

Complete  
 Listing of HAZMAT - FULL SITE HISTORY since 1987 for Site ID # 1655  
 as of 09/12/2000 ..... all Activity Codes

SITE NAME & ADDRESS:

Hank's Automotive Service Inc. -- 16065 Mateo St , San Leandro CA 94578

InspDat	Insp Act	InspT	StID	Proj#	COMMENTS	DailBDat
=====	====	====	=====	=====	=====	=====

Archived Dailies:

InspDat	Insp	Activi	Categ	InspT	StID		
08/25/1987	LS	Q	1	4.	1655		
07/01/1992	RW	11	0.75	1655	-0-	-0-	-0-
07/01/1992	RW	12	1.5	1655	-0-	complaint alleging UST had been abandoned and covered w/asphalt	-0-
08/04/1992	RW	34	0.75	1655	-0-	letter sent for closure plan	-0-
08/04/1992	RW	74	0.5	1655	1992A	LETTER	*****
08/20/1992	RW	77	0.25	1655	1992A	TELEPHONE W/KATRINA; NOTE TO FILE	*****
08/31/1992	RW	77	0.25	1655	1992A	TELEPHONE W/KATRINA; NOTE TO FILE	*****
09/01/1992	RW	71	1.	1655	1992A	ADMINISTRATIVE FEE	*****
10/08/1992	RW	77	0.25	1655	1992A	TELEPHONE W/KATRINA; NOTE TO FILE	*****
11/16/1992	RW	77	0.25	1655	1992A	telecom w/ Katrina re: workplan	*****
12/01/1992	RW	77	1.	1655	1992A	deducted from sheet	*****
12/15/1992	RW	75	0.25	1655	1992A	review of workplan and telecom w/ consultant. deducted from depref sheet	*****
02/22/1993	RW	77	0.75	1655	1992A	telecom w/ Owner to determine tank locationitme debited from dep/ref	*****

Current Dailies:

InspDat	Insp	Act	InspT	StID	DRPro	Comment	DailBDat
03/13/1998	EC	40	0.3	1655	1992A	convs w/ katrina	*****
08/14/1998	EC	45	0.3	1655	1992a	try to get soil results from katrina and quarle	*****
10/26/1998	EC	77	0.5	1655	1992a	request add'l \$\$	*****
01/19/1999	EC	40	0.2	1655	1992a	quarle has no record of ss. msg to katrina	*****
06/28/1999	EC	40	0.2	1655	1992A	quarle says no ss collected. ask katrina to send \$	*****

Printed: 02/11/99

ec

\*\*\*\*\* Alameda County Department of Environmental Health \*\*\*\*\*  
Deposit/Refund Account History

\*\* PROJECT INFORMATION \*\*

Project#: --1992A    Date Open: 09/01/92    Date Closed:

Payor Information:

Site Information:

HANK'S TOWING  
16085 MATEO STREET  
SAN LEANDRO CA 94578

HANK'S AUTOMOTIVE SVC.  
16085 MATEO STREET  
SAN LEANDRO CA 94578

\*\* DEPOSIT HISTORY \*\*

Deposit Date	Receipt#	Amount Received
09/01/92	604992	\$ 375.00
		\$ 375.00

\*\* WORKLOG HISTORY \*\*

Work Date	Insp	Activity Description / Time Spent (hrs)	Amount Charged
08/04/92	RW	Write Letters 0.5	35.50
08/20/92	RW	Meetings, Consultations 0.25	17.75
08/31/92	RW	Meetings, Consultations 0.25	17.75
09/01/92	RW	Investigation in Office 1.	71.00
09/01/92	adm	administrative charge 1.	71.00
10/08/92	RW	Meetings, Consultations 0.25	17.75
11/16/92		call w/Katrina 0.25	17.75
12/01/92		violation letter 1.	71.00
12/14/92		call/reviw re:workplan 0.5	35.50
12/15/92		call w/informant re:tank 0.25	17.75
02/22/93		call w/RP 0.75	56.25
03/13/98	EC	Removal Investigation/Follow-up 0.3	28.20
08/14/98	EC	Plan Review:Instal/Mod/Remed or Mtg 0.3	30.00
10/26/98	EC	Meetings, Consultations 0.5	50.00
01/19/99	ec	Removal Investigation/Follow-up 0.2	20.00
			\$ 557.20
Balance:\$		- 182.20	Amount Refunded: \$

LIST OF DEPOSIT REFUND WORK DEBITS - REPORT # 99-02

ProjN	ActivDat	Insp	Activity & Description	Hours	\$ Rate	Earned
-------	----------	------	------------------------	-------	---------	--------

Site#: 1992 StID: 1655 BUSINESS: Hank's Automotive Service Inc. 16065 Mateo St  
 San Leandro CA 94578

1992a	01/19/99	EC	40-Removal Investigate / Follow-up COMM-quarle has no record of ss. msg to katrina	0.2	100.00	\$20.00
-------	----------	----	--	-----	--------	---------

Site Charges with 1 Line Items for 10.4 hours comes to 1,040.00.

== == Overall Subtotal: 14 Line Items for 10.4 hours = so far \$1,040.00 == == == == =

ENVIRONMENTAL HEALTH  
 ADMINISTRATION  
 99 FEB 10 09:12:13

ec

Printed: 12/31/98

\*\*\*\*\* Alameda County Department of Environmental Health \*\*\*\*\*  
Deposit/Refund Account History

\*\* PROJECT INFORMATION \*\*

Project#: --1992A    Date Open: 09/01/92    Date Closed:

Payor Information:

Site Information:

HANK'S TOWING  
16085 MATEO STREET  
SAN LEANDRO CA 94578

HANK'S AUTOMOTIVE SVC.  
16085 MATEO STREET  
SAN LEANDRO CA 94578

\*\* DEPOSIT HISTORY \*\*

Deposit Date	Receipt#	Amount Received
09/01/92	604992	\$ 375.00
		<hr/>
		\$ 375.00

\*\* WORKLOG HISTORY \*\*

Work Date	Insp	Activity Description / Time Spent (hrs)	Amount Charged
08/04/92	RW	Write Letters	0.5 35.50
08/20/92	RW	Meetings, Consultations	0.25 17.75
08/31/92	RW	Meetings, Consultations	0.25 17.75
09/01/92	RW	Investigation in Office	1. 71.00
09/01/92	adm	administrative charge	1. 71.00
10/08/92	RW	Meetings, Consultations	0.25 17.75
11/16/92		call w/Katrina	0.25 17.75
12/01/92		violation letter	1. 71.00
12/14/92		call/review re:workplan	0.5 35.50
12/15/92		call w/informant re:tank	0.25 17.75
02/22/93		call w/RP	0.75 56.25
03/13/98	EC	Removal Investigation/Follow-up	0.3 28.20
08/14/98	EC	Plan Review:Instal/Mod/Remed or Mtg	0.3 30.00
10/26/98	EC	Meetings, Consultations	0.5 50.00
			<hr/>
			\$ 537.20

Balance:\$ - 112.20    Amount Refunded: \$

LIST OF DEPOSIT REFUND WORK DEBITS - REPORT # 98-12

=====  
 ProjN ActivDat Insp Activity & Description Hours \$ Rate Earned  
 =====

Site#: 1992 StID: 1655 Business: Hank's Automotive Service Inc. 16065 Mateo St  
 San Leandro CA 94578

1992a 10/26/98 EC 77-Meetings, Consultations 0.5 100.00 \$50.00  
 COMM-request add'l \$\$

Site Charges with 1 Line Items for 87.3 hours comes to 8,730.00.

== == Overall Subtotal: 100 Line Items for 87.3 hours = so far \$8,730.00 == == == == =

ENVIRONMENTAL HEALTH  
 ADMINISTRATION  
 98 DEC 16 PM 1:58

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

1131 Harbor Bay Parkway, Suite 250

Alameda, CA 94502-6577

(510) 567-6700

(510) 337-9335 (FAX)

StID 1655

October 26, 1998

Ms. Katrina Moretti  
Hank's Automotive Service  
16065 Mateo Street  
San Leandro, CA 94578

RE: Project #1992A, Add-on  
at 16065 Mateo Street, San Leandro, CA

Dear Ms. Moretti:

Our records indicate the deposit/refund account for the above project has fallen below the minimum deposit amount. To replenish the account, please submit an additional deposit of \$1000.00, payable to Alameda County, Environmental Health Services, within two weeks of receipt of this letter.

It is expected that the amount requested will allow the project to be completed with a zero balance. Otherwise, more money will be requested, or any unused monies will be refunded to you or your designee.

The deposit/refund mechanism is authorized in Section 6.92.040L of the Alameda County Ordinance Code. Work on this project will be debited at the Ordinance specified rate, currently \$100 per hour.

Please be sure to write the following identifying information on your check:

project #6077C/ Stid #1655  
type of project (UST removal, add-on), and  
site address (16065 Mateo St, San Leandro)

If you have any questions, please contact me at (510) 567-6762.

eva chu  
Hazardous Materials Specialist

hank'sauto1

10/30/98

Katrina will see if Quarks has  
soil results. She will send rpt and

\$1

4/28/99

Quarks says no SS collected, only  
WP submitted. Ask Katrina  
for \$1000 and work needs to be  
done.

Printed: 10/26/98

\*\*\*\*\* Alameda County Department of Environmental Health \*\*\*\*\*  
BILLING's WORKLOG: Total Deposit/Refund History for All Accounts at Site  
~~~~~

\*\* SITE INFORMATION \*\*

Site#: 1992 -- StID: 1655 HANK'S AUTOMOTIVE SVC.  
Date Open: 09/01/92 16085 MATEO STREET  
Date Closed: SAN LEANDRO CA 94578

\*\* PAYOR INFORMATION \*\*

> Project # --1992A for Payor # 653 HANK'S TOWING  
16085 MATEO STREET  
SAN LEANDRO CA 94578

\*\* DEPOSIT HISTORY \*\*

| Proj#   | Deposit Date | Receipt# | Amount Received |
|---------|--------------|----------|-----------------|
| --1992A | 09/01/92     | 604992   | \$ 375.00       |
|         |              |          | =====           |
|         |              |          | \$ 375.00       |

\*\* WORKLOG HISTORY \*\*

| Proj#   | Work Date | Activity Description     | Insp | Time (hrs) | Amount Charged |
|---------|-----------|--------------------------|------|------------|----------------|
| --1992A | 08/04/92  | Write Letters            | RW   | 0.5        | \$35.50        |
| --1992A | 08/20/92  | Meetings, Consultations  | RW   | 0.25       | \$17.75        |
| --1992A | 08/31/92  | Meetings, Consultations  | RW   | 0.25       | \$17.75        |
| --1992A | 09/01/92  | Investigation in Office  | RW   | 1.         | \$71.00        |
| --1992a | 09/01/92  | administrative charge    | adm  | 1.         | \$71.00        |
| --1992A | 10/08/92  | Meetings, Consultations  | RW   | 0.25       | \$17.75        |
| --1992a | 11/16/92  | call w/Katrina           |      | 0.25       | \$17.75        |
| --1992a | 12/01/92  | violation letter         |      | 1.         | \$71.00        |
| --1992a | 12/14/92  | call/reviw re:workplan   |      | 0.5        | \$35.50        |
| --1992a | 12/15/92  | call w/informant re:tank |      | 0.25       | \$17.75        |
| --1992a | 02/22/93  | call w/RP                |      | 0.75       | \$56.25        |
| --1992A | 03/13/98  | Removal                  | EC   | 0.3        | \$28.20        |

Investigation/Follow-up

--1992A 08/14/98 Plan EC 0.3 \$30.00  
Review: Instal/Mod/Remed  
or Mtg

-----  
\$487.20

Balance:

Amount Refunded:

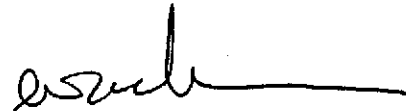
=====

page 1

Oct 26, 1998

Katrina,

As you can see, we've charged a total of \$487.20 to date  
in this case. A total of \$375<sup>00</sup> was submitted for this case.  
Please submit an additional \$1000<sup>00</sup> to replenish your account.  
In addition, a workplan was submitted by J Quarles Assoc.  
They proposed to collect soil samples around the former UST.  
I believe the work has been completed. To date I have  
not been able to get a copy of the soil analytical results. If  
these are available, please send them to me for review.  
If you have any questions, please call me at (510) 527-6762





ALAMEDA COUNTY ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS PROGRAM  
INFORMATION PER SITE ON ALL DEPOSITS FROM ALL PAYORS

as of 10/26/98

DATABASE: DEPREF

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===== SITE INFORMATION from DepRef DB =====

Hank's Towing  
16065 Mateo St  
San Leandro CA 94578

StID: 1655 Site#: 1992  
Site Complete?

===== ALL PAYORS ON SITE =====

> Project# 1992A for Payor# 653 Hank's Towing  
16065 Mateo St.  
San Leandro CA 94578

DR:Wk

===== DEPOSIT INFORMATION =====

Project#	Rcpt#	DepDate	DepAmount	Proj Type	Deposit Complete	Insp Init	Collect Fees?
1992A	<-----						
	604992	09/01/92	\$375.00	M	01/01/90	RW	
Total Deposit for Project:			\$375.00				
Total Deps for all Sites :			\$375.00				

Report WkSht

LAST WORK DATE FROM BILLING ON THIS SITE:

--1992?

**Memo**

**ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL**

**HEALTH,** 1131 HARBOR BAY PARKWAY, 2<sup>ND</sup> FLOOR, ALAMEDA, CA 94502

TEL: (510)-567-6876, FAX: (510)-337-9335

DATE: 10/7/98

FROM: Amir

TO: Eva

SUBJECT: Requesting more money from companies or sites with negative balances

**Comments:**

Hi Dear

I have been given the list of sites, which have negative balances on their depref accounts. I am requesting everyone to ask for more money from the company, which he/she worked on. As you know, unless we get this amount our work was not paid for. Could you please help me and ask for more money from the following companies for the following amounts? However, if you anticipate more work in the future on the same site, please ask for extra \$ for this potential future work in addition to the sums provided below. By the way, these amounts reflect the \$ needed up to the date given to me. As you know, the new depref rate is 100.00 per hour.

If there are erroneously more projects on the same sites, please close them and merge accounts to offset the negative balances as much as possible prior to asking for more money for accurate amounts.

Thanks a lot!

Any questions, Call me at 36876.

Project number	Stid number	\$ Negative balance
1992A	1655	112.20
<b>Total</b>		<b>112.20</b>

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
DEPOSIT / REFUND ACCOUNT SHEET

printed 05/05/97

SITE INFORMATION

Hank's Towing  
16065 Mateo St  
San Leandro 94578  
Site Contact:  
Site Phone :

StID: 1655 Site#: 1992  
PROJECT#: 1992A  
PROJECT TYPE: \*\*\* M \*\*\*  
INSP: Rob Weston  
ACCT. SHEET PG #: 2

PROPERTY OWNER INFORMATION

Owner Contact:  
Owner Phone :

PAYOR INFORMATION

Hank's Towing  
16065 Mateo St.  
San Leandro Ca 94578 # 653  
Payor Contact:  
Payor Phone :

Date	Action Taken	Insp Init	Hours Spent/ Depstd	Hour Balnce	Money Spent/ Depositd	Money Balance
	Rcpt# 604992 Balance from Prev. Page					
5/5/97	account status					176.75
8/4/92	Aug 5, 1992 letter	Rw	0.5	\$ 71/hr	35.50	141.25
8/20/92	tel con Katrina/note to file	Rw	0.25	\$ 71/hr	17.75	123.50
8/31/92	tel con Katrina/note to file	Rw	0.25	\$ 71/hr	17.75	105.75
10/8/92	tel con Katrina/note " "	Rw	0.25	\$ 71/hr	17.75	88.-
11/16/92	tel cons Katrina, Jack Quarle	Rw	0.5	71/hr	35.50	52.50
2/13/98	coms w/ Katrina (276-5200)		0.3			
2/14/98	try to get rpt from Quade / Katrina		0.3			
10/26/98	Request add'l \$		0.5			

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : \_\_\_\_\_ ATTACH:  State Forms A, B & C  
 Billing Adjustment\*  
DATE OF COMPLETION : \_\_\_\_\_ DATE SENT TO BILLING: \_\_\_\_\_  
TOTAL COST OF PROJECT: \_\_\_\_\_ REFUND AMOUNT: \_\_\_\_\_ Rev. 7/96

\* Billing adjustment forms needed when site is in our UST program.

\*\*\*\*\* Alameda County Department of Environmental Health \*\*\*\*\*  
BILLING's Total Deposit/Refund History for All Accounts at Site  
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**\*\* SITE INFORMATION \*\***

Site#: 1992 -- StID: 1655 HANK'S AUTOMOTIVE SVC.  
Date Open: 09/01/92 16085 MATEO STREET  
Date Closed: SAN LEANDRO CA 94578

**\*\* PAYOR INFORMATION \*\***

> Project # --1992A for Payor # 653 HANK'S TOWING  
16085 MATEO STREET  
SAN LEANDRO CA 94578

**\*\* DEPOSIT HISTORY \*\***

| Proj#   | Deposit Date | Receipt# | Amount Received |
|---------|--------------|----------|-----------------|
| --1992A | 09/01/92     | 604992   | \$ 375.00       |
|         |              |          | =====           |
|         |              |          | \$ 375.00       |

**\*\* WORKLOG HISTORY \*\***

| Proj#     | Work Date | Activity Description     | Insp | Time (hrs) | Amt Charged |
|-----------|-----------|--------------------------|------|------------|-------------|
| --1992a ✓ | 11/16/92  | call w/Katrina           |      | 0.25       | \$17.75     |
| --1992a ✓ | 12/01/92  | violation letter         |      | 1.         | \$71.00     |
| --1992a ✓ | 12/14/92  | call/reviw re:workplan   |      | 0.5        | \$35.50     |
| --1992a ✓ | 12/15/92  | call w/informant re:tank |      | 0.25       | \$17.75     |
| --1992a ✓ | 02/22/93  | call w/RP                |      | 0.75       | \$56.25     |
|           |           |                          |      |            | -----       |
|           |           |                          |      |            | \$934.25    |

Balance: \$176.75

Amount Refunded:

ALAMEDA COUNTY ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS PROGRAM  
INFORMATION PER SITE ON ALL DEPOSITS FROM ALL PAYORS

as of 05/05/97

DATABASE: DEPREF

===== SITE INFORMATION from DepRef DB =====

Hank's Towing  
16065 Mateo St  
San Leandro CA 94578

StID: 1655 Site#: 1992  
Site Complete?

===== ALL PAYORS ON SITE =====

> Project# 1992A for Payor# 653 Hank's Towing  
16065 Mateo St.  
San Leandro CA 94578

DR:WkShtPay

===== DEPOSIT INFORMATION =====

| Project#                   | Rcpt#  | DepDate  | DepAmount | Proj<br>Type | Deposit<br>Complete | Insp<br>Init | Collect<br>Fees? |
|----------------------------|--------|----------|-----------|--------------|---------------------|--------------|------------------|
| 1992A                      | <----- |          |           |              |                     |              |                  |
|                            | 604992 | 09/01/92 | \$375.00  | M            |                     | RW           |                  |
| Total Deposit for Project: |        |          |           | \$375.00     |                     |              |                  |
| -----                      |        |          |           |              |                     |              |                  |
| Total Deps for all Sites : |        |          |           | \$375.00     |                     |              |                  |

Report WkShtDep Complete; 3/97

LAST WORK DATE FROM BILLING ON THIS SITE:

1655 --1992?  
0

# BILLING ADJUSTMENT FORM

*File  
Copy*

| Billing Acct.#           |                     |
|--------------------------|---------------------|
| <input type="checkbox"/> | Generator...H _____ |
| <input type="checkbox"/> | HMMP.....L _____    |
| <input type="checkbox"/> | UST.....T _____     |

Date: 11-9-93  
HazMat SID#: 11655

Caller: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: HANK'S AUTOMOTIVE

Site Address: 16065 MATEO ST SAN LEANDRO 94577  
City Zip

Requested Changes: \_\_\_\_\_

Initials: AW

Rescind Bill with explanation and date (if available):

- Generator \_\_\_\_\_
- HMMP (AB2185) \_\_\_\_\_
- UST TANK REMOVED - ~~NOT~~ NOT A TANK SITE.

Continue Billing With Following Changes:

- Change number of EMPLOYEES From: \_\_\_\_\_ To: \_\_\_\_\_
- Change number of TANKS From: \_\_\_\_\_ To: \_\_\_\_\_
- HMMP (AB2185)
- Updated information

*check file  
& file VWRW  
to file  
deleted from  
system*

Business Name \_\_\_\_\_ Phone: \_\_\_\_\_

SITE Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

BILLING Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Inspector: Robert Weston Date: 11/9/93

Sent to Billing  
on   /  /    
Rev 12/91 Mac-BillAdj-2

**STATE  
COMPENSATION  
INSURANCE  
FUND**

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

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

FEBRUARY 24, 1993

POLICY NUMBER: 1272298 - 92  
CERTIFICATE EXPIRES: 9-1-93

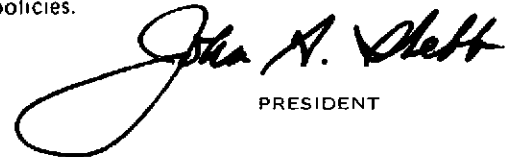
ALAMEDA COUNTY HEALTH AGENCY  
ATTN: ROBERT WESTON  
80 SWAN WY. RM. 200  
OAKLAND CA 94621

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

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

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

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

  
PRESIDENT

EMPLOYER

J. QUARLE & ASSOCIATES, INC.  
620 MARINA BLVD.  
SAN LEANDRO CA 94577

DON'T CUSS...  
CALL US!

NO MISSION  
IMPOSSIBLE!

# HANK'S AUTOMOTIVE SERVICE, INC.

16065 MATEO STREET  
SAN LEANDRO, CALIFORNIA 94578  
(415) 276-5200 • (415) 357-3880

February 25, 1993

Mr. Robert Weston  
Hazardous Materials Specialist  
Division of Hazardous Materials  
80 Swan Way, Room 200  
Oakland, CA 94621

Dear Mr. Weston

As per our recent telephone conversation I am enclosing the two (2) photos as per your request. They are color copies also as you have requested. Hoping this will give some positive proof that the location on J. Quarle & Associates' map of the grounds here at Hank's Automotive Service, Inc. 16065 Mateo St. San Leandro is correct.

If you have any questions feel free to give us a call.

Thank you for your time.

Sincerely,

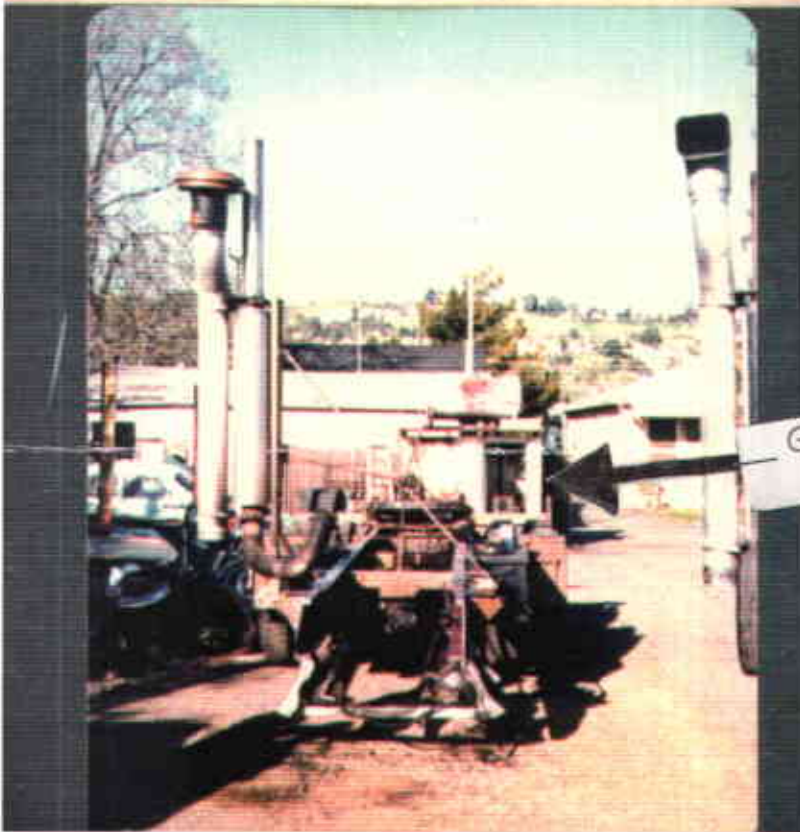
  
Katrina Moretti  
Dispatcher

enclosures

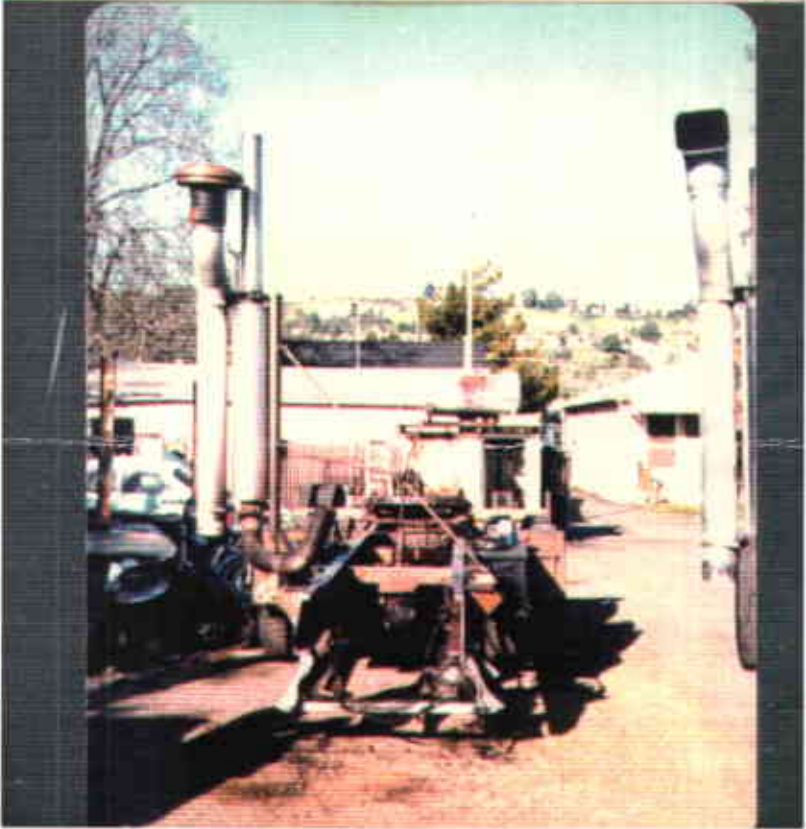




Gas Pump House



Gas Pump House





Certified Mailer #P 367 603 856

December 1, 1992

Mr. Henry Hemenez, Owner  
Hank's Automotive Service Inc.  
16065 Mateo Street  
San Leandro, CA 94578

RE: 16065 Mateo Street, San Leandro, 94578

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

**FIRST NOTICE OF VIOLATION**

Dear Mr. Hemenez:

Our records indicate that there was an underground storage tank at your site at the above facility. You were notified of violations related to the improper closure of that underground storage tank by this Department in an August 4, 1992 certified letter. In that letter you were given a deadline of 30 days in which to respond with a formal tank closure plan. You have not yet performed the required actions.

In accordance with the California Code of Regulations, Title 23, Chapter 3, Subchapter 16 Underground Tank Regulations you must perform the following:

1. Submit a tank closure plan to this Department as required by Article 7, section 2672(d)(1)(3).
2. The closure plan will demonstrate to this Department that no unauthorized release has occurred. This demonstration shall be based on soil sample analysis and/or water analysis if water is present at the level of the former tank.
3. Soil samples shall be taken and analyzed according to the following requirements: soil samples shall be taken immediately beneath the removed portions of the tank, a minimum of two feet into native material at each end of the tank in accordance with section 2649, Title 23. A separate sample shall be taken for each 20 lineal-feet of trench for piping.
4. Soils shall be analyzed in accordance with section 2649 for all constituents of the previously stored hazardous substances and their breakdown or transformation products.

5. The detection of any unauthorized release shall require compliance with the reporting requirements of Article 5 of chapter 16.

Please note that section 25299(a)(5) of the California Health and Safety Code (HSC) states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars or more than five thousand dollars per day for failing to properly close an underground storage tank system, as required by section 25298 of the HSC.

If you have any questions concerning this matter, please contact this office at 271-4320.

Sincerely,



Robert Weston  
Hazardous Materials Specialist

cc: Ed Howell, files  
Mark Thomson, Alameda County District Attorney's Office  
Lester Feldman, RWCQB

P 367 603 856

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

|                                                               |    |
|---------------------------------------------------------------|----|
| Sent to<br><i>Hank's Auto Service</i>                         |    |
| Street and No.<br><i>16065 Mark St.</i>                       |    |
| P.O., State and ZIP Code<br><i>San Leandro 94578</i>          |    |
| Postage                                                       | \$ |
| Certified Fee                                                 |    |
| Special Delivery Fee                                          |    |
| Restricted Delivery Fee                                       |    |
| Return Receipt showing to whom and Date Delivered             |    |
| Return Receipt showing to whom, Date, and Address of Delivery |    |
| TOTAL Postage and Fees                                        | \$ |
| Postmark or Date<br><i>12 2 92</i>                            |    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>SENDING</b></p> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul> |                                                                                                                                                                                                                                                                                            | <p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p> |
| <p>3. Article Addressed to:</p> <p><i>Mr. Henry Hemery<br/>Hank's Automotive Svc, Inc<br/>16065 Mark St.<br/>San Leandro CA 94578</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>4a. Article Number<br/><i>P367603856</i></p>                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> |                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>7. Date of Delivery<br/><i>12-3-92</i></p>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                           |
| <p>5. Signature (Addressee)<br/><i>Katrina Moutti</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>8. Addressee's Address (Only if requested and fee is paid)</p>                                                                                                                                                                                                                          |                                                                                                                                                                                                                           |
| <p>6. Signature (Agent)<br/><i>[Signature]</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
DEPOSIT / REFUND ACCOUNT SHEET

SITE INFORMATION

Hank's Towing  
16065 Mateo St.  
San Leandro 94578  
Site Contact:  
Site Phone :

SITE#: 1992  
PROJECT#: 1992A  
PROJECT TYPE: M  
INSP: Rob Weston  
ACCT. SHEET PG #: 1

PROPERTY OWNER INFORMATION

Owner Contact:  
Owner Phone :

CONTRACTOR INFORMATION

Hank's Towing  
16065 Mateo St.  
San Leandro Ca 94578 #653  
Contr. Contact:  
Contr. Phone :

| Date     | Action Taken                                     | Time In | Time Out | Hours Spent/Depstd | Hour Balnce | Money Spent/Depositd | Money Balance |
|----------|--------------------------------------------------|---------|----------|--------------------|-------------|----------------------|---------------|
|          | Balance from Prev. Page                          | .....   | .....    | .....              |             | .....                |               |
| 09/01/92 | Rcpt# U604992<br>Deposit of \$375.00 @ \$71/hour |         |          | +5.28              |             |                      | \$ 375.00     |
| 11-16-92 | Telcom w/ KATELDA                                | 4:30    | 4:45     | .25                |             | 17.75                | 357.25        |
| 12-1-92  | WRITE VIOLATION LETTER                           | 10:30   | 11:30    | 1.0                |             | 71.00                | 286.25        |
| 12-4-92  | 2 billing                                        |         |          |                    |             |                      |               |
| 12-14-92 | Telcom AND REVIEW OF WORK PLAN                   | 3:00    | 3:30     | .5                 |             | 35.50                | 250.75        |
| 12-15-92 | Telcom w/ INFORMANT RE: FORMER USE LOCATION      | 9:00    | 9:15     | .25                |             | 17.50                | 233.25        |
| 1-20-93  | 2 billing                                        |         |          |                    |             | \$ 56.25             |               |
| 2/22/93  | Telcom w/ RP                                     | 3:00    | 3:30     | .75                |             |                      | 177.00        |
| 3-15-93  | 2 billing                                        |         |          |                    |             |                      |               |
| 2/9/98   | Ask J. Quinlan for proof SS were collected       |         |          | .03                |             |                      |               |

PROJECT COMPLETED BY : \_\_\_\_\_

DATE OF COMPLETION : \_\_\_\_\_

DATE SENT TO BILLING: \_\_\_\_\_

TOTAL COST OF PROJECT: \_\_\_\_\_

REFUND AMOUNT: \_\_\_\_\_

PAY PERIOD 92-12

FROM 5/10/92 TO 5/23/92

|                                                                         | SUN | MON | TUE | WED | THU | FRI |
|-------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|
| FOR EACH WORK DAY:<br>WORK START                                        | 10  | 11  | 12  | 13  | 14  | 15  |
| AND END                                                                 |     |     |     |     |     |     |
| MEAL START                                                              |     |     |     |     |     |     |
| AND END                                                                 |     |     |     |     |     |     |
| Work-Day Regular                                                        | 01  |     |     |     |     |     |
| Straight Overtime                                                       | 11  |     |     |     |     |     |
| Premium Overtime (Time & 1/2)                                           | 12  |     |     |     |     |     |
| CT Earned (Straight Rate)                                               | 31  |     |     |     |     |     |
| CT Earned (Premium Rate)                                                | 32  |     |     |     |     |     |
| Employee Routine<br>S/L Health Appointment                              | 51  |     |     |     |     |     |
| S/L Employee Maternity                                                  | 52  |     |     |     |     |     |
| S/L Family Health Emerg.<br>Dependent Child's<br>S/L Health Appointment | 54  |     |     |     |     |     |
| Employee's Illness<br>S/L or Injury                                     | 55  |     |     |     |     |     |
| Industrial, Non-Safety 100%                                             | 57  |     |     |     |     |     |
| Bereavement Leave                                                       | 58  |     |     |     |     |     |
| Industrial, Non-Safety 80%                                              | 59  |     |     |     |     |     |
| Vacation                                                                | 61  |     |     |     |     |     |
| Floating Holiday                                                        | 62  |     |     |     |     |     |
| Vacation Buy-Back                                                       | 63  |     |     |     |     |     |
| Holiday                                                                 | 68  |     |     |     |     |     |
| Cont. Education Leave                                                   | 69  |     |     |     |     |     |
| Comp. Time Off                                                          | 71  |     |     |     |     |     |
| Leave Without Pay (LWOP)                                                | 81  |     |     |     |     |     |
| LWOP: Maternity                                                         | 82  |     |     |     |     |     |
| LWOP: Educational                                                       | 83  |     |     |     |     |     |
| Stand By                                                                | 19  |     |     |     |     |     |
| Call-Back                                                               | 18  |     |     |     |     |     |

CERTIFICATION: TO THE BEST OF MY KNOWLEDGE, I HEREBY CERTIFY THAT I HAVE  
PAY PERIOD ON THIS TIME SHEET:

REVIEWED AND APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

EMPLO \_\_\_\_\_

|                    |                    |
|--------------------|--------------------|
| 0-3 MIN = 0.0 HR   | 34-39 MIN = 0.6 HR |
| 4-9 MIN = 0.1 HR   | 40-45 MIN = 0.7 HR |
| 10-15 MIN = 0.2 HR | 46-51 MIN = 0.8 HR |
| 16-21 MIN = 0.3 HR | 52-57 MIN = 0.9 HR |
| 22-27 MIN = 0.4 HR | 58-60 MIN = 1.0 HR |
| 28-33 MIN = 0.5 HR |                    |

SOCIAL SECURITY N \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_

**ALAMEDA COUNTY ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS PROGRAM  
DEPOSIT / REFUND ARCHIVED DAILIES STATEMENT FOR WORK AFTER 08/14/98**

database = DAILY ARCHIVES  
~~~~~

**SITE INFORMATION**

Hank's Automotive Service Inc. --- 16065 Mateo St  
StID: 1655 Site#: --1992? San Leandro CA 94578

**ARCHIVED DAILY - DEPREF STATEMENT** as of 10/26/98

--INSPECTOR--

Act Date	Initial	Time	\$ Rate	CHARGE	Time	Charge	Billing Date
=====	=====	=====	=====	=====	=====	=====	=====

No Dailies from Archives for this case

**ALAMEDA COUNT ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS PROGRAM  
DEPOSIT / REFUND ACCOUNT STATEMENT FOR WORK AFTER 08/14/98**

as of 10/26/98

database = HAZMAT DAILIES  
~~~~~

**SITE INFORMATION**

Hank's Automotive Service Inc.  
16065 Mateo St  
San Leandro CA 94578  
StID: 1655 Site#: 1992

\* IF Site name from HazMat (central) DB  
differs from DepRef's Site Name,  
PLEASE RECTIFY WITH LPETERS/CMATYS.

**WORK LOG INFORMATION FROM DAILIES** ( after date08/14/98 )

| #   | Act Date | --INSPECTOR-- |       |         | -PROJECT TOTALS- |       | Error Code or<br>Billing Date |
|-----|----------|---------------|-------|---------|------------------|-------|-------------------------------|
|     |          | Initial       | Time  | \$ Rate | CHARGE           | Time  |                               |
| === | =====    | =====         | ===== | =====   | =====            | ===== | ===== *                       |

**Proj#:1992A - Current Dailies**  
~~~~~

1	08/04/92	RW	0.50	71.00	\$35.50		0.50	\$35.50		06/25/97
	Activity Code: 74-Write Letters									
	Comment: LETTER									
2	08/20/92	RW	0.25	71.00	\$17.75		0.75	\$53.25		06/25/97
	Activity Code: 77-Meetings, Consultations									
	Comment: TELEPHONE W/KATRINA; NOTE TO FILE									
3	08/31/92	RW	0.25	71.00	\$17.75		1.00	\$71.00		06/25/97
	Activity Code: 77-Meetings, Consultations									
	Comment: TELEPHONE W/KATRINA; NOTE TO FILE									
4	09/01/92	RW	1.00	71.00	\$71.00		2.00	\$142.00		06/25/97
	Activity Code: 71-Investigation in Office									
	Comment: ADMINISTRATIVE FEE									
5	10/08/92	RW	0.25	71.00	\$17.75		2.25	\$159.75		06/25/97
	Activity Code: 77-Meetings, Consultations									
	Comment: TELEPHONE W/KATRINA; NOTE TO FILE									
6	03/13/98	EC	0.30	94.00	\$28.20		2.55	\$187.95		03/24/98

Activity Code: 40-Removal Investigate / Follow up  
Comment: convs w/ katrina

7 08/14/98 EC 0.30 100.00 \$30.00 | 2.85 \$217.95 | 09/11/98  
Activity Code: 45-Plan Review: Install/Mod/Rem;Mtgs  
Comment: try to get soil results from katrina and quarle

- - - SUBTOTAL CURRENT DAILIES, PROJECT 1992a 

2.85	\$217.95
------	----------

 - - - -

Running Total for proj: 1992a is 2.8 hours for \$217.95 page 1



**\* ERROR CODE OR BILLING DATE LEGEND:**

1/1/97 and beyond: Already or nearly Debited

1/1/87: Ineligible for Debit: either no deposit or neg. closing balance.

1/\*/86: Error codes: need fixing before debiting.

1/1/85: Pre 1997 DepRef work marked as Available for Debiting.

**CASE COMPLETION STATEMENT**

REFUND RECIPIENT :

Name: \_\_\_\_\_

Address: \_\_\_\_\_

PROJECT # \_\_\_\_\_

PROJECT COMPLETED BY : \_\_\_\_\_

State Forms A,B & C

ATTACH:  Billing Adjustment\*

DATE OF COMPLETION : \_\_\_\_\_

DATE SENT TO BILLING: \_\_/\_\_/\_\_

TOTAL PROJECT COST : \_\_\_\_\_

REFUND AMOUNT: \$ \_\_\_\_\_

Billing adjustment form needed if site is in our UST program.

DRCsCmpl; Rev 6/97

Current HazMat Dailies Statement Complete

TOTAL COUNTS: #Current Dailies: 0 Both Archived & Current: 0

DON'T CUSS...  
CALL US!

# HANK'S AUTOMOTIVE SERVICE, INC.

NO MISSION  
IMPOSSIBLE!

16065 MATEO STREET  
SAN LEANDRO, CALIFORNIA 94578  
(415) 276-5200 • (415) 357-3880

September 3, 1992

Mr. Robert Weston  
Alameda County Health Agency  
80 Swan Way, Room 200  
Oakland, CA 94621

Dear Mr. Weston:

This letter is also regarding the "Underground Tank Closure Plan", we are having J. Quarle & Associates, Inc. performing insite investigation and a work plan will be forth coming.

If you have any questions feel free to contact my office.

Thank you for your time.

*Katrina Moretti*  
Katrina Moretti  
Dispatcher

cc: J. Quarle & Associates, Inc.

92 072 11 11 11/97

DON'T CUSS...  
CALL US!

NO MISSION  
IMPOSSIBLE!

# HANK'S AUTOMOTIVE SERVICE, INC.

16065 MATEO STREET  
SAN LEANDRO, CALIFORNIA 94578  
(415) 276-5200 • (415) 357-3880

August 29, 1992

Mr. Robert Weston  
Alameda Country Health Agency  
80 Swan Way, Room 200  
Oakland, CA 94621

Certified Mailer# P858 850 801

Dear Mr. Weston:

In regards to your letter dated August 4, 1992, on the Under-ground Tank Closure Plan, we have contacted Environmental Geosciences Engineering. The geologist is on vacation and will return September 14th.

I am enclosing the check of \$375.00 as stated in your letter so that your agency can review the plan.

If you have any questions feel free to contact my office at 276-5200.

Thank you for your time.

*Katrina Moretti*  
Katrina Moretti  
Dispatcher

enclosure

92 SEP 1 11:40

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

August 4, 1992

Certified Mailer# P367 604 487

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

Mr. Henry Hemenez, Owner  
Hank's Automotive Service Inc.  
16065 Mateo Street  
San Leandro, CA 94578

Dear Mr. Hemenez:

On July 1, 1992, an inspection of your facility found that an underground storage tank had been removed without obtaining a permit for closure or approval from this office prior to the removal. Therefore, the enclosed "Underground Tank Closure Plan" must be completed and returned to this office within 30 days. The California Code of Regulations (CCR), Title 23, Section 2672(d) specifies the permanent closure requirements for those underground storage tanks in which the storage of hazardous substances has ceased and the tank will not be used.

Additionally, you must submit a deposit fee of \$375.00 to pay for this Agency's time to review the plan and for onsite inspection activity to determine if the tank was properly closed.

If you have any questions regarding this procedure please contact me.

Sincerely,

Robert Weston  
Hazardous Materials Specialist

enclosures

cc: Mark Thomson, Alameda County District Attorney's Office

P 367 604 487

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	
Hank's Auto Svc	
Street and No.	
16065 Mateo St	
P.O., State and ZIP Code	
San Leandro	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	
8/5/92	

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)      2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Mr. Henry Hemery Hank's Automotive Svc 16065 Mateo St. San Leandro, Ca 94578	4. Article Number P 367604487
5. Signature - Address X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature - Agent X	Always obtain signature of addressee or agent and <b>DATE DELIVERED</b> .
7. Date of Delivery Henry Hemery 8/5/92	8. Addressee's Address (ONLY if requested and fee paid)

## COMPLAINT FORM

DATE:

6-8-92

TIME:

8:15

COMPLAINT RECEIVED BY:

ROBERT WESTON

ADDRESS OF INCIDENT:

16065 MATEO

SAN LEANDRO, CA 94578

NAME OF FACILITY:

HANK'S TOWING

CONTACT PERSON:

FACILITY PHONE NUMBER:

SUBJECT OF COMPLAINT:

SITE OF UST WAS RECENTLY  
PAVED OVER WITHOUT REGARD FOR  
UST'S

TANK REMOVED IN  $\approx$  1986-1987  
BY HANK AND HIS SON. TANK TRANSPORTED TO  
JACKSON CA, HIS PROPERTY.

NO SAMPLES TAKEN AT THE TIME OF REMOVAL.

(SOMEONE) TOOK SAMPLES AFTER THE REMOVAL  
WILL LOOK FOR DOCUMENTS.

I WILL WRITE ALGIER DEMANDING RESPONSIBILITY.

COMPLAINT FORM

DATE: 6-8-92 TIME: 8:15

COMPLAINT RECEIVED BY: ROBERT WESTON

ADDRESS OF INCIDENT: 16065 MATEO  
SAN LEANDRO, CA 94578

NAME OF FACILITY: HANK'S TONING

CONTACT PERSON: \_\_\_\_\_

FACILITY PHONE NUMBER: \_\_\_\_\_

SUBJECT OF COMPLAINT: SITE OF UST WAS RECENTLY  
PAVED OVER WITHOUT REGARD FOR  
UST'S

(CONFIDENTIAL)  
KEVIN

NAME OF COMPLAINANT: \_\_\_\_\_ PHONE: 523-4866

ACTIONS TAKEN AND DATE(S)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7-22-92 CAUSED CAUSED 12/14/92 TO DISCUSS HANK  
LOCATION

Date investigation was completed: \_\_\_\_\_

Date complainant contacted: \_\_\_\_\_

Name of Specialist: \_\_\_\_\_

Signature: \_\_\_\_\_

Applied Time: \_\_\_\_\_