

## Hwang, Don, Env. Health

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**From:** Trevor Bausman [tbausman@accenv.com]  
**Sent:** Monday, April 12, 2004 1:24 PM  
**To:** 'Don Hwang'  
**Cc:** werkmeister575@pacbell.net; 'David DeMent'  
**Subject:** Fuel Leak Case # RO0002510 - 2201 West Street, Oakland

Dear Mr. Hwang:

ACC has successfully uploaded data to the GeoTracker database. Please contact me as soon as possible regarding any questions you may have about the GeoTracker upload. Also, ACC is unaware of anything else required that would impede your issuance of regulatory case closure for this property.

Trevor Bausman  
Project Coordinator  
(510) 638-8400 ext. 113  
[www.accenv.com](http://www.accenv.com)

4/12/2004

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



September 2, 2003

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

Gary Werkmeister  
575 Walavista Ave.  
Oakland, CA 94610

Subject: Fuel Leak Case No. RO0002510, Continental Color, 2201 West St., Oakland, CA  
94612

Dear Mr. Werkmeister:

Alameda County Environmental Health staff has reviewed "Limited Subsurface Soil Boring Investigation ...", dated July 25, 2003, and amendments, by ACC Environmental Consultants, Inc. The Workplan with these amendments is approved. We request that you perform the proposed work and send us the technical reports requested below.

TECHNICAL REPORT REQUEST

Please submit technical reports to Alameda County Environmental Health (Attention: Don Hwang), according to the following schedule:

November 2, 2003 – Soil and Water Investigation Report

These reports are being requested pursuant to the Regional Water Quality Control Board's (Regional Board) authority under Section 13267 of the California Water Code. If you have any questions, please call me at (510) 567-6746.

Also, the "Notice of Proposed Action" was reviewed and was incorrectly completed. Instead, certification of notification to all landowners of the "cleanup proposal (corrective action plan)" is required. Please correct and resubmit the "Notice of Proposed Action".

If you have any questions, you may call me at 510/567-6746.

Sincerely,

Don Hwang  
Hazardous Materials Specialist  
Local Oversight Program

c: David DeMent, ACC Environmental Consultants, 7977 Capwell Dr., Suite 100, Oakland,  
CA 94621  
Donna Drogos  
lFile

Alameda County

AUG 21, 2003

Environmental Health

West Street Associates.  
575 Walavista Ave.  
Oakland, CA 94610

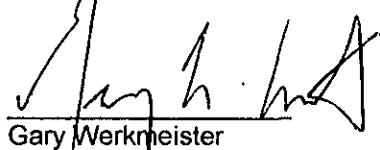
Alameda County Health Care Services  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

SUBJECT; NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY FOR WEST STREET SITE, 2201 WEST STREET, OAKLAND, CA 94612.

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, Gary Werkmeister certify that I have notified all responsible landowners of the enclosed proposed action.

- Cleanup proposal (corrective action plan)
- Site closure proposal
- Local agency intention to make a determination that no further action is required
- Local agency intention to issue a closure letter

Sincerely,



Gary Werkmeister

Cc:  
Eric and Marie Kayler  
PO Box 2432  
Alameda, CA 94501

0-25-03

Alameda County

AUG 27 2003

Environmental Health

West Street Associates  
575 Walavista Ave.  
Oakland, CA 04610

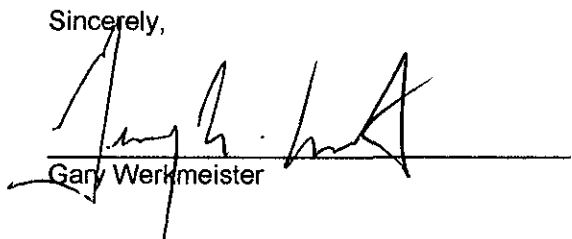
Alameda County Health Care Services Agency  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR WEST STREET SITE,  
2201 WEST STREET, OAKLAND, CA 94612

In accordance with section 25297.15(a) of Chapter 6.7 of the Health \* Safety Code, I, Gary Werkmeister, certify that the following is a complete list of current fee title owners and their mailing addresses for the above site.

Eric and Marie Kayler  
P.O. Box 2432  
Alameda, CA 94501

Sincerely,



Gary Werkmeister



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

August 12, 2003

Gary Werkmeister  
575 Walavista Ave.  
Oakland, CA 94610

RE: Fuel Leak Case No. RO0002510, Continental Color, 2201 West St., Oakland, CA 94612

### LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

Dear Mr. Werkmeister:

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

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

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

Mr. Werkmeister  
August 12, 2003  
Page 2 of 2

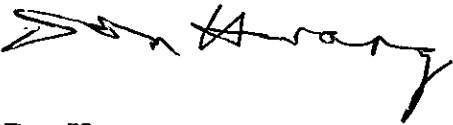
In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

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

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

Please call me at (510) 567-6746 should you have any questions about the content of this letter.

Sincerely,



Don Hwang  
Hazardous Materials Specialist  
Local Oversight Program

C: David DeMent, ACC Environmental Consultants, 7977 Capwell Dr., Suite 100,  
Oakland, CA 94621  
Donna Drogos  
File

Enclosures (2)

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

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Name of local agency  
Street address  
City

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

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

cleanup proposal (corrective action plan)

site closure proposal

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

local agency intention to issue a closure letter

Sincerely,

Signature of primary responsible party

Name of primary responsible party

cc: Names and addresses of all record fee title owners

SAMPLE LETTER (2): LIST OF LANDOWNERS FORM

---

Name of local agency  
Street address  
City

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

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

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

Sincerely,

Signature of primary responsible party

Name of primary responsible party



**CITY OF OAKLAND FIRE DEPARTMENT**  
**Office Of Emergency Services**  
 1605 Martin Luther King Jr. Way, Oakland, CA 94612

**Hazardous Materials Program**

Contaminated Site Case Transfer Form

**Site Information:**

Site Responsible Party (ies)	
Site Name	Continental Color
Site Address	2201 West street
Site Phone	(510)893-4969
Site Contractor & Consultant (if available)	AEI Consultants
Site DBA	

**Site Conditions:**

UST			
former product (fuel, w/o, solvent, others)?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
observations of system (holes,leaks)?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
observed contamination (free product, smell, soil/water discoloration)?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
soil and/or groundwater concentrations of contaminants?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
unauthorized Release Form Filed?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
future intended use if known?	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
NON-UST			
Former industrial use?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Soil and/or groundwater concentrations of contaminants?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Future intended use if known?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<i>If available, attach pertinent reports</i>			

Transferred as:    LOP                       SLIC

Level of Update requested:  
 distribution list     all meetings     all site visits     closure sign off     all the above

Transfer requested by Inspector: L. GRIFIN

Transfer accepted by: (ALCo EHS): \_\_\_\_\_

CITY OF OAKLAND



1605 MARTIN LUTHER KING JR. WAY

• OAKLAND, CALIFORNIA 94612

Fire Department  
Office of Emergency Services  
Hazardous Materials Management Program

(510) 238-7759  
FAX: (510) 238-7761  
TTY/TDD: (510) 238-6884

July 22, 2002

Mr. Nathan Garfield  
Environmental Scientist  
AEI Consultants  
3210 Old Tunnel Road, Ste. B  
Lafayette, CA 94549-4157

**RE: SITE REMEDIATION WORKPLAN FOR 2201 WEST STREET, OAKLAND, CA**

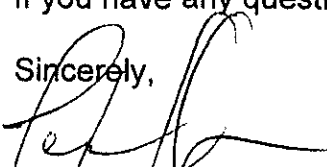
Dear Mr. Garfield;

The City Of Oakland Fire Department/Hazardous Material Management Program (OFD/HMMP) staff has reviewed and approved the copy of the soil removal work plan submitted to this office. At this time approval is granted to conduct soil removal as outline in the work plan.

However, if contamination continues to exist at this site upon completion of the soil removal activities, this case will be transferred to Alameda County Environmental Health for closure oversight.

If you have any questions, please contact me at (510) 238-7759

Sincerely,



LeRoy Griffin

Hazardous Materials Program Manager

# CITY OF OAKLAND



1605 MARTIN LUTHER KING JR. WAY

• OAKLAND, CALIFORNIA 94612

Fire Department  
Office of Emergency Services  
Hazardous Materials Management Program

(510) 238-7759  
FAX: (510) 238-7761  
TTY/TDD: (510) 238-6884

July 2, 2002

Mr. John Ormerod  
Environmental Scientist  
AEI Consultants  
3210 Old Tunnel Road, Ste. B  
Lafayette, CA 94549-4157

**RE: SITE REMEDIATION ACTIVITIES AT 2201 WEST STREET, OAKLAND, CA**

Dear Mr. Ormerod;

The City Of Oakland Fire Department/Hazardous Material Management Program (OFD/HMMP) staff has reviewed a copy of the soil analytical data provided. Based on the available information and with the provision that the information provided to OFD/HMMP was accurate and representative of site conditions, at this time the OFD/HMMP cannot recommend underground storage tank closure related to the above location.

Please provide this office within (30) thirty days the following;

- A remediation work plan to address the remaining contamination present at this site;
- A formal closure report for the tank that was removal.

If contamination continues to exist at this site, this case will be transferred to Alameda County Environmental Health for closure oversight.

If you have any questions, please contact me at (510) 238-7759

Sincerely,

A handwritten signature in black ink, appearing to read 'LeRoy Griffin', written over the printed name.

LeRoy Griffin  
Hazardous Materials Program Manager

**OAKLAND FIRE DEPARTMENT, OES  
UNDERGROUND STORAGE TANK CLOSURE/REMOVAL FIELD INSPECTION REPORT**

Site Address: <b>2201 WEST</b>	Name of Facility: <b>CONFIDENTIAL COLOR</b>
Inspector: <b>GRIFFIN</b>	Contact on site: <b>AEI CONSULTING</b>
Date and Time of Arrival: <b>6/19/02 / 11:15</b>	Contractor/Consultant:

General Requirements	Yes	No	N/A
Approved closure plan on site.			
Changes to approved plan noted.			
Residuals properly stored/transported.			
Receipt for adequate dry ice noted.			

General Requirements	Yes	No	N/A
Site Safety Plan properly signed.	✓		
40B:C fire extinguisher on site.	✓		
"No Smoking" signs posted.	✓		
Gas detector challenged by inspector.	✓		

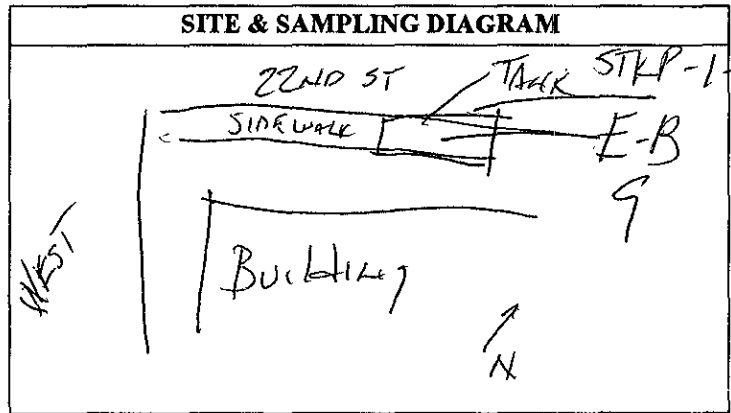
Tank Observations	T #1	T #2	T #3	T #4
Tank Capacity (gallons)				
Material last stored	?			
Dry ice used (pounds)	<b>100lb</b>			
Combustible gas concentration as %LEL. (Note time & sampling point)				
(1)	<b>2</b>			
(2)				
(3)				
Oxygen concentration as % volume. (Note time & sampling point.)				
(1)	<b>D</b>			
(2)				
(3)				
Tank Material	<b>STEEL</b>			
Wrapping/Coating, if any	<b>NONE</b>			
Obvious holes?				

Tank Observations	T #1	T #2	T #3	T #4
Obvious corrosion?	<b>YES</b>			
Obvious odors from tank?	<b>YES</b>			
Seams intact?	<b>YES</b>			
Tank bed backfill material				
Obvious discoloration?	<b>YES</b>			
Obvious odors ex tank bed?	<b>YES</b>			
Water in excavation?	<b>NO</b>			
Sheen/product on water?	<b>N/A</b>			
Tank tagged by transporter?	<b>YES</b>			
Tank wrapped for transport?	<b>YES</b>			
Tank plugged w/ vent cap?	<b>YES</b>			
Date/time tank hauled off?				
No. of soil samples taken?	<b>2</b>			
Depth of soil samples (ft. bgs)	<b>7ft</b>			

Piping Removal	Yes	No	N/A
All piping removed hauled off w/ tanks?	X		
Obvious holes on pipes?		X	
Obvious odors from pipes?	✓		
Obvious soil discoloration in piping trench?	X		
Obvious odors from piping trench?		✓	
Water in piping trench?		✓	
Number & depth of soil samples from piping trench?			
Number & depth of water samples from piping trench?			

General Observations	Yes	No	N/A
Leak from any tank suspected?			
"Leak Report" form given to the operator?			
Obviously contaminated soil excavated?	✓		
Soil stockpile sampled?	✓		
Stockpile lined AND covered?	✓		
Water in excavation sampled?		✓	
Number/depth of water samples taken?		<b>N/A</b>	
All samples properly preserved for transport?	✓		

Additional Observations	Yes	No	N/A
Soil/water sampling protocols acceptable?	✓		
Sampling "chain of custody" noted?	✓		
Tank pit filled in or covered?	✓		
Tank pit fenced or barricaded?	✓		
Transporter a registered HW hauler?	✓		
Uniform HW Manifest completed?	✓		
Contractor/Consultant reminded of complete UST Removal Report due within 30 days?	✓		
Date/Time removal/closure operations completed?			
OT hours or additional charges due from contractor?		φ	



**Notes/Comments:** Add sampling for VOC TO TEST,

# OAKLAND FIRE DEPARTMENT/OFFICE OF EMERGENCY SERVICES HAZARDOUS MATERIALS UNIT

1605 Martin Luther King Jr. Way, Oakland, CA 94612 • (510) 238-3938

## HAZARDOUS MATERIALS INSPECTION REPORT

Site Number	Facility Name	Facility Address	Zip Code
		2201 WEST ST	94607

### Inspection Report

PERMISSION TO INSPECT GRANTED

ECI - MANIFEST TANK - 21395035, MANIFEST LR  
REMOVAL OF UST AT 2201 WEST ST. AEI  
CONSULTING ON SITE.

TANK IS A SQUARE STEEL UNWRAPPED. CORROSION  
AND HOLES WERE NOTED ON THE UPPER SECTION.

DISCOLORATION NOTED IN EXCAVATION, PIT LINED  
WITH PLASTIC AND BACKFILL PLACED BACK AWAITING TEST RESULTS  
\* NEED TO AMEND PERMIT TO TEST FOR VOC  
DUE TO POSSIBLE USE OF SOLVENTS IN THE TANK

TANK # 29797 ECI

NO OTHER PROBLEMS NOTED

<p>Facility Contact/Print Name:</p> <hr/> <p>Facility Contact/Signature:</p>	<p>Inspected By: <input checked="" type="checkbox"/> GRIFFIN</p> <p><input type="checkbox"/> Insp. Matthews 238-2396</p> <p>238-3938 <input type="checkbox"/> Insp. Craford 238-7758</p> <p><input type="checkbox"/> Insp. Gomez 238-7253</p> <p>Date: 6/19/02</p>
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**City Of Oakland**

**FIRE PREVENTION BUREAU**

250 Frank Ogawa Plaza, Ste. 3341  
Oakland California 94612-2032  
510-238-3851



*Permit To Excavate And Install, Repair,  
Or Remove Inflammable Liquid Tanks*

Oakland, California June 3, 2002

Tank Permit Number: 33-02

**Permission Is Hereby Granted To:**

Remove fuel oil Tank And Excavate Commencing: Feet Inside: property Line.

On The: W side of West street, 200 feet N of 22nd Street

Site Address: 2201 West Street

Present Storage: Fuel Oil

Owner: Santilli & Foster Construction

Address: 111 Myrtle St., #201B, Oakland, 94607

Phone: (510) 893-4969

Applicant: AEI Consultants

Address: 3201 Old Tunnel Rd., Lafayette, 94549

Phone: (925) 283-6000

Dimensions Of Street (sidewalk) Surface To Be Disturbed : X No. Of Tanks 1 Capacity 500 Gallons, Each

**Remarks**

This Permit Is Granted In Accordance With Existing City Ordinances. Owner Hereby Agrees To Remove Tanks On Discontinuance Of Use Or When Notified By The City Authorities When Installing, Removing Or Repairing Tanks, No Open Flame To Be On Or Near Premises.

**CERTIFICATE OF TANK AND EQUIPMENT INSPECTION**

Type Of Inspection:

Inspected And Passed On: \_\_\_\_\_

By: \_\_\_\_\_

Approved: Jandra M. McCarroll  
Fire Marshal

UST/AST Installations/modifications:

Pressure Test: Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Piping Test: Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Fee Paid: \$ 540.00

Received By: ok#4540 rec#841056 McC

**Secondary Containment & Sump Testing:**

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

Final: Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

*Before Covering Tanks, Above Certification Must Be Signed When Ready For Inspection Notify Fire Prevention Bureau 238-3851*

**THIS PERMIT MUST BE LEFT ON THE WORK SITE AS AUTHORITY THEREFORE**

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Santilly & Forster Construction

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

A. OWNER'S TANK I.D.#	<u>Unknown</u>	B. MANUFACTURED BY:	<u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>Unknown</u>	D. TANK CAPACITY IN GALLONS:	<u>500</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <u>unknown</u>	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 1 PRODUCT	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED \_\_\_\_\_ C. A. S. #: \_\_\_\_\_

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER _____
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER _____
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

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

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Nathan Garfield</u>	(Agent for owner)	DATE <u>5/28/02</u>
--	-------------------	------------------------

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

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

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

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME <i>Santilli &amp; Forster Construction</i>		NAME OF OPERATOR <i>Mario Santilli</i>		
ADDRESS <i>2201 West <del>1st</del> Street</i>		NEAREST CROSS STREET <i>22<sup>nd</sup> Ave</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Oakland</i>		STATE <i>CA</i>	ZIP CODE <i>94612</i>	SITE PHONE # WITH AREA CODE <i>510-893-4969</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <i>1</i>	E. P. A. I. D. # (optional) <i>CAC00161743</i>

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <i>Santilli, Forster</i>	PHONE # WITH AREA CODE <i>510-893-4969</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>Santilli, Forster</i>	PHONE # WITH AREA CODE <i>510-893-4969</i>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <i>Mario Santilli &amp; John Forster</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>111 Myrtle St. #201-B</i>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <i>Oakland</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
		<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
STATE <i>CA</i>	ZIP CODE <i>94607</i>	PHONE # WITH AREA CODE <i>510-893-4969</i>		

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <i>Mario Santilli &amp; John Forster</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>111 Myrtle St. #201-B</i>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <i>Oakland</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
		<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
STATE <i>CA</i>	ZIP CODE <i>94607</i>	PHONE # WITH AREA CODE <i>510-893-4969</i>		

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

TY (TK) HQ   -

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

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

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

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

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

OWNER'S NAME (PRINTED & SIGNED) <i>Mario Santilli</i>	OWNER'S TITLE <i>Agent for Owner</i>	DATE MONTH/DAY/YEAR
--	---	---------------------

**LOCAL AGENCY USE ONLY**

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

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

OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS



**City of Oakland, Fire Services Agency, Office of Emergency Services  
Hazardous Materials Program  
APPLICATION FOR UNDERGROUND TANK REMOVAL**

F A C I L I T Y	Project Contact & Phone # <i>Mario Santilli 510-893-4969</i>			
	Facility Name		Phone#	
	Address <i>2201 West Street Oakland, CA 94612</i>			
	Cross Street <i>West Grand Ave 22<sup>nd</sup> Street</i>			
	Owner/Operator <i>Santilli &amp; Forster Construction</i>		Phone # <i>510-893-4969</i>	
C O N T R A C T O R	Contractor Name <i>AEI Consultants</i>		Phone # <i>(925) 283-6000</i>	
	Contractor Address <i>3210 Old Tunnel Rd. Lafayette, CA 94549</i>		CA License # <i>654919</i>	
	Hazardous Waste Certified: (Qualifying license category <i>A/HAZ</i> ) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Class <i>A/HAZ</i>	
	City of Oakland Business Tax License # <i>567 167</i>		Workers Comp# <i>1492513-98</i>	
	Does this site have a leaking UST (or did it have a leaking tank system?)		Permit # <i>Unknown</i>	
T A N K S	State Tank ID#	Tank Size	Material That Was Stored	Proposed Removal Date
	<i>39</i>	<i>500</i>	<i>Fuel Oil</i>	<i>6/03/02</i>
	<i>39</i>			
	<i>39</i>			
	<i>39</i>			
	<i>39</i>			
P L A N	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED WITH CONDITION(S) <input type="checkbox"/> DISAPPROVED			
	PLAN REVIEWER'S SIGNATURE <i>[Signature]</i>		DATE OF APPROVAL <i>6/3/02</i>	

APPLICANT MUST PERFORM ALL WORK IN ACCORDANCE WITH CITY OF OAKLAND ORDINANCES, STATE LAWS, AND RULES AND REGULATIONS OF THE CITY OF OAKLAND FIRE SERVICES AGENCY. OWNER OR LICENSED AGENT'S SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL NOT EMPLOY ANY PERSON IN SUCH A MANNER AS TO BECOME SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA. CONTRACTOR'S HIRING OR SUBCONTRACTING SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL EMPLOY PERSONS SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA.

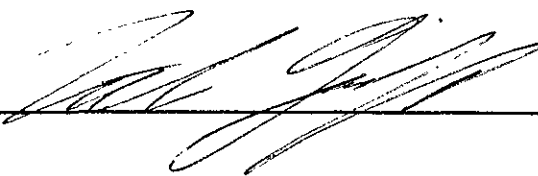
APPLICANT'S SIGNATURE *[Signature]* TITLE: *Project Manager* DATE: *5/28/02*

INDICATE THE RESPONSIBLE PARTY TO BE BILLED FOR ADDITIONAL FSA/OES STAFF TIME EXPENDED BEYOND THE HOURS COVERED BY THE INITIAL DEPOSIT AMOUNT. THE PARTY MUST ACKNOWLEDGE THIS RESPONSIBILITY FOR THE ADDITIONAL BILLING BY SIGNATURE AND DATE BELOW.

NAME AEI Consultants

MAILING ADDRESS Suite B  
3210 Old Tunnel Road Lafayette, Ca, 94549  
STREET CITY, STATE, ZIP

DAY PHONE NUMBER (925) 283 6000  
area code phone #

SIGNATURE 

DATE 5/28/02

CITY OF OAKLAND  
FIRE PREVENTION BUREAU  
250 Frank Ogawa Plaza, Ste. 3341  
OAKLAND, CALIFORNIA 94612-2032  
(510) 238-3851

APPLICATION for PERMIT to INSTALL, REMOVE or REPAIR TANKS  
In the CITY OF OAKLAND

Request Submittal Date: 5/28/02

PLEASE CIRCLE APPROPRIATE ACTIONS: Application is hereby made for permit to:

(a) Remove (b) Install (c) Repair (d) Modify (e) Abandon/Close in Place **A**

(a) Gasoline (b) Fuel oil (c) Diesel (d) \_\_\_\_\_ tank(s) and excavate, commencing:

(a) four feet inside the curb line\*; (b) inside the property line; (c) aboveground; (d) underground tank(s)  
\*inside curb line, please attach copy of sidewalk/excavation permit from PLANNING AND BUILDING

on the West side of West St Ave. 200 feet North of 22<sup>nd</sup> St Ave.

Site Address: 2201 West Street Present storage \_\_\_\_\_

Owner: Santilli & Foster Construction Address 111 Myrtle St. #20-B Phone 893-4969  
Oakland, CA 94607

Applicant: AEI Consultants Address 3210 Old Tunnel Rd Phone (925) 283-6000  
Lafayette, CA 94549

Sidewalk surface to be disturbed No X Number of Tanks 1 Capacity 500 Gallons ea.

Remarks \_\_\_\_\_

Signature \_\_\_\_\_

PLEASE ATTACH/SUBMIT: (All applicants must have a City Business License Permit)

- (2) Copies of Closure Plans for underground tank removal(s)
- (2) Sets of plans and (1) copy of specifications for above ground tank removal
- (2) Sets of plans and (2) sets of application packets for underground tank installation/modifications
- (2) Sets of plans for aboveground tank installation
- copy or prepare to show Planning and Building approval for aboveground tank removal and tank repair

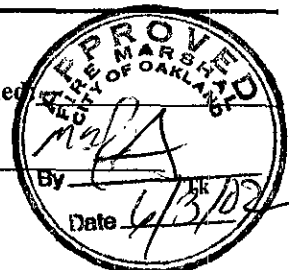
NOTE: FOR TANK INSTALLATION PLEASE SUBMIT THIS APPLICATION FORM ALONG WITH A  
APPLICATION FOR PERMIT TO OPERATE, MAINTAIN OR STORE

FOR OFFICE USE ONLY

Permit No. 33-02  
Copies to: Electrical Inspection

rev:05/98

Amt. Recv'd \$540 Date Issued \_\_\_\_\_  
Ck# 4540 Cash   
Receipt# 410586 Recv'd by: \_\_\_\_\_



CITY OF OAKLAND  
Fire Services Agency  
Office of Emergency Services  
Hazardous Materials Program  
505-14th St., Suite 702  
Oakland, CA 94612

UNDERGROUND TANK CLOSURE PLAN

(Complete according to instructions)

- 1) Name of Business Santilli & Forster Construction  
Business Owner or Contact Person (PRINT) Mario Santilli
- 2) Site Address 2201 West St.  
City Oakland Zip 94612 Phone (510) 893-4969
- 3) Mailing Address 111 Myrtle Street #201-B  
City Oakland Zip 94607 Phone (510) 893-4969
- 4) Property Owner Mario Santilli & John Forster  
Business Name (if applicable) Santilli & Forster Construction  
Address 111 Myrtle Street #201-B  
City, State Oakland, CA Zip 94607
- 5) Generator name under which tank will be manifested  
Santilli & Forster Construction

EPA ID Under which tank will be manifested CAC-002552401

6) Contractor AEI Consultants  
Address 3210 Old Tunnel Road Suite B  
City Lafayette Phone (925) 283-6000  
License Type A/HAZ 654919 IDS

Effective January 1, 1992, Business and Professional Code Section 7058.7 require contractors to also hold Hazardous Waste certification issued by the State Contractor License Board

7) Consultant (if applicable) see #6  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Phone \_\_\_\_\_

8) Main Contact Person for Investigation (if applicable)  
Name Nathan Garfield Title Project Manager  
Company AEI Consultants  
Phone (925) 283-6000

9) Number of underground tanks being closed with this plan 1 (Confirmed with owner operator)

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

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

a) Product/Residual Sludge/Rinsate Transporter  
Name Excel Environmental EPA I.D. NO. CAL 000170148  
Hauler License No. 3662 License Exp. Date \_\_\_\_\_  
Address 1141 Catalina Drive Suite 162  
City Livermore State CA Zip 94550

b) Product/Residual Sludge/Rinsate Disposal Site  
Name Alviso Independent Oil EPA ID No. CAL00161743  
Address 5002 Archer St.  
City Alviso State CA Zip 95002

c) Tank and Piping Transporter

Name ECI EPA I.D. No. CAD 009466392

c) Hauler License No. \_\_\_\_\_ License Exp. Date \_\_\_\_\_

Address 255 Parr Blvd.

City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name ECI EPA I.D. No. CAD 009466392

Address 255 Parr Blvd.

City Richmond State CA Zip 94801

11) Sample Collector

Name Nathan Gasfield

Company AEI Consultants

Address 3210 Old Tunnel Road Suite B

City Lafayette State CA Zip 94549

Phone (925)283-6000

12) Laboratory

Name McCampbell Analytical

Address 110 2<sup>nd</sup> Ave. South #D7

City Pacheco State CA Zip 94553

State Certification No. 1644

13) Have tanks or pipes leaked in the past Yes  No  Unknown

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

14) Describe methods to be used for rendering tank (s): inert:

Remove all liquid. Vapor freezing via dry ice.  
Minimum of 5 lbs. dry ice per 100 gallon tank volume

Before tanks are pumped out and inserted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be permanently plugged.

The Bay Area Air Quality Management District, 415/771-6000 must also be contacted for tank removal permit. The use of a combustible gas indicator to verify tank inertness is required. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert. **Note: you may be required to recalibrate the combustible gas indicator on site, to show that it is working properly.**

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History, include date last used (estimated)		
500	unknown	soil beneath the tanks, stockpiled soil, and ground water if encountered	one sample collected one to two feet below center of tank.

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

**EXCAVATED/STOCKPILED SOIL**

<b>Stockpiled Soil volume (estimated)</b> <i>10 cubic yards</i>	<b>Sampling Plan</b> <i>4 point composite sample</i>
--	---

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

Will the excavated soil be returned to the excavation immediately after tank removal?

- yes     
  No     
  unknown

If yes, explain reasoning \_\_\_\_\_

---

If unknown at this point in time, please be aware that excavated soil may no be returned to the excavation without prior approval from Fire Services Agency, Office of Emergency Services. This means that the contractor, consultant, or responsible party must communicate with the Hazardous Materials Inspector **IN ADVANCE** of backfilling operations.

16. Chemical methods and associated detection limits to be used for analyzing samples:

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed.  
 See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
<i>TPH-gas</i>	<i>8015 M</i>		<i>&lt; 1.0 mg/kg</i>
<i>MTBE</i>	<i>8020</i>		<i>&lt; 0.05 mg/kg</i>
<i>BTEX</i>			<i>&lt; 0.005 mg/kg</i>



18. Submit Workers Compensation Certificate copy

Name of Insurer State Fund

19. Submit Plot Plan **\*\*\*(Be Instructions)\*\*\***

20. Enclose Permit fee (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery.

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

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

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

I declare that to, the best of my knowledge and belief that the statements and information provided above are correct and true.

I understand that information, in addition to that proved above, may be needed in order to obtain approval from the Hazardous Materials Division and that no work is to begin on this project until this plan is approved.

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

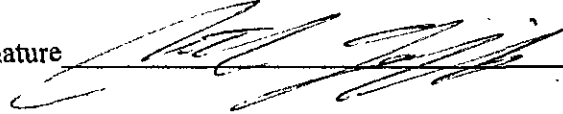
I understand that all work performed during this project will be done in compliance with all applicable OSHA. (Occupational Safety and health Administration) requirements concerning; personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his age and that this responsibility is not shared nor assumed by the City of Oakland.

Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Inspector at least three working days in advance of site-work, to schedule the required inspections.

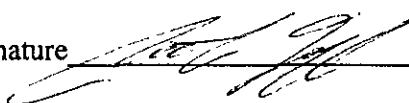
**CONTRACTOR INFORMATION**

Name of Business AEI Consultants

Name of Individual Nathan Garfield

Signature  Date 5/28/02

**PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)**

Name of Business Santilli & Forster Construction  
Name of Individual Mario Santilli and John Forster  
Signature  <sup>agent</sup> <sub>for owner</sub> Date 5/28/02

**General Instructions**

- Three (3) copies of this plan plus attachments and permit must be submitted to this Department.
- Any cutting into tanks requires Fire Services Agency approval.
- One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- State of California Permit Application Forms A and B are to submit to this office One Form A per site, one Form B for each removed tank.

**Line Item Specific Instructions**

2. **SITE ADDRESS**

Address at which closure is taking place.

5. EPA I.D. NO. - under which the tanks will be manifested

EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781

6. **CONTRACTOR**

Prime contractor for the project.

10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES

- a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
- c) Tanks must be hauled as hazardous waste.
- d) This is the place where tanks will be taken for cleaning.

15) **TANK HISTORY AND SAMPLING INFORMATION**

Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the trig} water mark, etc.

16) **CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS**

See attached Table 2.

17) **SITE HEALTH AND SAFETY PLAN**

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer.
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;

- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;

#### SITE HEALTH AND SAFETY PLAN

- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions;
  - e) Description of the work habit changes triggered by the above action levels or physical conditions;
  - f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
  - h) Confined space entry procedures-(if applicable);
  - g) Decontamination procedures;
  - i) Measures to be taken to secure the site, excavation and stockpiled soils during and after work hour (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guard, etc.);
  - j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital near the site;
  - k) Documentation that all site workers have received the appropriate ASIA approved training and participate medical surveillance per 29 CFR 1910.120;
- l) A page for employees to sign acknowledging that they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989; Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

#### 19) PLOT PLAN

The plan should consist 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 Lines;
- d) Location of all structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers water lines utilities;
- h) Existing wells; drinking monitoring, etc;
- i) Depth to ground water; and
- j) All existing tank(s) and piping in addition to the tank(s) being removed.

#### 20) PERMIT FEE

A check payable to the City of Oakland for the amount indicated must accompany the plans.

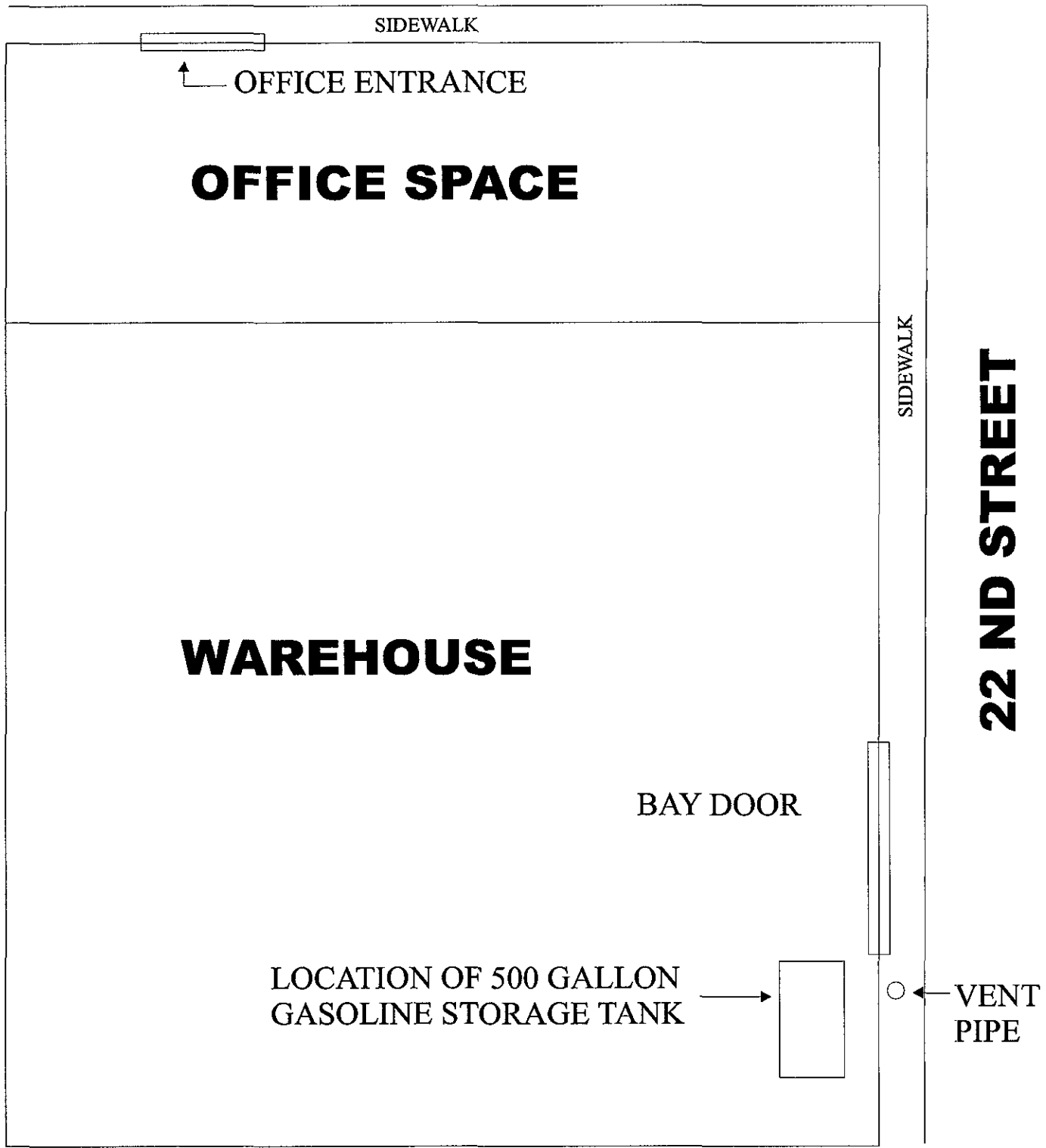
- 21) Blank unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Regional Water Quality Control Board (510) 286-1255. Larger quantities may be directly from the State Water Resources Control Board at (916) 739-2421.

22) TANK CLOSURE REPORT

The Tank Closure reports: General description of the closure activities, indicate;

- a) Description of tank, fittings and piping conditions. Size and former contents; note any corrosion, pitting, holes;
- b) Description of the excavation itself. Include tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential pathways the depth to any observed ground water, locations of stained or odor-bearing oil, and descriptions of any observed free product or sheen;
- c) Detailed description of sampling methods., i.e. - backhoe bucket, drive sampler, bailer, bottles (s), sleeves;
- d) Description of any remedial measures conducted at the time of tank removal;
- e) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations include a copy of the plot plan prepared for the Tank Closure-plan under item #19;
- f) Chain of custody records;
- g) Copies of signed laboratory reports;
- h) Copies of TSDF to Generator Manifests for all hazardous wastes hauled offsite (sludge, Rinsate, tanks and piping, contaminated soil, etc), and
- i) Documentation of the disposal of/and volume and final destination all non-manifested contaminated soil disposed offsite.

# WEST STREET



FROM:  
THE THOMAS GUIDE  
2000 EDITION

<b>AEI Consultants</b>	
3210 OLD TUNNEL ROAD, SUITE B, LAFAYETTE, CA	
NOT TO SCALE	DATE: 28 MAY 2002
<b>SITE MAP</b>	
2201 WEST STREET OAKLAND, CALIFORNIA	DRAWING NUMBER: <b>FIGURE 1</b>