

**STATE WATER RESOURCES CONTROL BOARD****DIVISION OF CLEAN WATER PROGRAMS**

2014 T STREET, SUITE 130

P.O. BOX 944212

SACRAMENTO, CALIFORNIA 94244-2120

(916) 227-4360

(916) 227-4530 (FAX)



SEP - 1 1994

*SUS*  
*Which is this?*

Mr. Laurence O. Clark  
2620 Norbridge Avenue  
Castro Valley, CA 94546

Dear Mr. Clark:

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, NOTICE OF  
WITHDRAWAL OF LETTER OF COMMITMENT: CLAIM NUMBER 000070; FOR  
SITE ADDRESS: 2620 Norbridge Ave., Castro Valley

On July 26, 1994, a "Notice of Proposed Withdrawal of Letter of Commitment" was sent to you. The Notice informed you that your Letter of Commitment (LOC) was to be withdrawn and your claim removed from the Priority List and the reason for that determination. The Notice also informed you that if you did not agree with the determination, you could request a review within thirty (30) calendar days of the date of the Notice.

Since you did not request a review within the time specified, I have determined that your claim is not eligible for participation in the Underground Storage Tank Cleanup Fund and your LOC is hereby withdrawn.

If you have any questions, please contact Donna L. Turcotte at (916) 227-4532.

Sincerely,

A handwritten signature in black ink, appearing to read "D Deaner", is written over a horizontal line.

Dave Deaner, Manager  
Underground Storage Tank Cleanup Fund

cc: Mr. Steve Morse  
California Regional Water Quality  
Control Board, San Francisco Bay Region  
2101 Webster Street, Suite 500  
Oakland, CA 94612

✓ Mr. Ed Howell  
Alameda County EHD  
80 Swan Way, Room 200  
Oakland, CA 94621

## STATE WATER RESOURCES CONTROL BOARD

## DIVISION OF CLEAN WATER PROGRAMS

2014 T STREET, SUITE 130

P.O. BOX 944212

SACRAMENTO, CALIFORNIA 94244-2120

(916) 227-4307

(916) 227-4530 (FAX)



536-9511

JUL 26 1994

Laurence O. Clark  
2620 Norbridge Ave.  
Castro Valley, CA 94546

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, NOTICE OF PROPOSED WITHDRAWAL OF LETTER OF COMMITMENT: CLAIM NUMBER 000070; FOR SITE ADDRESS: 2620 Norbridge Ave., Castro Valley

A Letter of Commitment (LOC) was issued to you on April 16th, 1993. Pursuant to its terms and conditions, an LOC may be withdrawn at any time if the claimant is found to be not in compliance with any applicable state rules and regulations, and with all of the terms, conditions, and commitments contained in the claimant's application.

This letter is to notify you that the Underground Storage Tank Cleanup Fund is proposing to withdraw your LOC for the following reason:

On November 9, 1993, you were sent a letter stating that your Letter of Commitment would be withdrawn if you did not submit a Reimbursement Request or adequate explanation for not submitting a Reimbursement Request within 30 days. As of this date, neither the Reimbursement Request nor any explanation for not submitting it has been received.

If you are not in agreement with this decision, you may request a review of the decision by the Manager of the Underground Storage Tank Cleanup Fund Program within thirty (30) calendar days of the date of this Notice. Please send any request for review to:

Mr. Dave Deaner, Manager                      Claim No. 000070  
Underground Storage Tank Cleanup Fund Program  
State Water Resources Control Board  
Division of Clean Water Programs  
P. O. Box 944212  
Sacramento, CA 94244-2120

If a request for review of this decision is not received within thirty (30) calendar days of the date of this Notice, your LOC will be withdrawn.

If you have any questions, please contact Donna L. Turcotte at (916) 227-4532.

Sincerely,

*Francine Aguirre*  
Francine Aguirre  
Team Leader, Regions 1 and 2  
Underground Storage Tank Cleanup Fund

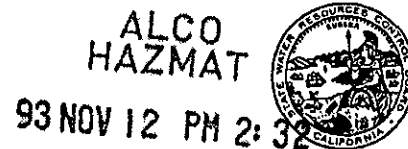
cc: California Regional Water Quality  
Control Board, San Francisco Bay Region  
Attn: Steve Morse  
2101 Webster Street, Suite 500  
Oakland, CA 94612

✓ Alameda County EHD  
Attn: Ed Howell  
80 Swan Way, Room 200  
Oakland, CA 94621

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## DIVISION OF CLEAN WATER PROGRAMS

2014 T STREET, SUITE 130  
P.O. BOX 944212  
SACRAMENTO, CALIFORNIA 94244-2120  
(916) 227-4307  
(916) 227-4530 (FAX)



NOV 09 1993

ST10 4092

Mr. Laurence O. Clark  
2620 Norbridge Avenue  
Castro Valley, CA 94546

Dear Mr. Clark:

NO RESPONSE TO LETTER OF COMMITMENT (LOC)  
CLAIM NUMBER: 0070

It has come to my attention that the LOC issued on April 16, 1993 for the cleanup of 2620 Norbridge Avenue, Castro Valley, CA 94546 in the amount of \$20,000 has not been responded to with a request for reimbursement. Please submit your reimbursement request with all of the required supporting documentation, or a written explanation as to the status of cleanup and why you have not requested reimbursement to date. If a request for reimbursement, or adequate explanation in writing, is not received within 30 days from the date of this letter, I will take steps to begin the withdrawal process on your LOC.

Please send your reimbursement request or explanation to:

State Water Resources Control Board  
Division of Clean Water Programs  
Underground Storage Tank Cleanup Fund Program  
ATTN: STEVE PARADA  
P. O. Box 944212  
Sacramento, CA 94244-2120

If you have any questions, please call Blessy Torres at  
(916) 227-4535.

Sincerely,



Steve Parada, Program Analyst  
Underground Storage Tank Cleanup Fund Program

cc: ~~Tom Peacock~~  
Alameda County Health Agency  
80 Swan Way, Room 350  
Oakland, CA 94621

**STATE WATER RESOURCES CONTROL BOARD**

DIVISION OF CLEAN WATER PROGRAMS

2014 T STREET, SUITE 130

P.O. BOX 944212

SACRAMENTO, CALIFORNIA 94244-2120

(916) 227-4413

(916) 227-4530 (FAX)



93 APR 27 11 APR 26 1993

Mr. Laurence O. Clark  
 2620 Norbridge Avenue  
 Castro Valley, CA 94546

Dear Mr. Clark:

**UNDERGROUND STORAGE TANK CLEANUP FUND, CLAIM NO. 0070**

The State Water Resources Control Board (State Board) takes pleasure in issuing the attached Letter of Commitment in an amount not to exceed \$20,000. This Letter of Commitment is based upon our review of the corrective action costs incurred to date and your application received on December 26, 1991, and may be modified by the State Board in writing by an amended Letter of Commitment.

The State Board will take steps to withdraw this Letter of Commitment after 90 calendar days from the date of this transmittal letter unless you proceed with due diligence with your cleanup effort. This means that you must take positive, concrete steps to ensure that corrective action is proceeding with all due speed. For example, if you have not started your cleanup effort, you must obtain three bids and sign a contract with one of these bidders within 90 calendar days. If your cleanup effort has already started and was delayed, you must resume the expenditure of funds to ensure that your cleanup is proceeding in an expeditious manner. You are reminded that you must comply with all regulatory agency time schedules and requirements. We constantly review the status of all active claims, and failure to proceed with due diligence will be grounds for withdrawal of this Letter of Commitment.

You should read the terms and conditions listed in the Letter of Commitment.

Also attached is a "Reimbursement Request" package. The package includes :

- Instructions for the completion of the "Reimbursement Request" form and should be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988.
- A "Reimbursement Request - Underground Storage Tank Cleanup Fund" form which you must use to request reimbursement of costs incurred.
- A "Spreadsheet" which you must use in conjunction with your Reimbursement Request.
- Samples of two completed Reimbursement Request forms and associated spreadsheets.
- A "Bid Summary Sheet" to document data on bids received.
- Recommended Minimum Invoice Cost Breakdown.
- A "Certification of Non-Recovery From Other Sources" which must be returned before any reimbursements can be made.

If you have any questions regarding the Letter of Commitment or the Reimbursement Request package, please contact Blessy Torres at (916) 227-4535.

Sincerely,

A handwritten signature in cursive script that reads "Ron Markle".

Dave Deaner, Manager  
 Underground Storage Tank  
 Cleanup Fund Program

**Attachments**

cc: Tom Peacock  
 Alameda County Health  
 Agency  
 80 Swan Way, Room 350  
 Oakland, CA 94621

Don Dalke  
 California Regional Water  
 Quality Control Board, San Francisco Bay Region  
 2101 Webster Street, Suite 500  
 Oakland, CA 94612

LETTER OF COMMITMENT FOR REIMBURSEMENT OF COSTS

CLAIM NO: 000070

AMENDMENT NO: 0

CLAIMANT: L. Clark  
JOINT-CLAIMANT:

BALANCE FORWARD: \$0

CLAIMANT ADDRESS: 2620 Norbridge Avenue  
Castro Valley, CA 94546

THIS AMOUNT: \$20,000

NEW BALANCE: \$20,000

TAX ID / SSA NO. 531-56-0554

Subject to availability of funds, the State Water Resources Control Board (State Board) agrees to reimburse Laurence Clark (claimant) for eligible corrective action costs at 2620 Norbridge Avenue, Castro Valley, CA 94546 (site). The commitment reflected by this Letter is subject to all of the following terms and conditions:

1. Reimbursement shall not exceed \$20,000 unless this amount is subsequently modified in writing by an amended Letter of Commitment.
2. The obligation to pay any sum under this Letter of Commitment is contingent upon availability of funds. In the event that sufficient funds are not available for reasons beyond the reasonable control of the State Board, the State Board shall not be obligated to make any disbursements hereunder. If any disbursements otherwise due under this Letter of Commitment are deferred because of unavailability of funds, such disbursements will promptly be made when sufficient funds do become available. Nothing herein shall be construed to provide the Claimant with a right of priority for disbursement over any other claimant who has a similar Letter of Commitment.
3. Unless modified in writing by the State Board, this Letter of Commitment covers work through Phase IV of corrective action work.
4. All costs for which reimbursement is sought must be eligible for reimbursement and the Claimant must be the person entitled to reimbursement thereof.
5. Claimant must at all times be in compliance with all applicable state laws, rules and regulations and with all terms, conditions, and commitments contained in the Claimant's Application and any supporting documents or in any payment requests submitted by the Claimant.
6. No disbursement under this Letter of Commitment will be made except upon receipt of acceptable Standard Form Payment Requests duly executed by or on behalf of the Claimant. All Payment Requests must be executed by the Claimant or a duly authorized representative who has been approved by the Division of Clean Water Programs.
7. Any and all disbursements payable under this Letter of Commitment may be withheld if the Claimant is not in compliance with the provisions of Paragraph 5 above.
8. Neither this Letter of Commitment nor any right thereunder is assignable by the Claimant without the written consent of the State Board. In the event of any such assignment, the rights of the assignee shall be subject to all terms and conditions set forth in this Letter of Commitment and the State Board's consent.
9. This Letter of Commitment may be withdrawn at any time by the State Board if completion of corrective action is not performed with reasonable diligence.

IN WITNESS WHEREOF, this Letter of Commitment has been issued by the State Board this 16th day of April, 1993.

STATE WATER RESOURCES CONTROL BOARD

BY [Signature]  
Manager, Underground Storage Tank Cleanup Fund Program

BY [Signature]  
Chief, Division Administrative Services

STATE USE :
CALSTARS CODING :
0550 - 632.02 - 30530
\$ _____



92 JAN 10 11:12:51

Mr. Scott Seery, R.E.H.S.  
Alameda County Health Care Services, Haz Mat Program  
80 Swan Way, Rm. 200  
Oakland, Ca. 94621

**Re: Preliminary Site Investigation at Clark's Woodworking,  
2620 Norbridge Ave., Castro Valley, Ca.**

Dear Mr. Seery,

On behalf of Mr. Larry Clark, Aqua Science Engineers, Inc. does hereby propose to alter the course of the Preliminary Site Investigation (PSI) currently underway at the above referenced facility.

The approved workplan for the PSI details the drilling and installation of one groundwater monitoring well which was to be performed. Associated soil and groundwater sampling and analysis are part of this proposed project. It was anticipated that groundwater would be encountered within the first 20 feet depth below grade at the site. There are other monitoring facilities within about 1/4 mile which reflect shallow groundwater conditions.

Currently, the proposed monitor well boring has been advanced to 50 feet depth below grade at a location within 8 feet of the previously removed tank. At five feet depth, Cretaceous marine sedimentary rocks were encountered, which hampered soil sampling efforts but not drilling rates. From five feet depth on down, the subsurface materials consist of claystone, distinctly bedded, <1 to a few inches thick. Silt may comprise up to 20% of these strata, with very fine sand <10%. The materials are hard, dry, and competent. The boring has been secured with augers in hole, awaiting the influx of groundwater. Over a four day period, no water of any kind has entered the boring.

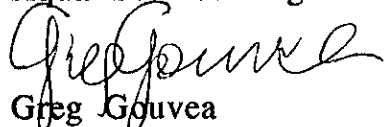
Soil samples obtained during drilling were submitted to the lab for analysis. Samples from about 5, 10, 15, and 20 feet depth are to be analyzed, as well as one sample from 50 feet depth. If these analyses show less than the detection limit for the constituents of interest at both 20 feet and 50 feet depth, then ASE proposes to abandon the boring with cement/bentonite grout, tremmied from the bottom.

Clark's Woodworking - January 8, 1992

The entire preliminary site investigation would then consist of the sampling and analysis of soils, and reporting of results with other pertinent documentation. My discussion with Rich at RWQCB was very positive with regard to the preceding proposal. He thought we were "... on the right track..." and suggested that you confer with the tank program leader about approving these changes to our PSI plans.

I look forward to hearing from you on this matter

Respectfully  
Aqua Science Engineers, Inc.



Greg Gouvea  
Project Manager

cc. Mr. Larry Clark

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



December 20, 1991

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

Mr. Laurence Clark  
Clark's Woodworking  
2620 Norbridge Avenue  
Castro Valley, CA 94546

RE: PRELIMINARY SITE ASSESSMENT PROPOSAL

Dear Mr. Clark:

This Department is in receipt and has completed review of the August 2, 1991 Aqua Science Engineers Inc. preliminary site assessment work plan (PSA), as amended December 4, 1991. This PSA work plan has been approved as amended.

A report must be submitted within 45 days of the completion of this phase of work at the site. Subsequent reports are to be submitted quarterly until eligible for final "sign-off" by the Regional Water Quality Control Board (RWQCB). Quarterly reports are due the first day of the second month of each subsequent quarter (e.g., May 1, August 1, November 1, and February 1). Please reference the July 3, 1991 correspondence from this office for details concerning the content of such reports.

At this time, please adhere to a quarterly monitoring and sampling schedule. The frequency of these activities may change over time as ground water data are collected and interpreted.

Please call me at 510/271-4320 should you have any questions.

Sincerely,

  
Scott O. Seery, CHMM  
Hazardous Materials Specialist

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



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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.
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REPORT DATE 07/03/91	CASE #	SIGNED: <i>[Signature]</i> DATE: 7-3-91
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REPORTED BY	NAME OF INDIVIDUAL FILING REPORT SCOTT O. SEERY	PHONE (415) 271-4320	SIGNATURE <i>[Signature]</i>	
	REPRESENTING: <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME ALAMEDA Co. ENV. HEALTH DEPT		
	ADDRESS 80 SWAN WAY, Room 200 OAKLAND CA 94621			

RESPONSIBLE PARTY	NAME LAURENCE CLARK <input type="checkbox"/> UNKNOWN	CONTACT PERSON SAME	PHONE (415) 538-9511
	ADDRESS 2620 NORBRIDGE AVE., CASTRO VALLEY CA 94546		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) CLARKS WOODWORKING	OPERATOR LAURENCE CLARK	PHONE (415) 538-9511	
	ADDRESS 2620 NORBRIDGE AVE., CASTRO VALLEY ALAMEDA 94546			
	CROSS STREET UNKNOWN			

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME ALAMEDA Co. ENV. HEALTH	CONTACT PERSON SCOTT O. SEERY	PHONE (415) 271-4320
	REGIONAL BOARD SAN FRANCISCO BAY REGION		CONTACT PERSON LESTER FELDMAN

SUBSTANCES INVOLVED	(1) NAME GASOLINE	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) _____ <input type="checkbox"/> UNKNOWN	

DISCOVERY/ABATEMENT	DATE DISCOVERED 07/02/91	HOW DISCOVERED: <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN	
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 07/02/91	

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <b>PENDING</b> <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE)	<input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input checked="" type="checkbox"/> OTHER (OT) <b>NOT DETERMINED YET</b>	<input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VENT SOIL (VS)
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COMMENTS: CONTAMINATION OBSERVED DURING TANK CLOSURE. TANK WAS SIGNIFICANTLY PITTED, YET NO THROUGH-GOING HOLES OBSERVED. PIT WAS OVER-EXCAVATED. WILL BE REQUESTING PSA PROPOSAL FOR SW INVESTIGATION.

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 07/03/91		CASE #		SIGNED: <i>[Signature]</i> DATE: 7-3-91		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT SCOTT O. SEERY		PHONE (415) 271-4320		SIGNATURE <i>[Signature]</i>	
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME ALAMEDA Co. ENV. HEALTH DEPT			
	ADDRESS 80 SWAN WAY, Room 200 OAKLAND CA 94621					
RESPONSIBLE PARTY	NAME LAURENCE CLARK <input type="checkbox"/> UNKNOWN		CONTACT PERSON SAME		PHONE (415) 538-9511	
	ADDRESS 2620 NORBRIDGE AVE., CASTRO VALLEY CA 94546					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) CLARKS WOODWORKING		OPERATOR LAURENCE CLARK		PHONE (415) 538-9511	
	ADDRESS 2620 NORBRIDGE AVE., CASTRO VALLEY ALAMEDA 94546					
	CROSS STREET UNKNOWN					
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME ALAMEDA Co. ENV. HEALTH		CONTACT PERSON SCOTT O. SEERY		PHONE (415) 271-4320	
	REGIONAL BOARD SAN FRANCISCO BAY REGION		CONTACT PERSON LESTER FELDMAN		PHONE (415) 464-1255	
SUBSTANCES INVOLVED	(1) NAME GASOLINE				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) _____ <input type="checkbox"/> UNKNOWN					
DISCOVERY/ABATEMENT	DATE DISCOVERED 07/03/91		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 07/03/91					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CASE TYPE <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	REMEDIATION ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> OTHER (OT) NOT DETERMINED YET					
COMMENTS	CONTAMINATION OBSERVED DURING TANK CLOSURE. TANK WAS SIGNIFICANTLY PITTED, YET NO THROUGH-GOING HOLES OBSERVED. PIT WAS OVER-EXCAVATE. WILL BE REQUESTING PSA PROPOSAL FOR GW INVESTIGATION.					
	_____					

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
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	ADDRESS 80 SWAN WAY, Room 200 OAKLAND CA 94621					
RESPONSIBLE PARTY	NAME LAURENCE CLARK <input type="checkbox"/> UNKNOWN		CONTACT PERSON SAME		PHONE (415) 538-9511	
	ADDRESS 2620 NORBRIDGE AVE., CASTRO VALLEY CA 94546					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) CLARKS WOODWORKING		OPERATOR LAURENCE CLARK		PHONE (415) 538-9511	
	ADDRESS 2620 NORBRIDGE AVE., CASTRO VALLEY ALAMEDA 94546					
	CROSS STREET UNKNOWN					
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA Co. ENV. HEALTH		AGENCY NAME		CONTACT PERSON SCOTT O. SEERY	
	REGIONAL BOARD SAN FRANCISCO BAY REGION		CONTACT PERSON LESTER FELDMAN		PHONE (415) 464-1255	
SUBSTANCES INVOLVED	(1) NAME GASOLINE				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) <input type="checkbox"/> UNKNOWN					
DISCOVERY/ABATEMENT	DATE DISCOVERED 07/02/91		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 07/02/91					
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> OTHER (OT) NOT DETERMINED YET					
COMMENTS	CONTAMINATION OBSERVED DURING TANK CLOSURE. TANK WAS SIGNIFICANTLY PITTED, YET NO THROUGH-GOING HOLES OBSERVED. PIT WAS OVER-EXCAVATED. WILL BE REQUESTING PSA PROPOSAL FOR SW INVESTIGATION.					

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Certified Mailer # P 367 604 433

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

July 3, 1991

Mr. Laurence Clark  
Clark's Woodworking  
2620 Norbridge Avenue  
Castro Valley, CA 94546

RE: REQUEST FOR PRELIMINARY SITE ASSESSMENT; 2620 NORBRIDGE AVENUE,  
CASTRO VALLEY

Dear Mr. Clark:

This Department is in receipt and has completed review of the April 15, 1991 Aqua Science Engineers, Inc. (ASE) underground storage tank closure report, as submitted under ASE cover dated May 24, 1991. The cited report documents the results of soil sample analyses and other activities associated with the closure of one (1) underground storage tank (UST) at the referenced site on March 28, 1991.

Observations made at the time of closure, and later substantiated through soil sample analyses, indicate that a confirmed release from the UST system has occurred at this site. The concentration of total petroleum hydrocarbons as gasoline (TPH-G) discovered in the initial soil sample (SS-1), collected at an approximate depth of 6-feet below grade (BG), was 1,000 parts per million (ppm). Benzene, toluene, ethylbenzene, and total xylene (BTEX) isomer concentrations in this same sample were 1.6, 2.4, 1.3, and 2.5 ppm, respectively. Following continued vertical overexcavation to an approximate depth of 11-feet BG, contaminant concentrations quickly attenuated as evidenced by TPH-G and BTEX concentrations of 1.2, 0.44, 0.021, 0.017, and 0.0093 ppm, respectively.

Based upon the data presented in the April 15 ASE report, it appears that further vertical overexcavation will not be required at this time. However, the data, as well as observations made during UST closure, clearly indicate that there has been a confirmed release at this site. As a result, you must perform an additional environmental investigation to determine the lateral and vertical extent of both soil and ground water contamination associated with this release.

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

Mr. Laurence Clark  
RE: 2620 Norbridge Avenue  
July 3, 1991  
Page 2 of 3

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

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

The PSA proposal is due within 45 days of the date of this letter, **or by August 19, 1991**. Once this proposal has been reviewed and approved, **work should commence no later than September 19, 1991**. Accompanying this proposal must be a check payable to Alameda County totalling \$432 to offset expenses incurred by this Department during oversight of this project. This deposit is placed into an account from which money is drawn at the current rate of \$67 per hour as time is dedicated to the project.

A report must be submitted within 45 days after the completion of this phase of work at the site. Subsequent reports must be submitted quarterly until this site qualifies for final RWQCB "sign off". Such quarterly reports are due the first day of the second month of each subsequent quarter (i.e., November 1, February 1, May and August 1).

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

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

Mr. Laurence Clark  
 RE: 2620 Norbridge Avenue  
 July 3, 1991  
 Page 3 of 3

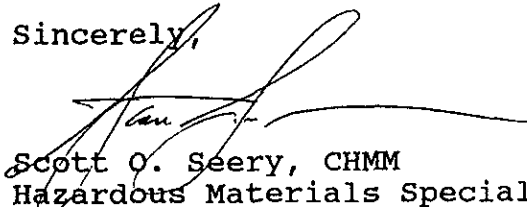
- o Recommendations or plans for additional investigative work or remediation

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

Please be advised that this is a formal request for technical reports pursuant to California Water Code Section 13267 (b). Failure to respond or a late response could result in the referral of this case to the RWQCB for enforcement, possibly subjecting the responsible party to civil penalties to a maximum of \$1,000 per day. Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by either this agency or the RWQCB.

Should you have any questions about the content of this letter, please call me at 415/271-4320.

Sincerely,



Scott O. Seery, CHMM  
 Hazardous Materials Specialist

enclosure

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

P 367 604 433  
 RECEIPT FOR CERTIFIED MAIL  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to	Clark's Woodworking
Street and No	2620 Norbridge Ave.
P.O. State and ZIP Code	Castro Valley, Ca 94546
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	7-5-91

# BILLING ADJUSTMENT FORM

Pgm Affected Billing Acct. #

Generator .H \_\_\_\_\_

AB2185 ... L \_\_\_\_\_

UGT ..... T C1204

Date: 4/11/91

HazMat StID\* : \_\_\_\_\_

Caller: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name : Clark's Woodworking

Site Address : 2620 Norbridge Castro Valley 94546  
City Zip

Requested Changes : \_\_\_\_\_

Initials: \_\_\_\_\_

## Inspectors' Conclusion

Rescind Bill for following reasons:

- No Hazardous Waste
- Moved out of County
- Qty's under 2185 Min.
- Closed / Out of Business
- UGTanks removed 3/91
- Other \_\_\_\_\_

Continue Billing With Following Changes:

- |                                     | From: | To:   |
|-------------------------------------|-------|-------|
| ___ Change number of EMPLOYEES      | _____ | _____ |
| ___ Change number of TANKS          | _____ | _____ |
| ___ AB2185: Changes attached        |       |       |
| ___ Reopen Site Address / New Owner |       |       |

Co. Name \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

### \_\_\_ New Address

Site Address \_\_\_\_\_ City Zip

Mail Address \_\_\_\_\_ City Zip

Inspector: [Signature]

Date: 4-11-91

HM Chg: \_\_\_\_\_  
 Sent to Billing  
on \_\_\_/\_\_\_/\_\_\_  
Rev 11/89 Mac-BillAdj

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 Clark's Woodward Today's Date 3/28/91

Site Address 2620 Norbridge Ave

City Castro Valley Zip 94546 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:

On-site to witness UST closure. Bob Bohman (CUFD), Martin Clarke, & Greg Gouvea (Aqua Science Eng.) were present.

Tank is constructed of bare steel. The bottom was significantly pitted, yet no through-going pits were observed. The sand backfill was only several inches deep below the tank. One (1) sample was collected from native material below the center of the tank. Native material was comprised of weathered shaly bedrock, and was fractured to the point of being friable locally. Product odor was evident in the backfill from below the UST and native material. As no product piping was associated with the UST (dispenser sat above UST) and no through-going holes observed, it would "appear" that over spillage may have been the source of the contamination.

II.A BUSINESS PLANS (Title 19)

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

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N) \_\_\_\_\_
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- |                               |  |
|-------------------------------|--|
| General                       | <input type="checkbox"/> 1. Permit Application 25284 (H&S)                     |
|                               | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S)                |
|                               | <input type="checkbox"/> 3. Records Maintenance 2712                           |
|                               | <input type="checkbox"/> 4. Release Report 2651                                |
|                               | <input type="checkbox"/> 5. Closure Plans 2670                                 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method   |
|                               | 1) Monthly Test  |
|                               | 2) Daily Vadose Semi-annual groundwater One time soils                         |
|                               | 3) Daily Vadose One time soils Annual tank test                                |
|                               | 4) Monthly 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                     | <input type="checkbox"/> 7. Precs Tank Test 2643                               |
|                               | Date: _____  |
|                               | <input type="checkbox"/> 8. Inventory Rec. 2644                                |
|                               | <input type="checkbox"/> 9. Soil Testing . 2646                                |
|                               | <input type="checkbox"/> 10. Ground Water. 2647                                |
|                               | <input type="checkbox"/> 11. Monitor Plan 2632                                 |
|                               | <input type="checkbox"/> 12. Access. Secure 2634                               |
|                               | <input type="checkbox"/> 13. Plans Submitt 2711                                |
|                               | Date: _____  |
|                               | <input type="checkbox"/> 14. As Built 2635                                     |
| Date: _____                   |  |

Rev 8/88

Contact: Martin Clarke

Title: owner, Martin Clarke Inspector: S. [Signature]

Signature: \_\_\_\_\_ Signature: [Signature]

II, III



white -env.health  
yellow -facility  
pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

## Hazardous Materials Inspection Form

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

II, III

Site ID # \_\_\_\_\_ Site Name Clark's Woodworking Today's Date 3/28/91

Site Address 2620 Narbridge Ave

City Castro Valley Zip 94546 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:

At the advice of ASE, continued excavation of the pit in search of attenuating contaminants with depth proceeded. The excavation continued to a depth of approximately 8' BG. The odor of gasoline did not seem to appreciably diminish with depth. No sample collected.

A discussion ensued. It was decided that, after this discussion with Mr. Clarke (property owner) regarding his alternative actions, the over excavation should continue in hopes of removing as much source as possible.

I requested that I be contacted when confirmation sampling was to occur.

### II.A BUSINESS PLANS (Title 19)

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

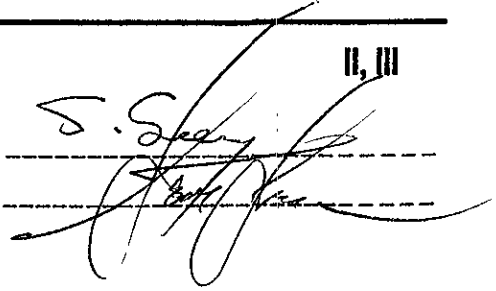
### II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N) \_\_\_\_\_
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

### III. UNDERGROUND TANKS (Title 23)

- |                               |  |  |
|-------------------------------|--|--|
| General                       | <input type="checkbox"/> 1. Permit Application 25284 (H&S)                                 |  |
|                               | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S)                            |  |
|                               | <input type="checkbox"/> 3. Records Maintenance 2712                                       |  |
|                               | <input type="checkbox"/> 4. Release Report 2651  |  |
|                               | <input type="checkbox"/> 5. Closure Plans 2670   |  |
| <hr/>                         |  |  |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method   |  |
|                               | 1) Monthly Test  |  |
|                               | 2) Daily Vadose<br>Semi-annual groundwater<br>One time soils                               |  |
|                               | 3) Daily Vadose<br>One time soils<br>Annual tank test                                      |  |
|                               | 4) Monthly Groundwater<br>One time soils   |  |
|                               | 5) Daily Inventory<br>Annual tank testing<br>Cont pipe leak det<br>Vadose/groundwater mon. |  |
|                               | 6) Daily Inventory<br>Annual tank testing<br>Cont pipe leak det                            |  |
|                               | 7) Weekly Tank Gauge<br>Annual tank testing  |  |
|                               | 8) Annual Tank Testing<br>Daily Inventory  |  |
|                               | 9) Other _____   |  |
| <hr/>                         |  |  |
| New Tanks                     | <input type="checkbox"/> 7. Precs Tank Test 2643   |  |
|                               | Date: _____  |  |
|                               | <input type="checkbox"/> 8. Inventory Rec. 2644  |  |
|                               | <input type="checkbox"/> 9. Soil Testing . 2646  |  |
| <hr/>                         |  |  |
| New Tanks                     | <input type="checkbox"/> 10. Ground Water. 2647  |  |
|                               | <hr/>  |  |
|                               | <input type="checkbox"/> 11. Monitor Plan 2632   |  |
|                               | <input type="checkbox"/> 12. Access. Secure 2634   |  |
| <hr/>                         |  |  |
| New Tanks                     | <input type="checkbox"/> 13. Plans Submit 2711   |  |
|                               | Date: _____  |  |
|                               | <input type="checkbox"/> 14. As Built 2635   |  |
| Date: _____                   |  |  |

Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_

Inspector: \_\_\_\_\_  
Signature: 

II, III



8. Contact Person for Investigation

Name Larry Clark Title Owner  
Phone 538-9511

9. Total No. of Tanks at facility 1

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

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name Erickson Inc. EPA I.D. No. CAD 009466392  
Address 255 Parr Blvd.  
City Richmond State CA. Zip \_\_\_\_\_

b) Rinsate Transporter

Name Erickson Inc. EPA I.D. No. CAD 009466392  
Address 255 Parr Blvd.  
City Richmond, State CA. Zip \_\_\_\_\_

c) Tank Transporter

Name Erickson Inc. EPA I.D. No. CAD 009466392  
Address 255 Parr Blvd.  
City Richmond, State CA. Zip \_\_\_\_\_

d) Tank Disposal Site

Name Erickson Inc. EPA I.D. No. CAD 009466392  
Address 255 Parr Blvd.  
City Richmond, State CA. Zip \_\_\_\_\_

e) Contaminated Soil Transporter

Name Erickson Inc. EPA I.D. No. CAD 009466392  
Address 255 Parr Blvd.  
City Richmond, State CA. Zip \_\_\_\_\_

12. Sample Collector

Name AQUA SCIENCE ENGINEERS INC.  
 Company AQUA SCIENCE ENGINEER INC.  
 Address P.O. Box 535  
 City San Ramon State CA. Zip \_\_\_\_\_ Phone 820-9391

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
<u>550 G</u>	<u>Gasoline</u>	<u>SOIL (AND WATER IF ENCOUNTERED)</u>	<u>W/IN 2' OF NATIVE SOIL-BACKFILL INTERFACE</u>

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

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

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

If yes, describe. purging with dry ice at rate of 30 lbs. per 1,000 gal of tank capacity until vapor contents is below 15% lower explosive limits.

OR PER LOCAL FIRE DEPT. REQUIREMENTS

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

16. Laboratories

Name PAGE LABORATORIES INC.  
 Address 11 DIGITAL DRIVE  
 City NOVATO State CA. Zip 94949  
 State Certification No. \_\_\_\_\_

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
TPH-G BTEX  ----- POTENTIAL ANALYSES:  TEL EDB	5030  -----	DHS-LUFT METHOD (GC-FID)  EPA METHOD 8020 OR 8240 [OR BTEX/TPH BY METHOD 8260]  -----  DHS-LUFT DHS-AB 1803

18. Submit Site Safety Plan

19. Workman's Compensation: Yes  No

Copy of Certificate enclosed? Yes  No

Name of Insurer State Farm Ins.

20. Plot Plan submitted? Yes  No

21. Deposit enclosed? Yes  No

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

**Signature of Contractor**

Name (please type) Martin W. Clark Const. Co.

Signature *Martin W. Clark*

Date Jan. 23, 1991

**Signature of Site Owner or Operator**

Name (please type) \_\_\_\_\_

Signature *Lawrence O. Clark*

Date DEC 19, 1990

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. After approval of plan, notification of at least two (2) working days (48 hours) must be given to this Department prior to removal of tank(s).
5. A copy of your approved plan must be sent to the landowner.
6. Triple rinse means that:
  - a) Final rinse must contain less than 100 ppm of Gasoline (EPA method 8020 for soil, or EPA method 602 for water) or Diesel (EPA method 418.1). Other methods for halogenated volatile organics (EPA method 8010 for soil, EPA method 601 for water) may be required. The composition of the final rinse must be demonstrated by an original or facsimile report from a laboratory certified for the above analyses.
  - b) Tank interior is shown to be free from deposits or residues upon a visual examination of tank interior.
  - c) Tank should be labelled as "tripled rinsed; laboratory certified analysis available upon request" with the name and address of the contractor.

If all the above requirements cannot be met, the tank must be transported as a hazardous waste.

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

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A  
SAMPLING RESULTS

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



## INSTRUCTIONS

### 2. SITE ADDRESS

Address at which closure or modification is taking place.

### 5. EPA I.D. NO.

This number may be obtained from the State Department of Health Services, 916/324-1781.

### 6. CONTRACTOR

Prime contractor for the project.

### 7. OTHER

List professional consultants here.

### 12. SAMPLE COLLECTOR

Persons who are collecting samples.

### 13. SAMPLING INFORMATION

Historic contents - the principal product(s) used in the last 5 years.

Material sampled - i.e., water, oil, sludge, soil, etc.

### 16. LABORATORIES

Laboratories used for chemical and geotechnical analyses.

### 17. CHEMICAL METHODS:

All sample collection methods and analyses should conform to EPA or DHS methods.

Contaminant - Specify the chemical to be analyzed.

Sample Preparation Method Number - The means used to prepare the sample prior to analyses - i.e., digestion techniques, solvent extraction, etc. Specify number of method and reference if not an EPA or DHS method.

Analysis Method Number - The means used to analyze the sample - i.e., GC, GC-MS, AA, etc. Specify number of method and reference if not a DHS or EPA method.

### NOTE:

Method Numbers are available from certified laboratories.

### 18. SITE SAFETY PLAN

A plan outlining protective equipment and additional specialized personnel in the event that significant amount of hazardous materials are found. The plan should consider the availability of respirators, respirator cartridges, self-contained breathing apparatus (SCBA) and industrial hygienists.

19. ATTACH COPY OF WORKMAN'S COMPENSATION

20. PLOT PLAN

The plan should consists of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale
- b) North Arrow
- c) Property Line
- d) Location of all Structures
- e) Location of all relevant existing equipment including tanks and piping to be removed
- f) Streets
- g) Underground conduits, sewers, water lines, utilities
- h) Existing wells (drinking, monitoring, etc.)
- i) Depth to ground water
- j) All existing tanks in addition to the ones being pulled

rev. 9/88  
mam

## Removal of Underground Tank

### A. Fire Department Inspection Requirements

1. The fire department is to be notified 48 hours prior to tank removal to set up inspection.
2. Notify the fire department the morning of tank removal to confirm time when purging of the tanks will begin, and estimated time when tanks will be adequately purged and ready for removal.
3. Prior to removal of the tank, inspection by the fire department is required.

### B. General Procedures for Underground Tank Removal

1. Secure site from unauthorized entry and eliminate any potential ignition sources from the area. Post applicable warning signs as necessary. i.e, no smoking or open flame.
2. Maintain two 2A 20BC minimum fire extinguishers on site.
3. Drain and flush all piping into tank or appropriate container for disposal.
4. Prior to excavation, remove all flammable liquid and sludge from the tank. It may be necessary to utilize a hand pump to remove the bottom few inches.
5. Dig down to the top of the tank and remove fill tube and all piping to tank.
6. Prior to complete excavation of tank and its removal, the tanks must be purged of flammable and combustible vapor.

If dry ice is used, minimum of 30 pounds dry ice to every 1,000 gallons of tank capacity shall be used. Purging is considered adequate when vapor contents are below 15 percent of the lower explosive limits of the product and the O<sub>2</sub> percent is below 5 percent. This requires that the tank be tested using a meter that indicates the percentage reading of the lower explosive limits, and oxygen percentage. The contractor is required to supply the meter.

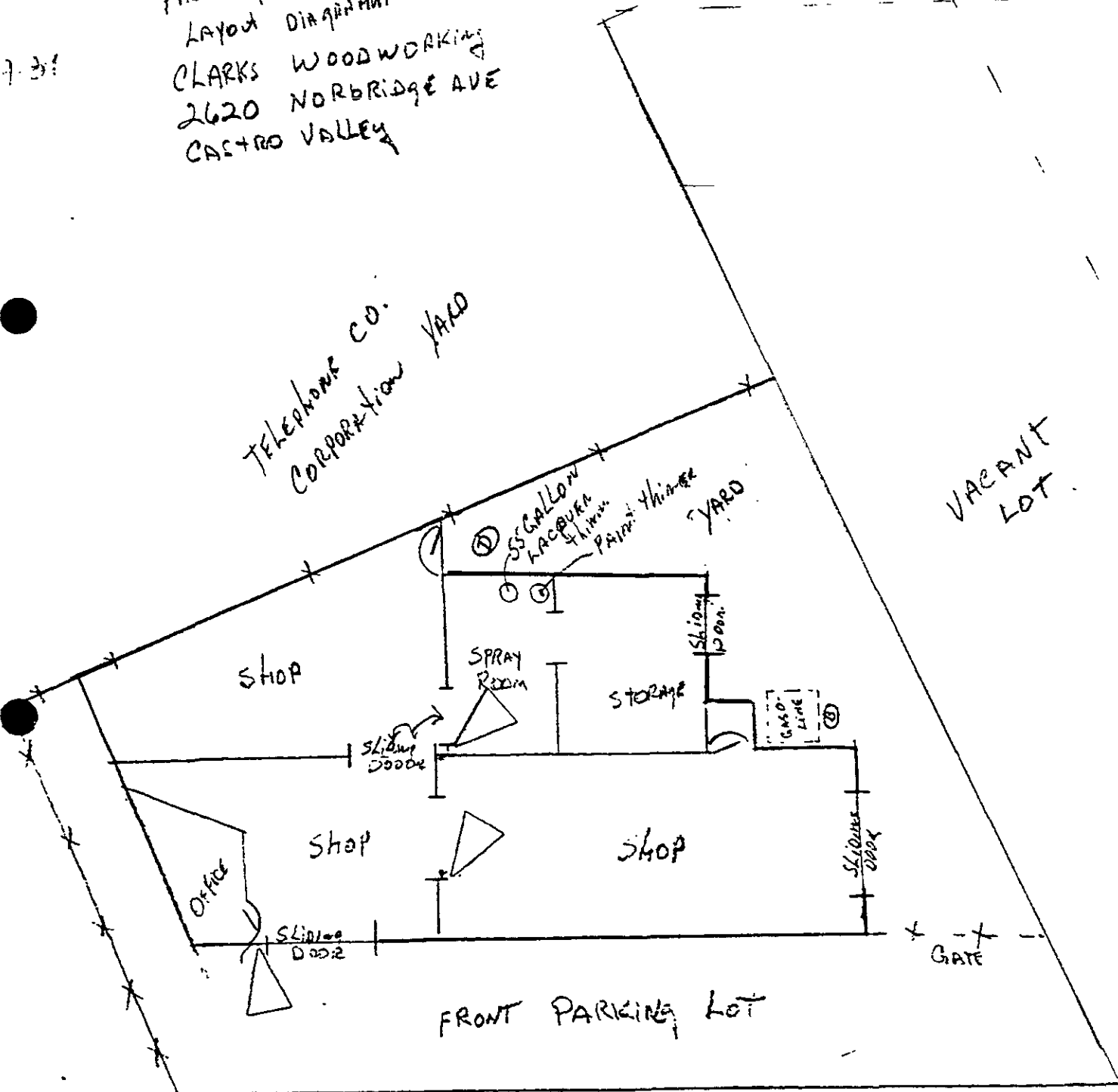
It is the intent to purge the tanks prior to a large excavation hole being created, and to purge vapors at a height which will prevent accumulation of vapors in low spots. This will require a vent pipe be connected to the tank to permit purging of vapors at least five feet above grade. Care must be taken to assure vapors are being vented into a safe location free of possible ignition sources.

7. Once the tank has been purged, plug and cap all holes. Use screwed (boiler) plugs to plug any corrosion leak holes. One cap should have a 1/8 inch vent hole to prevent the tank from being subjected to excessive pressure changes (locate at upper most point of tank).
8. Complete excavation and removal of tank. Once removed, check tank for any damage or holes and plug such. Recheck tank for adequate purging and re-purge if necessary.
9. The tank is required to be removed from the site upon removal from the ground, and tanks shall not be left unattended at any time.
10. If the hole is going to be left unfilled, fencing (minimum six feet high) shall be placed around the site to prevent unauthorized entry.

7-7-31  
FACILITY & SITE  
LAYOUT DIAGRAM  
CLARK'S WOODWORKING  
2620 NORBRIDGE AVE  
CASTRO VALLEY

TELEPHONE CO.  
CORPORATION YARD

VACANT  
LOT



FRONT PARKING LOT

GATE

11-2-31

**CERTIFICATE OF INSURANCE**

This is to certify that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois  
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

has in force for

CLARK, MARTIN W. DBA MARTIN CLARK CONSTRUCTION

Name of Policyholder

P.O. BOX 290

Address of Policyholder

HAYWARD, CA 94543

location of operations

VARIOUS

the following coverages for the periods and limits indicated below

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD <small>(eff./exp.)</small>	LIMITS OF LIABILITY
97-B1-5406-0F	<input checked="" type="checkbox"/> Comprehensive General Liability <input type="checkbox"/> Manufacturers' and Contractors' Liability <input type="checkbox"/> Owners', Landlords' and Tenants' Liability	8/1/90-8/1/91	<input type="checkbox"/> Dual Limits for Each Occurrence \$ _____ Aggregate \$ _____  Each Occurrence \$ _____ Aggregate* \$ _____  <input checked="" type="checkbox"/> Combined Single Limit for Each Occurrence \$ <u>500,000</u> Aggregate \$ <u>500,000</u>
The above insurance includes (applicable if indicated by <input checked="" type="checkbox"/> ) <input checked="" type="checkbox"/> PRODUCTS-COMPLETED OPERATIONS <input checked="" type="checkbox"/> OWNERS' OR CONTRACTORS' PROTECTIVE LIABILITY <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> BROAD FORM COMPREHENSIVE GENERAL LIABILITY			<input checked="" type="checkbox"/> Combined Single Limit for Each Occurrence \$ _____ Aggregate \$ _____ CONTRACTUAL LIABILITY LIMITS (If different than above)
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other		<input type="checkbox"/> Combined Single Limit for Each Occurrence \$ _____ Aggregate \$ _____ BODILY INJURY Each Occurrence \$ _____ PROPERTY DAMAGE Each Occurrence \$ _____ Aggregate \$ _____
97-99-4288-1F	<input checked="" type="checkbox"/> Workers Compensation and Employers Liability	8/1/90-8/1/91	Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ <u>100,000</u> Disease-Each Employee \$ <u>500,000</u> Disease-Policy Limit \$ _____

\*Aggregate not applicable if Owners', Landlords' and Tenants' Liability Insurance excludes structural alterations, new construction or demolition

**THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.**

IT IS AGREED THAT IT IS THE INTENTION OF THE COMPANY TO PROVIDE TEN (10) DAYS WRITTEN NOTICE PRIOR TO THE CANCELLATION OF, OR REDUCTION OF COVERAGE IN THE POLICY DESIGNATED IN THIS CERTIFICATE.

NAME AND ADDRESS OF PARTY TO WHOM CERTIFICATE IS ISSUED

CLARKS WOODWORKING  
 2620 NORBRIDGE AVE.  
 CASTRO VALLEY, CA 94546

JANUARY 22, 1991

Date

Signature of Authorized Representative

AGENT-2526

Title



DISTRIBUTORS - BROKERS  
 (415) 276-7600 - 276-1173  
 16301 EAST 14th STREET  
 SAN LEANDRO, CALIF. 94578

INVOICE NO.

**63648**

*MRS WOODWORKING*

*8/11/71*

DATE \_\_\_\_\_ 19\_\_

*CASTRO VALLEY CA*

CUSTOMER'S ORDER NO. \_\_\_\_\_

TERMS: NET CASH 10TH PROX.

PRODUCTS DELIVERED	GALLONS BARRELS, LBS.	PRICE	AMOUNT
PREMIUM GASOLINE	<i>154</i>	<i>317</i>	<i>48858</i>
BLEND GASOLINE			
REGULAR GASOLINE			
DIESEL FUEL		<i>235</i>	<i>1185</i>
PAINT THINNER	<i>51</i>	<i>34</i>	<i>1734</i>
SOLVENT			

*Correct Invoice*

TIME IN AM PM	TIME OUT AM PM	CHARGE SALE <input checked="" type="checkbox"/>	CASH SALE <input type="checkbox"/>	SUB TOTAL
METER READINGS				SALES TAX
FINISH		A FINANCE CHARGE OF 1 1/2 % PER MONTH (WHICH IS 18% PER YEAR) WILL BE CHARGED ON ALL DELINQUENT ACCOUNTS.		DRUM DEPOSIT
START				DRUM RETURN
AMOUNT DELIVERED				TOTAL
FINISH		BUYER AGREES TO PAY ALL REASONABLE COURT COSTS, ATTORNEY FEES, AND OTHER CHARGES INCURRED TO COLLECT THIS INVOICE. QUANTITY SPECIFIED RECEIVED IN GOOD ORDER		
START		TRUCK NO. <i>6510</i>		
AMOUNT DELIVERED		DRIVER NAME <i>Red</i>		
		BY X <i>Red</i>	PURCHASER	

MARTIN CLARK CONSTRUCTION  
HEALTH & SAFETY PLAN  
for the  
CLARK' WOODWORKING

A. GENERAL DESCRIPTION

Site: 2620 Norbridge Ave. Castro Valley, Ca. 94546

Work Scope: Martin W. Clark Const, Co. will remove 1-550 gallon underground storage tank; demolish and remove a concrete pad that is over the tank; remove and stockpile all soil from the excavation; sample the native material beneath the tank end locations in the excavation pit; have analytical run on the samples; backfill and resurface the excavation to match surrounding conditions; create a report of findings and activity involving the tank removal.

SAFETY POLICY:

This Health and Safety Plan is written specifically for the Clark's Woodworking jobsite, located at 2620 Norbridge Ave, Castro Valley, California. All persons on site will follow OSHA safe operating practices as outlined in 29 CFR 1910 and 1926, as well as established guidelines from their respective companies or organizations.

Plan Prepared by: Martin W. Clark DATED: 3/18/91

Proposed Start Date:

Background Review Done? Complete: Preliminary:

Overall Hazard Level: Serious: Low:  
Moderate: Unknown:

Project Organization:  
Site Manager: Martin W. Clark  
A.S.E. Safety Officer: Michael Dirk



B. SITE/WASTE CHARACTERISTICS

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

Characteristics: GASOLINE RESIDUALS, COMBUSTIBLE, TOXIC

Site Parameter: The excavation pit as well as any stockpiled material are identified as exclusion zones. A minimum boundary of three feet surrounding both is to be maintained in as much as is possible.

C. HAZARD EVALUATION

CHEMICAL HAZARDS

Potential chemical hazards include skin and eye contact or inhalation exposure to potentially toxic concentrations of hydrocarbon vapors. The potential toxic compounds that may exist at the site are listed below with descriptions of specific health effects of each. The list includes the primary potential toxic constituents of gasoline, diesel or may be found in waste oil.

1. BENZENE

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

2. TOLUENE

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

3. XYLENE

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

4. ETHYLBENZENE

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

5. LEAD  
(Lead Arsenate)

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

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

Site Status:           ACTIVE:                   INACTIVE:

Site History:   The Site is currently Clark's Woodworking Co, with a 550 gallon private gas tank and pump.

PHYSICAL HAZARDS:

Under no circumstances will anyone enter the excavation pit or climb on any excavated material piles. Personnel shall maintain the maximum distance possible from the pit while performing their activities. Other on-site hazards include physical injuries due to the proximity of workers to engine-driven heavy equipment and tools. Heavy equipment used during excavation may include a backhoe or other equipment as part of soil removal and subsequent backfilling operation. Only trained personnel will operate machines, tools and equipment; all will be kept clean and in good repair. Minimum safety apparel required around heavy equipment will include a hardhat and steel-toed boots. The parameter of the excavation may be shored and/or sloped to create acceptable stable walls for personnel entry if needed. ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH OSHA GUIDELINES.

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

LEVEL OF PROTECTION

A contamination Reduction Zone (CRZ) will be maintained and adjusted as work proceeds and moves around the site. The workers on site will wear level D protective clothing. (This protection level may be upgraded after on-site conclusions of data are completed). THE LEVEL OF PROTECTION FOR PERSONNEL WORKING IN THE AREA WILL BE UPGRADED IF; the organic vapor levels in the operator's breathing zone exceeds 5 ppm above background levels continuously for more than five minutes. In this event, personnel protective equipment will include full face respirators with double-cartridge filters for organic vapors and particulates, in addition to hardhat, steel-toed boots and coveralls. Excavation will cease, equipment shutdown, and personnel will withdraw from the area if either 1.) the organic concentration in the operator's breathing zone exceeds 200 ppm for 5 minutes or 2) the organic vapor concentration two feet above the excavation exceeds 2,000 ppm or 25% of the lower explosive limit. If work proceeds in an environment where organic vapor concentrations exceed 200 ppm, a self contained breathing apparatus or airline respirator will be utilized by the personnel.

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

#### LEVEL A PROTECTION

##### Components:

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

#### LEVEL B PROTECTION

##### Components:

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

## LEVEL C PROTECTION

### Components:

- 1.) Air purifying respirator, full face, with twin cartridge or cannister equipped filters, that are MSHA and NIOSH approved.
- 2.) Chemical resistant clothing which includes coveralls or, hooded one-piece or two-piece chemical splash suit or chemical resistant hood and apron; disposable chemical resistant coveralls.
- 3.) Outer chemical resistant gloves.
- 4.) Inner chemical resistant gloves.
- 5.) Chemical resistant, steel toed and shank boots.
- 6.) Disposable chemical resistant boot covers.
- 7.) Hardhat.
- 8.) 2-way radio communications is recommended.

## LEVEL D PROTECTION

### Components:

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

## COMBUSTIBLE GAS AND ORGANIC VAPOR MONITORING:

Site personnel will monitor ambient levels of combustible gas vapors using a Thermo Environmental Instruments model 580A OVM. Volatile organic vapor levels greater than 5 ppm above background levels in the hot zone are not anticipated. If the OVM measurements do not decrease below 5 ppm, level "C" protection will be required. The site Project Manager will be notified if organic vapor levels in the air samples exceeds ambient concentrations.

A wetting agent or some form of dust control is recommended to reduce the airborne dust level and subsequent particulate hazard. HEPA respirator cartridges are also recommended as needed.

#### SITE ENTRY PROCEDURES:

Any personnel entering the site will observe all conditions set forth by the owner of the property, including vehicle travel speeds, restricted areas and conduct. Eating, drinking, smoking and other practices which increase the probability of hand-to-mouth transfer of contamination is prohibited in the work zone. All field personnel will be instructed to thoroughly wash their hands and face upon leaving the work area for breaks or cessation of day's activities. A first aid kit and at least one 20 pound A-B-C fire extinguisher will be available at the site.

#### DECONTAMINATION PROCEDURES

If required, equipment and personnel decontamination areas will be designated by the Project Manager at the start of the project. To prevent the transfer of contamination from the work site into clean areas, all tools will be cleaned adequately prior to final removal from the work zone. Protective clothing such as Tyvek coveralls, latex gloves, boot covers, etc. will be changed on a daily basis or at the discretion of the Project Manager on site. All disposable protective clothing will be put into plastic bags and disposed of in a proper manner. All respirator cartridges will be discarded and replaced with fresh units on a daily basis, disposal will be in the same manner as the protective clothing. Excavated soils will be stockpiled in an area designated by the Work Plan, until chemical analysis has been performed on representative samples.

In the event of a medical emergency, the injured party will be taken through decontamination procedures, if possible. However, the procedures may be omitted when it may aggravate or cause further harm to the injured party. Member of the work team will accompany the injured party to the medical facility to advise on matters concerning chemical exposure.

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

SPECIAL CONDITIONS:

Site Entry: NORMAL NO SPECIAL CONDITIONS

Decontamination

Personnel and Equipment: If required, personnel and equipment will be decontaminated as per use as standard operating safety guidelines. A smaller modified decontamination line may be used due to space restrictions.

Work Limitations (time, wheather):

None are anticipated, however, personnel working on site may experience elevated temperatures during the work day. In the event that ambient temperatures reach or exceed 80 degrees fahrenheit, the following guidelines are recommended.

- 1.) Periods of work should be reduced to no less then one hour time frames and separated by breaks intended to reduce personnel stress due to reduced natural ventilation from wearing protective clothing.
- 2.) All personnel wearing level C protective clothing or greater, will be subject to medical monitoring of body temperature after work periods, by the following guidelines.
  - a.) Heart Rate (HR) should be measured by counting the radial pulse rate for 30 seconds and doubling count for the correct pulse rate. This should be done as early as possible in the resting period. The HR at the beginning of the rest period should not exceed 110 beats per minute. If the HR is higher, the next work period should be shortened by 10 minutes, while the length of the rest period remains the same. If the HR is 100 beats per minute at the beginning of the next rest period, the following work period should be shortened by an additional 10 minutes.
  - b.) Body temperatures should be measured orally with a clinical thermometer as soon as possible in each resting period. Oral Temperatures (OT) should not exceed 99 degrees fahrenheit. If it does, the next work period should be reduced by 10 minutes while the length of the resting period remains the same. If the OT exceeds 99 degrees fahrenheit at the beginning of the next work period, the following work period should be reduced by an additional 10 minutes. OT should be measured at the end of each rest period to ensure that the body's temperature has dropped below 99 degrees fahrenheit.

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

Alternate methods of heat stress reduction can be made available such as:

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

#### EMERGENCY INFORMATION:

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

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

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

- 1.) The person having uncovered the unexpected material will notify the Project Manager and other workers of the danger. The site will be cleared of personnel if deemed necessary by the Project Manager. If site evacuation is required, appropriate local agencies such as the Fire Department or Health Department will be notified as well.
- 2.) Immediate action will be taken to contain the hazardous material, provided the workers involved are properly attired with adequate protective clothing to avoid exposure,
- 3.) Proper containment procedures will be determined for the hazardous material encountered prior to cleanup commencing. All Personnel involved in the containment effort will be properly protected to prevent exposure. Backup personnel will be similarly protected while monitoring the work being done for any additional dangers.
- 4.) The container(s) will be staged on site, away from the major activity areas and in such a way that if loss of containment occurs, the material will be withheld from further spread by a secondary containment berm or vessel.
- 5.) The owner or agent controller of the property will be notified promptly of the incident and will be apprised as to the options available for proper disposal.

ACUTE EXPOSURE SYMPTOMS AND FIRST AID

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

Local Resources:

HEALTH AND SAFETY CONTACT: MARTIN W. CLARK CONSTRUCTION CO.  
OFFICE: 886-5232

Ambulance

Police : 911

Fire

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

Emergency Route to nearest Medical Facility:

HOSPITAL: EDEN HOSPITAL  
20103 Lake Chabot Rd.  
Castro Valley, Ca.  
415-537-1234



## ACCIDENT PREVENTION PROGRAM

### INTRODUCTION

As an employer, we are required by the "Construction Safety Orders" to have an accident prevention program. In addition to this legal requirement, a well run and safety administered construction job benefits everyone. Therefore, we require that the following "Accident Prevention Program", as outlined, to be adhered to by all company employees.

### RESPONSIBILITY FOR SUPERINTENDENTS

- A. Demonstrate your interest in safety by establishing a firm and positive accident prevention policy that includes the supplying of tangible items like hard hats, protective clothing, safety glasses, good ladders, first aid materials and safety devices on equipment.
- B. Require foremen to give individual safety instructions and order, as needed, to new workers and those found to be working unsafely.
- C. Require foremen to hold "toolbox" or "tail-gate" safety meetings with their crews at least every ten working days to emphasize some particular safety problem topic that needs special attention.
- D. Encourage safety suggestions from all workers; if a suggestion cannot be followed promptly, explain why to the worker.
- E. Arrange for frequent and regular field safety inspections. This should be done concurrent with regular jobsite visits.
- F. Require all field personnel to make accident prevention and hazard control an important part of their job responsibility.

# ACCIDENT PREVENTION PROGRAM

## COMPANY SAFETY PROGRAM FOR FIELD SUPERVISORS

The following is an outline of major items that must be incorporated into the field safety program for every one of our projects. Let it be emphasized, however, that these are the minimum requirements.

### A. Field Office and Literature.

1. The following Posters, Regulations and Notices are required to be displayed in a conspicuous place on all projects so that all employees have an opportunity to review them. These can be supplied from the office as required.
  - a. CAL/OSHA Poster
  - b. Fair Employment Practice Poster
  - c. Pay Date Notice
  - d. Industrial Welfare, Commissions Hours and Working Condition Orders
  - e. Workman's Compensation Insurance Carrier (Listed on Emergency List)
  - f. Industrial Welfare Commission Minimum Wage Order or Federal Wage Determination Decision (Davis-Bacon Act) on Federally Funded Projects.
  - g. OSHA Injury Record
  - h. C. Overaa & Company, Accident Prevention Program
2. Emergency telephone numbers. CAL/OSHA requires that a list of all emergency telephone numbers be posted by the jobsite telephone. We have a poster form available for this purpose. (See Constuction Secretary)
3. First Aid Kit. Each project must have an adequate first aid kit at the jobsite. It is the responsibility of the superintendent to periodically inspect this kit and replace those items that have been depleted, or purchase a new kit as required. (See Purchasing Agent)

4. Construction Safety Orders. Each Job Office and Superintendent should have a current copy of the "Construction Safety Orders". This should be used as a handbook and guide for safety practices required for different types of work. We encourage the project Foreman to become familiar with this material. For advise and assistance check with your Project Manager or General Superintendent at the Main Office.
5. If the Owner has its own special Safety Program, facilities and/or special requirements (i.e., Chemical and Oil Companies), each foreman should be thoroughly familiar with his responsibilities.

B. The following procedures are mandatory in case of injury on the project.

1. First Aid. In many cases, this will be all that is required, however, we strongly encourage all our Foreman to take no chances with injuries. If there is any doubt, refer the employee to a doctor. In addition, it is our policy to encourage all Foreman and Superintendents to take a certified first aid course.
2. For serious injuries, do not hesitate to call an ambulance. This telephone number should be handy and on the emergency phone list form mentioned above. Call an ambulance or have the injured party taken to the nearest emergency hospital or doctor's office as necessary. The Superintendent should be aware of the exact location of the hospital and/or doctor's office so that he can be prepared to drive any injured party there himself, if necessary.
3. Fill out the injury report form that was included in the safety packet sent to the jobsite at the beginning of the project.

4. Notify this office by telephone of all injuries that require more than minor first aid.

- C. **Bi Weekly Safety Meetings:** This is a very important time for any viable safety program. It is the Foreman's responsibility to conduct these meetings on a regular basis and submit a written report to the office for each meeting. Generally, our insurance company supplies a form that we use to document these safety meetings. We encourage the Superintendent to refer to the "Construction Safety Orders" for topics to be covered at these meetings. In addition, this office has access to various pieces of literature to help promote a safe project. We will be sending such literature to the jobsite from time to time. The bi weekly safety meeting is the place to distribute and discuss this information.
- D. **Safety Material:**  
A packet of safety material is available at the office and will be given to each Foreman at the beginning of the job.
- E. **Sanitation:**  
Maintain the sanitation requirements set forth in the "Construction Safety orders", i.e. chemical toilets, drinking water facilities, etc.
- F. **First-Year Apprentices, Trainees, and New Hires:**  
It is the policy of the company to take extra precautions with first-year apprentices, trainees, and new hires. It will be the Foreman and the Superintendent's responsibility to individually review with such persons the safety requirements for each different work assignment that he gives to them. The foreman should periodically check to see that such persons fully understands all the standard safety precautions pertaining to that assignment and see that they are following them. It is apparent that the inexperienced craftsman is the most susceptible to injury and it is the Foreman's job to prevent accidents involving these employees.

G. Safety Operations Code:

The following is the company's "Safe Practices and Operations Code". Additional copies can be obtained from the office. It is our feeling that each new employee should be given a copy when he fills out his W-4 Tax Statement.

ACCIDENT PREVENTION PROGRAM

SAFE PRACTICES AND OPERATIONS CODE

1. All persons shall follow these safe practices, rules, render every possible aid to safe operations, and report all unsafe conditions or practices to the Foreman or Superintendent.
2. Foreman shall insist on employees observing and obeying every rule, regulation, and order as is necessary to the safe conduct of the work, and shall take such action as is necessary to obtain compliance.
3. All employees shall be given frequent accident prevention instructions. Instructions shall be given at least once every ten (10) working days.
4. Anyone known to be under the influence of intoxicants and/or drugs shall not be allowed on the job while in that condition.
5. Horseplay, scuffling, and other acts which tend to have an adverse influence on the safety or well-being of the employees are prohibited.
6. Work shall be well planned and supervised to forestall injuries in the handling of heavy materials and in working around equipment.
7. No one shall knowingly be permitted or required to work while his ability or alertness is so impaired by fatigue, illness, or other causes that might expose him or others to injury.
8. Employees shall not enter manholes, underground vaults, chambers, sewers, tanks, silos or other similar places that receive little ventilation, until it has been determined that the air contains no flammable or toxic gases or vapors. Two employees shall be present at all times at such locations and the Owner should be notified of the entry. Tethers, fans and/or air should be provided as necessary.
9. Employees shall be alert to see that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to the Foreman or Superintendent.

10. Workers shall not handle or tamper with any electrical equipment, machinery, or air or water lines or other equipment in a manner not within the scope of their duties, unless they have received instructions from their superintendent.
11. All injuries shall be reported promptly to an authorized representative of the employer so that arrangements can be made for medical or first aid treatment.
12. When lifting heavy objects, use the large muscles of the leg instead of the smaller muscles of the back. Get help if it is too heavy.
13. Work shoes or boots with thin or badly worn soles shall not be worn. Sneakers and dress shoes are not allowed.
14. Do not throw material, tools or other objects from buildings or structures. Lower these items in an approved manner.
15. Wash thoroughly after handling injurious or poisonous substances, and follow all special instructions from authorized sources regarding this matter. Hands should be thoroughly cleaned just prior to eating if they have been in contact with paint or similar substances. Particular attention to this rule should be made in chemical plants and refineries.
16. Arrange work so that you are able to face ladder and use both hands while climbing. Ladders should be in good condition, tied-off, and of adequate number and length.
17. No burning, welding, or other source of ignition shall be applied in any area or in or around enclosed tank or vessel, even if there are some openings, until it has first been determined that no possibility of explosion exists. Authority for the work must be obtained from the employer's representative. Refineries and chemical plants require daily "Hot" permits.

18. Any damage to scaffolds, falsework, or other supporting structures to be removed from job, replaced or repaired must be reported promptly to the Foreman.
19. Hard Hats- Require everybody to wear a hard hat. Where practical have several spares on hand. (label with company sticker for security)
20. Resperators & Goggles- Keep on hand for dust, chipping, and cutting. Additional goggles to be within tool boxes for chipping guns, rotary hammers, ginders, etc.
21. Fire Extinguisher- IN job shack and on or near all gasoline engines; e.g., compressor, backhoe, generator, etc. as required.
22. Accident report forms. Keep on hand and request if out of supply.
23. Safety belts and life lines for high work. Check for proper operation and condition before use.
24. Long sleeve shirts required at refinery and chemical plants.

#### USE OF TOOLS AND EQUIPMENT

1. Defective tools and equipment should be "Red-Tagged" and returned to the shop for exchange and/or repairs.
2. Keep faces of hammers in good condition to avoid flying nails and bruised fingers.
3. Hold cold chisels in such a way that the knuckles will be protected if the hammer misses the head. Chisels struck by others should be held by tongs or similar holding devices.
4. Do not use pipe or Stillson wrenches as a substitute for other wrenches.
5. Do not use a screwdriver as a chisel.



6. Keep handsaws and skill saw blades sharp.
7. Do not push wheel barrow with handles in an upright position.
8. Do not lift or lower portable electric tools by means of the power cord. Use a rope.
9. Do not leave the cords of portable electric tools whrer cars or trucks will run over them.
10. In locations where the handling of a portable power tool is a problem, try hanging it from some stable object by means of a rope or similar support of adequate strenth.
11. Use OSHA style equipment.
12. All lights, tools, etc. to be premolded.
13. Have ground-fault disconnects at construction panel.
14. Check grounding of all hand tools, Use proper cords with provisions for grounding. Remove from job if defective.

#### MACHINERY AND VEHICLES

1. Do not attempt to operate machinery or equipment without special permission unless that is one of your regular duties.
2. Loose or frayed clothing, dangling ties, finger rings, long hair, etc., shall not be worn around moving machinery or other sources of entanglement.
3. Machinery shall not be repaired or adjusted while in operation, nor shall oiling of moving parts be attempted, except on equipment that is designed or fitted with safeguards to protect the person performing the work. Disconnect equipment and make safe prior to starting repairs.

4. Do not work under vehicles supported by jacks or chain hoists without protective blocking that will prevent injury if jacks or hoist should fail.
5. Air hoses should not be disconnected at compressors until hose line has been bled. Remove defective hoses from job.
6. Observe excavation during backfilling, so as to be positive no one is in it.
7. A permit is required if trench excavation is five (5) feet deep- Request permit from office if not on job.
8. Be sure no one is below, before operating excavating equipment near tops of cuts, banks and cliffs.
9. Excavations to be sloped at least 3/4 (horizontal) to 1 (vertical). Unless unstable ground requires less slope. If cut is steeper, the excavation will require shoring if over five (5) feet deep. Note: Two (2) ladders required out of each hole.
10. Operation of tractors, bulldozers, and carryalls should be handled with care where there is the possibility of overturning in dangerous areas like edges of deep fills, cut banks and steep slopes.
11. Shoring of soffits and decks must be designed, approved and inspected by a licensed California Structural Engineer prior to pouring.

## HOUSEKEEPING

1. Keep trash in piles or dumpsters.
2. Keep exits clear.

## LADDERS

1. All ladders to be sound.
2. All ladders to be tied off (secured at top and bottom)
3. Bottom of ladder to have safety shoe or fastened to floor.
4. Ladder or handrail to extend 36 inches above upper landing.

## SCAFFOLDING

1. Use 2 X 10 minimum sound planks, minimum two wide (light trades) handrail within 8 inches of edge.
2. Use 1 X or 2 X 4 handrail 42" to 45" high and 1 X 6 toe board (if scaffold subject to loose materials or tools-use toe board to be sure).
3. Scaffold should be installed only on a firm stable base.

## GUARDRAILS

1. Use at all openings, building edge, etc. To be able to support 150 lb. horizontal load.
2. Top rail, 2 X 4" at 42" to 45" high; include midrail and toe board.

# DETAILED REVIEW CHECKLIST

CLAIM NO.: 0070	REGION: 2	COUNTY: ALAMEDA	CODE: 01
PRIORITY ASSIGNED: B	LEAD AGENCY AND Alameda County Health Services		
CURRENT RANK: 226	CONTACT PERSON: Scott Seery		
DATE REVIEWED:	PHONE NO.: (510) 271-4320		
REVIEWER: Blissy Torres			
SITE NAME: Clarks Woodworking			
SITE ADDRESS: 2620 Norbridge Ave., Castro Valley, CA 94546			
CLAIMANT INFORMATION		ACC.	REJ.
I. Claimant Identification		HOW INFORMATION WAS VERIFIED	
1. Claimant is/was the owner and/or operator of the leaking UST?		✓	
2. Have all applicable past and current UST owners/operators been identified?		✓	
3. All required tax ID numbers provided?		✓	7/3/91 letter from local agency
4. Date site/tanks acquired verified?		✓	tax forms
II. Statement of Costs			
1. Valid third party claim?		n/a	
2. Claimed corrective action costs exceed \$10,000?		✓	
III. Joint Claimant			
1. Joint Claimant is an owner and/or operator?		n/a	
2. Tax ID number provided?		n/a	
3. Joint Claimant's priority class verified?		n/a	
IV. Co-Payee			
1. Tax ID No. provided?		n/a	
2. Mailing address/phone no. provided?		n/a	
V. Contamination Site/Occurrence Description*			
1. Description of tank and use verified?		✓	permit
2. Registered farm tank? <span style="float: right;">n/a</span>		Yes	No
3. Leaking tank contained eligible substance?		✓	gasoline - see 7/3/91 letter from local agency.
4. Is there any evidence that the UAR was the result of a spill, overfill or gross negligence?		✓	non indicated in county file.
5. If claimant submitted more than one claim for the site, each claim is for a separate occurrence?		✓	
6. Site map provided?			
VII. Priority Class Worksheet			
1. Claimant's priority verified?			
2. Claimant was both the owner and operator at time of leak discovery?		Yes	No
3. Claimant is the current owner and operator?		Yes	No NA
4. If either question = No, other party(s) priority class was verified?		n/a	tank removed 3-28-91
VIII. Priority Class Designation			
A. Priority Class A			
Residential Motor Fuel Tanks			
1. UST located at the residence of a person and property zoned residential use only at time of leak discovery?			
2. UST located at property improved by an owner-occupied single family dwelling or duplex at time of leak discovery?			
3. UST was not used for agricultural purposes or for resale on or after 1/1/85?			
OR			
Residential Small Home Heating Oil Tanks			
4. UST located at the residence of a person at time of leak discovery?			
5. UST located at property improved by an owner-occupied single family dwelling or duplex at time of leak discovery?			
6. UST has a capacity of 1,100 gallons or less?			
7. UST is used only to store home heating oil for consumptive use on property?			
8. UST was not located on agricultural property on or after 1/1/85?			

DETAILED REVIEW CHECKLIST - CONT'D PAGE 2

CLAIM NO. \_\_\_\_\_

LOCAL AGENCY NO. \_\_\_\_\_

CLAIMANT INFORMATION	ACC/REJ.	HOW INFORMATION WAS VERIFIED
<b>B. Priority Class B</b> Financial Review Team has determined that the claimant qualifies for Priority Class B.		
<b>C. Priority Class C</b> Financial Review Team has determined that the claimant qualifies for Priority Class C.	n/a	
<b>IX. Eligibility Requirements*</b>		
1. UAR reporting requirements satisfied and date release discovered verified?	✓	URF signed.
2. If property acquired after 1/1/84, claimant exercised due diligence or previous owner was eligible?	n/a	acquired in 1984
① 3. Claimant either had or applied for a permit by 1/1/90, or was able to substantiate why not obtained?	✓	no permit expired 6/90 (not renewed until UST's removed) Removal permit issued 3/21/91
4. UST is not grossly out of compliance with permit requirements?	✓	
5. Claimant was required to initiate corrective action?	✓	see 7/3/91 letter from Alameda County
6. If claimant discovered UAR prior to 1/1/88 required corrective action was initiated on or before 6/30/88?	n/a	release 3/28/91
7. Corrective action is in compliance with regulatory requirements?	✓	SEE PAGE 3 OF CHECKLIST
8. Claimant is in compliance with financial responsibility requirements?	n/a	all tanks removed
<b>X-XII. Certifications/Agreements/Statements/Verification</b>		
1. Claim contains original signatures of all claimants and joint claimants?	✓	
2. Required documentation was submitted for authorized representative?	n/a	

**PROBLEM AREAS AND ANY ADDITIONAL COMMENTS**

① <sup>only</sup> operator's permit issued 12/14/89 & expired 6/14/90 - not renewed.

\* Compliance with requirements for items listed in Section V. (Contamination Site/Occurrence Description) and Section IX. (Eligibility Requirements) may require lead agency confirmation. Any items that cannot be verified through the applicant and which will require lead agency review and confirmation, should be highlighted for further review. In all cases lead agency confirmation of corrective action compliance will be required.

CLAIM NO. 0070

LOCAL AGENCY NO. \_\_\_\_\_

SITE ADDRESS 2620 Norbridge Ave

CORRECTIVE ACTION COMPLIANCE DOCUMENTATION PAGE 3

DATE	ACTION REQUIRED/RESPONSE
7-9-91	County letter <sup>to claimant</sup> acknowledge receipt of UST closure rept. dated 5/24/91 submitted by consultant. Directed claimant to initiate PSA and conduct quarterly sampling and reporting.
9-24-91	County received workplan/proposal for PSA from consultant.
12-4-91	County " supplemental to workplan from consultant.
12-20-91	County sent letter to claimant approving workplan.
1-10-92	" rec'd proposal to alter course of PSI from consultant.
3-4-92	Final report of Methods + Finding for Environmental site Assessment rec'd from consultant.

CONFIRMATION OF CORRECTIVE ACTION COMPLIANCE: After reviewing the lead agency site file, the claim reviewer has determined that the claimant is in substantial compliance with corrective action requirements.

Bessie Jones 2/24/93  
REVIEWER'S SIGNATURE DATE SIGNED

LEAD AGENCY CONCURRENCE: As of this date, the lead agency representative concurs with the determination that the claimant is in compliance with applicable corrective action requirements.

[Signature] 2/24/93  
SIGNATURE DATE SIGNED

STAFF RECOMMENDATION: ( ) APPROVED ( X ) REFERRED TO TEAM LEADER - See Comments, Page 2.

REVIEWER'S SIGNATURE: [Signature] DATE SIGNED



FORM 'A':  
SITE

UNDERGROUND STORAGE TANK PROGRAM  
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION  
COMPLETE THIS FORM FOR EACH FACILITY/SITE

N19 11784

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)

FACILITY/SITE NAME <b>CLARK'S WOODWORKING</b>		CARE OF ADDRESS INFORMATION <b>SAME</b>		
ADDRESS <b>2620 NORBRIDGE AVE</b>		NEAREST CROSS STREET <b>STROBRIDGE</b>	<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY
CITY NAME <b>CASTRO VALLEY, CA</b>		STATE <b>CA</b>	ZIP CODE <b>94546</b>	SITE PHONE #, WITH AREA CODE <b>415-538-9511</b>
TYPE OF BUSINESS: <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS	EPA ID #	# of TANK's AT THIS SITE <b>1</b>
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
DAYS: NAME (LAST, FIRST) <b>CLARK, LAURENCE</b>		PHONE # WITH AREA CODE <b>415-582-6239</b>		DAYS: NAME (LAST, FIRST) <b>BOYD, DUANE</b>
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE		PHONE # WITH AREA CODE <b>415-793-9179</b>

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

NAME <b>LAURENCE O. CLARK</b>		CARE OF ADDRESS INFORMATION <b>SAME</b>		
MAILING or STREET ADDRESS <b>17272 REDWOOD RD</b>		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY
CITY NAME <b>CASTRO VALLEY, CA</b>		STATE <b>CA</b>	ZIP CODE <b>94546</b>	PHONE #, WITH AREA CODE <b>415-582-6239</b>

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

NAME <b>LAURENCE CLARK</b>		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS <b>2620 NORBRIDGE AVE</b>		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY
CITY NAME <b>CASTRO VALLEY</b>		STATE <b>CA</b>	ZIP CODE <b>94546</b>	PHONE #, WITH AREA CODE <b>415-538-9511</b>

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION 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.

APPLICANT'S NAME (PRINTED & SIGNATURE) <b>LAURENCE O. CLARK</b>	DATE <b>10-9-89</b>
--	------------------------

LOCAL AGENCY USE ONLY

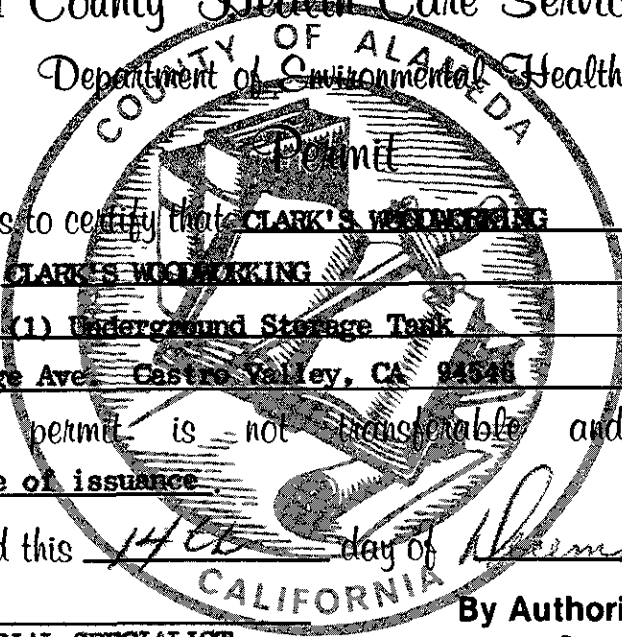
COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	# of TANKS at SITE
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
LOCATION CODE	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT # BY:

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.  
FORM A (3-2-88)

LOCAL AGENCY COPY

Alameda County Health Care Services Agency

Department of Environmental Health



This is to certify that CLARK'S WOODWORKING  
doing business as CLARK'S WOODWORKING, is permitted  
to operate One (1) Underground Storage Tank  
at 2620 Norbridge Ave. Castro Valley, CA 94546

This permit is not transferable and is good until  
6 Months from date of issuance

Issued this 14th day of November, 1989  
C.F.

HAZARDOUS MATERIAL SPECIALIST  
Sanitarian

By Authority of  
County Health Officer





FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

NO. 22364

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 TANK
	<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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: \_\_\_\_\_ FARM TANK - YES  NO

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

A. OWNER'S TANK ID #	UNKNOWN	B. MANUFACTURED BY.	UNKNOWN
C. YEAR INSTALLED	1978	D. TANK CAPACITY IN GALLONS:	550

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 2 PETROLEUM	B. <input checked="" type="checkbox"/> 1 PRODUCT	<input type="checkbox"/> 2 WASTE	C. <input checked="" type="checkbox"/> 1 UNLEADED	<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 6 AVIATION GAS	<input type="checkbox"/> 7 METHANOL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL	<input type="checkbox"/> 5 HAZARDOUS	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 95 UNKNOWN	D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # _____ C.A.S. # _____						

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER						
B. TANK MATERIAL	<input checked="" type="checkbox"/> 1 STEEL/IRON	<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 FRP	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 TAR OR ASPHALT	<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 type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER				

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

A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U <input type="radio"/> 2 PRESSURE	A U <input type="radio"/> 3 GRAVITY	A U <input type="radio"/> 91 NONE	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER					
B. CONSTRUCTION	A U <input type="radio"/> 1 SINGLE WALLED	A U <input type="radio"/> 2 DOUBLE WALLED	A U <input type="radio"/> 3 LINED TRENCH	A U <input type="radio"/> 91 NONE	A <input checked="" type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER					
C. MATERIAL	A <input checked="" type="radio"/> 1 STEEL/IRON	A U <input type="radio"/> 2 STAINLESS STEEL	A U <input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="radio"/> 4 FIBERGLASS PIPE	A U <input type="radio"/> 5 ALUMINUM	A U <input type="radio"/> 6 CONCRETE	A U <input type="radio"/> 7 STEEL CLAD W/FRP	A U <input type="radio"/> 8 100% METHANOL COMPATIBLE FRP	A U <input type="radio"/> 9 GALVANIZED STEEL	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P <input type="radio"/> S <input type="radio"/> 1 VISUAL CHECK	P <input type="radio"/> S <input type="radio"/> 2 INVENTORY RECONCILIATION	P <input type="radio"/> S <input type="radio"/> 3 VADOSE WELLS	P <input type="radio"/> S <input type="radio"/> 4 ELECTRONIC MONITOR	P <input type="radio"/> S <input type="radio"/> 5 GROUND WATER MONITORING WELLS
P <input checked="" type="radio"/> 6 PRECISION TESTING	P <input checked="" type="radio"/> 7 PRESSURE TESTING	P <input type="radio"/> S <input type="radio"/> 91 NONE	P <input type="radio"/> S <input type="radio"/> 95 UNKNOWN	P <input type="radio"/> S <input type="radio"/> 99 OTHER WEEKLY TANK CHECK

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

APPLICANT'S NAME (PRINTED & SIGNATURE) Lawrence O. Clark DATE Oct 6, 1989

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER		PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE	
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #