

Chu, Eva, Public Health, EHS

From: Peter Krasnoff[SMTP:pkrasnoff@w-e-s-t.com]
Sent: August 10, 2000 12:48 PM
To: echu@co.alameda.ca.us
Cc: abarry@desilvagroup.com
Subject: Monarch Airport

eva

Pursuant to our meeting of July 18, 2000, please find the following summary of what I understood from our discussions. I will be forwarding similar summaries on the Children's Hospital and Pacific Galvanizing projects.

Monarch

Based on a review of groundwater data, the Alameda County Department of Environmental Health (ACDEH) is receptive to a proposal for closure of the USTs. The issues to be addressed in the request for closure include the performance of a well survey, an evaluation of potential impacts to the water supply wells, if any, and, if appropriate, closure of water supply well(s) to address potential impacts.

A review of groundwater quality data revealed an increase in benzene in monitoring well MW-2. The ACDEH requested that the closure request report include an evaluation of the historical groundwater elevations versus concentrations to identify if the change in concentration is an artifact of changes in groundwater elevation. Upon completion of these steps, the request should be submitted for closure of the USTs.

Please call me if you have any questions or want to revise this summary.

Thanks,

--
Peter Krasnoff
WEST, Inc.
828 Mission Avenue, 2nd Floor
San Rafael, CA 94901
Direct 415-485-1660
Main 415-460-6770
Fax 415-460-6771
Cellular 415-971-1600
Pager 415-907-8336
Email pkrasnoff@w-e-s-t.com

=====
This message contains information which may be confidential and privileged.
Unless you are the addressee (or authorized to receive for the addressee),
you may not use, copy or disclose to anyone the message or any information
contained in the message. If you have received the message in error,
please
advise the sender by reply e-mail @w-e-s-t.com, and delete the message.
Thank you very much.
=====

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

October 27, 1998

Mr. Ernest Lampkin
11555 Dublin Blvd.
Dublin, CA 94568

RE: Monarch Airport, 8638 Patterson Pass Road, Livermore, CA 94550

Dear Mr. Timmerman:

In a letter dated September 15, 1998 I requested that an original Form B be used to identify the third underground tank that was discovered at the above site during the underground tank removal. As of this date, I have not received this document. Please forward this document to me within 10 days of the receipt of this letter.

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Pete Timmerman, Pacific States Environmental, P.O. Box 11357
Pleasanton, CA 94588

Files

additional UST removed at 8638 Patterson Pass, Livermore
 in Aug 1998 sh# 6526 project 57388

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 type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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: MONARCH PROPERTY

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>550 gallons</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. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input checked="" type="checkbox"/> 6 AVIATION GAS
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
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 type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<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 OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	
	DROPTUBE YES ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

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

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

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL 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 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>Ernest D. Lemplin, Trustee</u>	DATE <u>10/13/98</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. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

FORM B (6-95)

Not previously registered w/ state or ALCO; NO state ID#

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

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

September 15, 1998

Mr. Ernest Lampkin
11555 Dublin Blvd.
Dublin, CA 94568

RE: Monarch Airport, 8638 Patterson Pass Road, Livermore, CA 94550

Dear Mr. Timmerman:

This office has received a copy of Form B for the third underground tank (550 gallon) discovered on-site. **Please send the original Form B to this office for processing.**

If you have any questions, please contact me at (510) 567-6774.

Sincerely,



Larry Seto
Sr. Hazardous Materials Specialist

Cc: Pete Timmerman, Pacific States Environmental, P.O. Box 11357,
Pleasanton, CA 94588
Files



Pacific States

ENVIRONMENTAL CONTRACTORS, INC.

P.O. Box 11357

Pleasanton, California 94588

510/803-4333

FAX 510/803-4334

TO: Alameda County Health Care
Services Agency

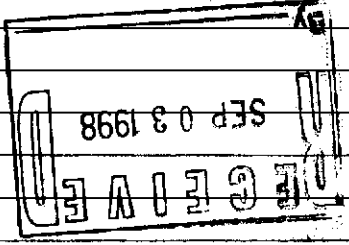
Environmental Health Services

1131 Harbor Bay Parkway, Rm 250

Alameda, CA 94502-6577

Attn.: Lawrence Seto

LETTER OF TRANSMITTAL

DATE	9-2-98	JOB NO.	8010
RE:	MONARCH AIRPORT - LIVERMORE		
			

WE ARE SENDING YOU:

- Attached under separate cover via _____ the following items;
- Prints Mix design Plans Specifications Samples
 Change Order Copy of Letter _____

COPIES	DATE	NO.	DESCRIPTION
1	9-2-98		Underground Storage Tank Permit Application - Form B

THESE ARE TRANSMITTED AS CHECKED BELOW:

- For approval Approved as submitted Sample test results due by _____
 For your use Approved as noted
 As requested Returned for corrections
 For review and comment _____

FOR BIDS DUE _____ 19____ PRINTS RETURNED AFTER LOAN TO US

REMARKS

Please accept as an addendum to Underground Tank Closure Plan submitted on 8/19/98. A third tank (550 gallons) was discovered during excavation activities for tanks included in 8-19-98 application. This Form B will suffice requirements in application.

COPY TO 8010 File

SIGNED:  JASON GRAY

If enclosures are not as noted, kindly notify us at once.

WHITE - RECIPIENT

CANARY - MAIN OFFICE

PINK - JOBSITE

RECEIVED
 SEP 03 1998
 BY

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 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 checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: MONARCH PROPERTY

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>550 gallons</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. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input checked="" type="checkbox"/> 6 AVIATION GAS
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
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 type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
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	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
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	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____	
	DROPTUBE YES ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

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

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

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL 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 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) Ernest D. Lampkin DATE 9/2/98
ERNEST D. LAMPKIN, TRUSTEE

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		

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 ENVIRONMENTAL HEALTH SERVICES
 1131 HARBOR BAY PARKWAY, RM 250
 ALAMEDA, CA 94502-6577
 PHONE # 510/567-6700

Escrow 2/21/98
Note change address in Red.

ACCEPTED

Underground Storage Tank Closure Permit Application
 Alameda County Division of Hazardous Materials
 1131 Harbor Bay Parkway Suite 250
 Alameda, CA 94502-6577

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/destruction.
 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 Inspectors Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
- Sampling
- Final Inspection

Issuance of a permit to operate, by permanent site 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:

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business Monarch Property
 Business Owner or Contact Person (PRINT) Ernest D. Lampkin, Trustee

2. Site Address 8638 Patterson Pass Rd.
 City Livermore Zip 94568 Phone N/A

3. Mailing Address 11555 Dublin Blvd.
 City Dublin Zip 94568 Phone 925-828-7999

4. Property Owner Kathryn DeSilva 1995 Trust and David DeSilva 1995 Trust
 Business Name (if applicable) ERNEST LAMPKIN TRUSTEE
 Address _____
 City, State _____ Zip _____

5. Generator name under which tank will be manifested
Kathryn DeSilva 1995 Trust and David DeSilva 1995 Trust

EPA ID# under which tank will be manifested C A C 0 0 1 4 0 8 7 5 2

6520

6. Contractor Pacific States Env. Contractors, Inc.
 Address P.O. Box 11357
 City Pleasanton Phone 925 803-4333
 License Type A, HAZ ID# 723241
7. Consultant (if applicable) _____
 Address _____
 City, State _____ Phone _____
8. Main Contact Person for Investigation (if applicable)
 Name _____ Title _____
 Company _____
 Phone _____
9. Number of underground tanks being closed with this plan 2
 Length of piping being removed under this plan 20'
 Total number of underground tanks at this facility (**confirmed with owner or operator) 2
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 ECI EPA I.D. No. CAD982030173
 Hauler License No. 1533 License Exp. Date 7-1-99
 Address 255 Parr Blvd.
 City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson Inc. EPA ID# CAD009466392
 Address 255 Parr Blvd.
 City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name ECI EPA I.D. No. CA0982030173
Hauler License No. 1533 License Exp. Date 7-1-99
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson EPA I.D. No. CA0009466392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

11. Sample Collector

Name Pete Timmerman
Company Pacific States Env. Contractors, Inc.
Address P.O. Box 11357
City Pleasanton State CA Zip 94588 Phone 925 803-4333

12. Laboratory

Name Chromalab
Address 1220 Quarry Lane
City Pleasanton State CA Zip 94566
State Certification No. 1094

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

If yes, describe. _____

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

Rinsing and inerting with dry ice

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)		
1000	Argas 1980	Soil	2' below each end of UST & piping
550	Argas 1980	Soil	2' below UST & piping

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) 100 cy	Sampling Plan 4 pt. Composite OR 1 sample per 20cy for reuse

Stockpiled soil must be placed on bermed 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 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.

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
TPH gas <i>aromatic gas</i>	5030	5030	1.0 mg/kg
BTXE <i>MTBE</i>	8020 or 8240	8020 or 8240	0.005 mg/kg
TPH & BTXE	8260	8260	1.0 mg/kg 5.0 mg/kg
Total Lead	AA	AA	

18. Submit Worker's Compensation Certificate copy

Name of Insurer J & H Marsh & McLennan, Inc.

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)

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 Pacific States Env. Contractors, Inc.

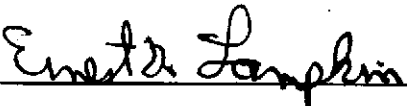
Name of Individual Pete Timmerman

Signature  Date 8/5/98

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Monarch Property

Name of Individual Ernest D. Lamphkin, Trustee

Signature  Date 8/5/98

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and a deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department 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 be submitted 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 high 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;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels 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;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, 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 nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- 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.**

NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4), 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. DEPOSIT

A deposit, payable to "Treasurer of Alameda County" for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, 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 Bay Regional Water Quality Control Board (510/286-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;
- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Detailed description of sampling methods; i.e. backhoe bucket, drive sampler, bailer, bottle(s), sleeves
- e) Description of any remedial measures conducted at the time of tank removal;
- f) 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;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Documentation of the disposal of/and volume and final destination of all non-manifested contaminated soil disposed offsite.

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>	<u>WATER ANALYSIS</u>
Unknown Fuel	TPH G GCFID(5030)	TPH G GCFID(5030)
	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Leaded Gas	TPH G GCFID(5030)	TPH G GCFID(5030)
	BTX&E 8020 OR 8240	BTX&E 602 or 624
	TPH AND BTX&E 8260	TOTAL LEAD AA
	TOTAL LEAD AA	
	-----Optional-----	
	TEL DHS-LUFT	TEL DHS-LUFT
	EDB DHS-AB1803	EDB DHS-AB1803
Unleaded Gas	TPH G GCFID(5030)	TPH G GCFID(5030)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Diesel, Jet Fuel and Kerosene	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Fuel/Heating Oil	TPH D GCFID(3550)	TPH D G C F I D (3 5 1 0)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Chlorinated Solvents	CL HC 8010 or 8240	CL HC 601 or 624
	BTX&E 8020 or 8240	BTX&E 602 or 624
	CL HC AND BTX&E 8260	CL HC AND BTX&E 8260
Non-chlorinated Solvents	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602 or 624
	TPH AND BTX&E 8260	TPH and BTX&E 8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G GCFID(5030)	TPH G GCFID(5030)
	TPH D GCFID(3550)	TPH D GCFID(3510)
	TPH AND BTX&E 8260	
	O & G 5520 D & F	O & G 5520 B & F
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	CL HC 8010 or 8240	CL HC 601 or 624
ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni		
METHOD 8270 FOR SOIL OR WATER TO DETECT:		
PCB*	PCB	
PCP*	PCP	
PNA	PNA	
CREOSOTE	CREOSOTE	

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractable, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydro- carbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chroma- togram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.

SITE INFORMATION:

Site ID Number
(if known)

Name of Site

Street Address

City, State & Zip Code

I designate the following person or business to receive any refund due at the completion of all deposit/refund projects:

Name

Street Address

City, State & Zip Code

Signature of Payor

Date

Name of Payor
(PLEASE PRINT CLEARLY)

Company Name of Payor

RETURN FORM TO:

*County of Alameda, Environmental Protection
1131 Harbor Bay Parkway, Rm 250
Alameda CA 94502-6577
Phone#(510) 567-6700*

J&H MARSH & MCLENNAN, INC.

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER:

57383

PRODUCER

J&H Marsh & McLennan, Inc.
 Three Embarcadero Center
 PO Box 193880
 San Francisco, CA 94119-3880

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A RELIANCE NATIONAL INDEMNITY CO**

COMPANY LETTER **B UNITED PACIFIC INS CO**

COMPANY LETTER **C**

COMPANY LETTER **D**

INSURED

Pacific States
 Environmental Contractors, Inc
 11555 Dublin Boulevard
 P.O. Box 2223
 Dublin, CA 94568

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES LISTED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	NGB172073402	4/01/98	4/01/99	GENERAL AGGREGATE	\$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$ 2000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV INJURY	\$ 1000000
	<input type="checkbox"/> OWNER'S CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 1000000
					FIRE DAMAGE (Any one fire)	\$ 50000
					MED. EXPENSE (Any one person)	\$ 5000
A	AUTOMOBILE LIABILITY	NKA163025302	4/01/98	4/01/99	COMBINED SINGLE LIMIT	\$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
B	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	NWA 0145494-00	4/01/98	4/01/99	STATUTORY LIMITS <input checked="" type="checkbox"/>	
					EACH ACCIDENT	\$ 1000000
					DISEASE - POLICY LIMIT	\$ 1000000
					DISEASE - EACH EMPLOYEE	\$ 1000000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Evidence of Insurance for Proposal Purposes

CERTIFICATE HOLDER

Sample Certificate of Insurance

CANCELLATION

SHOULD ANY OF THE POLICIES LISTED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE ISSUER OF THIS CERTIFICATE.

J&H MARSH & MCLENNAN, INCORPORATED *

BY: *Andrea Ferrin*

MM 1 (8/95)

VALID AS OF: 4/28/98

● KB-1

⊕ MWT-1

● KB-2

● KB-3

⊕ MWT-2

USTs (Zone of Buried Metal)

Vent Pipes

Fuel Pump

⊕ MWT-3

Existing Structure

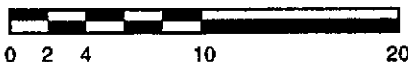
● KB-4

● KB-5

LEGEND

- KB-5 ● Soil Boring
- KB-4 ● Hydropunch Boring
- MWT-3 ⊕ Monitoring Well

APPROXIMATE SCALE IN FEET: 1" = 10'



Drawn By: M. Bussanich
Project No. 23-482965-ESA

Date: 4-14-97
Filename: 1105A

BORING LOCATION MAP

LIVERMORE PROPERTY
8638 PATTERSON PASS ROAD
LIVERMORE, CALIFORNIA

PLATE

2

KA KLEINFELDER

RECORD OF WATER LEVEL MEASUREMENTS

Date: 3-26-97 Weather: Sunny, Light Breeze $\approx 76^{\circ}F$ Sheet 1 of 1
 Project: Livermore Property Submitted By: Stephen Quayle Date: 3-26-97
 Project No.: 23-4829-651 Reviewed By: _____ Date: _____
 Instrument Number: 11928 ^{ESA}

Well Number	Time (24-hr)	Sensitivity Setting (est. %)	Measuring Point (M.P.)	Measurement 1	Replicate Measurements (if requested)		Notes	(locked?)
					2	3		
MWT-1	1015	100	TOC	31.71			5.0 ppm on PID	Y
MWT-2	1016			31.22			23 ppm on PID	Y
MWT-3	1017			29.78			8 ppm on PID	Y
MW-1 (w/holder)	1040	↓	↓	42.82				Y

M.P.: TOC, GS, Cover ring, Other:

All Wells Locked - YES NO

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A
COMPLETE THIS FORM FOR EACH FACILITY/SITE



MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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>Monarch Property</i>		NAME OF OPERATOR		
ADDRESS <i>8638 Patterson Pass Rd.</i>		NEAREST CROSS STREET <i>Greenville</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Livermore</i>		STATE <i>CA</i>	ZIP CODE <i>94550</i>	SITE PHONE # WITH AREA CODE <i>N/A</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input 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		IF INDIAN RESERVATION OR TRUST LANDS		E. P. A. I. D. # (optional)
<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>2</i>

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Ernest Lamkin</i>	PHONE # WITH AREA CODE <i>925-828-7999</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>same</i>	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>KATHRYN DE SILVA 1995 TRUST AND DAVID DESIVA 1995 TRUST</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>11555 Dublin Blvd.</i>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <i>Dublin</i>		STATE <i>CA</i>	ZIP CODE <i>94568</i>	PHONE # WITH AREA CODE <i>925-828-7999</i>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>same</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME		STATE	ZIP CODE	PHONE # WITH AREA CODE

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 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 checked="" type="checkbox"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER		<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT		<input type="checkbox"/> 10 LOCAL GOV'T. MECHANISM		<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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <i>Ernest D. Lamkin</i>	TANK OWNER'S TITLE <i>TRUSTEE</i>	DATE MONTH/DAY/YEAR <i>7/20/98</i>
--	--------------------------------------	---------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="text" value=""/> <input type="text" value=""/>	JURISDICTION # <input type="text" value=""/> <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=""/> <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

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 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 checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Monarch Property

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>550 gallons</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. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED
			<input type="checkbox"/> 2 LEADED

3 DIESEL 6 AVIATION GAS
4 GASAHOL 7 METHANOL
5 JET FUEL 8 M85
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 type="checkbox"/> 5 INTERNAL BLADDER SYSTEM
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input checked="" type="checkbox"/> 95 UNKNOWN

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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN

C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYO LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. EXTERIOR 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

E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
DROPTUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

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

A. SYSTEM TYPE	A <u>(A)</u> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY
	A U 4 FLEXIBLE PIPING	A U 99 OTHER	

B. CONSTRUCTION	A <u>(A)</u> 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH
	A U 95 UNKNOWN	A U 99 OTHER	

C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 4 FIBERGLASS PIPE
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 8 100% METHANOL COMPATIBLE W/FRP
			A <u>(A)</u> 95 UNKNOWN

D. LEAK DETECTION 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER _____

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING

95 UNKNOWN 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>Ernest D. Lanekin Ernest D. Lanekin, Trustee</u>	DATE <u>7/20/98</u>
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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. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. 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 B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input 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 checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Monarch Property

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>1000 gallons</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. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 1b PREMIUM UNLEADED
			<input type="checkbox"/> 1c MIDGRADE UNLEADED
			<input type="checkbox"/> 2 LEADED
			<input type="checkbox"/> 5 JET FUEL
			<input checked="" type="checkbox"/> 6 AVIATION GAS
			<input type="checkbox"/> 7 METHANOL
			<input type="checkbox"/> 8 M85
			<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 type="checkbox"/> 5 INTERNAL BLADDER SYSTEM
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input checked="" type="checkbox"/> 95 UNKNOWN
			<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 OR COATING	<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. EXTERIOR 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, etc. SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
DROPTUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

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

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

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL 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 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>ERNEST D. LAMPKIN Ernest D. Lampkin Trustee</u>	DATE <u>7/20/98</u>
--	---------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

**PACIFIC STATES
ENVIRONMENTAL CONTRACTORS, INC.**

HEALTH AND SAFETY PLAN

**UNDERGROUND STORAGE TANK REMOVAL
FORMER HUMMINGBIRD HAVEN GLIDER AIRPORT
LIVERMORE, CA**

Prepared for

**Kathryn DeSilva 1995 Trust and David DeSilva 1995 Trust
Ernest D. Lampkin, Trustee
11555 Dublin Blvd.
Dublin, CA 94568**

Project No. 8010

08/05/98

**Pacific States Environmental Contractors, Inc.
Post Office Box 11357
Pleasanton, California 94588
(925) 803-4333**

1.0 INTRODUCTION

This Health and Safety Plan (HASP) is for the use of Pacific States Environmental Contractors, Inc. (PSEC) employees, subcontractors, and responsible parties for activities involved with the Underground Storage Tank (UST) Removal at the Former Hummingbird Haven Glider Airport in Livermore, California.

This document is an extension of the PSEC's Injury and Illness Prevention Plan (IIPP) and Code of Safe Practices, which are attached. The IIPP describes the policies and procedures for general site safety, employee's training program, accident investigation and reporting, and recordkeeping requirements, as specified under various sections of Title 8, California Code of Regulations (CCR), Chapter 4, Subchapter 4 Construction Safety Orders, and Chapter 7, General Industry Safety Orders.

The purpose of this HASP is to describe the policies and procedures to be employed by PSEC and all its subcontractors to ensure that employees and the surrounding community are protected against exposure to toxic chemicals and other health and safety hazards that could occur during the UST removal.

This HASP provides contingencies to minimize personnel exposure to toxic chemicals identified as well as other hazards at the UST removal site. The workers protection program described in the HASP must be observed by everyone working at the site. Medical surveillance, personal protection, and hazardous waste training requirements in accordance with 8 CCR 5192 shall be met by all personnel working at the project site.

2.0 SITE DESCRIPTION

2.1 Site Location

The site is located at 8638 Patterson Pass Road, at the intersection of Patterson Pass Road and Greenville Road in the city of Livermore, California. The site is bordered to the south by Patterson Pass Road, to the west by North Greenville Road, and to the northwest by vacant pasture land. The eastern and northern borders are Section boundaries. Lawrence Livermore National Laboratory (LLNL) is located across Greenville Road to the southwest.

2.2 Site History

The site has historically been used as a glider airport. Two USTs are located on site. A possible third UST may be present. The size of the USTs is unknown but are thought to be approximately 1,000 gallons each. Labeling of the tank fills indicate the USTs contained aviation gasoline at some point. A recent inspection indicated the tanks were free of residual liquids or solids.

The site slopes slightly to the west. The site, which is generally undeveloped, is predominantly used as grazing land and contains a farm house with attendant facilities located at the northeast corner.

3.0 KEY PERSONNEL AND RESPONSIBILITIES

All personnel working at the project site are responsible for project safety. The operational and health and safety responsibilities of pertinent PSEC personnel are as follows:

3.1 Site Safety Officer

Peter Timmerman, PSEC, will be the Site Safety Officer (SSO). Mr. Timmerman has the responsibility and authority to develop and implement the health and safety plan and verify compliance, including implementation of air monitoring.

The SSO is responsible for the following:

- Enforcing the guidelines, rules and procedures in this document for all site work
- Being familiar with local emergency services
- Conducting safety and health meetings before work start-up and as needed thereafter for specific tasks
- Maintaining and inspecting personal protective equipment (PPE), monitoring onsite hazards, and monitoring the physical condition of the site personnel
- Verifying the managers and supervisors are trained in workplace safety and are familiar with the safety and health hazards to which employees under their immediate direction or control may be exposed
- Maintaining compliance with applicable federal, state and local regulations, and requirements of this HASP
- Verifying that employees are trained in accordance with this program
- Inspecting the workplace daily to better anticipate, recognize, evaluate and control workplace hazards on a continuing basis
- Developing methods for abating workplace hazards and checking that workplace hazards are abated in a timely and effective manner

3.2 Employee Safety Responsibility

Although the employer is responsible for providing a safe and healthful workplace, each employee is responsible for his/her own safety, as well as the safety of those around him/her. The employee shall use all equipment in a safe and responsible manner, and as directed by supervisory personnel.

3.3 Logs, Reports and Recordkeeping

Recordkeeping is a crucial component of any effective health and safety program. Site safety records shall therefore be updated daily. The following logs, reports and records shall be maintained on site:

- Site safety meetings
- Employee training records - site specific and visitors
- Daily safety inspection logs
- HASP signature page
- Employee and visitor sign-in sheets
- Ambient and personal air monitoring results

- OSHA 200 log

3.4 Site Safety Meetings

3.4.1 Tailgate Safety Meetings

The SSO will conduct a tailgate safety meeting prior to initiation of field activities and (1) whenever risks or hazards change, (2) whenever new personnel arrive, and (3) when site operations warrant indoctrination and training. Where procedural deficiencies are identified, additional safety meetings will be conducted to address the situation. The following should be addressed during the meetings:

- Review of planned activities and work tasks
- Hazards suspected
- Contaminant/hazard monitoring and associated action levels
- PPE required
- Communication methods
- Site personnel and responsibilities
- Decontamination procedures
- Emergency procedures

4.0 TRAINING

All employees working onsite near contaminated soils who may be exposed to hazardous substances, health hazards or safety hazards, and their supervisors and management responsible for the site shall receive training meeting the requirements of this section before they are permitted to engage in hazardous waste operation that could expose them to hazardous substances, safety, or health hazards. They shall receive annual refresher training as specified in this section.

Employees shall not be permitted to participate in or supervise field activities until they have been trained to a level required by their job function and responsibility.

4.1 Hazardous Waste Site Training

Specific training requirements for personnel, including subcontractors conducting field activities are divided into the following training categories:

- Regular Site Personnel Exposed to Hazardous Substances (such as equipment operators, general laborers, and supervisory personnel)
- Occasional Site Personnel Potentially Exposed to Hazardous Substances Below Permissible Exposure Limits (such as groundwater monitors, land surveyors, and geophysical surveyors)
- On-site management and supervisors

4.1.1 Regular Site Personnel Exposed to Hazardous Substances

Site personnel whose job responsibilities cause them to be exposed to or to have the potential to be exposed to hazardous substances or health hazards are required to comply with 8 CCR 5192(e)(3)(A). This regulation requires site personnel exposed to hazardous substances to complete 40 hours of offsite instruction and three days of field experience supervised by a trained supervisor.

The field activities for this scope of work require all site workers to be 40-hour HAZWOPER trained.

4.1.2 Occasional Site Personnel Potentially Exposed to Hazardous Substances Below Permissible Exposure Limits

Occasional site personnel who visit the site for a specific task and whose exposure is designated by the SSO to be under the PELs are required to comply with 8 CCR 5192(e)(3)(B) or applicable state regulations. This regulation requires that these personnel receive a minimum of 24 hours of offsite instruction and one day of field experience supervised by a trained supervisor.

In accordance with 8 CCR 5192(e)(3)(B), regular (as defined in Section 4.1.1 above) and occasional site personnel having completed an initial 24-hour classroom instruction must complete an additional 16 hours of offsite instruction and two days of field experience supervised by a trained supervisor before they are qualified to engage in activities that may expose them to hazardous substances above PELs.

4.1.3 Management and Supervisory Training

In accordance with 8 CCR 5192(e)(4), individuals who manage or supervise personnel engaged in hazardous waste operations at the site must receive 40 hours of offsite instruction and three days of field experience supervised by a trained supervisor. In addition, management and supervisory personnel shall receive an additional 8 hours of specialized training that addresses the safety and health program, training requirements, personal protective and respiratory equipment program, health hazard monitoring procedures, accident investigation, and emergency response procedures.

5.0 DESCRIPTION OF WORK

Under the direction of the Alameda County Environmental Health Department, the Alameda County Fire Department and BAAQMD PSEC will excavate, rinse and remove the USTs.

5.1 Description of Work Tasks

The major components of proposed work will consist of the following tasks:

- Removal of tank contents, rinsing, collecting LEL/oxygen readings, inerting
- Excavation
- Tank removal
- Tank loading, manifesting and transportation
- Soil sampling
- Securing open excavations

6.0 TASK-SPECIFIC SAFETY AND HEALTH RISK ANALYSIS

6.1 Chemical Hazards

Bodily injury can result if people onsite are exposed to chemicals at concentrations above recommended exposure limits. Toxic chemicals can enter the body through injection, ingestion, eye and skin absorption, and inhalation.

6.1.1 Injection

Injection or skin punctures with sharp or pointed objects represent a hazardous route of exposure because some form of tissue damage (and the likelihood for infection) is combined with direct transport into the body. Injection through broken glass, needles, or work-related tools can be avoided by following approved safety procedures and wearing appropriate PPE.

6.1.2 Ingestion

Exposure by ingestion involves the oral intake of hazardous substances. Foods, liquids, and tobacco products can become contaminated. Workers may ingest materials unintentionally after contact with the hazardous material prior to thoroughly washing their hands. No food, gum, or tobacco products are allowed in any work area at any time. Workers may also unintentionally contaminate their families by bringing hazardous substances home with them on their bodies, clothes or vehicles. This route of exposure can be minimized if workers practice adequate personal hygiene by washing thoroughly prior to leaving the work site.

6.1.3 Eye and Skin Absorption

The skin is the largest organ in the body. It comprises about 2,880 square inches (19 square feet) of surface area and approximately 15% of total body weight. Skin is a tough flexible cover and is the first body barrier to come into contact with a wide variety of industrial hazards. Chemical hazards can cause physical injury to the skin (e.g., chemical burns and dermatitis). The skin may also act as a vehicle of transport for some chemicals through long-term and sometimes brief dermal contact. Similarly, the sensitive eye tissues and mucus membranes, with their inherent high moisture content, may act as a "chemical sponge" that absorbs hazardous substances causing tissue damage or provides a mode of transport into the body.

Adverse effects of eye and skin absorption of hazardous substances depend on the specific contaminant present and may include local tissue damage, dermatitis, or systemic effects such as liver, kidney, or central nervous system (CNS) effects. Some chemicals such as formaldehyde act as sensitizing agents that produce little effect upon first exposure, but exhibit extreme effects (such as heightened allergic reactions) upon subsequent exposures.

Adverse reactions to chemical contact with skin or eyes can be avoided if workers wear appropriately selected and used PPE, such as disposable coveralls, safety glasses/chemical goggles, gloves, and chemical-resistant boots.

6.1.4 Inhalation

Many foreign materials may be inhaled into the respiratory system, which, generally speaking, comprises numerous nasal and lung tissues.

The respiratory system presents a quick and direct avenue of entry for toxic materials into the body because of its intimate association with the circulatory system and the consistent need to oxygenate human tissue cells. Anything affecting the respiratory system also affects the entire human organism, whether the inhaled material is contaminated air such as toxic gas, dust, or an irritant, or whether insufficient oxygen is inhaled

Inhaled contaminants that adversely affect the body fall into three general categories:

1. Aerosols and dusts, which, when deposited in the lungs, may produce either acute or chronic tissue damage, tissue reaction, adverse health, disease, or physical destruction.
2. Toxic gases producing adverse reactions in the lung tissues
3. Toxic aerosols or gases that do not affect the lung tissue but pass from the lung into the bloodstream and adversely affect the oxygen-carrying capacity of the blood.

Individual susceptibility to inhalation hazards in the occupational setting varies according to factors that include rate of lung clearance, effects due to cigarette smoking, any existing pulmonary disease, and genetic factors.

Inhalation hazards can be successfully avoided by using the appropriate National Institute of Occupational Safety and Health (NIOSH)/Mine Safety and Health Administration (MSHA)-approved respirators when necessary and by eliminating downwind work stations whenever possible.

6.1.5 Chemical Hazards

Aviation gasoline is a clear blue-green liquid with a characteristic odor. It is a highly volatile chemical (vapor pressure = 5.5 - 7.0 psi @ 100°C) which could possibly be present in soils in predominantly the liquid form.

Aviation gasoline can enter the body through all three routes of exposure. Target organs are the respiratory system, heart, liver, kidneys, CNS and skin. Acute exposure effects include stinging, tearing and redness of the eyes, redness, drying and cracking of the skin, headache, drowsiness, dizziness, loss of coordination, and fatigue.

This material is a possible skin cancer hazard based on repeated long-term skin application of similar petroleum hydrocarbons in laboratory animals. It contains benzene which has identified as a California Proposition 65 carcinogen.

During the removal work, a potential for exposure to liquids and vapors from aviation gasoline potentially present in soil exists. However, it is likely the concentrations of this contaminant is such that the airborne concentrations will not exceed PELs or TLVs. A photoionizing detector (PID) will be used to monitor the onsite activities. Fitted respiratory protective devices with organic vapor cartridges shall be available to workers in the event respiratory protection is needed. *(PID ≥ 50 ppm (per L. Timmerman))*

Ingestion of contaminants will be controlled by prohibiting eating, drinking, smoking and chewing in the work area. Adsorption of contaminants will be controlled by requiring workers to wear long sleeved uniforms, chemically protective gloves and safety glasses.

6.2 Safety Hazards

Site features, conditions, and activities that are potential safety hazards include:

- Excavations, trenches, holes or ditches
- Slip, trip and fall hazards
- Contact with sharp or jagged objects
- Contact with blunt or immovable objects
- Electrical hazards
- Equipment and machinery hazards
- Unstable surfaces, objects or structures, which may fall or give way

Other safety hazards can be caused by the work itself. For example, protective clothing or equipment may impair a worker's agility, hearing, and vision, increasing the risk of an accident. A copy of PSEC's Injury and Illness Prevention Program (IIPP), which addresses these items, is attached.

6.2.1 Heavy Equipment and Traffic

The use of heavy equipment onsite presents the greatest potential for injury to personnel. To minimize these hazards, designated routes will be established for mobilization through the facility and specific traffic patterns will be established. All trucks will use spotters for backing procedures. All personnel working along roadsides are required to wear orange safety vests.

Personnel needing to approach heavy equipment during operation will observe the following protocols:

1. Make eye contact with the operator
2. Signal the operator to cease heavy equipment activity
3. Approach the equipment and inform the operator of intentions

Only qualified personnel, as determined by the Site Superintendent, will operate heavy equipment. Those crew members directly involved with spotting for the operator will be the only personnel allowed within the operating radius of the heavy equipment. All other personnel will remain a safe distance away from these operations. Vehicles will yield to all bikes, pedestrians, and railroad crossings.

Only equipment that is in safe working order will be used. To maintain this policy, all equipment brought onto the project site will be inspected for structural integrity, smooth operational performance, and proper functioning of all critical safety devices in accordance with the manufacturer's specifications. This inspection will be performed by a qualified equipment operator and the SSO. Equipment not conforming to the operational and safety requirements during this inspection will not be put into service until all necessary repairs are made to the satisfaction of the inspection group. Only quality operators familiar with the equipment will be permitted to operate equipment.

6.2.2 Electrical Hazards

To prevent accidents caused by electrical shock, the SSO will inspect all electrical connections on a daily basis. The SSO will shut down and lock out any equipment found to have frayed wiring or loose connections until a qualified electrician can be contacted and repairs effected. Electrical equipment will be de-energized and tested by an electrician prior to any electrical work being effected. All equipment will be properly grounded prior to and during all work. USA will be notified at least two working days prior to excavation in any area.

6.3 Physical Hazards

Physical hazards involve the potential for injury or adverse health from physical agents such as:

- Noise
- Heat stress
- Vibration
- Explosion and fire

6.3.1 Noise

PSEC's Hearing Conservation Program is attached.

6.3.2 Heat Stress

Heat Stress may be caused by factors that include combinations of elevated ambient temperatures, relative humidity, radiant heat, and wearing of PPE. The effects of heat stress are heat rash, cramps, exhaustion, and in extreme cases, heat stroke. Field personnel will be trained to recognize heat stress symptoms. Cool water or fluids will be readily available to the employees, who will be encouraged to drink frequently during each break. Use of shade canopies and work scheduled at non-peak temperature periods of the day shall be maximized. In situations where heat stress may impact worker safety and health, work/rest regimens will be established in accordance with the American Conference of Governmental Industrial Hygienists (ACGIH).

6.3.3 Vibration

Control of vibration hazards, such as those generated by the operation of power or air tools/equipment, will be achieved through the compliance with tool/equipment manufacturer's use specifications.

If determined necessary by the SSO, exposures to excessive vibration hazards will be evaluated in accordance with the guidelines published in the most current issue of the American Conference of Governmental Industrial Hygienists Handbook (ACGIH, 1994-1995).

6.3.4 Explosion and Fire

Explosions and fire at hazardous sites can be caused by situations and/or events, such as:

- Chemical reactions that produce explosion, fire, or heat
- Ignition of explosive or flammable chemicals
- Ignition of materials due to oxygen enrichment
- Agitation of shock- or friction sensitive compounds
- Sudden release of materials under pressure
- Explosion due to ignition of combustible airborne dusts

The potential for fire or explosion exists wherever flammable liquids or vapors are present above LEL concentrations and sufficient oxygen is present to support combustion. This potential fire hazard is addressed below.

Aviation gasoline is extremely flammable and may be ignited by heat, sparks, flame or other sources of ignition (e.g., static electricity, pilot lights, mechanical/electrical equipment). Vapors may travel considerable distances to a source of ignition where they may ignite, flashback or explode. Vapors are heavier than air and may accumulate in low areas.

During the work on the tank, electrical systems, etc., all sources of ignition, electrical power tools, smoking, etc., will be confined to at least 25 feet from and flammable liquid or vapor.

7.0 PERSONAL PROTECTIVE EQUIPMENT

Careful selection and use of adequate personal protective equipment (PPE) will prevent contact with and minimize worker exposure to site contaminants. Use of PPE will vary according to the nature of contamination present in the area.

All site personnel involved in excavation, UST contents removal, inerting, dewatering, site characterization, and truck loading activities will be provided with and required to wear the PPE listed below under Modified Level -D protection:

- Disposable coveralls
- nitrile gloves
- sturdy construction boots and gloves
- hard hat
- safety glasses

Level-C protection may also be required depending on the results of the organic vapor monitoring. Upgrading to Level-C would include a half-face air purifying respirator with organic vapor cartridges.

8.0 EMERGENCY RESPONSE PLAN

8.1 Pre-Emergency Planning

The SSO performs the applicable pre-emergency planning tasks before commencing field activities and coordinates emergency response with the facility and local emergency services as appropriate.

- Locate nearest telephone to the site and inspect onsite communications
- Locate chemical and safety hazards
- Confirm and post emergency telephone numbers and route to the hospitals
- Post site map marked with location of emergency equipment and supplies
- Inventory and check site emergency equipment and supplies
- Review emergency procedures for personnel injuries, exposure, fire, explosion, chemical, and possible vapor releases with field personnel
- Locate site emergency equipment and supplies of clean water
- Verify local emergency contact, hospital routes, evacuation routes, and assembly points
- Post a map to the nearest hospital

8.2 Identification of Nearest Medical Assistance

where is map?

Name of Facility:	Valley Memorial Hospital
Telephone Number:	(925) 447-7000
Address:	1111 East Stanley Blvd., Livermore

8.3 Emergency Contacts

Fire Control	911
Police	911
Ambulance	911
Poison Control Hotline	(415) 656-2845



Pacific States
ENVIRONMENTAL CONTRACTORS, INC.

Post Office Box 11357
Pleasanton, CA 94588
Tel 925/803-4333
Fax 925/803-4334

4 4

FAX TRANSMITTAL SHEET

DATE: 8/12/98 TIME: 11:30 A

TO: Eva Chu FAX# 510-337-9335

COMPANY Ala. Co. Env. Health

FROM: Pete Timmerman # of Pages 2

Pages: 888-945-1731, 207-9651 mobil

REMARKS: Contractor's license + H+ Safe Training updates
are needed

8/31 @ 3:15 PM Cybil@803-4333 gave me Pete's pager and mobil #

NOTE: THE INFORMATION CONTAINED IS INTENDED FOR ADDRESSEE ONLY.
PLEASE CALL IF YOU ARE MISSING ANY PAGES. THANK YOU.

MICHAEL WILLCOXON, ESQ.
ATTORNEY-AT-LAW

11555 DUBLIN BLVD., SUITE 201
DUBLIN, CALIFORNIA 94568

TELEPHONE
(510) 803-4277

TELECOPIER
(510) 803-4270

July 24, 1997

TO: Eva Chu
Hazardous Materials Specialist
Div. of Environmental Protection
Dept. of Environmental Health
1131 Harbor Bay Parkway
2nd Floor
Alameda, CA 94502

SUBJECT: 8638 Patterson Pass Road (at Greenville Road)
Livermore, California

ENCLOSURES: One (1) original Kleinfelder Addendum/Soil
& Groundwater Assessment Report

REQUESTED ACTION: For your review and comments. If you have any questions or
wish to discuss this matter further, please let me know. Thank
you for your continued courtesy and cooperation.

VERY TRULY YOURS,



Michael Willcoxon, Esq.

DENNIS B. SCHMUCKER, RECEIVER

1010 SECOND AVENUE, SUITE 1421

SAN DIEGO, CA 92101-4905

(619) 235-3050 FAX (619) 232-1446

ENVIRONMENTAL
PROTECTION

97 JUL 21 AM 9:32

July 18, 1997

(Via UPS Monday Morning Delivery)

Ms. Eva Chu
Alameda County Health Agency
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

Dear Ms. Chu,

Enclosed please find a copy of the Preliminary Environmental Survey Report dated February 15, 1989 for Monarch Industrial Park, Ltd.

If you have any questions or if I can be of any further assistance, please do not hesitate to contact me.

Sincerely,



Jeffrey L. Piper
Consultant

JLP:as

Enclosures

FACSIMILE TRANSMISSION

To: Eva Chu

Fax Number: (510) 337-9335

From: Stephanie Powell

Date: July 9, 1997

Subject: Meeting on July 16, 1997

Project Number: _____

Number of pages (including this cover sheet): 1

Original to follow by mail: _____ Yes _____ No

Remarks:

Dear Ms. Chu:

This fax is to confirm the meeting scheduled for 10 am at your office on Wednesday July 16, 1997. It is anticipated that a total of six persons will be attending the meeting. You should receive via Federal Express tomorrow, Thursday, three copies of the Closure Plan, which is provided as an appendix to the workplan prepared by HLA. You will also receive a check for \$1,245 as the fee payment for the removal of the USTs. The intent of the meeting is not to receive approval of the closure plan and authorization to proceed with the removal of the USTs, but it is to present you with our approach to the removal of three USTs and closure of any contaminated soils and/or groundwater. Integral to our approach is a risk assessment. If you could please review the workplan and the closure plan prior to the meeting so that you will be informed on our approach and be able to aid us in understanding the acceptability of this type of approach with your agency. We look forward to the meeting on Wednesday and appreciate your time and assistance. Please feel free to give me a call if you have any questions.

Additionally, I wanted to verify the directions to your office:

From Oakland Airport
Turn left on Doolittle
Go approximately 1 to 2 miles
Turn left on Harbor Bay Parkway
Go approximately 1 mile
Turn right on C Street
Go to the back
The address of the office is 1131 Harbor Bay Parkway, Alameda, CA 94502

Thank you,

Stephanie Powell

Andrew Ketter, HLA

cc: Steve Jones, Jones, Day, Reavis & Pogue
Larry Casey, David Schmucker's Office



Harding Lawson Associates
Engineering and Environmental Services
30 Corporate Park, Suite 400
Irvine, CA 92606 — (714) 260-1800

**The
DeSilva
Group**

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