

CITY OF OAKLAND FIRE DEPARTMENT  
Office Of Emergency Services  
1605 Martin Luther King Jr. Way, Oakland, CA 94612

To: Donna D.

Hazardous Materials Program

Contaminated Site Case Transfer Form

Referral To:

Date	11/17/05
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)	
Site Name	Loxasey Manufacturing
Site Address	2674 East 11 <sup>th</sup> St.
Site Phone	
Site Contractor/Consultant (if available)	AEI Consultants
Site DBA	

Site Conditions:

<b>UST</b>	
USTs removed? # removed: <u>UNK</u> Date removed: <u>UNK</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Contents (circle): gasoline diesel waste oil <u>heating oil</u> 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm	
o Highest Concentration Detected in Water Contaminant (specify) <u>TPH motor oil</u> Concentration <u>520</u> -ppb	
Unauthorized Release Form filed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Future intended use if known? Specify <u>Housing</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>NON-UST</b>	
Former industrial use?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm	
o Highest Concentration Detected in Water Contaminant (specify) _____ Concentration _____ ppb	
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: H. Gorney Date: 11/17/05

Transfer accepted by (ACEH): [Signature] Date: 01/05/06

# 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 checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY (HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE)	
REPORT DATE 1 0 1 8 0 5 M M D D Y Y		CASE #		SIGNED: <i>[Signature]</i> DATE: 11/10/06	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Matthew Ryder-Smith		PHONE (510) 307-9943		SIGNATURE <i>[Signature]</i>
	REPRESENTING <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER Environmental Consultant		COMPANY OR AGENCY NAME Clearwater Group		
	ADDRESS 229 Tewksbury Ave. STREET		Point Richmond CITY		CA 94801 STATE ZIP
RESPONSIBLE PARTY	NAME Lucasey Manufacturing <input type="checkbox"/> UNKNOWN		CONTACT PERSON Parvez Faizi		PHONE (510) 719-7973
	ADDRESS 2744 East 11 <sup>th</sup> Street STREET		Oakland CITY		CA STATE ZIP
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Former Del Monte Corp. Site		OPERATOR Lucasey Manufacturing (current)		PHONE (510) 534-1435
	ADDRESS 2744 East 11 <sup>th</sup> Street STREET		Oakland CITY		Alameda, 94601-1429 COUNTY ZIP
	CROSS STREET Lisbon Avenue				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME City of Oakland, Hazardous Materials Unit		CONTACT PERSON Leroy Griffitts		PHONE (510) 238-3938
	REGIONAL BOARD				PHONE ( )
SUBSTANCES INVOLVED	(1) NAME TPHd		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2) NAME TPHmo		<input checked="" type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 8 3 1 0 4 M M D D Y Y		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 Preliminary soil/groundwater assessment.		
	DATE DISCHARGE BEGAN M M D D Y Y <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE		<input checked="" type="checkbox"/> OTHER UST thought to have been removed-unconfirmed.		
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input 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 type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUND WATER <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 checked="" 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				
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) <input 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 GROUND WATER (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 checked="" type="checkbox"/> OTHER (OT) Currently Evaluating				

Alameda County  
OCT 25 2005  
Environmental Health

COMMENTS

Property included an "oil house" and "oil tank in ground" in the early to mid 1900's (shown on Sanbourn maps). These facilities are believed to have been removed.