

Drogos, Donna, Env. Health

From: Snodgrass, Robert, ACFD
Sent: Wednesday, April 13, 2005 11:47 AM
To: Snodgrass, Robert, ACFD; Drogos, Donna, Env. Health; Levi, Ariu, Env. Health
Cc: Weston, Robert, Env. Health; Doan, Scott ACFD
Subject: RE: Tank Closure

Ms. Drogos,

I sent you an e-mail on March 3rd as to the status of our underground tank at station #4. I have not received a response as to this date. The Fire Chief would like a response as to the status of the closure, as soon as possible, so that he has time to plan for additional funds if needed for next budget year. I would appreciate any assistance that you can provide on this matter.

Sincerely,

Bob S. .

-----Original Message-----

From: Snodgrass, Robert, ACFD
Sent: Friday, March 04, 2005 7:50 AM
To: Drogos, Donna, Env. Health; Levi, Ariu, Env. Health
Cc: Weston, Robert, Env. Health; Doan, Scott ACFD
Subject: Tank Closure

Ms. Drogos,

Last year we conducted *additional testing* at 20336 San Miguel Ave. (Fire Station #4) in Castro Valley, in order to close our underground diesel tank. We have not heard whether or not this facility/case has been successfully closed.

The Fire Chief has asked me to *identify funds* needed for our underground tank program for the next fiscal year. Besides maintenance fees and permits, I believe we are okay provided that we have successfully closed our site/case.

Could you please let me know what our status is, it would be much appreciated.

Robert Snodgrass, Fire Inspector
Alameda County Fire Department

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

RO0002573

December 5, 2003

Mr. Robert Snodgrass
Alameda County Fire Department
835 E 14th Street
San Leandro, CA 94577

RE: Work Plan Approval for 20336 San Miguel Ave, Castro Valley, CA

Dear Mr. Snodgrass:

I have completed review of Gettler-Ryan Inc's (GR) December 2003 *Work Plan for Limited Subsurface Investigation* prepared for the above referenced site. GR proposes to advance four soil borings in an attempt to determine the vertical and horizontal extent of soil contamination and to determine if groundwater beneath the site has been impacted by petroleum hydrocarbons. Soil and grab groundwater samples will be collected from each boring and analyzed for TPHg, TPHd, BTEX and MTBE.

The proposed scope of work is acceptable. Field work should commence within 60 days of the date of this letter, or by February 17, 2004. Please provide at least 72 hours advance notice of field activities. If you have any questions, I can be reached at (510) 567-6762 or by email at echu@co.alameda.ca.us.

eva chu
Sr Environmental Health Specialist

c: Donna Drogos
email: Geoffrey Risse, Gettler-Ryan

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

RO0002573

October 24, 2003

Mr. Robert Snodgrass
Alameda County Fire Department
835 E 14th Street
San Leandro, CA 94577

RE: PSA for 20336 San Miguel Ave, Castro Valley, CA

Dear Mr. Snodgrass:

I have completed review of Frye Environmental's March 2003 *Summary Report Soil Boring Installation* report that was prepared for the above referenced site. In preparation to close-in-place a 1,000 gallon underground storage tank (UST), a soil boring was advanced adjacent to the UST and a soil sample was collected from approximately 1 to 3 feet below the tank invert. The soil sample was analyzed for TPH as gasoline and as diesel, BTEX, and oxygenated gasoline additives. Up to 330 mg/kg TPHg was detected. It was not clear from the information provided if the tank was closed-in-place.

At this time, additional investigation is required to determine the vertical and horizontal extent of soil contamination, and to determine if groundwater has been impacted by the fuel 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, and Article 11 of Title 23, California Code of Regulations. The major elements of such an investigation are summarized in the attached Appendix A.

The required PSA is due within 45 days of the date of this letter, or by **December 15, 2003**. If you have any questions, I can be reached at (510) 567-6762 or by email at echu@co.alameda.ca.us.

eva chu
Sr Environmental Health Specialist

c: Donna Drogos

Transfer of Eligible Local Oversight Case

STID _____ Date of input/By: _____

Date: 3-10-03 From: ROBERT WESTON

Site Name: ALCO FIRE STATION

Address: 20336 SAN MIGUEL AVE City: CASTRO VALLEY Zip: 94546

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

TO BE CLOSED IN PLACE AT A FUTURE DATE

1. N Tanks Removed? # of removed? _____ Date removed: _____

2. N Samples received? Contamination level: 300 ppm
Type of test TPH G
Contamination should be over 100 ppm TPH to qualify for LOP

3. N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
• diesel • waste oil • kerosene • solvents

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

1.
 - a. _____ Close the deposit refund case.
 - b. _____ Account for **ALL** time you have spent on the case.
 - c. _____ Turn in account sheet to Leslie.

If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: _____

DepRef Case Closed with Candyce/Leslie? N (If no, explain why below.)

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


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 checked="" 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 03/06/03 | | CASE # | | SIGNED _____ DATE _____ | | |
| REPORTED BY | NAME OF INDIVIDUAL FILING REPORT ROBERT WESTON | | PHONE (510) 567 6781 | | SIGNATURE | |
| | 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 COUNTY OF ALAMEDA CUPA | | | |
| | ADDRESS 1131 HARBOR BAY PARKWAY ALAMEDA CA 94502 | | | | | |
| RESPONSIBLE PARTY | NAME ALCO FIRE | | CONTACT PERSON ROBERT SNODGRASS | | PHONE (510) 693 3438 | |
| | ADDRESS 835 E. 14TH STREET SAN LEANDRO CA 94577 | | | | | |
| SITE LOCATION | FACILITY NAME (IF APPLICABLE) ALCO FIRE STATION 3 | | OPERATOR ROBERT SNODGRASS | | PHONE (510) 693 3438 | |
| | ADDRESS 20336 SAN MIGUEL AVE CASTRO VALLEY ALAMEDA 94546 | | | | | |
| | GROSS STREET CASTRO VALLEY BOULEVARD | | | | | |
| IMPLEMENTING AGENCIES | LOCAL AGENCY ALAMEDA COUNTY ENV HEALTH | | CONTACT PERSON DONNA DROGOS | | PHONE (510) 567-6721 | |
| | REGIONAL BOARD S | | CONTACT PERSON CHUCK HEADLEY | | PHONE (510) 622 2433 | |
| SUBSTANCES INVOLVED | (1) NAME DIESEL | | | | QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN | |
| | (2) NAME GASOLINE | | | | QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN | |
| DISCOVERY/ABATEMENT | DATE DISCOVERED 02/13/03 | | HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER BORING-SOIL SAMPLE | | | |
| | DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN | | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input checked="" 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 _____ | | | | | |
| 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 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) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT) | | | | | |
| COMMENTS | TPH G 330 PPM IN SOIL TPH D 90 PPM IN SOIL | | | | | |

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

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| REPORT DATE 03/06/03 | | CASE # | | SIGNED _____ DATE _____ | | |
| REPORTED BY | NAME OF INDIVIDUAL FILING REPORT ROBERT WESTON | | PHONE (510) 567-6781 | | SIGNATURE | |
| | 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 COUNTY OF ALAMEDA CUPA | | | |
| ADDRESS 1131 HARBOR BAY PARKWAY ALAMEDA CA 94502 | | | | | | |
| RESPONSIBLE PARTY | NAME ALCO FIRE | | CONTACT PERSON ROBERT SNODGRASS | | PHONE (510) 693-3438 | |
| | ADDRESS 835 E. 14TH STREET SAN LEANDRO CA 94577 | | | | | |
| SITE LOCATION | FACILITY NAME (IF APPLICABLE) ALCO FIRE STATION 3 | | OPERATOR ROBERT SNODGRASS | | PHONE (510) 693-3438 | |
| | ADDRESS 20336 SAN MIGUEL AVE CASTRO VALLEY ALAMEDA 94546 CROSS STREET CASTRO VALLEY BOULEVARD | | | | | |
| IMPLEMENTING AGENCIES | LOCAL AGENCY ALAMEDA COUNTY ENV HEALTH | | CONTACT PERSON DONNA DROGOS | | PHONE (510) 567-6721 | |
| | REGIONAL BOARD S | | CONTACT PERSON CHUCK HEADLEY | | PHONE (510) 622-2433 | |
| SUBSTANCES INVOLVED | (1) NAME DIESEL | | QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN | | | |
| | (2) NAME GASOLINE | | QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN | | | |
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| | HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE | | | | | |
| 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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| | REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <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 type="checkbox"/> OTHER (OT) | | | | | |
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| | _____ | | | | | |

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

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| | ADDRESS 1131 HARBOR BAY PARKWAY ALAMEDA CA 94502 | | | | | |
| RESPONSIBLE PARTY | NAME ALCO FIRE | | CONTACT PERSON ROBERT SNODGRASS | | PHONE (50) 6933438 | |
| | ADDRESS 835 E. 14TH STREET SAN LEANDRO CA 94577 | | | | | |
| SITE LOCATION | FACILITY NAME (IF APPLICABLE) ALCO FIRE STATION 3 | | OPERATOR ROBERT SNODGRASS | | PHONE (510) 6933438 | |
| | ADDRESS 20336 SAN MIGUEL AVE CASTRO VALLEY ALAMEDA 94546 | | | | | |
| | CROSS STREET CASTRO VALLEY BOULEVARD | | | | | |
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| | COMMENTS TPH G 330 PPM IN SOIL TPH D 90 PPM IN SOIL | | | | | |

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 ENVIRONMENTAL HEALTH SERVICES
 1131 HARBOR BAY PARKWAY, RM 250
 ALAMEDA, CA 94602-6577
 PHONE # 510/67-6700

ACCEPTED

Underground Storage Tank Closure Permit Application
 Alameda County Division of Hazardous Materials
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94602-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction/renovation.

One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the required inspections:

- Closure
- Removal of Tank(s) and Piping
- Sampling
- Final inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist:

ROBERT WESTON
 1-23-03

CLOSURE IN PLACE
 SEE LETTER DATED 1-22-03

Alameda County

JAN 22 2003

Environmental Health

UNDERGROUND TANK CLOSURE PLAN

* * * Complete plan according to attached instructions * * *

1. Name of Business ALAMEDA COUNTY FIRE DEPT
 Business Owner or Contact Person (PRINT) Robert Snodgrass
 2. Site Address 20336 SAN MIGUEL AVE.
 City CASTRO VALLEY, Ca. Zip 94546 Phone _____
 3. Mailing Address _____
 City _____ Zip _____ Phone _____
 4. Property Owner ALAMEDA COUNTY FIRE DEPT
 Business Name (if applicable) _____
 Address 835 EAST 14TH ST.
 City, State SAN LEANDRO, Ca. Zip 94577
 5. Generator name under which tank will be manifested
ALAMEDA COUNTY FIRE DEPT.
- EPA ID# under which tank will be manifested CA _____



- 6. Contractor Chris Frye Contracting
 Address 8020 Starr Rd
 City Windsor CA 95492 Phone (707) 837-2809
 License Type A W-HAZMAT ID# 797498
- 7. Consultant (if applicable) Frye Environmental, Inc.
 Address 8020 Starr Rd
 City, State Windsor CA 95492 Phone (707) 837-2809
- 8. Main Contact Person for Investigation (if applicable)
 Name Chris Frye Title Principal
 Company Frye Environmental, Inc.
 Phone (707) 837-2809
- 9. Number of underground tanks being closed with this plan two
 Length of piping being removed under this plan N/A
 Total number of underground tanks at this facility (**confirmed with owner or operator) 2
- 10. State Registered Hazardous Waste Transporters/Facilities (see instructions).



a) Product/Residual Sludge/Rinsate Transporter

Name E C I EPA I.D. No. CA0 982030173
 Hauler License No. 1533 License Exp. Date 12/2/04
 Address 255 PARR BLVD
 City RICHMOND State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name SEAPORT DISPOSAL EPA ID# _____
 Address 675 SEAPORT BVD
 City REDWOOD CITY State CA Zip 94063

c) Tank and Piping Transporter

Name N/A EPA I.D. No. _____
Hauler License No. _____ License Exp. Date _____
Address _____
City _____ State _____ Zip _____

d) Tank and Piping Disposal Site

Name N/A EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

11. Sample Collector

Name CHRIS FRYE
Company FRYE Environmental
Address 8020 STARR Rd.
City WINDSOR State Ca. Zip 95792 Phone 707-837-2809

12. Laboratory

Name ANALYTICAL SCIENCES
Address 110 Liberty ST
City Petaluma State Ca. Zip 94952
State Certification No. _____

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

If yes, describe. N/A

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

Tripple Rinse

Before tanks are pumped out and inerted, all associated piping must be flushed back into the tank(s). All accessible piping must then be removed. Inaccessible piping must be permanently plugged using grout.

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

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) | | |
| 1,000 | Using To Date | Soil at The Fill END OF THE TANK Approx. 3' below bottom OF TANK Approx. 10' Deep (1-ONLY) | 1-AT Fill END OF TANK approx. 10' Deep |

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

Excavated/Stockpiled Soil

Stockpiled Soil Volume
(estimated)

N/A

Sampling Plan

N/A

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

N/A

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

If yes, explain reasoning N/A

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

N/A

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

N/A

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 |
|--|---|-------------------------------------|------------------------|
| <p>SEE TRACE 2</p> <hr style="width: 50%; margin: auto;"/> | | | |

18. Submit Worker's Compensation Certificate copy

Name of Insurer _____

19. Submit Plot Plan ***** (See Instructions) *****

20. Enclose Deposit (See Instructions)

21. Report all 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)

FROM ALAMEDA CO EHS HAZ-OP

510 337 9335

2003-02-04

11:33

#533 P.02/02

FROM ALAMEDA CO EHS HAZ-OP

510 337 9335

2003-02-03

09:53

#528 P.03/03

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business Chris Frye Contracting

Name of Individual Chris Frye

Signature [Signature] Date 2/4/03

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Alameda County Fire Department

Name of Individual Robert Sadgrass (Fire Inspector)

Signature [Signature] Date 2/4/03

Rev. 11/01/00
Use closure plan

RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR UNDERGROUND TANK LEAKS

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction

TABLE #2
REVISED 1 MARCH 1999

| <u>HYDROCARBON LEAK</u> | <u>SOIL ANALYSIS</u> (SW-846 METHOD) | | <u>WATER ANALYSIS</u> (Water/Waste Water Method) | |
|---|---|---------------|---|---|
| Gasoline (Leaded and Unleaded) | TPHG | 8015M or 8260 | TPHG | 8015M or 524.2/624 (8260) |
| | BTEX | 8260 | BTEX | 524.2/624 (8260) |
| | EDB and EDC | 8260 | EDB and EDC | 524.2/624 (8260) |
| | MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and | | 524.2/624 (8260) for water | |
| | TOTAL LEAD | AA | TOTAL LEAD | AA |
| | | --Optional-- | | |
| | Organic Lead | DHS-LUFT | Organic Lead | DHS-LUFT |
| Unknown Fuel | TPHG | 8015M or 8260 | TPHG | 8015M or 524.2/624 (8260) |
| | TPHD | 8015M or 8260 | TPHD | 8015M or 524.2/624 (8260) |
| | BTEX | 8260 | BTEX | 524.2/624 (8260) |
| | EDB and EDC | 8260 | EDB and EDC | 524.2/624 (8260) |
| | MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and | | 524.2/624 (8260) for water | |
| | TOTAL LEAD | AA | TOTAL LEAD | AA |
| | | --Optional-- | | |
| | Organic Lead | DHS-LUFT | Organic Lead | DHS-LUFT |
| Diesel, Jet Fuel, Kerosene, and Fuel/Heating Oil | TPHD | 8015M or 8260 | TPHD | 8015M or 524.2/624 (8260) |
| | BTEX | 8260 | BTEX | 524.2/624 (8260) |
| | EDB and EDC | 8260 | EDB and EDC | 524.2/624 (8260) |
| | MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and | | 524.2/624 (8260) for water | |
| Chlorinated Solvents | CL HC | 8260 | CL HC | 524.2/624 (8260) |
| | BTEX | 8260 or 8021 | BTEX | 524.2/624 (8260) or 502.2/602 (8021) |
| Nonchlorinated Solvents | TPHD | 8015M or 8260 | TPHD | 8015M or 524.2/624 (8260) |
| | BTEX | 8260 or 8021 | BTEX | 524.2/624 (8260) or 502.2/602 (8021) |
| Waste, Used, or Unknown Oil | TPHG | 8015M or 8260 | TPHG | 8015M or 524.2/624 (8260) |
| | TPHD | 8015M or 8260 | TPHD | 8015M or 524.2/624 (8260) |
| | O&G | 9070 | O&G | 418.1 |
| | BTEX | 8260 | BTEX | 524.2/624 (8260) |
| | CL HC | 8260 | CL HC | 524.2/624 (8260) |
| | EDB and EDC | 8260 | EDB and EDC | 524.2/624 (8260) |
| | MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and | | 524.2/624 (8260) for water | |
| | METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil water | | | |
| | PCB*, PCP*, PNA, CREOSOTE by 8270 for soil and | | 524/625 (8270) for water | |
| | If found, analyze for dibenzofurans (PCBs) or dioxins (PCP) | | | |

NOTES:

1. 8021 replaces old methods 8020 and 8010
2. 8260 replaces old method 8240
3. Reference: Table B-1 in Appendix B of "Expedited Site Assessment Tools for Underground Storage Tank Sites: A Guide for Regulators" (EPA 510-B-97-001).

David B. Stevens
D.B.A.
R.L. Stevens Company



◆ P.O. Box 361 ◆ San Leandro, CA. 94577 ◆

Phone 510 - 889 - 0908

◆ Fax 510 - 889 - 0179 ◆

Email: RLSCompany@aol.com

Alameda County Health Agency
Department of Environmental Health
1131 Harbor Bay Parkway
Alameda, CA 94502
ATTN.: Robert Weston

Jan. 22, 2003

REF: Alameda County Fire Dept.
20336 San Miquel Ave.
Castro Valley, CA

As requested, and to become part of the permit application for the permanent closure of the existing 1000 gallon underground storage tank in place. The drilling for the soil sample will be completed by Gregg Drilling Service
950 Howle Rd.
Martinez, CA.
Phone # 925-313-5800.

There will be one core drilling near the fill end of the tank to a depth of the excavation. The soil sample will be analyzed per analysis method table 2.

Based on the approval of the sample by The Alameda County Health Agency. If the sample is negative we will proceed to concrete slurry of the tank in place. We will notify the County Agency 48 hours prior to the drilling, and 48 hours prior to the tank slurry.

Hoping this will meet with your approval

R.L. Stevens Co.



Robert L. Stevens

California Home

Tuesday, Febru

**License Detail****CALIFORNIA CONTRACTORS STATE LICEN****Contractor License # 797498****DISCLAIMER**

A license status check provides information taken from the CSLB license data base. Before on this information, you should be aware of the following limitations:

- CSLB complaint disclosure is restricted by law (B&P 7124.6). If this entity is subject to complaint disclosure, an icon will appear below. Click on the icon to obtain additional complaint information.
- Per B&P 7071.17, only construction related civil judgments known to the CSLB are di
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered ont Board's license data base.

Extract Date: **02/04/2003******* Business Information *****

CHRIS FRYE CONTRACTING
8020 STARR ROAD
WINDSOR, CA 95492
Business Phone Number: (707) 837-2809

Entity: **Sole Ownership**
Issue Date: **07/17/2001** Expire Date: **07/31/2003**

***** License Status *****

This license is current and active. **All information below should be reviewed.**

***** Classifications *****

| Class | Description |
|-------|--------------------------------|
| A | GENERAL ENGINEERING CONTRACTOR |

***** Certifications *****

| Cert | Description |
|------|--------------------------------|
| HIC | HOME IMPROVEMENT CERTIFICATION |
| HAZ | HAZARDOUS SUBSTANCES REMOVAL |

***** Bonding Information *****

CONTRACTOR'S BOND: This license filed Contractor's Bond number **6321493** in the am
\$7,500 with the bonding company
SURETY COMPANY OF THE PACIFIC.
Effective Date: **05/07/2001**

***** Workers Compensation Information *****

This license is exempt from having workers compensation insurance; they certified that they
employees at this time.
Effective Date: **07/11/2001** Expire Date: **None**

Personnel List

License Number Request **Contractor Name Request** **Personnel Name Request**
Salesperson Request **Salesperson Name Request**

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C O V E R

FAX

S H E E T

To: *RL Stevens + Mr. Robert Weston*

From: Catherine Frye, Frye Environmental Inc.

Fax #: *(510) 889-0179 + (510) 337-9335*

Subject:

Date: ~~January 14, 2003~~ *Feb 4, 2003*

Pages: , including this cover sheet.

Distribution: None

This contract is valid based on getting permit approved by Alameda County.

Regards,



Catherine Frye

From the desk of...

Catherine Frye
Frye Environmental
8020 Starr Rd
Windsor, CA 95492
707-837-2809

CERTIFICATE HOLDER COPY

STATE P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807
COMPENSATION
INSURANCE

FUND CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

FEBRUARY 11, 2003

GROUP:
POLICY NUMBER: 1628111-2002
CERTIFICATE ID: 9
CERTIFICATE EXPIRES: 04-05-2003
04-05-2002/04-05-2003

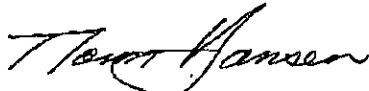
COUNTY OF ALAMEDA ENVIRO HEALTH
DIV OF ENVIRO PROTECTION\ROB WESTON
1131 HARBOR BAY PKWY
ALAMADA CA 94502-6577

This is to certify that we have issued a valid Worker's Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

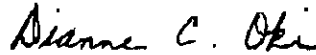
This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions, of such policies



AUTHORIZED REPRESENTATIVE



PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE

EMPLOYER

FRYE ENVIRONMENTAL INC
8020 STARR RD
WINDSOR CA 95492