



May 27, 1987



Dear Mr. Winn:

Oakland, California 94612

Enclosed is our Application for Permit to Operate Underground Storage Tank, Form HSCO4-070185.

In addition to this storage tank we have an abandoned underground 2,000 gallon gasoline tank which was emptied several years ago. We have been authorized by the Assistant Chief Fire Marshall of Emeryville, Jim Eversole (415-652-4574 or 415-655-7678), to fill this tank with concrete.

Please let me know whether this is acceptable before we proceed with this action.

Sincerely,

M. Anne Koons Business Manager

Enclosure

ALANDA COUNTY HEALTH CARE SECICES AGENCY DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION 80 SWAN WAY, ROOM 200 OAKLAND, CA 94621 PHONE NO. 415/271-4320

1.	Business New	WEATHERFORD BM	and the second statement of the second s Second second	· · · · · · · · · · · · · · · · · · ·			
	Business Owner _	NISSHO IWAI CO	•		·		
2.	Site Address5903 CHRISTY AVENUE						
	City EMERYVILLE Zip94608 Phone		654-828	0			
3.	Mailing Address	SAME					
				Phone .			
4.	Land Owner				-	·	
	Address 6425 C	HRISTY #406	City, State El	ERYVILLE	· Chip 94	608	
5.	EPA I.D. No	AC 000 1517	197				
6.	Contractor MEGA GENERAL AND ENVIRONMENTAL CONTRACTING, INC.						
	Address 241	6 O'HATCH DRIVE				,	
		PABLO, CA 94806		Phone .	724-7143	· · · · · · · · · · · · · · · · · · ·	
	- ·	B-HAZ	ID# 536353				
7.	Consultant						
	Address					· .	
	city		Phone		;		

8.	8. Contact Person for Investigation	•				
	Name M. ANNE KOONS Title	BUSINESS MANAGER				
	Phone 654-8280					
9.	9. Total No. of Tanks at facility 2					
10.	O. Have permit applications for all tanks been office? Yes [] 'No					
11.	. State Registered Hazardous Waste Transporters/Facilities					
	a) Product/Waste Tranporter					
	Name ERICKSON, INC. EPA	C.D. No. CAD009466392				
	Address 255 PARR BLVD.					
	City RICHMOND State CA	Zip 94801				
	b) Rinsate Transporter					
	Name ERICKSON, INC. EPA	I.D. No. CAD009466392				
	Address 255 PARR BLVD.					
	City RICHMOND State CA	Zip 94801				
	c) Tank Transporter					
	Name ERICKSON, INC. EPA I	.D. No. CAD009466392				
	Address 255 PARR BLVD.	•				
		CA Zip 94801 /				
	d) Tank Disposal Site					
	•	.D. No. CAD009466392				
	Address 255 PARR BLVD.					
		A Zip 94801				
	e) Contaminated Soil Transporter					
		.D. No. CAD009466392				
	Address 255 PARR BLVD.					
	•	71- 94801				
	State CA	Zip94801				

12. Sample	: Collector	•				
Name	DAVE SADOFF					
	CROSBY & OVERTON	•	:			
Addr	ess 8430 AMELIA STREET					
	OAKLAND Sta		Phone 633-0336			
	ng Information for each					
	Tank or Area	Material	Location & Depth			
Capacity	Historic Contents (past 5 years)	sampled	a Depth			
500 GAL.	WASTE OIL GASOLINE (UNLEADED)					
	anks or pipes leaked in , describe.	the past? Yes [•			
		•				
	ethods used for rendering, describe. 15 LBS. PER 1		s {{X}} ио []			
An exp tank i	losion proof combustible nertness:	e gas meter shall	be used to verify			
6. Labora	Laboratories					
Name _	Name SMC LABORATORIES (805) 393-3597					
Addres	s 3155 PEGASUS DRIVE					
city	BAKERSFIELD	State CA	Zip 93308			
	Certification No. 1	75				

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
TOTAL VOLITAL HYDRUCARBONS	5030	8240 (8010, 8015, 8020, 8030) (GC)
TOTAL OIL & GREASE	5030 (503 DtE)	971 (GC) (water 503 A+E
трн - втх - е трн - G	3810 5030	8020 (GC)
wuste oil tanti	8270	

- 18. Submit Site Safety Plan
- 19. Workman's Compensation: Yes [X] No []

 Copy of Certificate enclosed? Yes [] No []

 Name of Insurer STATE FUND # 1664469-88
- 20. Plot Plan submitted? Yes [X] No []
- 21. Deposit enclosed? Yes [] No []
- 22. Please forward to this office the following information within 60 days after receipt of sample results.
 - a) Chain of Custody Sheets
 - b) Original Signed Laboratory Reports
 - c) TSD to Generator copies of wastes shipped and received
 - d) Attachment A summarizing laboratory results

I declare that to the best of my knowledge and belief 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 an approval from the Department of Environmental Health 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 Saftey and Health Administration) requirements concerning personnel and safety. I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. 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. Signature of Contractor Name (please type) ____ Date ____ Signature of Site Owner or Operator EROY MCGINNIS Name (please type) Date ___ 3-3-89 5 -

Phone Contacts M. Anne Koons 654-8280 Le Roy Mcginnes

Visits set up for anytime 1/23

Remarks visited site Toutes removed and

I monitoring west installed. Business

moved to 735 Ashberg Ave. Bortecoeffer

Wiranheber 181790