

Alameda County CUPA Program
Contaminated Site Case Transfer Form

Referral To:

Date	June 17, 2004
Agency	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502
Attention	Donna L. Drogos, LOP/SLIC Program Manager

Site Information:

Site Responsible Party(s)	East Bay Municipal Utilities District
Site Name	South Area Service Center
Site Address	589 E. Lewelling Boulevard
Site Phone	n/a
Site Contractor/Consultant (if available)	Gettler Ryan
Site DBA	vacant lot

Site Conditions:

UDC UPGRADE PROJECT

UST	
USTs removed? # removed: _____ Date removed: _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Contents (circle): gasoline <u>diesel</u> waste oil heating oil solvents kerosene stoddard solvent other (specify) _____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Observations of system (holes, leaks)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Observed contamination (free product, smell, soil/water discoloration)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? <input checked="" type="checkbox"/> Highest Concentration Detected in Soil Contaminant (specify) <u>diesel</u> Concentration <u>1,400 ppm</u> <input type="checkbox"/> Highest Concentration Detected in Water Contaminant (specify) <u>NA</u> Concentration _____ ppb	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Unauthorized Release Form filed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Future intended use if known? Specify _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NON-UST	
Former industrial use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm o Highest Concentration Detected in Water Contaminant (specify) _____ Concentration _____ ppb	Yes <input type="checkbox"/> No <input type="checkbox"/>
Future intended use if known? Specify _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If available, attach pertinent reports</i>	

Transferred as: LOP SLIC

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

Transfer requested by Inspector: Robert Weston *[Signature]* Date: June 17, 2004

Transfer accepted by (ACEH): *[Signature]* Date: 08/13/04

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 06/14/04		CASE # 04-3086		SIGNED: _____ DATE: 6/13/04		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT SUSAN SUZUKI		PHONE (510) 287-0327		SIGNATURE Susan Suzuki	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME EAST BAY MUNICIPAL UTILITY DISTRICT (EBMUD)			
	ADDRESS 375 11th STREET OAKLAND CA 94607					
RESPONSIBLE PARTY	NAME EBMUD <input type="checkbox"/> UNKNOWN		CONTACT PERSON SUSAN SUZUKI		PHONE (510) 287-0327	
	ADDRESS 375 11th STREET OAKLAND CA 94607					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) EBMUD South Area Service Center		OPERATOR ROB DENMAN		PHONE (510) 287-0837	
	ADDRESS 589 E. Levee Boulevard		San Lorenzo		ALAMEDA 94580	
	CROSS STREET WICKMAN COURT					
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME ALAMEDA COUNTY HEALTH AGENCY		CONTACT PERSON ROBERT WESTON		PHONE (510) 567-6781	
	REGIONAL BOARD SAN FRANCISCO REGIONAL WATER QUALITY CONTROL BOARD		PHONE ()			
SUBSTANCES INVOLVED	(1) NAME DIESEL		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN			
	(2)		<input type="checkbox"/> UNKNOWN			
DISCOVERY/ABATEMENT	DATE DISCOVERED 05/05/04		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 UNDER DISPENSER INSTALLATION			
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? OVER EXCAVATED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 05/11/04					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CASE TYPE CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" 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 checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)					
COMMENTS						
	JUN 17 2004 ENVIRONMENTAL HEALTH					

INSTRUCTIONS

EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

IMPLEMENTING AGENCIES

Enter names of the Local agency and Regional Water Quality Control Board involved.

SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - no action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.
Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.
Preliminary Site Assessment Underway - implementation of workplan.
Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.
Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.
Cleanup Underway - implementation of remediation plan.
Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.
Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

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REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.
Containment Barrier - install vertical dike to block horizontal movement of contaminant.
Excavate and Dispose - remove contaminated soil and dispose in approved site.
Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).
Remove Free Product - remove floating product from water table.
Pump and Treat Groundwater - generally employed to remove dissolved contaminants.
Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.
Replace Supply - provide alternative water supply to affected parties.
Treatment at Hookup - install water treatment devices at each dwelling or other place of use.
Vacuum Extract - use pumps or blowers to draw air through soil.
Vent Soil - bore holes in soil to allow volatilization of contaminants.
No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
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3. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
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**EBMUD
589 LEWELLING BLVD., SAN LORENZO
MAY 10, 2004 UDC INSTALL, DIESEL
DISPENSER SOIL EXCAVATION**



**EBMUD
589 LEWELLING BLVD., SAN LORENZO
MAY 11, 2004 DIESEL UDC
OVEREXCAVATION
FOR SOURCE REMOVAL**

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

202735

December 24, 2001

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

Cynthia Adkisson
Regulatory Compliance Specialist
East Bay Municipal Utility District
P. O. Box 24055, MS 704
Oakland, California 94623-1055

Re: Inspection of underground storage tanks, East Bay Municipal Utility District,
South Area Service Center, 589 East Lewelling Boulevard, San Lorenzo CA
94580

Dear Ms. Adkisson:

A regulatory compliance inspection was performed at the subject facility on December 20, 2001. A technician from Gettler-Ryan Company facilitated the inspection. The purpose of the inspection was to determine compliance with conditions of the facility underground storage tank (UST) operating permit, as well as provisions of Title 23, California Code of Regulations (CCR) and California Health and Safety Code (HSC) Chapter 6.7.

The following is a summary of non-compliant and other conditions noted at the time of the inspection:

- The overfill alarm sensor for the used oil tank cannot be located to test or demonstrate the function. Make the sensor available for testing and demonstrate that the monitoring system is properly functioning as described in the monitoring plan.
- The monitoring panel, Gilbarco EMS, power-on lamp and warning lamp are burned out. All bulbs are required to function.
- The used oil fill is required to have a secure closure when not in use. There was no such closure available. Supply the correct size for the opening and use it to exclude any other wastes from the tank.
- The electronic monitoring system is supposed to be connected to an off-site call system through a modem. However, upon examination it was determined that the connector to the monitoring system was disconnected. Since the off-site notification is a back up for off-hours when the facility is unstaffed, someone is required to be responsible for recording the alarms and taking corrective actions. Provide documentation that the off-site notification is again functional.

East Bay Municipal Utility District
South Area Service Center
589 East Lewelling Boulevard
Page 2 of 2

At this time, you are required to correct the tank system operation and maintenance issues identified in this inspection report, namely:

- Correct the operation and maintenance problems identified during the December 20, 2001 inspection.


Pursuant to HSC Sec. 25288(d), you are required to submit a *Plan of Correction* **within 60 days**. This plan shall indicate the tasks to be completed, or those that have been completed already, and the schedule for doing so.

Your letter dated November 30, 2000 makes note of corrective actions planned to correct problems found during the September 18, 2000 inspection. However, this office has no record of that work ever being conducted. **Please forward your responses and certification to the September 18, 2000 inspection prior to the deadline for the current noncompliance's.** A copy of my letter detailing the deficiencies is enclosed.

You must certify, once all the necessary repairs and other tasks have been completed, that the tank system is in full compliance with HSC Chapter 6.7 and UST regulations. We recommend that you call for a follow-up inspection if necessary.

Please contact me at (510) 567-6781 should you have any questions about the content of this letter.

Sincerely,



Robert Weston
Sr. Hazardous Materials Specialist

c: Susan Hugo, ACDEH



January 9, 1996

Richard Dreyer, Facility Manager
EBMUD South Area Service Yard
589 East Lewelling
San Lorenzo, CA 94580

DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6777

STID 4084

WARNING NOTICE

Subject: Storm water pollution violations observed on November 30, 1995 at EBMUD South Area Service Yard, 589 East Lewelling, San Lorenzo, CA 94580 .

Reference: Storm Water inspection on June 16, 1995.

Dear Mr. Dreyer:

On November 30, 1995 I made a follow up inspection of the subject site with you and Ms. Cynthia Adkisson, EBMUD Environmental Compliance Specialist. Violations noted during the June 16th inspection have not been resolved. Submit a written plan of action and timetable for correction of the violations to this office by **February 1, 1996**.

Violations to address:

1. The following **BMP's and actions are required** in the three drain areas presumed to be connected to the storm drain system.
 - a. Steam cleaning drain in the covered area beside the shop.
 - i. **Determine** if the connection is to sanitary or storm.
 - ii. **Clean** the grease interceptor on a regular basis.
 - b. Drains in the fueling area.
 - i. **Determine** if the connection is to sanitary or storm.
 - ii. **Provide** heavy "rubber" pads to cover the two drains in the event of a spill or in the event of a rain. (The canopy over the fuel island was originally supposed to keep all of the rain water from going to the two drains. However the entire canopy drains to the central pillar and then drains directly to the metal drain in the concrete pad below the canopy.)
 - iii. **Provide** absorbent at the fuel island to contain a spill.
 - iv. **Provide** a written plan for cleaning the separators below the fuel island

- drains.
- v. **Provide** a long term plan to resolve the drain problem. The goal is to drain the canopy away from the area beneath the canopy and to send all of the water from the two fuel island drains to sanitary sewer.
- c. Truck washing drain at the NE corner of the shop.
- i. **Clean** the sediment trap on a regular schedule.
 - ii. **Do not use any soap** to wash the vehicles.
 - iii. **Provide** a long term plan to locate the vehicle washing in an area which drains to sanitary sewer and not to storm.
2. The material storage bins in the south west part of the yard need to be covered during the rainy weather to prevent debris from washing into the storm drain in front of the bins. **Provide a plan and a schedule for covering these bins.**
3. On the western side of the yard new concrete walls had been constructed for the material storage bins. The concrete work, cleanup crew washed cement and other debris into the storm drain. **Provide a written plan** to prevent storm water pollution from cleanup activities.

Call me at 567-6734 if you have any questions.

Sincerely,



Don Atkinson-Adams
Hazardous Materials Specialist

Enclosures

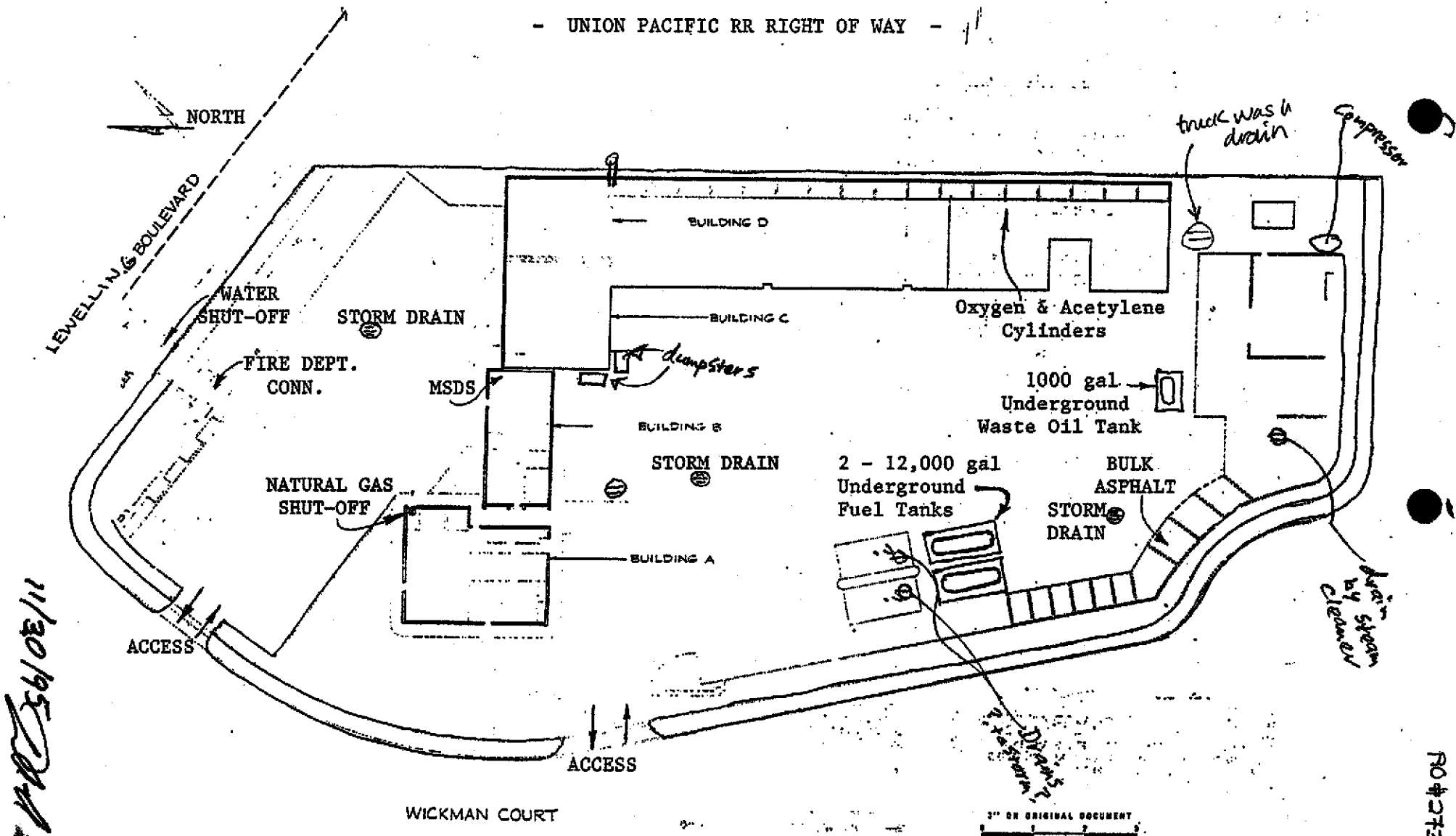
cc: Jim Scanlin, Alameda County Public Works

Bill Reynolds, East Area Manager
Robert Weston, Senior Hazardous Materials Specialist
Juliet Shin, Senior Hazardous Materials Specialist

Cynthia Adkisson, EBMUD Environmental Compliance Specialist
PO BOX 24055
Mail Stop 704
Oakland, CA 94623

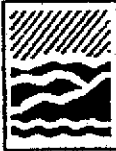
EBMUD SOUTH AREA SERVICE CENTER SITE MAP
589 E. Lewelling, San Lorenzo

- UNION PACIFIC RR RIGHT OF WAY -



11/30/95

3" ON ORIGINAL DOCUMENT



Alameda County Urban Runoff Clean Water Program

A Consortium of Local Agencies

Municipality: San Lorenzo

Agency Conducting Inspection: Alameda County Environmental Health

Inspector: Don Atkinson-Adams

Date of inspection: 11/30/95

Date of last inspection: 6/16/95

Standard Industrial and Commercial Business Follow-up Inspection Report This form should only be used after a Standard Inspection Report has been completed and a follow-up inspection was required.

1. Name of Facility: EBMUD South Area Service Yard

2. Site Address: 589 E. Lewelling

3. Name of Contact: Richard Dreyer 4. Phone No. of Contact: 257-0839

5. Has the facility been issued a notice or violation during or subsequent to a previous visit? yes no
 If yes, describe notice or violation. verbal
 If no, describe reason for follow-up.

6. Indicate type of follow-up inspection being conducted.
 first follow-up inspection second follow-up inspection

7. Time to Perform Inspection: 2 hours

8. Type of Potential Discharge	Potential Discharge Eliminated	Comments
Illicit Connection	yes <input type="radio"/> no <input checked="" type="radio"/>	Steam cleaning area
Discharge Location of Drain Unknown	yes <input type="radio"/> no <input checked="" type="radio"/>	
Illegal Discharge to Storm Drain	yes <input type="radio"/> no <input checked="" type="radio"/>	drain beside fueling area, truck wash area, concrete wash
Activity Area and/or Material Exposure to Storm Water	yes <input type="radio"/> no <input checked="" type="radio"/>	raw material exposed, gravel, asphalt.
Other (please specify)	yes <input type="radio"/> no <input type="radio"/>	
	yes <input type="radio"/> no <input type="radio"/>	
	yes <input type="radio"/> no <input type="radio"/>	

9. Is additional follow-up required?
 no further follow-up inspection necessary
 date of next follow-up inspection is scheduled for _____
 further follow-up inspection to be scheduled at a later date
 enforcement action is taken: (Circle one) warning notice informal violation formal violation
 case referred to City Attorney or County District Attorney

10. Comments
See letter.