

10.10.90

UNI GROUND STORAGE TANK REMOVAL/CLARE RE
CHECKLIST AND FIELD REPORT

ADDRESS: 1220 W TENNYSON

FACILITY NAME: FIVE STAR TEXACO (AUTO CARE)

A. CLOSURE PLAN

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
0. Date Received noted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Permit Number noted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Amount Paid correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1. Facility data complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Property Owner data complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Consultant data complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Contractor data complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Contractor's License valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hayward Business Lic. valid?	<input type="checkbox"/>	<input type="checkbox"/>	
Workers' Comp. valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Project Manager identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Reason for closure given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXXXX LEAK suspected!
Proposed date for removal?		<u>10/5/90</u>	<u>11:00</u>
Drawing attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Attachment 4 completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>N/A</u>
BAAQMD notified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inerting method acceptable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LEL equipment given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Sampling protocol acceptable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>This is For Boneholes</u>
Sampling map attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>HED DRAWING</u>
Pipings disposal acceptable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sampling summary complete?	<input type="checkbox"/>	<input type="checkbox"/>	
Sampler identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Analytical Lab identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Analytical Lab certified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	COMMENTS
8. Tank hauler identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tank T/DF identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Product/Rinsate hauler identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Product/Rinsate T/DF identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Soil hauler identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Soil T/DF Identified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UNKNOWN ? pending Analysis
9. Certification signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Certification dated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Are all pages initialed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. SWEEPS Forms complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Is Plan approved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pending additional information
WHO REVIEWED THE PLAN?			JAY SWARDENSKI

B. NOTIFICATION

1. Scheduled Removal Date: 10/10/90
 Scheduled Removal Time: 1300

2. Notice Received (Date) _____
 (Time) _____
 Notice Given By (Name) EBENE DE VERLIS Const.

C. FIELD REPORT

1. Time Arrived on Site: 1250
 Contact Person on Site: STEVE
 (SKETCH EXCAVATION SITE ON SEPARATE PAGE.)

2. Fire extinguisher adequate? () _____
 No Smoking signs posted? () _____

3. Hauling vehicle as listed? () ERIKSON
 Vehicle has valid required sticker? () _____

4. % LEL Reading(s):
 W/VERLIS Const 1314
 Recently purchased
 Camb ✓ OK

A) 6% c) 5%
 B) 4%, 3% D) 12-14%
 O₂ = ≤ 5%

(NOTE: In the following, include obvious signs of contamination like color, odors, deterioration, moisture content.)

5. Describe the tank(s) after removal: _____

A NON-COATED, MOIST W/ SOME DISCOLORATION ON NE END, 2 SM HOLES ~ 1/4" DIA., pitting

B NON-COATED ~ 60%, moist w/ some discoloration on bottom 1/3,

C NON-COATED ~ 60%, FAILURES IN BOTTOM OF TANK (1/4") (~ 1/2"),

D NON-COATED ~ 50%, HEAVY STAINING & ODORS, NO OBVIOUS FAILURES

6. Describe the excavation after tank removal: BACKFILL HEAVILY STAINED W/

STRONG ODORS EMANATING FROM PIT, SIDE WALLS ARE MILD - MODERATELY

STAINED INTERMEDIATE W/ BROWN GRAVELLY SANDY LOAM (TOPSOIL); G.W.

IN D-1 PIT HAS FURTHER PROTECT PRESENT (W/ 11/90) - RETURN TO

SAMPLE.

7. Describe the pipes after removal: 3 sets pipes, Fiberless & steel mix (coated steel),

to be removed, no obvious failures in lines, joints appear heavily

w/roders: sealed

	YES	NO	COMMENTS
8. Is soil sampling procedure acceptable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
How many soil samples taken?			<u>8 FROM BENEATH TANKS</u>
(NOTE SAMPLING SPOTS ON DIAGRAM.)			
Is there groundwater in the excavation?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>INFILTRATION INTO D-1 sample pit</u>
Groundwater sample taken?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Groundwater sampling protocol acceptable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
9. Excavation backfilled?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>contaminated soil yet to be removed.</u>
Describe backfilling: _____			_____

10. If not backfilled, describe safety precautions taken around excavation:

FENCED & FLAGGED SITE.

11. Soil stockpile lined/covered?

YES NO

obviously contaminated soil lined, several piles unlined

12. Contact reminded about report due in 30 days?

()

13. If leak is confirmed or suspected, was contact given "Underground Storage Tank Unauthorized Release (Leak)/ Contamination Site Report"?

() ()

If yes, was the need for this form explained?

() ()

14. Time tanks were hauled off-site: _____

Time operation completed/called off: _____

15. Other Comments: _____

MANIFEST #'S: 89892028 , 4691 & 4692

89892026 , 4689 & 4690

10/10/96

Date of Removal

Hazardous Materials Investigator

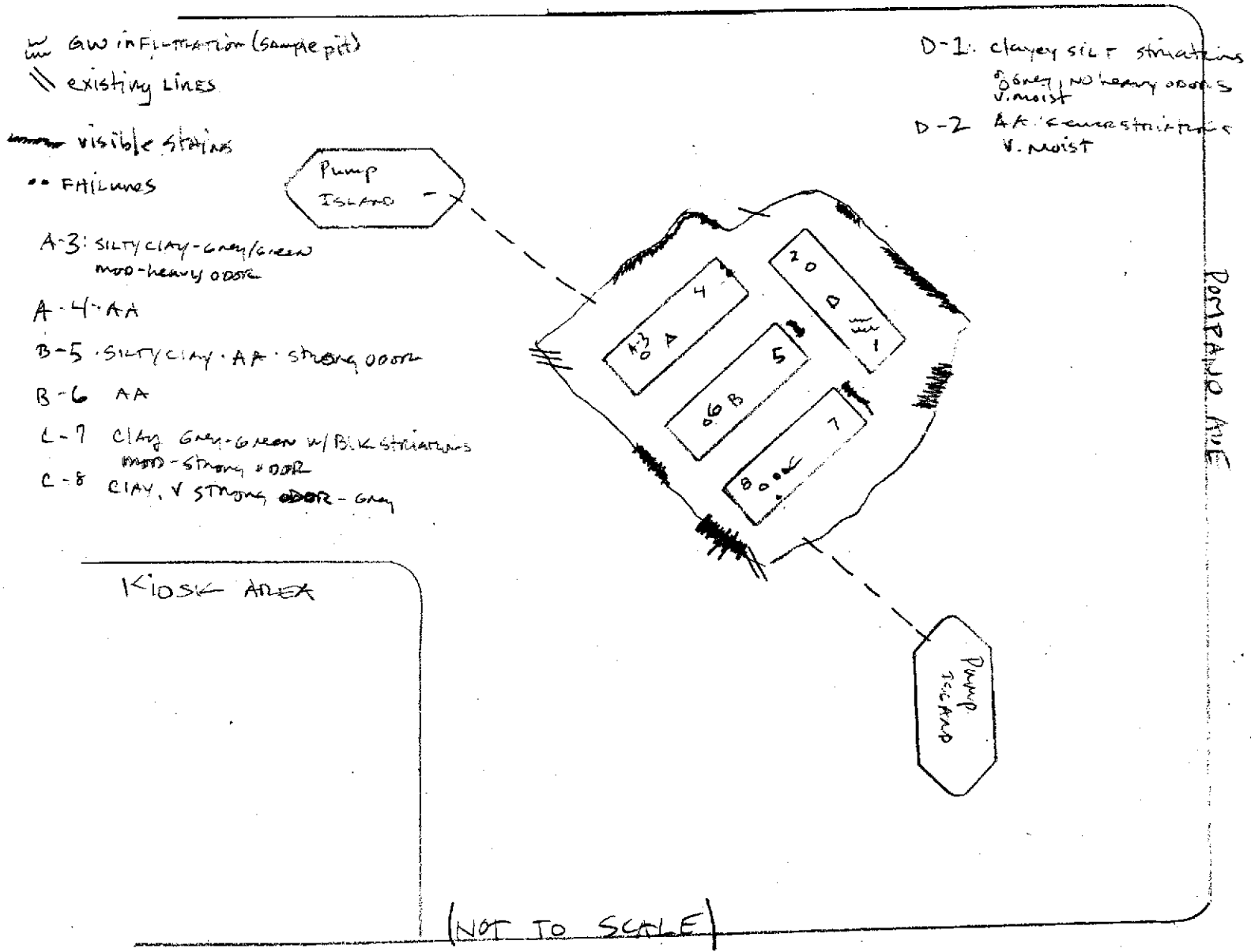
TANK CLOSURE DIAGRAM

Steve CPM

Note Following:

- Sketch area of excavation.
- Dimensions of excavation.
- Exact location of excavation. (i.e. Distances from building or other stationary features).
- Location of samples.
- If any damage to tank/pipes noted, sketch detailed location of pipes and fittings.

TENNYSON RD.



FACILITY NAME: _____

FACILITY ADDRESS _____

UNDERGROUND STORAGE TANK REMOVAL/CLOSURE
CHECKLIST AND FIELD REPORT

568/234
351-2525
295 / 39th Ave
S.L. 94578

ADDRESS: 220 W. TEMYSON Rd

FACILITY NAME: 5 STAR / ALL AMERICAN / VALUE GASOLINE

NUMBER OF TANKS/CAPACITIES: 1 x 100± gal WASTE OIL

A. CLOSURE PLAN	YES	NO	COMMENTS
0. Date Received noted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Permit Number noted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Amount Paid correct?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1. Facility data complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Property Owner data complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Consultant data complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Contractor data complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Contractor's License Type Suitable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Contractor's License valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Haz-Substance Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hayward Business Lic. valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Workers' Comp. valid?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Project Manager identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Reason for closure given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Proposed date for removal?		<u>10-6-92</u>	
Drawing attached?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TBD in field
Attachment 4 completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
BAAQMD notified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Inerting method acceptable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
LEL equipment given?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Sampling protocol acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	
Sampling map attached?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TBD in field
Pipings disposal acceptable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	COMMENTS
Sampling summary complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sampler identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Analytical Lab identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Analytical Lab certified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
8. Tank hauler identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Tank T/DF identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Product/Rinsate hauler identified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Product/Rinsate T/DF identified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Soil hauler identified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TBD
Soil T/DF Identified?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TBD
9. Certification signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Certification dated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
10. Are all pages initialed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
11. SWEEPS Forms complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
12. Is Plan approved?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

WHO REVIEWED THE PLAN?

Swannenski

B. NOTIFICATION

1. Scheduled Removal Date:

10-6-92

Scheduled Removal Time:

1100

2. Notice Received (Date)

(Time)

JS. Postponed to 1230

Notice Given By (Name)

C. FIELD REPORT

1. Time Arrived on Site:

1225

Contact Person on Site:

Tom Norvell

(SKETCH EXCAVATION SITE ON SEPARATE PAGE.)

2. Fire extinguisher adequate?

()

No Smoking signs posted?

()

	YES	NO	COMMENTS
3. Hauling vehicle as listed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Vehicle has valid required sticker?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
4. % LEL Reading(s):			0% O ₂ = <12% _____

(NOTE: In the following, include obvious signs of contamination like color, odors, deterioration, moisture content.)

- Describe the tank(s) after removal: SWS un-wrapped ~110 gal, rusty & scaly, seam split at remove by backhoe, horizontal surge

- Describe the excavation after tank removal: residual surge & H₂O poured into excavation when seam split. to be removed prior to sampling

- Describe the pipes after removal: No pipes removed, yet, remote fill to be removed & sample collected @ union of vert/horiz runs.

	YES	NO	COMMENTS
8. Is soil sampling procedure acceptable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
How many soil samples taken? (NOTE SAMPLING SPOTS ON DIAGRAM.)			2, 1 from excavation & 1 from fill post elbow
Is there groundwater in the excavation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Groundwater sample taken?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Groundwater sampling protocol acceptable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

YES NO

COMMENTS

9. Excavation backfilled?

()

Describe backfilling:

10. If not backfilled, describe safety precautions taken around excavation:

BARRETIERS 4 tape

11. Soil stockpile lined/covered?

YES NO
()

12. Contact reminded about report due in 30 days?

()

13. If leak is confirmed or suspected, was contact given "Underground Storage Tank Unauthorized Release (Leak)/ Contamination Site Report"?

already has one
()

If yes, was the need for this form explained?

()

14. Time tanks were hauled off-site: 1200

Time operation completed/called off: 1325

15. Other Comments:

10-6-92

Date of Removal

Jay Sadowski

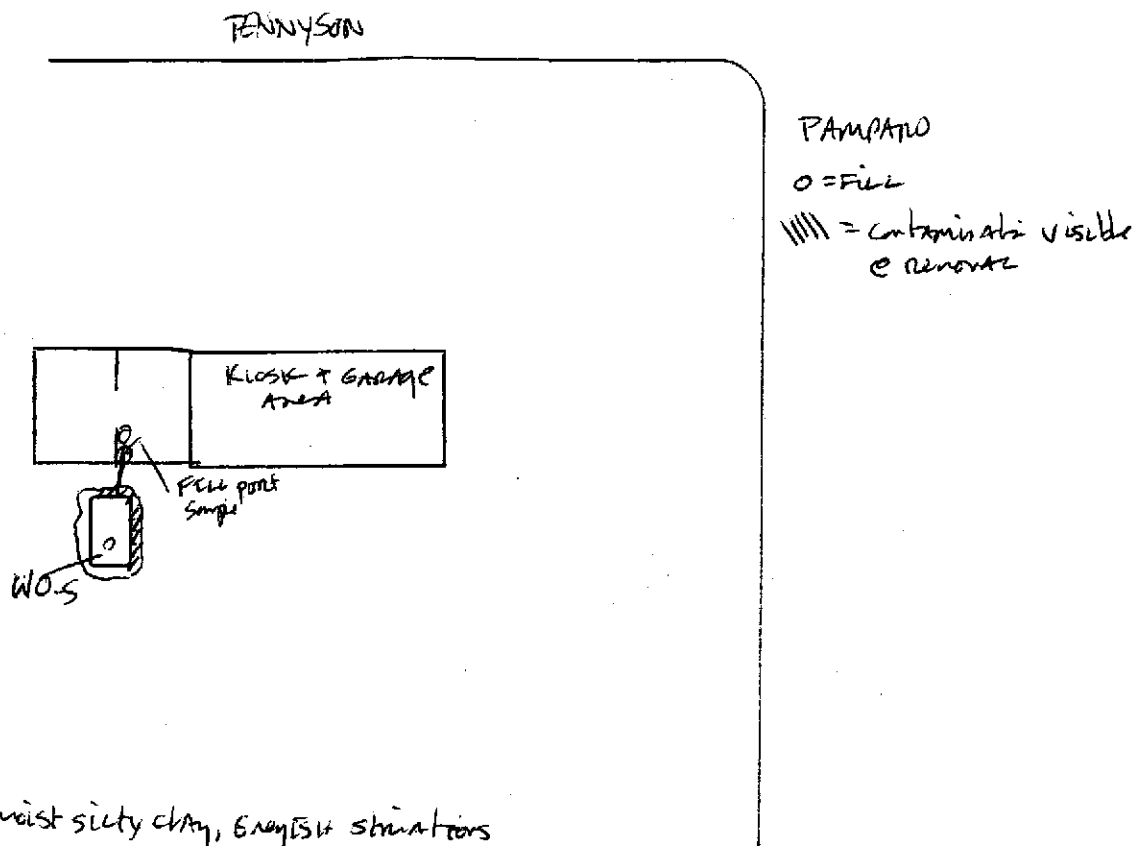
Hazardous Materials Investigator

TANK CLOSURE DIAGRAM

Note Following:

- Sketch area of excavation.
- Dimensions of excavation.
- Exact location of excavation. (i.e. Distances from building or other stationary features).
- Location of samples.
- If any damage to tank/pipes noted, sketch detailed location of pipes and fittings.

A
N



W.O.S - black slightly moist silty clay, 60% ESR strata
Fill point sample: collected w/o regulatory observation.

FACILITY NAME: 5 STAR / VALUE GASOLINE / ALL AMERICAN
FACILITY ADDRESS: 1220 W PENNYSON