

ALAMEDA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
Division of Environmental Protection

1131 HARBOR BAY PARKWAY, SUITE 250
ALAMEDA, CA 94502-6577
Telephone (510) 567-6700 FAX (510) 337-9335

FACSIMILE COVER SHEET

To: Jason Adelaars

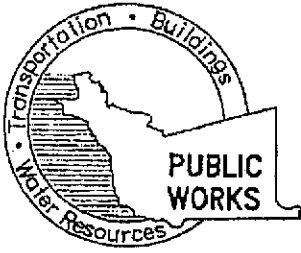
From: Steven Hunkett

Date: 2/6/07

Notes: Jason. here is the well survey
for ACPWD. I presume the survey for
DWR is pending.

Thanks

[Signature]



COUNTY OF ALAMEDA
PUBLIC WORKS AGENCY
WATER RESOURCES SECTION
399 Elmhurst Street, Hayward, CA 94544-1395
James Yoo PH: (510) 670-6633 FAX: (510) 782-1939
FOR GENERAL DRILLING PERMIT INFO:
www.acgov.org/pwa/wells

WELL COMPLETION REPORT RELEASE AGREEMENT—AGENCY
(Government and Regulatory Agencies and their Authorized Agents)

Project No/ Site Address. 1210 BOCKMAN ROAD City SAN LORENZO

Township, Range, and Section _____ Radius _____
(Must include entire study area and a map that shows the area of interest.)

Under California Water Code Section 13752, the agency named below requests permission from Department of Water Resources to inspect or copy, or for our authorized agent named below to inspect or copy, Well Completion Reports filed pursuant to Section 13751 to (check one):

- Make a study, or,
 Perform an environmental cleanup study associated with an unauthorized release of a contaminant within a distance of 2 miles.

In accordance with Section 13752, information obtained from these reports shall be kept confidential and shall not be disseminated, published, or made available for inspection by the public without written authorization from the owner(s) of the well(s). The information shall be used only for the purpose of conducting the study. Copies obtained shall be stamped CONFIDENTIAL and shall be kept in a restricted file accessible only to agency staff or the authorized agent.

JASON ADELAARS FOR SECOR
Authorized Agent

25864-F BUSINESS CENTER DRIVE
Address

REDLANDS, CA 92873
City, State, and Zip Code

[Signature]
Signature

STAFF SCIENTIST
Title

Telephone 909-335-6116 x2240

Fax 909-335-6120

Date 2/5/07

E-mail jadelaars@secor.com

Alameda County Environmental Health
Government or Regulatory Agency

1131 Harbor Bay Parkway
Address

Alameda CA 94502
City, State, and Zip Code

[Signature]
Signature

Haz Mat Specialist
Title

Telephone () 510 383 1767

Fax ()

Date 2/6/07

E-mail Steven.plunkett@acgov.org

COMPLETE SURVEY AS SOON
AS YOU CAN.

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input 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: _____		CASE #: _____		SIGNED: _____ DATE: 08/12/04	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT: JEFF PERKIN		PHONE: (925) 803-6999		SIGNATURE: _____
	REPRESENTING: <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER REMOVAL CONTRACTOR		COMPANY OR AGENCY NAME: DCM CONSTRUCTION & SERVICE, INC.		
	ADDRESS: 7172 REGIONAL ST #139 DUBLIN CA STATE 94568				
RESPONSIBLE PARTY	NAME: CAROL WALLACE <input type="checkbox"/> UNKNOWN		CONTACT PERSON: CAROL WALLACE		PHONE: (510) 521-6541
	ADDRESS: 875A ISLAND DR #102 ALAMEDA CA 94502				
SITE LOCATION	FACILITY NAME (IF APPLICABLE): Impulse Motors		OPERATOR: Peter / Carol Wallace		PHONE: (510) 521-6378
	ADDRESS: 1210 BOCKMAN RD. SAN LORENZO ALAMEDA CA 94567				
	CROSS STREET: _____				
IMPLEMENTING AGENCIES	LOCAL AGENCY: Alameda County Health		CONTACT PERSON: Robert Weston		PHONE: (510) 567-6781
	REGIONAL BOARD: _____ PHONE: ()				
SUBSTANCES INVOLVED	(1) lead NAME: _____ QUANTITY LOST (GALLONS): <input checked="" type="checkbox"/> UNKNOWN				
	(2) _____ <input type="checkbox"/> UNKNOWN				
DISCOVERY/DATE/TIME	DATE DISCOVERED: 08/04/04		HOW DISCOVERED: <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN: _____		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" 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 checked="" type="checkbox"/> OTHER SOIL SAMPLES		
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE: _____				
SOURCE/CAUSE	SOURCE OF DISCHARGE: <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> 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 checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	REMEDIATION ACTION: CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CS) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HL) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT) TO BE DETERMINED				
COMMENTS	_____				

Alameda County CUPA Program
Contaminated Site Case Transfer Form

*RWJ
6/24/04*

Referral To:

Date	June 21, 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)	Carol Wallace
Site Name	Impulse Motors
Site Address	1210 Bockman Road, San Lorenzo CA 94580
Site Phone	n/a
Site Contractor/Consultant (if available)	DCM Construction / ACC Environmental Consultants
Site DBA	Impulse Motors

Site Conditions:

UST			
USTs removed? # removed: <u>3</u> Date removed: April 14, 2004	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Contents (circle): gasoline diesel 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? <input checked="" type="checkbox"/> Highest Concentration Detected in Soil Contaminant (specify) <u>gasoline</u> Concentration <u>3600000</u> ppb _____ <input type="checkbox"/> Highest Concentration Detected in Water Contaminant (specify) _____	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 <u>Residential housing</u>	Yes	<input checked="" type="checkbox"/>	No <input 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 *RWJ* Date: June 21, 2004

Transfer accepted by (ACEH): *[Signature]* Date: 08/15/04

UNDERGROUND STORAGE TANK CLOSURE/REMOVAL FIELD INSPECTION REPORT

Facility Name: <u>Impulse Motors</u>	STID:	Date: <u>3/14/04</u>
Facility Address: <u>1210 Bockman Rd., San Lorenzo</u>	Contact on site: <u>Jege DeKin 925-803-6969</u>	
Inspector: <u>Carry Seto</u>	Contractor/Consultant: <u>DCM Construction</u>	

General Requirements	Yes	No	N/A
Approved closure plan on site.	✓		
Changes to approved plan noted.	✓		
Residuals properly stored/transported.	✓		
Receipt for adequate dry ice noted. <u>20#/tank</u>	✓		

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

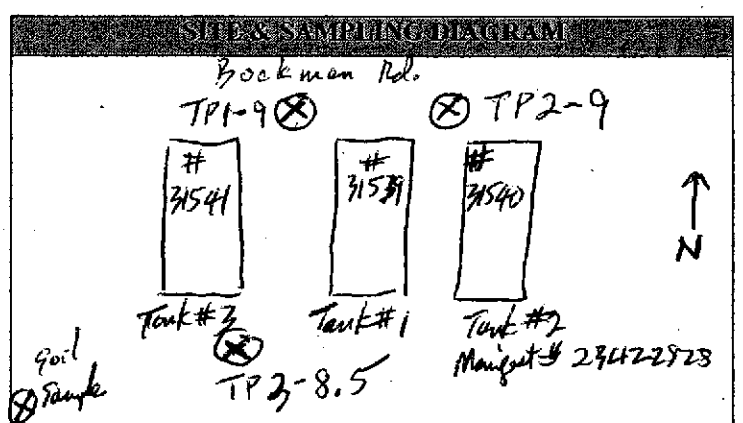
Tank Observations	Yes	No	N/A
Tank Capacity (gallons)	10K	10K	10K
Material last stored	unleaded	unleaded	unleaded
Dry ice used (pounds)			
Combustible gas concentration as %LEL. (Note time & sampling point)			
(1)	<10%	<10%	<10%
(2)			
(3)			
Oxygen concentration as % volume. (Note time & sampling point.)			
(1)	<10%	<10%	<10%
(2)			
(3)			
Tank Material	Steel	Steel	Steel
Wrapping/Coating, if any	Fiberglass	Fiberglass	Fiberglass
Obvious holes?	No	No	No

Tank Observations	Yes	No	N/A
Obvious corrosion?	No	No	No
Obvious odors from tank?	No	No	No
Seams intact?	Yes	Yes	Yes
Tank bed backfill material	pea gravel	pea gravel	pea gravel
Obvious discoloration?	No	No	No
Obvious odors ex tank bed?	No	No	No
Water in excavation?	Yes	Yes	Yes
Sheen/product on water?	No	No	No
Tank tagged by transporter?	Yes	Yes	Yes
Tank wrapped for transport?	No	No	No
Tank plugged w/ vent cap?	Yes	Yes	Yes
Date/time tank hauled off?	4/14, 1330	4/14, 1330	4/14, 1330
No. of soil samples taken?	1	1	1
Depth of soil samples (ft. bgs)	9'	9'	8.5'

Piping Removal	Yes	No	N/A
All piping removed hauled off w/ tanks?		✓	
Obvious holes on pipes?		✓	
Obvious odors from pipes?		✓	
Obvious soil discoloration in piping trench?		✓	
Obvious odors from piping trench?		✓	
Water in piping trench?	✓		Sample #
Number & depth of soil samples from piping trench?			1-92-1.0
Number & depth of water samples from piping trench?			NA

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

Additional Observations	Yes	No	N/A
Soil/water sampling protocols acceptable?	✓		
Sampling "chain of custody" noted?	✓		
Tank pit filled in or covered?		✓	
Tank pit fenced or barricaded?		✓	
Transporter a registered HW hauler?	✓		
Uniform HW Manifest completed?	✓		
Contractor/Consultant reminded of complete UST Removal Report due within 30 days?	✓		
Date/Time removal/closure operations completed?			4/14, 1600
OT hours or additional charges due from contractor?			



Notes/Comments: Transporter - Ecology Control Industries (ECI), CA 293, US DOT 197051
 Reached water in excavation ~ 9.5'. Water sample not taken because no way of getting
 into pipe before sampling. Water had no odor. Soil samples were taken from the
 sidewall of the excavation because the bucket on the backhoe could not reach
 down into the native soil. Severe undermining of pea gravel and
 only 3 sidewall samples were taken at depths of 8.5' & 9.0'. Excavation tank

ALAMEDA COUNTY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 1131 HARBOR BAY PARKWAY
 ALAMEDA, CA 94502-6577
 PHONE (510) 567-6700

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 hereto is released for issuance of any required building permits in 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 Inspections 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, b) 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

Robert Weston *RW*

Accepted February 6, 2004

Note corrections in red ink

See attached Table 2 for contaminate analysis

UNDERGROUND STORAGE TANK CLOSURE PLAN

*** Complete closure plan according to instructions ***

1. Name of Business Impluse Motors
 Business Owner or Contact Person (PRINT) CAROL & CHRIS WALLACE
2. Site Address 1210 Bockman Rd.
 City, State San Lorenzo, CA Zip 94570 Phone _____
3. Mailing Address 875-A Island Drive #102
 City, State Alameda, CA Zip 94502 Phone _____
4. Property Owner Mr. Chris Wallace & Carol Wallace
 Business Name (if applicable) Pollard Ventures LLC
 Address 875-A Island Drive #102
 City, State Alameda, CA Zip 94502 Phone _____
5. Generator name under which tank will be manifested
Impluse Motors → Manifest # 23422830, Tank 1
 EPA I.D. No. under which tank(s) will be manifested CA 6-000-256691

Pending - will have notes before transportation off site.

02-06-2004



6. Contractor DCM Construction & Services, Inc.
Address 7172 Regional St. #139
City, State Dublin, CA Zip 94568 Phone (925) 803-6969
License Type A + Haz ID# 781351

7. Consultant (if applicable) AEC Environmental
Address 7977 Capwell Drive
City, State Oakland, CA Zip 94621 Phone 510-638-8400

8. Main Contact Person for Investigation (if applicable)
Name Jeff Deakin Title President
Company DCM Construction & Services, Inc.
Phone (925) - 803-6969

9. Number of underground tanks being closed with this plan (3) \$1000^{OK} gal.
Length of piping being removed under this plan 50 ft.
Total number underground tanks at this facility (**confirmed with owner or operator) 3

10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).
a) Product/Residual Sludge/Rinsate Transporter
Name Clearwater Environmental EPA I.D. No. CAR 000007013
Hauler License No. 3515 License Exp. Date _____
Address 33204 Western Ave.
City, State Union City, CA. Zip 94587
b) Product/Residual Sludge/Rinsate Disposal Site
Name Clearwater EPA I.D. No. CAR 000007013
Address _____
City, State _____ Zip _____

c) Tank and Piping Transporter

Name ECI EPA I.D. No. CAD009466392
Hauler License No. 0019 License Exp. Date _____
Address 255 Tarr Blvd.
City, State Richmond, CA Zip 94801

d) Tank and Piping Disposal Site

Name ECI EPA I.D. No. CAD009466392
Address 255 Tarr Blvd.
City, State Richmond, CA Zip 94801

11. Sample Collector

Name TBA. Ed. Giacomelli Call: 910-777-7355
Company ACC Environmental Consultants
Address 7977 Copwell Drive # 100
City, State Oakland, CA Zip 94671 Phone (510) 638-8400

12. Laboratory

Name STL San Francisco
Company _____
Address 1220 Quarry Lane
City, State Pleasanton, CA Zip 94566
State Certification No. 1084

13. Have tank(s) or piping leaked in the past? Yes [] No [] Unknown [x]

If yes, describe: _____

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

All Product to be removed, tanks Triple
rinsed as necessary, 15 lbs. per 1,000 gallon
Dry Ice to be added.

Before tank(s) 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 Sample(s)
Capacity (gallons)	Use History include date last used (estimated)		
10K 8000 GAL.	UNLEADED	SOIL	2 FT INTO NATIVE SOIL
10K 8000 GAL.	MID UNLEADED	SOIL	
10K 8000 GAL.	TOP UNLEADED.	SOIL.	

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

Excavated/Stockpiled Soil	
<p>Stockpiled Soil Volume (estimated)</p> <p>160 cu. yds.</p>	<p>Sampling Plan</p> <p>2 SAMPLES PER ^{TANK} EITHER EACH END OF TANK</p> <ul style="list-style-type: none"> • DISPENSER AREA • EVERY 20' LINEAR FT. OF LINE.

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 AFTER SAMPLES RETURN & HEALTH DEPT. HAS APPROVED BACKFILL

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.

RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR UNDERGROUND TANK LEAKS

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

TABLE #2

REVISED 1 MARCH 1999

HYDROCARBON LEAK	SOIL ANALYSIS (SW-846 METHOD)		WATER ANALYSIS (Water/Waste Water Method)	
Gasoline (Leaded and Unleaded)	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
	TOTAL LEAD	AA	TOTAL LEAD	AA
	-- Optional --			
Organic Lead		DHS-LUFT	Organic Lead	DHS-LUFT
Unknown Fuel	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
	TOTAL LEAD	AA	TOTAL LEAD	AA
-- Optional --				
Organic Lead		DHS-LUFT	Organic Lead	DHS-LUFT
Diesel, Jet Fuel, Kerosene, and Fuel/Heating Oil	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2-624 (8260) for water			
Chlorinated Solvents	CL HC	8260	CL HC	524.2/624 (8260)
	BTEX	8060 or 8021	BTEX	524.2/624 (8260) or 524.2/602 (8021)
Non-chlorinated Solvents	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8060 or 8021	BTEX	524.2/624 (8260) or 524.2/602 (8021)
Waste, Used, or Unknown Oil	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	O&G	9070	O&G	418.1
	BTEX	8260	BTEX	524.2/624 (8260)
	CL HC	8260	CL HC	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
	METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil and water			
	PCB*, PCP*, PNA, CREOSOTE by 8270 for soil and 524/625 (8270) for water			
	* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)			

NOTES:

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

16. Chemical methods and associated detection limits to be used for analyzing sample(s):

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits shall be followed.

See Table 2, Recommended Minimum Verification Analyses for Underground Tank Leaks.

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPHCg. PTZX EDC TOTAL LEAD	8260 8260 8260 AA.	SEE TABLE 2 ATTACHED	

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Fund 713 6911-02

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 (URL) form.

22. **Submit a closure report to this office within 60 days of the tank removal. The closure 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 has been 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 DCM Constructors & Services Inc
Name of Individual Jeff Decker
Signature [Signature] Date 1-20-04

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Check one)

Name of Business Pollard Ventures
Name of Individual Carol Wallace
Signature Carol Wallace Date 12/22/03

THE INDUSTRIAL SAFETY & HAZMAT TRAINING GROUP

presents

Pat O'Mara

with certification for the successful completion of

Hazardous Waste Operations Refresher

per 29 CFR 1910.120(e) and 8 CCR 5192(e)

attending

October 21, 2003

in

Oakland, California

Certificate# 102103-7

Issued by:

Robert Wasley

Robert Wasley, Instructor (408)242-2418

HAZARDOUS WASTE OPERATIONS
TRAINING

This card certifies that
Pat O'Mara

has completed 8 hours of Refresher Training in
Hazardous Waste Operations, done in accordance with
Fed/OSHA 29 CFR 1910.120 (e) & Cal/OSHA CCR Title
8, 5192 (e) requirements.

THE INDUSTRIAL SAFETY & HAZMAT TRAINING GROUP

presents

Victor Leopoldo

with certification for the successful completion of

**Hazardous Waste
Operations Refresher**

per 29 CFR 1910.120(e) and 8 CCR 5192(e)

attending

October 21, 2003

in

Oakland, California

Certificate# 102103-5

Issued by:

Robert Wasley

Robert Wasley, Instructor (08)242-248

HAZARDOUS WASTE OPERATIONS
TRAINING

This card certifies that
Victor Leopoldo

completed 8 hours of Refresher Training in
Hazardous Waste Operations, done in accordance with
29 CFR 1910.120 (e) & Cal/OSHA CCR Title
8, 5192 (e) requirements.



THE INDUSTRIAL SAFETY & HAZMAT TRAINING GROUP

presents

Jeff Deakin

with certification for the successful completion of

Hazardous Waste Operations Refresher

per 29 CFR 1910.120(e) and 8 CCR 5192(e)

attending

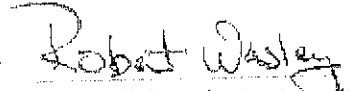
October 21, 2003

in

Oakland, California

Certificate: 102103-6

Issued by:


Robert Wasley, Instructor

405242-2415

CALIFORNIA CONTRACTOR

LICENSE NUMBER

781351

BOND NUMBER

6040982

D C M CONSTRUCTION AND SERVICE

BOND EXPIRATION DATE

07/31/2004



Expiration Date 07/31/2004

Classification(s) A HAZ HIC B

Business Name D C M CONSTRUCTION AND SERVICES INC

Entity CORP

License Number 781351



State of California
CONTRACTORS STATE LICENSE BOARD

ACTIVE LICENSE



Contractor Affairs



CONTRACTORS STATE LICENSE BOARD

P.O. BOX 26000
SACRAMENTO, CALIFORNIA 95826
(916) 255-3900



January 28, 2004

D C M CONSTRUCTION & SERVICES INC
7172 REGINAL ST # 139
DUBLIN, CA 94568

Application Fee Number: 2003 88 00092

Congratulations!!! JEFFERY SCOTT DEAKIN has passed the necessary qualifying examination(s) for obtaining an additional classification or replacing the qualifying individual. You will be notified if there are any further licensing requirements.

Sincerely,

Computer Assisted Testing, Oakland

of **WIS COLLINS**
21 SAN AVE
 Phone _____
 or U.C.I. of California
 Address **753 Peralta Avenue**
San Leandro, CA 94577
 Phone _____
 OTHER (Specify) _____
 Address _____
 Phone _____
 CONTACT FOR INVESTIGATION

PLAN REVIEW	By	Date
\$855.00 Rec'd.	<i>SB</i>	10/7/91
No. 612100 Plans Rec'd.		
Plans Approved		
Layout Made <i>ST10 #</i>		
Rejected		
Applicant Notified		
Plans Returned		
Permit Issued		
CONSTRUCTION PROGRESS ACCEPTANCE		
FOOD Pre-Plaster/drywall		
FOOD Pre-Final		
FOOD Final		

	By	Date
POOL Pre-Concrete/Gunite		
POOL Pre-Plaster		
POOL Final		
EXCAVATION Septic Tank		
EXCAVATION Absorption Field		
EXCAVATION Absorption Bed		
FINAL House Sewer		
FINAL Septic Tank		
FINAL Absorption Field		
FINAL Absorption Bed		
OTHER		

	By	Date
U.G. TANKS Pre-Covering		
U.G. TANKS Final		

REMARKS		Date	By	REMARKS (also Jeffrey)
10/14/91	Removal plan review & approval + Conversation w/ M. Bowen of UCI 1.5 hr			Chris Kwabuzoh - RGA CEL 0% O2? tank already on truck flatbed on my arrival at 2:30 pm Tudent Trucking, license # 204 342 exp June 92 20K stainless steel tank, connected 2 1/2' around. there's residual brick in bottom of pit (20k) but the concrete floor is apparently in tank, 905 73779 manifest # going to Erickson. Majority of backfill is concrete and likely can be disposed @ a Class III landfill. 2 Stuckpile soil splices taken
10/16/91	2:30 pm Tentative schedule for Tank pull & Vault Sampling			
10/21/91	Tank pull scheduled			
	Lamen Myer - assistant to Mr. Collins. Chuck Splady - onsite contractor for Mr. Collins. George of UCI +			

Address of the owner - *Chris Kwabuzoh*
 LOCATION *6050 Hollis Street Emeryville CA 94608*

Vicinity Map

Project # *612100*
 Fee Paid *\$855.00*
 Date *10/7/91*

1, 2, 3
 $1 = 20 \times 15 \times 6 = 1800 / 30 = 60 \text{ yd}^3$ *stuckpile*
 $2 = 60 \text{ cu yd}$
 $3 = 2.0 \text{ cu yd}$

