease + rags exposed to weather |
| D. Outdoor Vehicle and Heavy Equipment Storage, Maintenance Areas | | 2 | 1 | 2 | 2 | <input checked="" type="checkbox"/> Cover storage Vehicle parts exposed to weather |
| E. Outdoor Parking Areas and Access Roads | | 1 | 1 | 2 | 2 | <input checked="" type="checkbox"/> Vehicles parked in yard with out hood - cover |
| F. Outdoor Wash Areas | <input checked="" type="checkbox"/> | | | | | <input type="checkbox"/> |
| G. Rooftop Equipment | <input checked="" type="checkbox"/> | | | | | <input type="checkbox"/> |
| H. Outdoor Drainage from Indoor Areas | | 1 | 2 | 2 | 2 | <input type="checkbox"/> spills could flow out of Maintenance bays - |
| I. Other (describe): | <input checked="" type="checkbox"/> | | | | | <input type="checkbox"/> |

ADDITIONAL COMMENTS/REMARKS: Automotive parts, rags + tools scattered about in maintenance bays. Sump discharged plugged with concrete.

See attached for more comments.

FIRST Follow-up Inspection (Date & Findings): 30 Jul 96 Sump drain to storm sewer abated by plugging - Resolved
SECOND Follow-up Inspection (Date & Findings):

PRIORITY FOR RE-INSPECTION: 1; First 2; Second 3; Third

ENFORCEMENT: None Verbal Notice Administrative Action Administrative Action w/ Penalty &/or Cost Recovery Legal Action

Facility Representative Signature: [Signature] Date: 31 Jul 96

Print Name of Facility Representative: Sol Garcia Inspector's Signature: [Signature]