

# 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 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.
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REPORT DATE 03/07/07	CASE # _____	SIGNED: <i>[Signature]</i>	DATE: 07/10/07
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REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Steven Plunkett	PHONE (510) 383-1767	SIGNATURE <i>[Signature]</i>	
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME Alameda County Environmental Health		
	ADDRESS 131 Harbor Bay Parkway    Alameda    CA    94501			

RESPONSIBLE PARTY	NAME Pacific Shops Inc <input type="checkbox"/> UNKNOWN	CONTACT PERSON Sean Spindson	PHONE ( )
	ADDRESS 1815 Clement Street    Alameda    CA    94501		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Pacific Shops Inc	OPERATOR _____	PHONE ( )	
	ADDRESS 1815 Clement Street    Alameda    Alameda    94501			
	CROSS STREET Chestnut			

IMPLEMENTING AGENCIES	LOCAL AGENCY ACEH	AGENCY NAME _____	CONTACT PERSON Rob Weston	PHONE (510) 567-6781
	REGIONAL BOARD _____			

SUBSTANCES INVOLVED	(1) NAME Petroleum Hydrocarbon Bunker oil/diesel VST#2	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) NAME Total Petroleum Hydrocarbon Bunker oil VST #4	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 03/07/07	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input checked="" type="checkbox"/> OTHER Tank Removal
	DATE DISCHARGE BEGAN _____	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input 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 type="checkbox"/> OTHER
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO    IF YES, DATE 03/07/07	

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
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CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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CURRENT STATUS	CHECK ONE ONLY <input checked="" 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
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE)	<input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)	<input checked="" type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> TREATMENT AT HOOKUP (HU)	<input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VENT SOIL (VS)
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COMMENTS  
 Further site investigation may be required to complete site characterization. Additional over-excavation of soil at VST#2 to remove residual contamination

## 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.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### 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.

Repace 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
2. Regional Water Quality Control Board
3. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
4. Owner/responsible party.

**ALAMEDA COUNTY ENVIRONMENTAL HEALTH**  
1131 Harbor Bay Parkway, Alameda, CA 94502

**CUPA Program**

Contaminated Site Case Transfer Form

**Referral To:**

<b>Date</b>	03/07/07
<b>Agency</b>	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502
<b>Attention</b>	Donna L. Drogos, LOP/TOXIC Program Manager

**Site Information:**

<b>Site Responsible Party(s)</b>	
Site Name	Pacific Shops Inc.
Site Address	1815 Clement Street
Site Phone	<del>Tredwell &amp; Rollo</del>
Site Contractor/Consultant (if available)	Tredwell & Rollo
Site DBA	

**Site Conditions:**

<b>UST</b>			
USTs removed? # removed: <u>3</u> Date removed: <u>3/7/07</u>	Yes <input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Contents (circle): <del>gasoline</del> <u>diesel</u> waste oil <del>heating oil</del> solvents kerosene stoddard solvent <u>other (specify) BUNKERS</u>	Yes <input 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?	Yes <input checked="" type="checkbox"/>	No	<input type="checkbox"/>
o Highest Concentration Detected in Soil <u>TPH (60)</u> Contaminant (specify) <u>32,000 ppb</u> Concentration <u>3200</u> ppm			
o Highest Concentration Detected in Water Contaminant (specify) <u>TPH (60)</u> Concentration <u>37,000</u> ppb			
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"/>
<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"/>

*If available, attach pertinent reports*

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: \_\_\_\_\_ Date: \_\_\_\_\_

Transfer accepted by (ACEH): \_\_\_\_\_ Date: \_\_\_\_\_

INSPECTION REPORTS  
REMOVAL APP.  
REPORT w/ TABLES & MAPS.

# COUNTY OF ALAMEDA UNDERGROUND TANK SYSTEM CLOSURE INSPECTION REPORT

*For Use By the County of Alameda, Environmental Health*

SR0011322

Facility Name: Pacific Shops Company Contractor's name: TEC Acquila  
 Address: 1815 Cement City: Alameda Zip: 94501

Project Contact: Dave Dixon Phone No.: \_\_\_\_\_

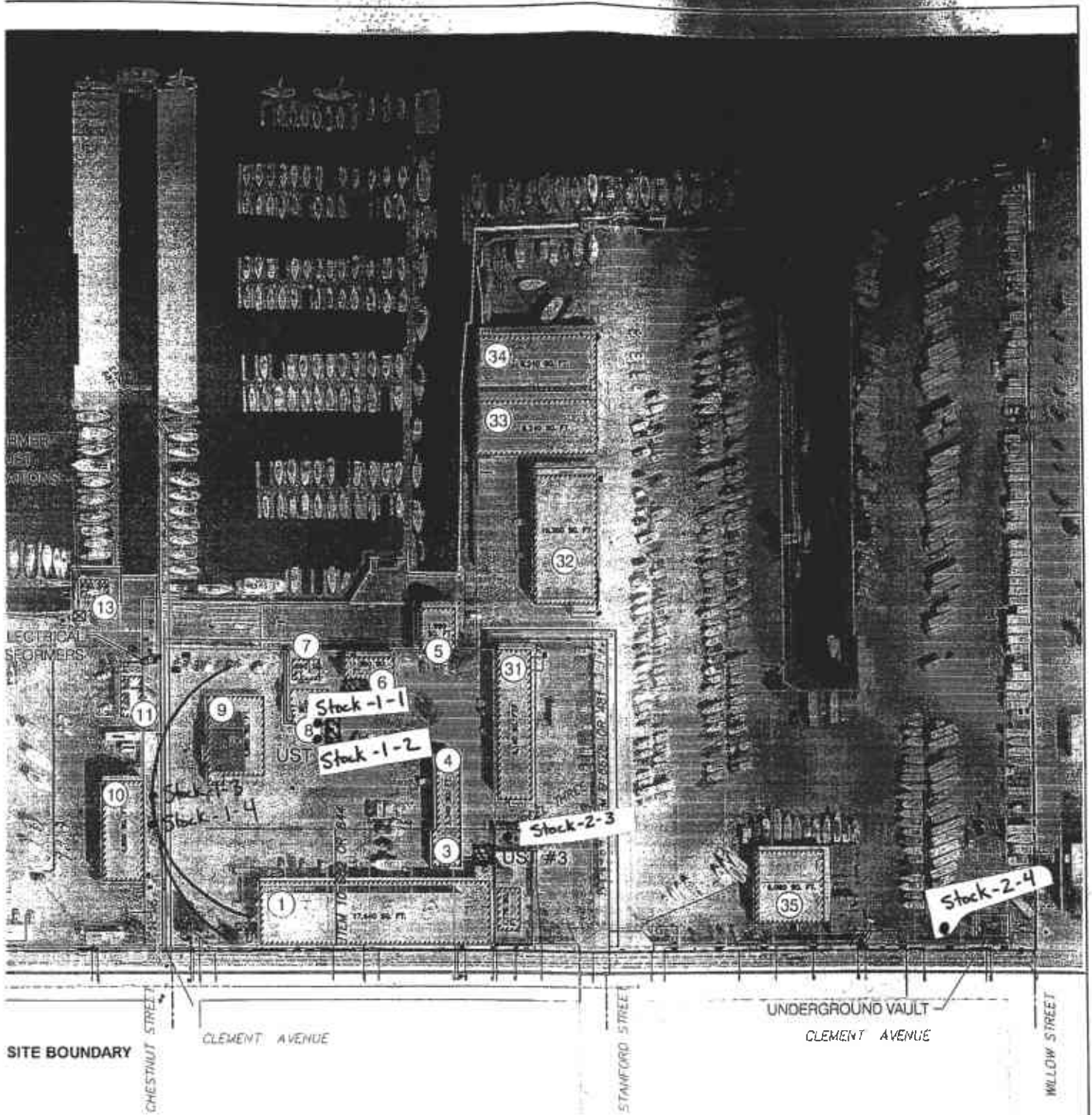
Tank ID No.		#3	#4	#2		
Size	GALLONS	1000	600	1500		
Construction Material		Steel	Steel	Steel		
Single/Double Wall		Single	Single	Single		
Backfill Type		Native	Sand Fill	Native		
Oxygen <10%		1.8	1.1	1.1		
LEL <20%		0	0	0		
Tank Condition		Good no corrosion No holes	Good No holes no corrosion	GOOD No holes or corrosion		
Soil/Groundwater Condition		No HC odor	HC odor Minor soil staining	HC odor staining of soil shown on the		
Soil Sample Depth				sidewall 4/5		
Number and Description of Soil/Groundwater Samples (Indicate Sample Locations on Site Plan.)		UST3-1 Bottom UST3-2 Sidewall	UST4-1-5 Bottom UST4-2-4 Side UST4-GW Grab GW	UST2-1-4 East UST2-3-7 Bottom UST2-2-4 west No GW sample		

Disposition of Tank Contents: \_\_\_\_\_ Piping:  Rinsed/Tested/Capped. Rinsate:  Shipped on Manifest.  
 Tank & Piping Transport:  Shipped on Manifest;  Transporter Name Same as on Application.  
 Sampling:  Evidence Tape;  Chain of Custody;  Samples Refrigerated; Pipeline Samples Taken  Yes,  No (If no, explain why in Comments.)  
 Soil:  Soil Stored on Bermed Plastic & Covered;  Soil Returned to Excavation. Site Plan:  Attached.

Comments/Special Conditions: 3 Tanks inerted w/ dry ice, triple rinsed (2) hauled to ECI, Richmond  
1 hauled to Kelloman hills

Inspector: Steven Plunkett Agency: ACEH Date: 3/1/07 Start Time: 13:30 Stop Time:

Signature of Contractor/Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_



**PACIFIC SHOPS**  
**1731 - 2041 CLEMENT STREET**  
 Alameda, California

**SITE PLAN**

Date 10/18/06 Project No. 4511.01 Figure 2

**Treadwell & Rollo**

TREADWELL & ROLLO, INC.  
UNDERGROUND TANK REMOVAL FORM

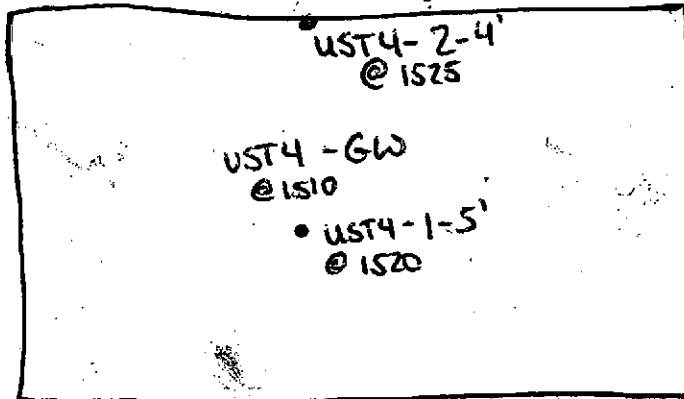
Sheet \_\_\_\_\_ of \_\_\_\_\_  
Project No. 4511.01  
Date 3/7/07  
Completed by cmg

II. TANK EXCAVATION DATA - SUBSURFACE CONDITIONS

A. Sketch of excavation wall(s) which contain staining or discoloration, including:

- 1) excavation dimensions (width, length, and depth below grade)
- 2) tank location(s) within excavation (assign ID numbers to tanks)
- 3) sample numbers, location, and depth (either below tank invert or below ground level)
- 4) location of any staining or obvious contamination
- 5) approximate locations of associated lines

UST #4



↑ N

B. Description of tank backfill material (noting lithology, moisture, odor, vapor meter reading, etc.):

PEA GRAVEL

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C. If applicable, depth to water within excavation and water description, noting any odors, films, or sheens:

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D. Description of soil and water sampling method and procedure:

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TREADWELL & ROLLO, INC.  
UNDERGROUND TANK REMOVAL FORM

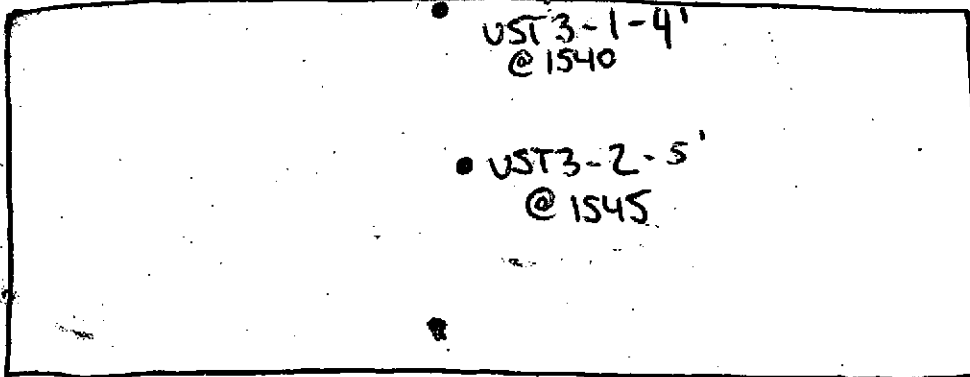
Sheet \_\_\_\_\_ of \_\_\_\_\_  
Project No. 4511.01  
Date 3/7/87  
Completed by CMG

II. TANK EXCAVATION DATA - SUBSURFACE CONDITIONS

A. Sketch of excavation wall(s) which contain staining or discoloration, including:

UST # 3

- 1) excavation dimensions (width, length, and depth below grade)
- 2) tank location(s) within excavation (assign ID numbers to tanks)
- 3) sample numbers, location, and depth (either below tank invert or below ground level)
- 4) location of any staining or obvious contamination
- 5) approximate locations of associated lines



NO GW sample collected per regulator

B. Description of tank backfill material (noting lithology, moisture, odor, vapor meter reading, etc.):

Pea Gravel  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. If applicable, depth to water within excavation and water description, noting any odors, films, or sheens:

H<sub>2</sub>O present in bottom of tank Ex upon arrival 3/7/87 AM.  
H<sub>2</sub>O pumped from Ex into drums.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Description of soil and water sampling method and procedure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TREADWELL & ROLLO, INC.  
UNDERGROUND TANK REMOVAL FORM

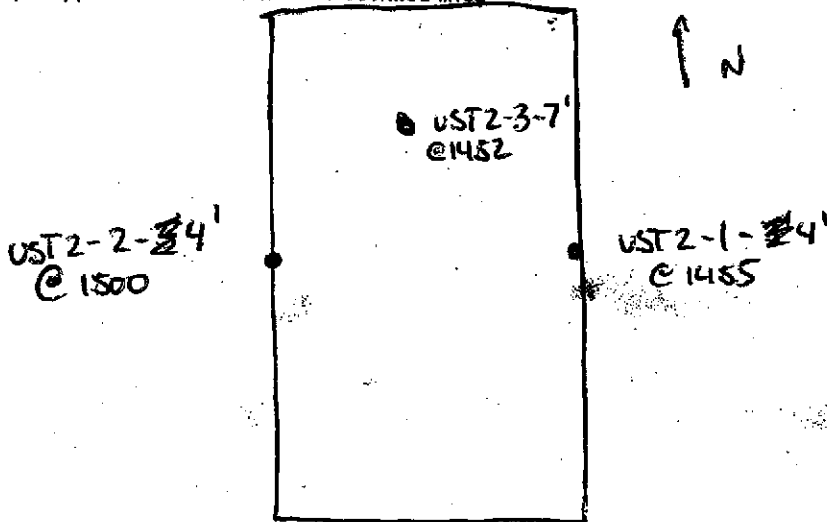
Sheet \_\_\_\_\_ of \_\_\_\_\_  
Project No. 4511.01  
Date 3/7/07  
Completed by CMG

II. TANK EXCAVATION DATA - SUBSURFACE CONDITIONS

A. Sketch of excavation wall(s) which contain staining or discoloration, including:

- 1) excavation dimensions (width, length, and depth below grade)
- 2) tank location(s) within excavation (assign ID numbers to tanks)
- 3) sample numbers, location, and depth (either below tank invert or below ground level)
- 4) location of any staining or obvious contamination
- 5) approximate locations of associated lines

UST#2



staining @ Northern  
end & below tank  
some SPH spotting  
on H<sub>2</sub>O in bottom  
of excavation

B. Description of tank backfill material (noting lithology, moisture, odor, vapor meter reading, etc.):

Pea Gravel  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. If applicable, depth to water within excavation and water description, noting any odors, films, or sheens:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Description of soil and water sampling method and procedure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: SL 0011322 FACILITY NAME: Stendson Boat works PG. 1 OF 3

SUPPLEMENTAL FORM Pacific Shops

Arrive on site 12:15 Tank # 2

Review site and UST locations to document tank locations Photo 1 tank #2

Distinct HC odor from soil stockpile and Northwest sidewall has HC staining

- Tank #4 Photo #3 Conveyance piping is cut and slotted at 2019 cement. Flooding free product on water surface

Tank #3 Photo #4,5 possible sheen on surface of water

13:25 Alameda Line on site

- 1st remove tank #3 and perform confirmation sampling  
100 lbs of dry ice  
LEL readings  
0 LEL  
18 O<sub>2</sub>

Tanks taken to ECT Richmond CA Remove tank  
13:30 Load onto truck Photo 19

PRINT NAME: Steven Plunkett

INSPECTED BY: Steven Plunkett ACE4

SIGNATURE: [Signature]

DATE: 3/7/07

HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: SR 0011322 FACILITY NAME: Pacific Shells Inc PG. 2 OF 3

SUPPLEMENTAL FORM

- Tank # 3 details: No visible holes or damage to tank. No HC odor No staining of soil no sheen on GW. Analysis of Product sample maybe PCBs. Collect sample from tank residue

- Move to Tank # ~~2~~ 4 minor staining on outside of tank, tank in Good Condition no holes or damage. Tank resting in sand fill material

- Move to tank # 2 some concerns w/ # 2 may be PCBs from substance inside tank <sup>10/20</sup> ~~#2~~ remove tank

14'4" Begin over excavation on Tank #2 to remove inspected material collect soil samples from east & west sidewalls and tank bottom 3 samples total: 2 Sidewall at 4' bgs 1 bottom 7' bgs

Unable to remove tank # 2, it will be off hauled Thursday or Friday due to possible PCB Contamination

- Move to Tank # 4 for sample collection Collect Grab GW sample and 1 sidewall 1 bottom sample

PRINT NAME: Steven Plunkett INSPECTED BY: Steven Plunkett

SIGNATURE: *Steven Plunkett* DATE: 3/7/07


HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: SR0011322	FACILITY NAME: Pacific Shops Inc	PG. <u>3</u> OF <u>3</u>
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SUPPLEMENTAL FORM

Move to Tank #3 Complete removal of piping  
15:35 clean up hole for soil sampling. Collect  
2 soil samples 1 bottom 5' 1sidewall 4'  
complete sample collection

Depart Site 16:15

PRINT NAME: Steven Plunkett	INSPECTED BY: <del>Ben</del> ACEH
SIGNATURE: 	DATE: 3/7/07

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 herein is now released for issuance of any required building permits for 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:

*(Handwritten signature)*

Robert Weston (510) 567-6781

Accepted February 27, 2007  
 Site safety plan to be on-site  
 Please note revised Table 2 analysis attached

**UNDERGROUND STORAGE TANK CLOSURE PLAN**

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

1. Name of Business Pacific Shops, Inc.  
 Business Owner or Contact Person (PRINT) Sean/SEVEN SWENSEN
2. Site Address 1815 CLEMENT AVENUE  
 City, State Alameda, CA Zip 94501 Phone (510) 521-1133
3. Mailing Address SAME AS ABOVE  
 City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
4. Property Owner SAME AS ABOVE  
 Business Name (if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
5. Generator name under which tank will be manifested  
Pacific Shops, Inc.  
 EPA I.D. No. under which tank(s) will be manifested CAC 002 613 588
6. Contractor TEC Accutite  
 Address 262 MICHELLE COURT

FEBRUARY 27, 2007

**SR0011322**

- 1 -

07/16/2003

*RIS GORDON*  
 510 541-3771

City, State S. San Francisco, CA Zip 94080 Phone (650) 616-1200

License Type (A)(B)(HAZ)(C-36) ID# 762034

7. Consultant (if applicable) Treadwell + Rollo

Address 555 Montgomery Street, Suite 350

City, State San Francisco, CA Zip 94901 Phone (415) 955-9040

8. Main Contact Person for Investigation (if applicable)

Name David Dixon Title Project Manager

Company Same as above

Phone \_\_\_\_\_

9. Number of underground tanks being closed with this plan 3

Length of piping being removed under this plan UNKNOWN

Total number underground tanks at this facility (confirmed with owner or operator) 0

10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).

a) Product/Residual Sludge/Rinsate Transporter

Name Romic Environmental EPA I.D. No. CAD 009 452 657

Hauler License No. 160 License Exp. Date 9/30/07

Address 2081 Bay Road

City, State East Palo Alto, CA Zip 94303

b) Product/Residual Sludge/Rinsate Disposal Site

Name Romic Environmental EPA I.D. No. CAD 009 452 657

Address 2081 Bay Road

City, State East Palo Alto, CA Zip 94303

Attn: Lourdias Toledo - (650) 324-1638

c) Tank and Piping Transporter

Name ECI EPA I.D. No. CAD 982 030 173  
Hauler License No. 1533 License Exp. Date 3/31/08  
Address 255 PARR BLVD  
City, State Richmond, CA Zip 94801

d) Tank and Piping Disposal Site

Name ECI EPA I.D. No. \_\_\_\_\_  
Address 255 PARR BLVD  
City, State Richmond, CA Zip 94801

11. Sample Collector

Name David Dixon  
Company TREDDWELL & ROLLO  
Address 555 MONTGOMERY STREET, SUITE 350  
City, State SAN FRANCISCO, CA Zip 94901 Phone (415) 955-9040

12. Laboratory

Name CURTIS & TOMPKINS, LTD  
Address 2323 - 5th STREET  
City, State BERKELEY, CA Zip 94710  
State Certification No. 01107

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

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

SEE ATTACHED WORK PLAN  
\_\_\_\_\_  
\_\_\_\_\_

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)		
#2-1,000		boiler oil, soil & groundwater (if present)	Approx. 5 feet
#3-860		diesel/gasoline soil & groundwater (if present)	Approx. 5 feet
#4-500		boiler oil, soil & groundwater (if present)	Approx. 5 feet

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>Estimated 15 yards</p>	<p>Sampling Plan</p> <p>See attached workplan</p>

**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 SEE attached workplan

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.



SEE ATTACHED

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
TPHg	SW 5030	SW 8015	500 UG/KG
BENZENE	SW 5030	SW 8020	5 UG/KG
TOLUENE	SW 5030	SW 8020	5 UG/KG
Ethylbenzene	SW 5030	SW 8020	5 UG/KG
Xylenes	SW 5030	SW 8020	10 UG/KG
MTBE	SW 5030	Positive detection of MTBE confirmed by 8260	5 UG/KG

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

18. Submit copy of Worker's Compensation Certificate

Name of Insurer Redwood Fire + Casualty

19. Submit Plot Plan (See Instructions)

20. Enclose Fee (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, if applicable).

**TABLE #2**  
REVISED 21 NOVEMBER 2003

**RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR  
UNDERGROUND TANK LEAKS**

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u> (SW-846 METHOD)		<u>WATER ANALYSIS</u> (Water/Waste Water Method)	
<b>Gasoline (Leaded and Unleaded)</b>	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, TBA, and EtOH 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
<b>Unknown Fuel</b>	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, TBA, and EtOH 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
<b>Diesel, Jet Fuel, Kerosene, and Fuel/Heating Oil</b>	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, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water			
<b>Chlorinated Solvents</b>	CL HC	8260	CL HC	524.2/624 (8260)
	BTEX	8260 or 8021	BTEX	524.2/624 (8260) or 502.2/602 (8021)
	1,4-Dioxane	8270M	1,4-Dioxane	8270M
<b>Non-chlorinated Solvents</b>	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260 or 8021	BTEX	524.2/624 (8260) or 502.2/602 (8021)
<b>Waste, Used, or Unknown Oil</b>	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)
	1,4-Dioxane	8270M	1,4-Dioxane	8270M
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water			
	METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil 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).

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 Department of Environmental Health and that no work is to begin on this project until this closure 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 TEC Accutite  
Name of Individual John Murphy  
Signature John Murphy Date 2/22/07

PROPERTY OWNER OR  MOST RECENT TANK OWNER (Check one)

Name of Business \_\_\_\_\_  
Name of Individual \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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 Department of Environmental Health and that no work is to begin on this project until this closure plan has been approved.

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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 TEC Accutite  
Name of Individual John Murphy  
Signature John Murphy Date 2/22/07

PROPERTY OWNER OR [ ] MOST RECENT TANK OWNER (Check one)

Name of Business Pacific Shops, Inc.  
Name of Individual Sean Svendsen  
Signature Sean Svendsen Date 2/23/07

**UNIFIED PROGRAM CONSOLIDATED FORM  
TANKS  
UNDERGROUND STORAGE TANKS - FACILITY**

(One page per site) Page 1 of 1

TYPE OF ACTION (Check one item only)  1. NEW PERMIT  3. RENEWAL PERMIT  5. CHANGE OF INFORMATION  PERMANENTLY CLOSED SITE 400.  
 4. AMENDED PERMIT (Specify change)  6. TEMPORARY SITE CLOSURE  8. TANK REMOVED

**I. FACILITY/SITE INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or Doing Business As) 3.			FACILITY ID#		
Pacific Shops, Inc			CAC 002613588 1.		
NEAREST CROSS STREET 401.			FACILITY OWNER TYPE 402.		
Chestnut Street			<input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT* <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 5. COUNTY AGENCY* <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 6. STATE AGENCY* <input type="checkbox"/> 7. FEDERAL AGENCY*		
BUSINESS TYPE 403.		Is facility on Indian Reservation or trust lands? 405.		* If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST. (This is the contact person for the tank records.) 406.	
<input type="checkbox"/> 1. GAS STATION <input type="checkbox"/> 3. FARM <input checked="" type="checkbox"/> 5. COMMERCIAL <input type="checkbox"/> 2. DISTRIBUTOR <input type="checkbox"/> 4. PROCESSOR <input type="checkbox"/> 6. OTHER		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TOTAL NUMBER OF TANKS REMAINING AT SITE 404.		UNKNOWN			

**II. PROPERTY OWNER INFORMATION**

PROPERTY OWNER NAME 407.		PHONE 408.	
Pacific Shops, Inc.		(916) 521-1133	
MAILING OR STREET ADDRESS 409.			
1815 Clement Avenue			
CITY 410.		STATE 411.	ZIP CODE 412.
Alameda		CA	94501
PROPERTY OWNER TYPE 413.			
<input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY			

**III. TANK OWNER INFORMATION**

TANK OWNER NAME 414.		PHONE 415.	
Same as above			
MAILING OR STREET ADDRESS 416.			
CITY 417.			
STATE 418.			
ZIP CODE 419.			
TANK OWNER TYPE 420.			
<input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY			

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER**

TY (TK) HQ 44-	Call (916) 322-9669 if questions arise	421.
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**V. PETROLEUM UST FINANCIAL RESPONSIBILITY**

INDICATE METHOD(S) 422.			
<input type="checkbox"/> 1. SELF-INSURED <input type="checkbox"/> 4. SURETY BOND <input type="checkbox"/> 7. STATE FUND <input type="checkbox"/> 10. LOCAL GOV'T MECHANISM <input checked="" type="checkbox"/> 2. GUARANTEE <input type="checkbox"/> 5. LETTER OF CREDIT <input type="checkbox"/> 8. STATE FUND & CFO LETTER <input type="checkbox"/> 99. OTHER: _____ <input checked="" type="checkbox"/> 3. INSURANCE <input type="checkbox"/> 6. EXEMPTION <input type="checkbox"/> 9. STATE FUND & CD			

**VI. LEGAL NOTIFICATION AND MAILING ADDRESS**

Check one box to indicate which address should be used for legal notifications and mailing.  
 Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.  1. FACILITY  2. PROPERTY OWNER  3. TANK OWNER 423.

**VII. APPLICANT SIGNATURE**

Certification: I certify that the information provided herein is true and accurate to the best of my knowledge.			
SIGNATURE OF APPLICANT (Agent) 424.		DATE 424.	
John Murphy		2/22/07	
NAME OF APPLICANT (print) 426.		PHONE 425.	
John Murphy		(916) 616-1200	
TITLE OF APPLICANT 427.			
Project Manager			
STATE UST FACILITY NUMBER (Agency use only) 428.		1998 UPGRADE CERTIFICATE NUMBER (Agency use only) 429.	
(See Data Element 1, above.)			

**UNIFIED PROGRAM CONSOLIDATED FORM  
TANKS  
UNDERGROUND STORAGE TANKS - TANK PAGE 1**

(Two pages per tank)

Page 1 of 2

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 4. AMENDED PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION	<input type="checkbox"/> 6. TEMPORARY TANK CLOSURE	430.
	<input type="checkbox"/> 3. RENEWAL PERMIT			<input type="checkbox"/> 7. PERMANENTLY CLOSED ON SITE	
	(Specify reason)		(Specify reason)		
				<input checked="" type="checkbox"/> 8. TANK REMOVED	

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3.	FACILITY ID:	CAC	002613588	1.
--	----	--------------	-----	-----------	----

LOCATION WITHIN SITE (Optional)	431.
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SEE attached site map

**I. TANK DESCRIPTION**

(A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID #	2	TANK MANUFACTURER	UNKNOWN	COMPARTMENTALIZED TANK	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	434.
				If "Yes," complete one page for each compartment.		
DATE INSTALLED (YEAR/MO)	1940's-1950's	TANK CAPACITY IN GALLONS	11000	NUMBER OF COMPARTMENTS	UNKNOWN	437.
ADDITIONAL DESCRIPTION (For local use only)						438.

**II. TANK CONTENTS**

TANK USE	PETROLEUM TYPE		440.
<input type="checkbox"/> 1. MOTOR VEHICLE FUEL (If checked, complete Petroleum Type)	<input type="checkbox"/> 1a. REGULAR UNLEADED	<input type="checkbox"/> 2. LEADED	<input type="checkbox"/> 5. JET FUEL
<input type="checkbox"/> 2. NON-FUEL PETROLEUM	<input type="checkbox"/> 1b. PREMIUM UNLEADED	<input type="checkbox"/> 3. DIESEL	<input type="checkbox"/> 6. AVIATION GAS
<input type="checkbox"/> 3. CHEMICAL PRODUCT	<input type="checkbox"/> 1c. MIDGRADE UNLEADED	<input type="checkbox"/> 4. GASOHOL	<input checked="" type="checkbox"/> 99. OTHER: <u>boiler oil</u>
<input checked="" type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil)	COMMON NAME (from Hazardous Materials Inventory page)		441.
<input type="checkbox"/> 95. UNKNOWN	CAS# (from Hazardous Materials Inventory page)		442.

**III. TANK CONSTRUCTION**

TYPE OF TANK (Check one item only)	<input checked="" type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER	<input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM	443.
	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 4. SINGLE WALL IN A VAULT	<input type="checkbox"/> 95. UNKNOWN	
TANK MATERIAL - primary tank (Check one item only)	<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 5. CONCRETE	444.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL	<input type="checkbox"/> 95. UNKNOWN
TANK MATERIAL - secondary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL	445.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 9. FRP NON-CORRODABLE JACKET	<input type="checkbox"/> 99. OTHER
TANK INTERIOR LINING OR COATING (Check one item only)	<input type="checkbox"/> 1. RUBBER LINED	<input type="checkbox"/> 3. EPOXY LINING	<input type="checkbox"/> 5. GLASS LINING	446.
	<input type="checkbox"/> 2. ALKYD LINING	<input type="checkbox"/> 4. PHENOLIC LINING	<input type="checkbox"/> 6. UNLINED	<input checked="" type="checkbox"/> 95. UNKNOWN
OTHER CORROSION PROTECTION (If Applicable)	<input type="checkbox"/> 1. MANUFACTURED CATHODIC PROTECTION	<input type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC	<input checked="" type="checkbox"/> 95. UNKNOWN	448.
	<input type="checkbox"/> 2. SACRIFICIAL ANODE	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 99. OTHER
SPILL AND OVERFILL (Check all that apply)	YEAR INSTALLED	TYPE	OVERFILL PROTECTION EQUIPMENT:	452.
<input type="checkbox"/> 1. SPILL CONTAINMENT	_____	_____	<input type="checkbox"/> 1. ALARM	452.
<input type="checkbox"/> 2. DROP TUBE	_____	_____	<input type="checkbox"/> 3. FILL TUBE SHUT OFF VALVE	
<input type="checkbox"/> 3. STRIKER PLATE	_____	_____	<input type="checkbox"/> 2. BALL FLOAT	452.
			<input type="checkbox"/> 4. EXEMPT	

**IV. TANK LEAK DETECTION**

(A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply)	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only)
<input checked="" type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY)	<input type="checkbox"/> 1. VISUAL (SINGLE WALL IN VAULT ONLY)
<input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG)	<input type="checkbox"/> 2. CONTINUOUS INTERSTITIAL MONITORING
<input type="checkbox"/> 3. CONTINUOUS ATG	<input type="checkbox"/> 3. MANUAL MONITORING
<input type="checkbox"/> 4. STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING	
<input type="checkbox"/> 5. MANUAL TANK GAUGING (MTG)	
<input type="checkbox"/> 6. VADOSE ZONE	
<input type="checkbox"/> 7. GROUNDWATER	
<input type="checkbox"/> 8. TANK TESTING	
<input type="checkbox"/> 99. OTHER	

**V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE**

ESTIMATED DATE LAST USED (YR/MO/DAY)	ESTIMATED QUANTITY OF SUBSTANCE REMAINING	TANK FILLED WITH INERT MATERIAL?
UNKNOWN	UNKNOWN gallons	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**UNIFIED PROGRAM CONSOLIDATED FORM**

**TANKS**

**UNDERGROUND STORAGE TANKS - TANK PAGE 2**

**VI. PIPING CONSTRUCTION (Check all that apply)**

UNDERGROUND PIPING				ABOVEGROUND PIPING					
<b>SYSTEM TYPE</b>	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458.	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459.	
<b>CONSTRUCTION/MANUFACTURER</b>	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460.	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462.	
	<input type="checkbox"/> 2. DOUBLE WALL	<input checked="" type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER			
<b>MANUFACTURER</b>				461.	<b>MANUFACTURER</b>				463.
<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL				<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL			
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL				<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL			
<input type="checkbox"/> 3. PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 95. UNKNOWN				<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER		
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER			<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. CATHODIC PROTECTION			
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION			464.	<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 95. UNKNOWN			

**VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)**

UNDERGROUND PIPING	ABOVEGROUND PIPING
<b>SINGLE WALL PIPING</b> 466.	<b>SINGLE WALL PIPING</b> 467.
<b>PRESSURIZED PIPING (Check all that apply):</b>	<b>PRESSURIZED PIPING (Check all that apply):</b>
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT-OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)
<b>CONVENTIONAL SUCTION SYSTEMS</b>	<b>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</b>
<input checked="" type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)	<input checked="" type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM
<b>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</b>	<b>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</b>
<input type="checkbox"/> 7. SELF MONITORING	<input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)
<b>GRAVITY FLOW</b>	<b>GRAVITY FLOW (Check all that apply):</b>
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 7. SELF MONITORING
<b>SECONDARILY CONTAINED PIPING</b>	<b>SECONDARILY CONTAINED PIPING</b>
<b>PRESSURIZED PIPING (Check all that apply):</b>	<b>PRESSURIZED PIPING (Check all that apply):</b>
10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)	10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF
<input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)
<b>SUCTION/GRAVITY SYSTEM</b>	<b>SUCTION/GRAVITY SYSTEM</b>
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS
<b>EMERGENCY GENERATORS ONLY (Check all that apply)</b>	<b>EMERGENCY GENERATORS ONLY (Check all that apply)</b>
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS
<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)
<input type="checkbox"/> 17. DAILY VISUAL CHECK	<input type="checkbox"/> 17. DAILY VISUAL CHECK

**VIII. DISPENSER CONTAINMENT**

DISPENSER CONTAINMENT	468.	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE		<input type="checkbox"/> 4. DAILY VISUAL CHECK	469.
DATE INSTALLED		<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 5. TRENCH/LINER MONITORING	
		<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 6. NONE	

**IX. OWNER/OPERATOR SIGNATURE**

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR (Agent) <i>John Murphy</i>	DATE: <u>2/22/07</u>
NAME OF OWNER/OPERATOR (print): <u>John Murphy</u>	TITLE OF OWNER/OPERATOR: <u>Project Manager</u>
Permit Number (Agency use only) 473.	Permit Approved By (Agency use only) 474.
Permit Expiration Date (Agency use only) 475.	

**UNIFIED PROGRAM CONSOLIDATED FORM  
TANKS  
UNDERGROUND STORAGE TANKS - TANK PAGE 1**

(Two pages per tank)

Page 1 of 2

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 4. AMENDED PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION	<input type="checkbox"/> 6. TEMPORARY TANK CLOSURE	430.
	<input type="checkbox"/> 3. RENEWAL PERMIT			<input type="checkbox"/> 7. PERMANENTLY CLOSED ON SITE	
		(Specify reason)	(Specify reason)	<input checked="" type="checkbox"/> 8. TANK REMOVED	

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <b>People Shops, Inc.</b>	3.	FACILITY ID:	<b>CAC</b>	<b>00</b>	<b>26</b>	<b>13</b>	<b>58</b>	<b>8</b>	1.
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LOCATION WITHIN SITE (Optional) <b>SEE attached site map</b>	431.
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**I. TANK DESCRIPTION**

(A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # <b>#3</b>	432.	TANK MANUFACTURER <b>UNKNOWN</b>	433.	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	434.
DATE INSTALLED (YEAR/MO) <b>1940's-1950's</b>	435.	TANK CAPACITY IN GALLONS <b>860</b>	436.	NUMBER OF COMPARTMENTS <b>UNKNOWN</b>	437.
ADDITIONAL DESCRIPTION (For local use only)					
438.					

**II. TANK CONTENTS**

TANK USE <input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL (If checked, complete Petroleum Type)	439.	PETROLEUM TYPE			440.
<input type="checkbox"/> 2. NON-FUEL PETROLEUM		<input type="checkbox"/> 1a. REGULAR UNLEADED	<input type="checkbox"/> 2. LEADED	<input type="checkbox"/> 5. JET FUEL	
<input type="checkbox"/> 3. CHEMICAL PRODUCT		<input type="checkbox"/> 1b. PREMIUM UNLEADED	<input checked="" type="checkbox"/> 3. DIESEL	<input type="checkbox"/> 6. AVIATION GAS	
<input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil)		<input type="checkbox"/> 1c. MIDGRADE UNLEADED	<input type="checkbox"/> 4. GASOHOL	<input type="checkbox"/> 99. OTHER:	
<input type="checkbox"/> 95. UNKNOWN		COMMON NAME (from Hazardous Materials Inventory page)		441.	CAS# (from Hazardous Materials Inventory page) 442.

**III. TANK CONSTRUCTION**

TYPE OF TANK (Check one item only)	<input checked="" type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER	<input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM	443.
	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 4. SINGLE WALL IN A VAULT	<input type="checkbox"/> 95. UNKNOWN	
TANK MATERIAL - primary tank (Check one item only)	<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 5. CONCRETE	444.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL	<input type="checkbox"/> 99. OTHER:
TANK MATERIAL - secondary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL	445.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 9. FRP NON-CORRODABLE JACKET	<input type="checkbox"/> 99. OTHER:
		<input type="checkbox"/> 5. CONCRETE	<input type="checkbox"/> 10. COATED STEEL	
TANK INTERIOR LINING OR COATING (Check one item only)	<input type="checkbox"/> 1. RUBBER LINED	<input type="checkbox"/> 3. EPOXY LINING	<input type="checkbox"/> 5. GLASS LINING	446.
	<input type="checkbox"/> 2. ALKYD LINING	<input type="checkbox"/> 4. PHENOLIC LINING	<input type="checkbox"/> 6. UNLINED	<input checked="" type="checkbox"/> 95. UNKNOWN
			<input type="checkbox"/> 99. OTHER:	DATE INSTALLED 447.
OTHER CORROSION PROTECTION (If Applicable)	<input type="checkbox"/> 1. MANUFACTURED CATHODIC PROTECTION	<input type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC	<input checked="" type="checkbox"/> 95. UNKNOWN	448.
	<input type="checkbox"/> 2. SACRIFICIAL ANODE	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 99. OTHER:	DATE INSTALLED 449.
SPILL AND OVERFILL (Check all that apply)	<input type="checkbox"/> 1. SPILL CONTAINMENT	YEAR INSTALLED 450.	TYPE 451.	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452.
	<input type="checkbox"/> 2. DROP TUBE			<input type="checkbox"/> 1. ALARM
	<input type="checkbox"/> 3. STRIKER PLATE			<input type="checkbox"/> 2. BALL FLOAT
				<input type="checkbox"/> 3. FILL TUBE SHUT OFF VALVE
				<input type="checkbox"/> 4. EXEMPT

**IV. TANK LEAK DETECTION**

(A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply)	453.	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only)	454.
<input checked="" type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY)		<input type="checkbox"/> 1. VISUAL (SINGLE WALL IN VAULT ONLY)	
<input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG)	<input type="checkbox"/> 5. MANUAL TANK GAUGING (MTG)	<input type="checkbox"/> 2. CONTINUOUS INTERSTITIAL MONITORING	
<input type="checkbox"/> 3. CONTINUOUS ATG	<input type="checkbox"/> 6. VADOSE ZONE	<input type="checkbox"/> 3. MANUAL MONITORING	
<input type="checkbox"/> 4. STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING	<input type="checkbox"/> 7. GROUNDWATER		
	<input type="checkbox"/> 8. TANK TESTING		
	<input type="checkbox"/> 99. OTHER		

**V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE**

ESTIMATED DATE LAST USED (YR/MO/DAY) 455. <b>UNKNOWN</b>	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456. <b>UNKNOWN</b> gallons	TANK FILLED WITH INERT MATERIAL? 457. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**UNIFIED PROGRAM CONSOLIDATED FORM  
TANKS  
UNDERGROUND STORAGE TANKS - TANK PAGE 2**

Page 2 of 2

**VI. PIPING CONSTRUCTION (Check all that apply)**

UNDERGROUND PIPING				ABOVEGROUND PIPING			
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY		<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY
CONSTRUCTION/ MANUFACTURER	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER		<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN	
	<input type="checkbox"/> 2. DOUBLE WALL	<input checked="" type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER	
MANUFACTURER	461.			MANUFACTURER	463.		
<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL	<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL
<input type="checkbox"/> 3. PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. OTHER	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. OTHER
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 9. CATHODIC PROTECTION	<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 95. UNKNOWN
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION	464.					465.

**VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)**

UNDERGROUND PIPING	ABOVEGROUND PIPING
<p><b>SINGLE WALL PIPING</b> 466.</p> <p><b>PRESSURIZED PIPING (Check all that apply):</b></p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT-OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><b>CONVENTIONAL SUCTION SYSTEMS</b></p> <p><input checked="" type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)</p> <p><b>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</b></p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p><b>GRAVITY FLOW</b></p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SECONDARILY CONTAINED PIPING</b></p> <p><b>PRESSURIZED PIPING (Check all that apply):</b></p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SUCTION/GRAVITY SYSTEM</b></p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p><b>EMERGENCY GENERATORS ONLY (Check all that apply)</b></p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>	<p><b>SINGLE WALL PIPING</b> 467.</p> <p><b>PRESSURIZED PIPING (Check all that apply):</b></p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 4. DAILY VISUAL CHECK</p> <p><b>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</b></p> <p><input checked="" type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM</p> <p><input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</b></p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p><b>GRAVITY FLOW (Check all that apply):</b></p> <p><input type="checkbox"/> 8. DAILY VISUAL MONITORING</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SECONDARILY CONTAINED PIPING</b></p> <p><b>PRESSURIZED PIPING (Check all that apply):</b></p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SUCTION/GRAVITY SYSTEM</b></p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p><b>EMERGENCY GENERATORS ONLY (Check all that apply)</b></p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>

**VIII. DISPENSER CONTAINMENT**

DISPENSER CONTAINMENT	468.	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK	469.
DATE INSTALLED		<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH/LINER MONITORING	
		<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR <u>WITH</u> AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE	

**IX. OWNER/OPERATOR SIGNATURE**

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR <i>John Murphy</i>	DATE: <u>2/22/07</u>
NAME OF OWNER/OPERATOR (print) <u>John Murphy</u>	TITLE OF OWNER/OPERATOR: <u>Project Manager</u>

Permit Number (Agency use only)	473.	Permit Approved By (Agency use only)	474.	Permit Expiration Date (Agency use only)	475.
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**UNIFIED PROGRAM CONSOLIDATED FORM  
TANKS  
UNDERGROUND STORAGE TANKS - TANK PAGE 1**

(Two pages per tank)

Page 1 of 2

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 4. AMENDED PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION	<input type="checkbox"/> 6. TEMPORARY TANK CLOSURE	430.
	<input type="checkbox"/> 3. RENEWAL PERMIT			<input type="checkbox"/> 7. PERMANENTLY CLOSED ON SITE	
		(Specify reason)	(Specify reason)	<input checked="" type="checkbox"/> 8. TANK REMOVED	

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3. <b>Pacific Shops, Inc.</b>	FACILITY ID:	<b>CAC 002613588</b>	1.
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LOCATION WITHIN SITE (Optional) <b>SEE attached site map</b>	431.
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**I. TANK DESCRIPTION**

(A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # <b>4</b>	432.	TANK MANUFACTURER <b>UNKNOWN</b>	433.	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	434.
DATE INSTALLED (YEAR/MO) <b>1940's-1950's</b>	435.	TANK CAPACITY IN GALLONS <b>500</b>	436.	NUMBER OF COMPARTMENTS	437.

ADDITIONAL DESCRIPTION (For local use only)	438.
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**II. TANK CONTENTS**

TANK USE 439. <input type="checkbox"/> 1. MOTOR VEHICLE FUEL (If checked, complete Petroleum Type) <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input checked="" type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 95. UNKNOWN	PETROLEUM TYPE 440. <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION GAS <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input checked="" type="checkbox"/> 99. OTHER: <b>boiler oil</b>	
	COMMON NAME (from Hazardous Materials Inventory page) 441.	CAS# (from Hazardous Materials Inventory page) 442.

**III. TANK CONSTRUCTION**

TYPE OF TANK (Check one item only)	<input checked="" type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER	<input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM	443.
	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 4. SINGLE WALL IN A VAULT	<input type="checkbox"/> 95. UNKNOWN	
TANK MATERIAL - primary tank (Check one item only)	<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 5. CONCRETE	444.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL	
TANK MATERIAL - secondary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL	445.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 9. FRP NON-CORRODABLE JACKET	446.
TANK INTERIOR LINING OR COATING (Check one item only)	<input type="checkbox"/> 1. RUBBER LINED	<input type="checkbox"/> 3. EPOXY LINING	<input type="checkbox"/> 5. GLASS LINING	447.
	<input type="checkbox"/> 2. ALKYD LINING	<input type="checkbox"/> 4. PHENOLIC LINING	<input type="checkbox"/> 6. UNLINED	448.
OTHER CORROSION PROTECTION (If Applicable)	<input type="checkbox"/> 1. MANUFACTURED CATHODIC PROTECTION	<input type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC	<input checked="" type="checkbox"/> 95. UNKNOWN	449.
	<input type="checkbox"/> 2. SACRIFICIAL ANODE	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 99. OTHER	
SPLILL AND OVERFILL (Check all that apply)	<input type="checkbox"/> 1. SPILL CONTAINMENT	YEAR INSTALLED 450.	TYPE 451.	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452.
	<input type="checkbox"/> 2. DROP TUBE			<input type="checkbox"/> 1. ALARM
	<input type="checkbox"/> 3. STRIKER PLATE			<input type="checkbox"/> 2. BALL FLOAT
				<input type="checkbox"/> 3. FILL TUBE SHUT OFF VALVE
				<input type="checkbox"/> 4. EXEMPT

**IV. TANK LEAK DETECTION**

(A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453.	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454.
<input checked="" type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY)	<input type="checkbox"/> 1. VISUAL (SINGLE WALL IN VAULT ONLY)
<input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG)	<input type="checkbox"/> 2. CONTINUOUS INTERSTITIAL MONITORING
<input type="checkbox"/> 3. CONTINUOUS ATG	<input type="checkbox"/> 3. MANUAL MONITORING
<input type="checkbox"/> 4. STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING	
<input type="checkbox"/> 5. MANUAL TANK GAUGING (MTG)	
<input type="checkbox"/> 6. VADOSE ZONE	
<input type="checkbox"/> 7. GROUNDWATER	
<input type="checkbox"/> 8. TANK TESTING	
<input type="checkbox"/> 99. OTHER	

**V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE**

ESTIMATED DATE LAST USED (YR/MO/DAY) 455. <b>UNKNOWN</b>	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456. <b>UNKNOWN</b> gallons	TANK FILLED WITH INERT MATERIAL? 457. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**UNIFIED PROGRAM CONSOLIDATED FORM  
TANKS**

**UNDERGROUND STORAGE TANKS - TANK PAGE 2**

Page 2 of 2

**VI. PIPING CONSTRUCTION (Check all that apply)**

UNDERGROUND PIPING				ABOVEGROUND PIPING					
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458.	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459.	
CONSTRUCTION/ MANUFACTURER	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460.	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462.	
	<input type="checkbox"/> 2. DOUBLE WALL	<input checked="" type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER			
MANUFACTURER				461.	MANUFACTURER				463.
<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL	<input type="checkbox"/> 1. BARE STEEL			<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL				
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL	<input type="checkbox"/> 2. STAINLESS STEEL			<input type="checkbox"/> 7. GALVANIZED STEEL				
<input type="checkbox"/> 3. PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS			<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER			
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 4. FIBERGLASS			<input type="checkbox"/> 9. CATHODIC PROTECTION				
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION	<input type="checkbox"/> 5. STEEL W/COATING		464.	<input type="checkbox"/> 95. UNKNOWN				465.

**VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)**

UNDERGROUND PIPING	ABOVEGROUND PIPING
<p><b>SINGLE WALL PIPING</b> <span style="float: right;">466.</span></p> <p><b>PRESSURIZED PIPING (Check all that apply):</b></p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT-OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><b>CONVENTIONAL SUCTION SYSTEMS</b></p> <p><input checked="" type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)</p> <p><b>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</b></p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p><b>GRAVITY FLOW</b></p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SECONDARILY CONTAINED PIPING</b></p> <p><b>PRESSURIZED PIPING (Check all that apply):</b></p> <p>10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SUCTION/GRAVITY SYSTEM</b></p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p><b>EMERGENCY GENERATORS ONLY (Check all that apply)</b></p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>	<p><b>SINGLE WALL PIPING</b> <span style="float: right;">467.</span></p> <p><b>PRESSURIZED PIPING (Check all that apply):</b></p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 4. DAILY VISUAL CHECK</p> <p><b>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</b></p> <p><input checked="" type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM</p> <p><input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</b></p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p><b>GRAVITY FLOW (Check all that apply):</b></p> <p><input type="checkbox"/> 8. DAILY VISUAL MONITORING</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SECONDARILY CONTAINED PIPING</b></p> <p><b>PRESSURIZED PIPING (Check all that apply):</b></p> <p>10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SUCTION/GRAVITY SYSTEM</b></p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p><b>EMERGENCY GENERATORS ONLY (Check all that apply)</b></p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>

**VIII. DISPENSER CONTAINMENT**

DISPENSER CONTAINMENT	468.	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK	469.
DATE INSTALLED		<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH/LINER MONITORING	
		<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE	

**IX. OWNER/OPERATOR SIGNATURE**

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR <i>John Murphy</i>	DATE: <u>2/22/07</u>	470.
NAME OF OWNER/OPERATOR (print): <u>John Murphy</u>	TITLE OF OWNER/OPERATOR: <u>Project Manager</u>	472.

Permit Number (Agency use only)	473.	Permit Approved By (Agency use only)	474.	Permit Expiration Date (Agency use only)	475.
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# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/1/2006

JCER (650)341-8414 FAX (650)341-8352  
Druml Group, Inc.  
1135 Farragut Blvd

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Foster City CA 94404

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURED  
Technology, Engineering And Construction, Inc.  
dba Accutite  
262 Michelle Court  
South San Francisco CA 94080

INSURER A: Redland Insurance Company	37303
INSURER B: Redwood Fire and Casualty	11673
INSURER C: Fireman's Fund Insurance	21873
INSURER D:	
INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	R001120005	07/01/2006	07/01/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	W673-4217	07/01/2006	07/01/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C		<b>OTHER Equipment Floater</b>	MXI98122628	07/01/2006	07/01/2007	Rented/Leased Equip 300,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Re: All California Operations.

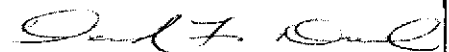
**CERTIFICATE HOLDER**

City of San Jose  
Risk Management Division  
801 N. First Street, Rm 110  
San Jose, CA 95110

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
David Druml/DKM





State Of California

**CONTRACTORS STATE LICENSE BOARD  
ACTIVE LICENSE**



License Number **762034**

Entity **CORP**

Business Name **TECHNOLOGY ENGINEERING &  
CONSTRUCTION INC DBA ACCUTITE**

Classification(s) **A HAZ B C36**

Expiration Date **04/30/2007**





# Technology, Engineering & Construction, Inc.

262 Michelle Court • So. San Francisco, CA 94080-6201 • Contractor's Lic. #762034  
Tel: (650) 616-1200 • Fax: (650) 616-1244 • www.tecaccutite.com

## HEALTH AND SAFETY PLAN TEC ACCUTITE

**Underground Storage Tank Removal  
Alameda Marina  
1815 Clement Avenue  
Alameda, CA 94501**

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### Scope of Work

TEC Accutite will excavate and remove one (1) 500-gallon home heating oil tank and load it for disposal at Ecology Control Industries, Richmond, California. In addition, TEC Accutite will cut piping from the tank, clean out any residual fuel and slurry fill the pipes using a high pressure concrete. Confirmation samples will be collected prior to backfilling.

### Equipment Required

This scope of work requires: backhoe, concrete pump and concrete.

### Contractors Involved

Ecology Control Industries	(510) 235 - 1393
Romic Environmental	(650) 324 - 1638

### USA Required

Yes

### Known Exposures

Boiler oil & diesel fuel in soils and groundwater (see pg. 3). To reduce exposure, proper PPE will be worn and a PID meter will monitor concentrations in air around the site (see pg. 10).

### Possible Exposures

**Boiler oil & Diesel Fuel** (see pg.3)

**In-house Contacts**

John Murphy

650 616-1233 (Office)

650 451-2478

Nathan Smith (part-time on-site contact)

650-222-0890 (cell)

**Outside Contacts**

Rob Weston – Alameda County Environmental Health

(510) 567-6700

Alameda Fire

(510) 337-2120

**Emergency Contacts**

Police / Fire

911

Hospital : Alameda Hospital

1.1 mi / 5 min.

2070 Clinton Avenue, Alameda (see pg.5)

(510) 522-3700

Also, see pg. 15.

**Special Conditions**

Noise Control : Hours for major excavation and large trucks will be within prescribed limits. Hearing protection will be used by all workers when appropriate.

**Signatures**

This Health and Safety Plan has been inspected and approved by qualified personnel. Prior to starting work all on-site workers will review and sign this plan (see pg.4).

Prepared By:

Reviewed By:

Christine F. Titus  
Project Assistant

John Murphy  
Project Manager





## SUBSTANCE EXPOSURE INFORMATION

SUBSTANCE	EXPOSURE SYMPTOMS	FIRST AID INSTRUCTIONS
<b>UNLEADED GASOLINE</b>	High concentrations of vapor / mist may cause eye discomfort.	Flush eyes immediately with fresh water for at least 15 minutes while holding eyelids open. Remove contacts, if worn.
	Prolonged exposure or contact can defat the skin and lead to irritation and/or dermatitis.	Wash skin thoroughly with soap and water. Remove and wash contaminated clothing.
	Inhalation of vapor / aerosol above recommended concentrations may cause headaches, drowsiness, nausea and may lead to unconsciousness or death.	Move person to fresh air.
	Harmful or fatal if inhaled into lungs. Ingestion causes gastrointestinal irritation and diarrhea.	If swallowed, give milk or water and telephone for medical advice. <b>DO NOT MAKE PERSON VOMIT.</b> If medical advice cannot be obtained; seek immediate medical attention.
<b>DIESEL FUEL NUMBER 2</b>	Exposure to vapor or mist may cause eye irritation.	Flush eyes immediately with fresh water for at least 15 minutes while holding eyelids open. Remove contacts, if worn. Thermal burns require immediate medical attention.
	Repeated or prolonged exposure may cause defatting, redness, itching, inflammation, cracking and possibly secondary infection. Repeated or massive skin contact may cause poisoning. High pressure skin injections may not appear serious, within hours tissue may become swollen, discolored and extremely painful.	Remove contaminated clothing immediately. Wash area of contact with soap and water. High pressure skin injections and thermal burns require immediate medical attention.
	Inhalation may cause respiratory tract irritation and pneumonitis. May cause Central Nervous System effects excitation, euphoria, headache, dizziness, drowsiness, blurred vision, fatigue, tremors, convulsions, loss of consciousness, coma, respiratory arrest and death.	Move person to fresh air. If not breathing clear airway and administer CPR. If breathing difficulty occurs, administer oxygen, continue to monitor closely. Seek medical attention.
	Ingestion may cause central nervous system effects, such as, excitation, euphoria, headache, dizziness, drowsiness, blurred vision, fatigue, tremors, convulsions, loss of consciousness, coma, respiratory arrest and death. Gastrointestinal effects as irritation, nausea, vomiting and diarrhea.	<b>DO NOT INDUCE VOMITING.</b> If spontaneous vomiting occurs, monitor for breathing difficulty. Seek immediate medical attention



## DETAILED HAZARD INFORMATION

### 1.0 HAZARD REDUCTION

This section of the H&S Plan will present the general safety rules applicable to all persons working at the project site. The section will also discuss each of the hazards identified and provide guidelines and procedures necessary to avoid injury or illness.

Personnel are required to exercise reasonable caution at all times during work activities. Failure to follow safety protocols and/or continued negligence of health and safety policies will result in expulsion of a worker from the site and may result in termination of employment.

#### 1.1 General Safety Rules

- ❑ Horseplay, fighting, gambling, possession of firearms, alcoholic beverages, illegal drugs, or usage of unauthorized medically prescribed drugs are not permitted.
- ❑ Work shall be well planned and supervised to prevent injuries. Supervisors shall assure that employees observe and obey safety rules and regulations.
- ❑ An employee reporting for work who, in the opinion of his supervisor, is unable to perform his assigned duties in a safe and reasonable manner shall not be allowed on the job.
- ❑ No employee shall be assigned a task without first having been instructed on proper methods, including safety training, of carrying out the task. Any employee who feels they have not received proper instruction shall notify their supervisor prior to carrying out the task.
- ❑ Injuries and accidents shall be reported immediately to the immediate supervisor, who will then report it to the SSO.
- ❑ There shall be no consumption of food or drink in operational areas of the site. Hands should be thoroughly cleansed prior to eating.
- ❑ Smoking is not permitted on the site.
- ❑ When personnel are conducting hazardous operations, there shall be at least one other person (buddy system) on duty in the immediate area as a backup in case of emergency.

#### 1.2 Heavy Equipment

The operation and use of heavy equipment presents the greatest potential for injury to personnel. Heavy equipment utilized at the site may include crawler tractors, backhoes, excavators and graders. Common sense and good judgment must be practiced when working around heavy equipment and machinery. To minimize hazards, designated routes and specific traffic patterns will be established.

Only equipment that is in safe working order will be used. Only qualified personnel will be allowed to operate heavy equipment. Contractors will supply proof of qualifications to operate the equipment, upon request.

Heavy equipment will use spotters for backing. Those crew members directly involved in spotting for the operator will be the only personnel allowed within the operating radius of the heavy equipment. Other personnel will remain at a safe distance from these operations. If personnel need to approach heavy equipment during operation, they will observe the following protocols: make eye contact with the operator, signal the operator to cease heavy equipment activity, and then approach the equipment to inform operator of intentions.



Operators of heavy equipment should abide by the following guidelines:

- ❑ Before starting any heavy equipment, conduct a visual inspection and walk around. Check tires and equipment for any visible malfunctions.
- ❑ Check hand and foot holds before mounting equipment. Mount and dismount in the same manner using handrails and footholds.
- ❑ Fasten seat belts and follow equipment startup procedure.
- ❑ Test brakes, steering and clutches.
- ❑ Use extreme caution around power and water lines. Always check with supervisor about underground utilities and gas lines.
- ❑ When using outriggers on a backhoe, make sure they are planted on solid ground to prevent tipping over. Coworkers in the area of the backhoe should stand clear of the radius of the boom and the bucket.
- ❑ On scrapers, test steering, brakes, apron, bowl, and ejector for proper functioning. Also test retarder on first down grade. In an emergency situation, drop the scraper bowl to bring equipment to a complete halt.
- ❑ On graders, test hydraulic system, blade movement, steering, and brakes. Know your work area. Be careful of tree stumps or rocks, etc., that might cause a sudden stop. When grading near a steep edge or slope, extend blade sideways instead of running wheels near an edge.
- ❑ In case of a breakdown or an incident, lower all hydraulic systems, set brakes, shut down equipment and notify your supervisor.

### 1.3 Overhead Lines and Underground Utilities

When operating heavy equipment near overhead power lines, care will be taken to ensure that elevated portions of the equipment maintain a distance of at least 10 feet from high voltage lines of 50,000 volts or less. See article 86, Title 8, High Voltage Electrical Safety Orders for minimum clearance of high voltage lines in excess of 50,000 volts.

If subsurface work (excavations, drilling or potholing) is performed, a USA utility mark-out is required to mark/clear underground utilities prior to work. It is recommended that the first 5 feet of any subsurface operation be excavated using an air-knife or hand auger to ensure clearance of underground utility lines. Special precautions must be made to identify the location of gas lines before excavation or earthmoving operations begin. A private utility locator will be used in most cases as well as USA mark outs.

### 1.4 Drilling

- ❑ Chemical exposure via inhalation of dust is not expected to pose a significant hazard during non-invasive operations due to the relatively low concentrations of chemicals and gas in soil and low concentration of dust in the ambient air.
- ❑ Drilling activities will be monitored by a combustible gas indicator (see Section 9.0, Air Monitoring).
- ❑ Have an active USA ticket.
- ❑ Drilling crew should be alert that a drill auger has the potential of spark against a rock or metal causing a fire in the boring. Fires should be extinguished by covering the boring with earth material (preferably using heavy equipment).
- ❑ Fire extinguishers should be on hand during drilling.



- ❑ No smoking shall be permitted within 50 feet of a boring.
- ❑ The number of persons working near a boring should be kept to a minimum. However, there should be sufficient people nearby to summons help if necessary.
- ❑ If boring in or near refuse:
  - Be aware of the less stable conditions. Refuse and cover soil are prone to be unstable and may cause the side of the boring to fail at any time.
  - Be aware that there is the potential of encountering hazardous materials such as unknown chemicals, munitions, asbestos, compressed gas cylinders, biomedical wastes and radioactive wastes. If any such materials are encountered - stop work, shut down equipment, leave the area and notify the supervisor and SSO immediately.
- ❑ Open or incomplete borings that will be left over night must be covered to discourage and prevent access.
- ❑ All pipes shall be capped at the end of each day.
- ❑ A private locator will be used as well as USA.

### 1.5 Monitoring and Sampling

Monitoring and sampling tasks consist of an employee collecting samples and/or monitoring conditions with detection instruments and measurement devices at various locations throughout the site. Activities may include reading of pressure gauges, combustible gas and oxygen meters, and thermometers. Gas samples will be drawn into Tedlar bags placed in light sealed boxes then transported to a laboratory for analysis.

Air and gas monitoring at sites may include:

- ❑ Ambient air sampling at the site perimeter.
- ❑ Instantaneous air monitoring and sampling at the well surface.
- ❑ Integrated air monitoring and sampling from well surface.
- ❑ Gas monitoring and sampling from perimeter sampling probes or ground water wells.
- ❑ Monitoring and sampling of gas collected by the gas control system.
- ❑ Groundwater Sampling.

Workers who must come in direct contact with known or suspected chemicals (in soil, water, air, gas, etc.) are required to wear protective gloves and other PPE, as needed, to reduce the potential for exposure. Safety glasses will be worn whenever the potential for splashing of chemicals into the eyes exists.

All the same general rules and applicable safety requirements stated in this H&S Plan apply to personnel performing monitoring and sampling activities. The following are typical safety hazards and associated precautions encountered for this work:

- ❑ Uneven terrain and steep slopes - Pedestrians and drivers shall exercise greater than normal caution while working in uneven terrain or steep slope areas.
- ❑ Look for obstructions and holes on ground surface, and slippery conditions when water exists.
- ❑ Workers shall use the appropriate type of vehicle for access to the sampling locations.
- ❑ Traffic - Workers involved in sampling activities shall:
  - Be alert for traffic
  - Wear orange vests



- Install flags on vehicles to enhance visibility, as necessary
- Equipment - Workers shall be thoroughly familiar with the operation and safety procedures for equipment used in sampling activities.

As a precaution when monitoring and sampling heavily contaminated soil, water or gases:

- Position vehicle upwind.
- Attach gauges and combustible gas and oxygen meter to probe tip prior to opening valve.
- Exhaust gas downwind at a distance of 10 feet.
- Maintain tubing and fittings in good condition to prevent leakage.
- Check previous probe documents, if available, for historical data about probes containing liquids and monitoring data.

#### 1.5.1 Stormwater

The chemical concentrations present in water samples collected after a storm are not anticipated to pose a threat to human health. No special hazard reduction measures are required. Follow the general safety rules, be aware of heavy equipment, follow traffic routes and ensure others are aware of your location at all times.

#### 1.6 Excavation and Trenching

Excavations and/or trenching 5 feet or more in depth will incorporate a system of shoring, sloping of the ground, benching, or other means, as provided in CCR Title 8 Article 6 Construction Orders, to prevent caving. Excavations/trenching will be inspected daily by a qualified person, and after every rainstorm or other hazard-increasing occurrence. Excavations less than 5 feet deep shall also be inspected for indications of potentially hazardous ground movement.

No work is permitted in trenches 4 feet or more deep without appropriate shoring. When employees are working in trenches 4 feet or more in depth, a safe means of access/egress shall be provided and located so that no more than 25 feet of lateral travel is necessary to reach the access/egress point.

No equipment will be allowed and no materials will be piled within 2 feet of the edge of any trench or excavation. Adequate barrier protection shall be provided to keep mobile equipment and personnel from inadvertently falling into a trench or an excavation.

Work activity shall be stopped by the individual in charge (competent person) whenever an excavation condition involves oxygen deficiency and/or toxic gas detection. Activity at each site will not resume until the condition is corrected.

Workers shall not be permitted underneath loads handled by excavation or loading equipment. Soil excavation, handling, stockpiling, and backfilling will not be conducted under high-wind conditions. Under these conditions, the work area, excavated material, and unpaved roadways will be watered down until the surface is moist, and maintained in a moist condition to minimize dust.

#### 1.7 Confined Spaces

Confined space entry may be necessary during the course of these operations. If entry into a potential confined space is deemed necessary, the TEC SSO must be notified and a determination of the type of space (permit vs. non-permit) will be determined. Entry into a permit required confined space will be performed by qualified personnel responsible for implementing appropriate confined space procedures in accordance with 8 CCR, Section 5157.



## 1.8 Vehicle Safety & Operation

- ❑ Drivers operating vehicles offsite must have a valid California driver's license in their possession. The California vehicle code shall be strictly observed.
- ❑ Heavy construction equipment has the right-of-way over regular vehicles and pedestrians.
- ❑ Before driving the vehicle, conduct a routine check to ensure that it is in proper operating condition. Pay special attention to the condition of the brakes, lights (including brake lights and turn signals), steering, windshield wipers, tires, and lugs.
- ❑ Report immediately any deficiencies observed or suspected in the vehicle to your supervisor. No unsafe vehicles shall be operated.
- ❑ Drivers and passengers, in all vehicles, will fasten seat belts before vehicle is set in motion.
- ❑ Any posted onsite speed limits shall be observed; where not posted, the onsite speed limit is 15 miles per hour.
- ❑ Extra caution shall be exercised when backing. If rear vision is obstructed, take time to walk around the vehicle or have someone guide you back. Vehicles or equipment shall not be moved until the driver or operator has walked around the vehicle or equipment.
- ❑ Personnel are not allowed to jump off or onto any moving pickup or truck.
- ❑ Tailgate shall be locked when carrying personnel in the bed of the truck.
- ❑ Vehicles shall be safely parked with hand brake secured when left unattended.

## 1.9 Slipping, Tripping and Falling

Besides promoting orderliness and cleanliness, good housekeeping practices help eliminate accidents and fire hazards. Slips, trips and falls due to poor housekeeping are at the root of many work related accidents. For this reason, work areas are to be kept neat and orderly so as to prevent unnecessary injuries.

Remember to maintain sure footing on all surfaces. The use of a safety harnesses is required for personnel working 6 feet or more above any surface that does not have handrails (e.g., riding on manlifts).

### 1.10 Head, Foot, Eye, and Back Injuries

Hard hats are required to be worn when in the vicinity of any operating equipment or machinery (including drilling rigs and soil/rock trucks) and when any overhead or lateral obstruction or hazard exists. Safety boots will be worn during all site operations. Safety glasses are required when there is risk of hazardous substances or flying particles getting into eyes.

To avoid back injuries, personnel are to use proper equipment and lifting techniques for manual material handling. Never carry a load you cannot see over or around. When lifting, caution should be exercised. If the object to be lifted is too heavy, get help. If two or more workers carry a load, designate one worker to give signals. Whenever possible, mechanical equipment shall be used for lifting in preference to lifting by hand.

### 1.11 Falling Objects

Equipment and material will be lowered to the ground "slowly" using a grapple and/or skip bucket. Personnel shall not work under this equipment; nor shall personnel other than the operator ride on the equipment.



### 1.12 Sharp Objects

Nails, wires, saws, and cutting equipment pose potential hazards such as cuts and punctures during site work. Only appropriate work tools are to be used. Personnel are required to exercise caution, and should wear leather work gloves and safety glasses when handling or operating cutting tools, saws, and other sharp objects. A consistent housekeeping effort at the site will also help to reduce hazards from sharp objects.

### 1.13 Electrical Equipment

Only authorized personnel shall perform electrical and instrumentation work.

In order to prevent accidents caused by electric shock, electrical connections will be inspected before use. Equipment found to have frayed wiring or loose connections is to be shut down and locked-out until a qualified electrician has effected repairs. Electrical equipment will be de-energized, tested and locked out before any electrical work is started. Equipment will be properly grounded prior to and during work.

In addition, ground fault circuit interrupters (GFCIs) will be installed whenever possible in each circuit between the power source and tool. In the event that generators are used to supply power, they will be equipped with GFCIs.

### 1.14 Welding Hazards

Only designated and trained personnel shall use welding or burning equipment. Personnel who perform or observe welding operations are required to use approved welding shields or glasses. This protective equipment will be inspected prior to each use for scratches and pits that could inhibit the ability to shield harmful ultraviolet light. Personnel are required to wear protective clothing to shield their skin from the harmful ultraviolet light produced by welding operations.

Additional precautions include:

- ❑ Disposable cigarette lighters shall not be carried on the person of anyone while working with welding or cutting equipment.
- ❑ Welding or cutting shall be done with adequate ventilation.
- ❑ Always use adequate shields, enclosures or distance to protect nearby workers from splatter and arc.
- ❑ Oxygen and acetylene cylinders shall be stored in an upright position and must be secured by a chain, rod bar, or similar device. Keep safety caps on gas cylinders when not in use.
- ❑ Oil or grease shall not be permitted to come in contact with oxygen cylinders, valves, regulators, or other fittings. Oxygen cylinders shall not be handled with oily hands, gloves or other material.
- ❑ A fire extinguisher shall be immediately available at all times in areas where welding, cutting or metal-burning processes are being conducted. When welding, cutting or burning is being done in an area containing combustible materials; a second person shall stand by with a fire extinguisher.
- ❑ Metal burning, welding or other sources of ignition shall not be applied to any enclosed tank or vessel until it has been determined that no possibility of explosion exists and that authority for the work has been obtained from the responsible supervisor.



### 1.15 Noise Exposure

High-noise areas (where noise levels exceed 85 dbA) are not anticipated at the site. If high noise equipment or operations are introduced to the work site, hearing protection (ear plugs or ear muffs) will be required.

### 1.16 Heat Stress

Heat stress is a potential hazard associated with high ambient temperatures, use of protective clothing, heavy physical labor and/or a combination thereof. This condition can result in heat rash, heat cramps, heat exhaustion, and/or heat stroke. It can impair worker coordination and judgment and directly impact health and safety. Personnel are to drink plenty of water and take breaks (in shaded rest areas) as needed to help prevent heat stress. As part of the Buddy System, personnel should watch for signs and symptoms of heat stress in coworkers as well as themselves.

### 1.17 Cold Exposure

To guard against cold injury (frostbite and hypothermia), which is a danger when the temperature and wind-chill factor are low, employees will wear appropriate clothing, have warm shelter readily available, and maintain carefully scheduled work and rest periods.

### 1.18 Biological Hazards

Care should be taken when walking throughout the site. Look for snakes especially in undisturbed areas or where no construction activity has previously occurred. If bitten by a snake, personnel should notify their supervisor to obtain prompt medical care. Whenever possible, the snake should be killed and the head taken in to be identified so that the appropriate antivenom can be administered promptly.

Insects, including bees, wasps and spiders are found at all sites. Care should be taken when working in areas where these insects are prevalent. Be sure to check for the presence of spiders, particularly black widows, when completing work in dark, cool previously undisturbed areas. Notify your supervisor promptly so that first aid and/or medical care can be provided, as necessary. If possible, try to identify the insect that caused the bite.

"Universal Precautions" (e.g., wearing latex gloves) must be taken any time there is potential for exposure to human blood, such as when an employee renders first aid to a coworker.

## 2.0 PERSONAL PROTECTIVE EQUIPMENT

Personnel are required to wear PPE appropriate for the task and anticipated exposure to known hazards. Selection of PPE will be based on hazard assessment, task performance, and air monitoring. Based on the history of this site, the initial level of protection will be Level D. At a minimum, Level D PPE will consist of the following:

- ❑ Hardhat - when in the vicinity of any operating equipment or machinery (including drilling rigs and soil/rock trucks) and when any overhead or lateral obstruction or hazard exists.
- ❑ Safety shoes/boots with steel toe and shank - at all times in work area
- ❑ Safety glasses, splash goggles or face shield - when there is risk of hazardous substances or flying particles getting into eyes
- ❑ Ear plugs / hearing protection - when high-noise equipment is in operation
- ❑ Gloves: chemical-resistant - when coming into contact with contaminated soil or water.

Site personnel also should be prepared with the following items:





- Tyvek coveralls and other suitable protective clothing
- Traffic safety vest
- Leather work gloves and back brace/lifting belt
- Respirators (if applicable - see Section 8.0, Respiratory Protection).

## 2.1 Respiratory Protection

Respiratory protection is mandatory if workers are required to complete tasks within a hazardous atmosphere. According to OSHA, a hazardous atmosphere is defined as:

- Flammable gas, vapor, or mist in excess of 10% of LEL.
- Atmospheric oxygen is below 19.5% or above 23.5%.
- When concentration of a known contaminant is greater than the permissible exposure limit (PEL).
- Airborne combustible dust exceeds its LEL (approximated when dust obscures vision at a distance of 5 feet or less).

Hazardous atmospheres are not anticipated during day-to-day operations at the site. Therefore, most tasks to be completed will not require respiratory protection. However since the possibility of hazardous atmospheres does exist, air monitoring will be required to verify the presence or absence of a hazardous atmosphere. Air monitoring is to be conducted whenever a situation or condition arises that could reasonably result in a hazardous atmosphere. Again, respiratory protection is mandatory if workers are required to complete tasks within a hazardous atmosphere.

Employees involved in construction and earthmoving operations that result in nuisance dust and particulates may use air-purifying respirators. These are commonly referred to as "dust masks" and do not require fit testing. Particulate respirators are to be used in situations where dust and particulates are the only contaminants posing an inhalation hazard. Particulate respirators are not to be used in oxygen deficient atmosphere or if hazardous levels of gas/vapor contaminants are present.

It is highly recommended that a high efficiency particulate air (HEPA) P100 respirator be used in place of commercially available "dust masks."

It is not anticipated that air-purifying gas/vapor respirators will be required at the site. However, hydrocarbons or other chemicals present in the subsurface have the potential to result in hazardous atmospheres. Air monitoring will be required to verify the presence or absence of a hazardous gas/vapor atmosphere whenever a situation or condition arises that could reasonably result in a hazardous atmosphere.

Air purifying respirators (APRs) with chemical cartridges can be used for acid gas/organic solvent vapors under the following conditions:

- If the oxygen concentration is between 19.5% and 23.5%.
- If chemical contaminants have been identified.
- The toxic concentrations are known and the respirator cartridges are effective in removing the contaminants.
- The respirator and cartridges are NIOSH/MSHA approved.
- The contaminants have noticeable warning qualities such as odor and visibility characteristics including color.



In the event workers are required to wear air-purifying gas/vapor respirators, the following requirements must be met:

- The SSO must verify that workers are:
  - Medically approved (within one year) to use respiratory protection.
  - Fit-tested for the specific respirator to be used.
  - Trained in the proper use and limitations of the respirator to be used.
- Contractors must provide proof of the above to the SSO before any air-purifying gas/vapor respirators may be used.
- If an employee or contractor has not cleared by the SSO to use a respirator, they will not be assigned tasks that may potentially expose them to contaminants.
- Personnel with interfering facial hair are not permitted to wear respirators and shall not be permitted in areas where respiratory protection is required.

Air-supplied respirators, such as SCBA or airline, full-face respiratory protection, are not anticipated to be required at the site. This level of respiratory protection is utilized in oxygen deficient atmospheres or atmospheres considered to be at or above immediately dangerous to life and health (IDLH) levels. These conditions will only occur in rare, if any, circumstances such as confined space entry or emergency situations. The use of air-supplied respiratory protection is not permitted without approval and guidance from the Project Safety Manager.

### 3.0 AIR MONITORING

Monitoring will be conducted as needed to characterize airborne contaminant levels. The potential hazards associated with the presence of hydrocarbons include (1) personnel exposure to chemicals, and (2) possible formation of flammable atmospheres in and around the work area.

Air monitoring will be performed to assess airborne contaminant levels onsite and to evaluate the need for respiratory protection. The SSO will check to see that air-monitoring equipment brought onsite is properly calibrated prior to operation and recalibrated during the course of the day, if necessary.

Air monitoring must be conducted under the following circumstances:

- Whenever a situation or condition arises that could reasonably result in a hazardous atmosphere.

Specific instances include:



Hazard	Appropriate Air Monitoring Equipment	Hazardous Levels	Comments
Flammability	Combustible gas indicators (CGI) are direct-reading instruments that measure both % of LEL and oxygen levels.	>25% of the LEL during cold work >10% of the LEL during hot work	Since many flammable vapors are heavier than air, be sure to take readings at ground level. It is highly recommended all work be suspended if CGI readings exceed 10% of LEL.
Oxygen deficiency or abundance	See above	<19.5% and >23.5%	Concentrations >23.5% present a flammability hazard
Exceeding the permissible exposure limit (PEL)	Photoionization detector (PID) can detect organic and inorganic vapors/gases	Varies depending on chemical. See Attachment C for hazardous levels of common chemicals found in landfill gas.	It is impossible to differentiate the different chemicals using a PID meter. However, the PID will tell you whether chemicals are present at all and at what levels. Measurements taken within worker's breathing zone will be used to determine respiratory protection requirements.

- Any and all operations involving excavation into or handling of refuse where employees will be entering the excavation.
- Whenever gases have been released in the immediate work area. The only exception to air monitoring is if the release was to open air, the source has stopped and/or there is sufficient natural ventilation.
- Whenever entering confined areas (equipment enclosures, excavations, vaults, etc.) where hazardous concentration of chemicals may have accumulated.
- Whenever drilling activities are being conducted.

Based on the definition of a hazardous atmosphere, there are 4 different hazards that require monitoring. The table below described each type of hazard, what piece of air monitoring equipment to use and what levels constitute a threat. The information provided in the table does not take into consideration all the possible variations of hazardous atmosphere; however it will provide good guidance when determining the presence of a hazardous atmosphere. Any questions or concerns should be directed to the SSO before work begins.

Airborne combustible dust is not anticipated at the work site. Most probable hazards requiring monitoring include depleted oxygen, flammable concentrations of volatile organic chemicals or concentrations above the permissible exposure limit (PEL).

When conducting, air monitoring the following actions should be considered:

- Be familiar with the proper use and limitations of the air monitoring equipment to be used.
- Ensure air-monitoring equipment is in working order and has been properly calibrated.
- Clearly document the results of air monitoring, including:
  - Equipment name / type and calibration data
  - Date, time and site location of air monitoring



- Indication of what is being measured (LEL, oxygen, or ppm)
  - Results of the air monitoring
- Measurements for volatile organics should be taken at low point where vapors could accumulate.
  - Measurements taken to determine the need for respiratory protection should be taken within the worker's "breathing zone", keeping in mind the worker's closest proximity to the hazard source.
  - An individual should never enter a confined area or excavation in order to conduct initial air monitoring. Instead, actions should be taken to lower the air monitoring equipment into the area to indicate the presence (or absence) of a hazardous atmosphere. Most air monitoring equipment has audible alarms.

#### 4.0 SITE CONTROL

Appropriate security measures will be established and communicated to site personnel. The objective of these measures is to (1) protect the public from potential exposure to physical/chemical hazards; (2) avoid public interference with personnel and safe work practices; and (3) prevent theft or vandalism of equipment at the site.

Control of the work site is an important part of maintaining a safe work environment for anyone working on or visiting the site. Supervision and strict control of access to the property is necessary to protect site personnel, visitor and the public.

The primary objective of site control is to minimize the exposure to potentially hazardous substances and/or situations. For the purposes of this H&S plan, site control will be discussed under two circumstances, 1) work not involving direct contact with hazardous substances and 2) work involving direct contact with hazardous substances.

##### Work not involving direct contact with hazardous substances

Much of the work conducted at the site does not involve direct (or the potential for direct) contact with chemicals at or near hazardous concentrations. Therefore, the establishment of hot/warm/cold work zones is not necessary. However, the need to control access to the immediate work area and a keen awareness of personnel and visitor safety is essential.

##### Work involving direct contact with hazardous substances

The concept of site control and the establishment of hot/warm/cold work zones are intended for work involving the exposure (or potential exposure) to hazardous chemical concentrations. Under these circumstances, the purpose of work zones is two-fold: 1) minimize the exposure to potentially hazardous substances and 2) minimize the spread of hazardous substances outside the immediate work area through decontamination procedures.

A brief overview of work zones is provided below:

##### Exclusion Zone (a.k.a. "Hot Zone")

- The area where personnel may be subject to chemical or physical hazards.
- The area where known or suspected contamination exists and may also be where equipment operation and/or environmental sampling will take place.
- The zone is to be clearly identified and should be isolated with cones, barricades, or caution



tape.

- The level of personnel protective equipment (PPE) required within the hot zone will vary depending on the work to be performed.

#### Contamination Reduction Zone (a.k.a "Warm Zone")

- The warm zone is located between the hot and cold zones. It begins at the edge of the hot zone and extends to the cold zone.
- The warm zone should be utilized as a control point or corridor for persons entering or exiting the hot zone.
- Personnel and equipment are decontaminated within the warm zone.

#### Support Zone (a.k.a. "Cold Zone")

- The cold zone is the area outside the hot zone where administrative and other support functions are located.
- Adverse exposure to contaminants and physical hazards are unlikely in the cold zone.

Due to the expected low levels and types of contaminants at the site, minimum of a hot and cold zone shall be established. It is anticipated that personnel will not need to perform routine decontamination procedures when leaving the hot zone. Should decontamination become necessary to minimize the spread of hazardous contaminants, it will consist of the following:

- ❑ Removal of contaminated garments in an "inside out" manner at a designated decontamination station located where personnel enter/exit the hot zone.
- ❑ Placement of contaminated garments in designated plastic bags or drums prior to disposal or transfer offsite. Labels in compliance with the hazard communication standard will be affixed to containers of contaminated debris and clothing.

## 5.0 EMERGENCIES

### 5.1 First Aid & CPR

TEC employees and contractors certified in first aid and CPR will be asked to identify themselves at tailgate safety meetings.

### 5.2 Emergency Medical Assistance

An emergency medical assistance network will be established prior to work start-up. The nearest fire department, police, ambulance service, and hospital with an emergency room will be identified. A vehicle shall be available onsite during work activities to transport injured personnel to the identified emergency medical facilities, if necessary. Company vehicles are to be equipped with a fire extinguisher and first aid kit.

See ATTACHMENT B for the name, location, and telephone number of emergency response organizations in the vicinity of the project site, and a map to the nearest hospital(s).

### 5.3 Emergency Procedures

In the event of an accident, injuries, or other emergency, remember to:

- ❑ Stop work and REMAIN CALM.



- ❑ Move all non-injured personnel to a safe location (evacuation plan).
- ❑ Call 911 or notify other emergency facilities, as necessary.
- ❑ Address medical emergencies and apply first aid, as necessary.
  - Move injured or exposed person(s) from immediate area only if it is safe to do so.
  - If serious injury or life-threatening condition exists, call local hospital. Clearly describe the location, injury and conditions to the dispatcher. Designate a person to direct emergency equipment to the injured person.
- ❑ Contain physical hazards. Act only if hazard is minimal and you are trained to deal with the situation. Otherwise evacuate and wait for emergency services to arrive.
- ❑ Notify SSO and initiate accident reporting procedures.
  - See page 2 of this H&S Plan for contact information. In the event the SSO is not available, the order of notification should be 1) Assistant SSO, 2) Project Safety Manager and 3) Project Director.
- ❑ Do not resume work until the SSO has determined is safe to do so.

The nearest telephone will mostly likely be a cellular phone. Call 911 and tell the operator that you need the 911 for your area.

#### 5.4 Evacuation Protocol

Evacuation protocol, routes and meeting point(s) will be established by the SSO, and communicated to personnel during the Tailgate Safety Meeting(s) prior to initiating work. In the event of an evacuation, personnel will meet at a pre-established location and a "head count" will be conducted to see that everyone has left the hazard area.

Primary evacuation meeting point =

Secondary evacuation meeting point =

#### 5.5 Accident Reporting

Every injury, accident or near-miss must be reported immediately. All personnel, TEC or contractor, are required to report incidents to their immediate supervisor. The supervisor is responsible for reporting the incident to the SSO. The SSO is responsible to ensure the incident is investigated in accordance with the TEC IIPP and Incident Reporting Policy. The Supervisor's Report of Accident is to be completed and submitted to the SSO and TEC IIPP Coordinator within 24 hours following any accident or injury.

The following information must be collected in order to conduct a proper investigation:

- ❑ A description of the event (including date and time) that required notification of offsite personnel (i.e., medical facilities, fire department, police department) and the basis for that decision.
- ❑ Date, time, and names of persons/agencies notified, and their response.
- ❑ Details regarding personal injury and property damage, if any.
- ❑ Resolution of incident and the corrective action involved.



## 6.0 PERSONNEL TRAINING AND MEDICAL PROGRAM

All personnel who will perform field activities shall review this H&S Plan and sign the "Safety Compliance Agreement" before gaining access to the site. The review process may include reading the H&S Plan or participating in a training session that presents the H&S Plan information.

The scope of work to be completed under this H&S Plan is associated with drilling and monitoring. Ground water investigation and operations are being conducted as well. Since work tasks are associated with groundwater remediation operations, a majority of the personnel working at the site do fall under the scope and application of the OSHA Hazardous Waste Operations and Emergency Response (HAZWOPER) Standard [29 CFR 1910.120(a)].

At this time, there is one task that requires HAZWOPER trained individuals:

1. 40-hour training [29 CFR 1910.120(e)(3)(A)] is required for individuals who are engaged in any and all operations that involve excavation, drilling or monitoring.

In the event additional tasks require or result in the requirement of HAZWOPER trained individuals, the SSO will communicate the requirement and verify training before the task is initiated.

Tailgate safety meetings will be conducted periodically, if not at the start of each day. These meetings are intended to review work plans, assign work tasks, discuss potential safety & health hazards, reinforce safety procedures and review emergency response procedures (evacuation meeting points, hospital locations, etc.). Tailgate safety meeting topics and participants will be documented in the supervisor's daily work log and be available for review by the SSO.

As mentioned in Section 8.0, Respiratory Protection, personnel must be medically approved (within one year), fit-tested and trained in the proper use and limitations of the respirator before using an air-purifying gas/vapor respirator. Contractors must provide proof of the above to the SSO before any air-purifying gas/vapor respirators may be used. The use of air-supplied respiratory protection is not permitted without approval and guidance from the Project Safety Manager.

### 6.1 Medical Program

TEC has established a medical surveillance program to assess, monitor, and help protect the health of employees, in particular, employees who may be exposed to potentially hazardous substances during site work. Personnel will undergo medical examinations as follows:

**Initial:** Pre-employment / prior to any assignment involving work in a hazardous or potentially hazardous environment. The initial examination is used to establish a baseline picture of health against which future changes can be measured and to identify any underlying illnesses or conditions that might be aggravated by chemical exposures or job activities.

**Periodic:** At least once every 12 months to measure changes in health status.

**Upon notification:** As soon as possible upon notification by an employee that they have developed signs or symptoms indicating possible overexposure to hazardous substances, or in response to an injury or exposure during an emergency situation.

**Exit:** At termination of employment.





# Technology, Engineering & Construction, Inc.

262 Michelle Court • So. San Francisco, CA 94080-6201 • Contractor's Lic. #762034  
Tel: (650) 616-1200 • Fax: (650) 616-1244 • www.tecaccutite.com

## ATTACHMENT A SAFETY COMPLIANCE AGREEMENT

I have reviewed this Site Health and Safety Plan, understand its contents and agree to comply with all safety requirements outlined in the plan.

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

Print Name: \_\_\_\_\_ Company: \_\_\_\_\_

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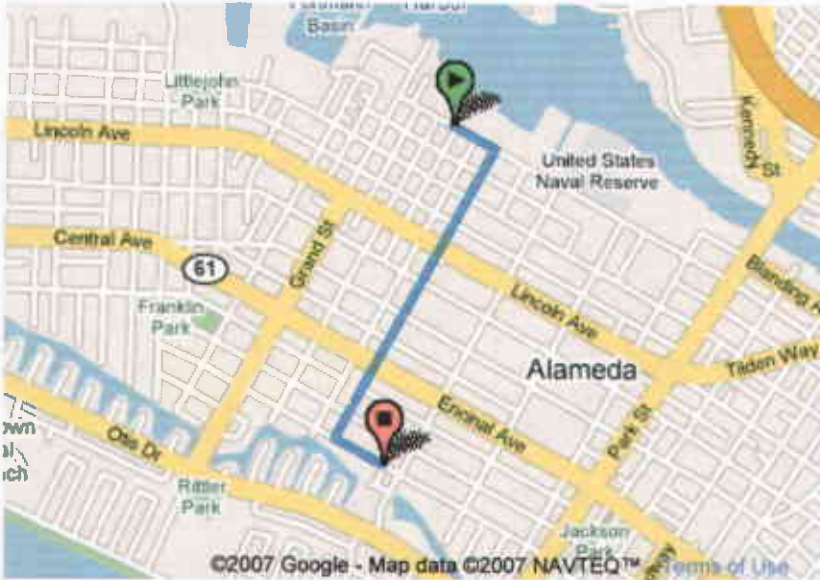




Start **1815 Clement Ave**  
**Alameda, CA 94501**

End **2070 Clinton Ave**  
**Alameda, CA 94501**

Travel **1.1 mi (about 5 mins)**



**1815 Clement Ave**  
**Alameda, CA 94501**

Drive: 1.1 mi (about 5 mins)

1. Head **southeast** on **Clement Ave** toward **Schiller St** **0.1 mi**
- ➔ 2. Turn **right** at **Chestnut St** **0.8 mi**  
5 mins
- 3. Turn **left** at **Clinton Ave** **0.1 mi**



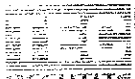
**2070 Clinton Ave**  
**Alameda, CA 94501**

These directions are for planning purposes only. You may find that construction projects, traffic, or other events may cause road conditions to differ from the map results.

Map data ©2007 NAVTEQ™

## TANK REMOVAL WORKPLAN

1. Prepare site specific health and safety plan per OSHA guidelines. Give to workmen on site for their use during the project.
2. Mark out area to be excavated in white per State law for USA to come out and mark the underground utilities. USA to be notified 3 days in advance of digging.
3. Pump out any product remaining in the UST in drums on site for disposal by gasoline recycling company.
4. Break the concrete over the tank and offhaul to the concrete recycler.
5. Excavate to remove the UST.
6. After tank is "loosened" in the excavation, tilt to one end to further remove all the product from the tank. Triple rinse tank with water and store water in drums for disposal.
7. Inert the UST with 30 pounds of dry ice per 1,000 gallons. Minimum 50 pounds of dry ice ice. The dry ice inerts the tank by forcing any flammable vapors out through the openings in the top of the tank.
8. Prior to removal, check the tank with a Gastech LEL machine for the presence of flammable vapors and oxygen. If the LEL is below 10% and the oxygen below 10%, the tank can be safely removed and placed onto a truck bound for ECI in Richmond.
9. Haul tank to ECI in Richmond, CA under a hazardous waste manifest.
10. ECI in Richmond, CA may steam clean the tank and scrap it.
11. Immediately after the tank removal, collect one soil sample from under the tank and analyze per guidelines for gasoline constituents.
12. Collect a water sample in the event that there is water in the excavation and analyze per constituents petroleum hydrocarbons.
13. Collect composite sample as needed from the stockpiled soil excavated during the tank removal and analyze per guidelines for waste constituents petroleum hydrocarbons.
14. Import fill material to replace the volume of the tank and compact. In the event that the excavated soil is contaminated, then we will stockpile on site and cover with visqueen and import soil to backfill the hole. If left open, fence off open hole.
15. Offhaul contaminated soil for disposal at a Class II landfill.
16. After confirmation soil sample results are obtained, we will seek approval from the Toxics Division to re-concrete the excavated area. In the event that the bottom of the excavation is contaminated, we will provide a proposal to overexcavate the area and backfill with imported soil.



**CITY of ALAMEDA**

2263 SANTA CLARA AVENUE, FINANCE DEPT  
 ALAMEDA, CALIFORNIA 94501-4456  
 (510) 747-4851

**BUSINESS LICENSE  
TAX CERTIFICATE**

FOR THE PERIOD  
 FROM 07/01/2006 TO 06/30/2007  
 NUMBER 2871

<b>MAILING ADDRESS</b>		<b>ISSUE DATE</b>		
TEC ACCUTITE		12/05/2006		
262 MICHELLE COURT SO SAN FRANCISCO CA 94080		<b>THIS CERTIFICATE IS EFFECTIVE FOR THE PERIOD          SHOWN ABOVE</b>  <b>NON-TRANSFERABLE</b> <b>POST IN A CONSPICUOUS PLACE</b>		
<b>BUSINESS NAME</b>		<b>ACCOUNT NUMBER</b>		
TEC ACCUTITE		008835		
<b>BUSINESS LOCATION</b>		<b>BUSINESS TYPE</b>		
262 MICHELLE COURT SO SAN FRANCISCO, CA 94080		MISCELLANEOUS		
<b>BUSINESS OWNER</b>				
TEC ACCUTITE				
<b>TAX CAT.</b>	<b>SIC CODE</b>	<b>ID NUMBER</b>	<b>SALES NUMBER</b>	<b>CONTR NUMBER</b>
T1	73	943315374	SYBHA20644607	762034

This is your Business Tax Certificate. Please note that this is not a permit. In accordance with section 5-2.3 of the Alameda Municipal Code - the term license .. shall not be construed to mean a permit. The Fees prescribed...constitute a tax for municipal revenue purposes only, and are not regulatory permit fees. The payment of license fee required.. and its acceptance by the City, and the issuance of a license to any person shall not entitle the person so paying such tax, not the holder of such license, to carry on any business unless he has complied with all of the requirements of this code and all other applicable laws, nor to carry on any business in or on any building or premises designated in such license in the law, nor to carry on any business or activity for which a permit is required as a prerequisite to the conduct of such business or activity, not to carry on any business or activity which is unlawful

This is a license and the period covered is indicated on the face of this certificate. The City is not required to send invoices or notices and it is your responsibility to renew your business license as it comes due.

If you have any questions, please call 510-747-4851

WARNING: Original Document Has An Artificial Watermark On Reverse Side.

**TECHNOLOGY, ENGINEERING  
& CONSTRUCTION, INC.**

DBA ACCUTITE  
262 MICHELLE COURT  
SO. SAN FRANCISCO, CA 94080  
(650) 952-5551

**BANK OF THE WEST**  
SAN FRANCISCO, CA 94104  
90-78/1211

19923

2/22/2007

PAY TO THE ORDER OF Alameda County Dept. of Env. Health

\$ \*\*1,372.00

One Thousand Three Hundred Seventy-two and 00/100\*\*\*\*\* DOLLARS

Alameda County Dept. of Env. Health

MEMO

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TECHNOLOGY, ENGINEERING & CONSTRUCTION, INC. / DBA ACCUTITE

19923

Alameda County Dept. of Env. Health

2/22/2007

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
02/20/2007	Bill	Treadwell-Alameda	1,372.00	1,372.00		1,372.00
				Check Amount		1,372.00

Checking

1,372.00

Technology, Engineering & Construction, Inc.  
 dba TEC Accutite, Inc.  
 262 Michelle Court  
 South San Francisco, CA 94080  
 Phone: (650) 616-1200 FAX: (650) 616-1244  
 Contractor's License #762034  
 WWW.TECACCUTITE.COM



Alameda County  
 FEB 26 2007  
 Environmental Health

**LETTER OF TRANSMITTAL**

**TO:**  
 ALAMEDA COUNTY  
 DEPT. OF ENVIRONMENTAL  
 HEALTH  
 1131 HARBOR BAY PARKWAY  
 ALAMEDA, CA 94502-6577

**DATE:** 2/34/07  
**JOB NO.**  
**ATTN:** ROBERT WESTON  
**RE:** 1815 CLEMENT AVENUE  
 ALAMEDA

GENTLEMEN:

WE ARE SENDING YOU:

Attached  Under separate cover via \_\_\_\_\_

Copies	Date	Description
3 EACH		UST SYTEM CLOSURE PERMIT APPLICATION
3 EACH		UNDERGROUND STORAGE TANKS - FACILITY, PAGE 1 & 2
3 EACH		SITE MAP
3 EACH		CERTIFICATE OF INSURANCE
3 EACH		CONTRACTORS LICENSE
3 EACH		SITE SAFETY PLAN
3 EACH		TANK REMOVAL WORKPLAN
3 EACH		CITY OF ALAMEDA BUSINESS LICENSE
1 EACH		CHECK NO. 19923 IN THE AMOUNT OF \$1,372.00

For approval  For your use  As requested  For review & comment

FOR BIDS DUE: \_\_\_\_\_

REMARKS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2007 FEB 26 AM 8:55

Copy to: file

SIGNED: C.F. TITUS

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 herein is now released for issuance of any required building permits for 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 (510) 567-6781

Accepted February 27, 2007

Site safety plan to be on-site

Please note revised Table 2 analysis attached

**UNDERGROUND STORAGE TANK CLOSURE PLAN**

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

1. Name of Business Pacific Shops, Inc  
Business Owner or Contact Person (PRINT) Sean/SEVEN SWENSON
2. Site Address 1815 CLEMENT AVENUE  
City, State Alameda, CA Zip 94501 Phone (510) 521-1133
3. Mailing Address SAME AS ABOVE  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
4. Property Owner SAME AS ABOVE  
Business Name (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
5. Generator name under which tank will be manifested Pacific Shops, Inc  
EPA I.D. No. under which tank(s) will be manifested CAC 002 613 588
6. Contractor TEC Accutite  
Address 262 MICHELLE COURT

**SR0011322**

*IRIS GORDON*  
510 591-3771

City, State S. San Francisco, CA Zip 94080 Phone (650) 616-1200

License Type (A)(B)(HAZ)(C-36) ID# 762034

7. Consultant (if applicable) Treadwell + Rallo

Address 555 Montgomery Street, Suite 350

City, State San Francisco, CA Zip 94901 Phone (415) 955-9040

8. Main Contact Person for Investigation (if applicable)

Name David Dixon Title Project Manager

Company Same as above

Phone \_\_\_\_\_

9. Number of underground tanks being closed with this plan 3

Length of piping being removed under this plan UNKNOWN

Total number underground tanks at this facility (confirmed with owner or operator) 0

10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).

a) Product/Residual Sludge/Rinsate Transporter

Name Romic Environmental EPA I.D. No. CAD 009 452 657

Hauler License No. 160 License Exp. Date 9/30/07

Address 2081 Bay Road

City, State East Palo Alto, CA Zip 94303

b) Product/Residual Sludge/Rinsate Disposal Site

Name Romic Environmental EPA I.D. No. CAD 009 452 657

Address 2081 Bay Road

City, State East Palo Alto, CA Zip 94303

Attn: Lourdas Toledo - (650) 324-1638



c) Tank and Piping Transporter

Name ECT EPA I.D. No. CAD 982 030 173  
Hauler License No. 1533 License Exp. Date 3/31/08  
Address 255 PARR Blvd  
City, State Richmond, CA Zip 94801

d) Tank and Piping Disposal Site

Name ECT EPA I.D. No. \_\_\_\_\_  
Address 255 PARR Blvd  
City, State Richmond, CA Zip 94801

11. Sample Collector

Name David Dixon Chris Gordon  
Company TREDDWELL & ROLLO  
Address 555 MONTGOMERY STREET, SUITE 350  
City, State SAN FRANCISCO, CA Zip 94901 Phone (415) 955-9040  
(Mobile) 510 541-3771

12. Laboratory

Name CURTIS & TOMPKINS, LTD  
Address 2323 - 5th STREET  
City, State BERKELEY, CA Zip 94710  
State Certification No. 01107

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:

SEE attached work plan  
\_\_\_\_\_  
\_\_\_\_\_

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)		
#2-1,000		boiler oil, soil & groundwater (if present)	Approx. 5 feet
#3-860		diesel/gasoline soil & groundwater (if present)	Approx. 5 feet
#4-500		boiler oil, soil & groundwater (if present)	Approx. 5 feet

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>Estimated 15 yards</p>	<p>Sampling Plan</p> <p>See attached workplan</p>

**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 SEE attached workplan

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.

SEE ATTACHED

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
TP Hg	SW 5030	SW 8015	500 UG/KG
BENZENE	SW 5030	SW 8020	5 UG/KG
Toluene	SW 5030	SW 8020	5 UG/KG
Ethylbenzene	SW 5030	SW 8020	5 UG/KG
Xylenes	SW 5030	SW 8020	10 UG/KG
MTBE	SW 5030	Positive detection of MTBE confirmed by 8260	5 UG/KG

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

18. Submit copy of Worker's Compensation Certificate

Name of Insurer Redwood Fire + Casualty

19. Submit Plot Plan (See Instructions)

20. Enclose Fee (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, if applicable).

**TABLE #2**  
**REVISED 21 NOVEMBER 2003**

**RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR  
 UNDERGROUND TANK LEAKS**

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u> (SW-846 METHOD)		<u>WATER ANALYSIS</u> (Water/Waste Water Method)	
<b>Gasoline (Leaded and Unleaded)</b>	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, TBA, and EtOH 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
<b>Unknown Fuel</b>	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, TBA, and EtOH 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
<b>Diesel, Jet Fuel, Kerosene, and Fuel/Heating Oil</b>	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, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water			
<b>Chlorinated Solvents</b>	CL HC	8260	CL HC	524.2/624 (8260)
	BTEX	8260 or 8021	BTEX	524.2/624 (8260) or 502.2/602 (8021)
	1,4-Dioxane	8270M	1,4-Dioxane	8270M
<b>Non-chlorinated Solvents</b>	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260 or 8021	BTEX	524.2/624 (8260) or 502.2/602 (8021)
<b>Waste, Used, or Unknown Oil</b>	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)
	1,4-Dioxane	8270M	1,4-Dioxane	8270M
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water			
	METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil 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).

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 Department of Environmental Health and that no work is to begin on this project until this closure 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 TEC Accutite  
Name of Individual John Murphy  
Signature John Murphy Date 2/22/07

PROPERTY OWNER OR  MOST RECENT TANK OWNER (Check one)

Name of Business \_\_\_\_\_  
Name of Individual \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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 Department of Environmental Health and that no work is to begin on this project until this closure plan has been approved.

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CONTRACTOR INFORMATION

Name of Business TEC Accutite  
Name of Individual John Murphy  
Signature John O Murphy Date 2/22/07

PROPERTY OWNER OR  MOST RECENT TANK OWNER (Check one)

Name of Business Pacific Shops, Inc.  
Name of Individual Sean Svendsen  
Signature Sean Svendsen Date 2/23/07

**UNIFIED PROGRAM CONSOLIDATED FORM  
TANKS  
UNDERGROUND STORAGE TANKS - FACILITY**

(One page per site) Page 1 of 1

TYPE OF ACTION (Check one item only)  1. NEW PERMIT  3. RENEWAL PERMIT  5. CHANGE OF INFORMATION  PERMANENTLY CLOSED SITE 400.  
 4. AMENDED PERMIT (Specify change) \_\_\_\_\_  8. TANK REMOVED  
 6. TEMPORARY SITE CLOSURE

**I. FACILITY/SITE INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3.	FACILITY ID#	CAC 002613588 1.							
Pacific Shops, Inc									
NEAREST CROSS STREET 401.	FACILITY OWNER TYPE	402.							
Chestnut Street	<input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 3. PARTNERSHIP	<input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT* <input type="checkbox"/> 5. COUNTY AGENCY* <input type="checkbox"/> 6. STATE AGENCY* <input type="checkbox"/> 7. FEDERAL AGENCY*							
BUSINESS TYPE 403.	406.								
<input type="checkbox"/> 1. GAS STATION <input type="checkbox"/> 2. DISTRIBUTOR <input type="checkbox"/> 3. FARM <input checked="" type="checkbox"/> 4. PROCESSOR <input type="checkbox"/> 5. COMMERCIAL <input type="checkbox"/> 6. OTHER	* If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST. (This is the contact person for the tank records.)								
TOTAL NUMBER OF TANKS REMAINING AT SITE 404.	Is facility on Indian Reservation or trust lands? 405.	406.							
UNKNOWN	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

**II. PROPERTY OWNER INFORMATION**

PROPERTY OWNER NAME 407.	PHONE 408.	
Pacific Shops, Inc.	(910) 521-1133	
MAILING OR STREET ADDRESS 409.		
1815 Clement Avenue		
CITY 410.	STATE 411.	ZIP CODE 412.
Alameda	CA	94501
PROPERTY OWNER TYPE 413.		
<input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY		

**III. TANK OWNER INFORMATION**

TANK OWNER NAME 414.	PHONE 415.	
Same as above		
MAILING OR STREET ADDRESS 416.		
CITY 417.	STATE 418.	ZIP CODE 419.
TANK OWNER TYPE 420.		
<input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY		

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER**

TY (TK) HQ 44-	Call (916) 322-9669 if questions arise 421.
----------------	---

**V. PETROLEUM UST FINANCIAL RESPONSIBILITY**

INDICATE METHOD(S) 422.			
<input type="checkbox"/> 1. SELF-INSURED <input type="checkbox"/> 2. SURETY BOND <input type="checkbox"/> 3. STATE FUND <input type="checkbox"/> 4. LOCAL GOVT MECHANISM			
<input checked="" type="checkbox"/> 3. INSURANCE <input type="checkbox"/> 5. LETTER OF CREDIT <input type="checkbox"/> 6. EXEMPTION <input type="checkbox"/> 7. STATE FUND & CFO LETTER <input type="checkbox"/> 8. STATE FUND & CD			
<input type="checkbox"/> 9. OTHER: _____			

**VI. LEGAL NOTIFICATION AND MAILING ADDRESS**

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.  1. FACILITY  2. PROPERTY OWNER  3. TANK OWNER 423.

**VII. APPLICANT SIGNATURE**

Certification: I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT (Agent) 424.	DATE 424.	PHONE 425.
John Murphy	2/22/07	(650) 616-1200
NAME OF APPLICANT (print) 426.	TITLE OF APPLICANT 427.	
John Murphy	Project Manager	
STATE UST FACILITY NUMBER (Agency use only) 428.	1998 UPGRADE CERTIFICATE NUMBER (Agency use only) 429.	
(See Data Element 1, above.)		



**UNIFIED PROGRAM CONSOLIDATED FORM  
TANKS  
UNDERGROUND STORAGE TANKS - TANK PAGE 1**

(Two pages per tank)

Page 1 of 2

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 4. AMENDED PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION	<input type="checkbox"/> 6. TEMPORARY TANK CLOSURE	430.
	<input type="checkbox"/> 3. RENEWAL PERMIT			<input type="checkbox"/> 7. PERMANENTLY CLOSED ON SITE	
	(Specify reason)	(Specify reason)		<input checked="" type="checkbox"/> 8. TANK REMOVED	

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3.	FACILITY ID:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">C</td><td style="width:10%;">A</td><td style="width:10%;">C</td><td style="width:10%;">0</td><td style="width:10%;">0</td><td style="width:10%;">2</td><td style="width:10%;">6</td><td style="width:10%;">1</td><td style="width:10%;">3</td><td style="width:10%;">5</td><td style="width:10%;">8</td><td style="width:10%;">8</td> </tr> </table>	C	A	C	0	0	2	6	1	3	5	8	8	1.
C	A	C	0	0	2	6	1	3	5	8	8					

LOCATION WITHIN SITE (Optional)	431.
SEE attached site map	

**I. TANK DESCRIPTION**

(A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # <u>2</u>	TANK MANUFACTURER <u>UNKNOWN</u>	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DATE INSTALLED (YEAR/MO) <u>1940's-1950's</u>	TANK CAPACITY IN GALLONS <u>11000</u>	NUMBER OF COMPARTMENTS <u>UNKNOWN</u>
ADDITIONAL DESCRIPTION (For local use only)		

**II. TANK CONTENTS**

TANK USE	PETROLEUM TYPE	
<input type="checkbox"/> 1. MOTOR VEHICLE FUEL (If checked, complete Petroleum Type)	<input type="checkbox"/> 1a. REGULAR UNLEADED	<input type="checkbox"/> 2. LEADED
<input type="checkbox"/> 2. NON-FUEL PETROLEUM	<input type="checkbox"/> 1b. PREMIUM UNLEADED	<input type="checkbox"/> 3. DIESEL
<input type="checkbox"/> 3. CHEMICAL PRODUCT	<input type="checkbox"/> 1c. MIDGRADE UNLEADED	<input type="checkbox"/> 4. GASOHOL
<input checked="" type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil)	<input checked="" type="checkbox"/> 99. OTHER: <u>boiler oil</u>	
<input type="checkbox"/> 95. UNKNOWN	COMMON NAME (from Hazardous Materials Inventory page)	CAS# (from Hazardous Materials Inventory page)

**III. TANK CONSTRUCTION**

TYPE OF TANK (Check one item only)	<input checked="" type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER	<input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM		443.
	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 4. SINGLE WALL IN A VAULT	<input type="checkbox"/> 95. UNKNOWN		
TANK MATERIAL - primary tank (Check one item only)	<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 5. CONCRETE	<input type="checkbox"/> 95. UNKNOWN	444.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL	<input type="checkbox"/> 99. OTHER:	
TANK MATERIAL - secondary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL	<input checked="" type="checkbox"/> 95. UNKNOWN	445.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 10. COATED STEEL	<input type="checkbox"/> 99. OTHER:	
TANK INTERIOR LINING OR COATING (Check one item only)	<input type="checkbox"/> 1. RUBBER LINED	<input type="checkbox"/> 3. EPOXY LINING	<input type="checkbox"/> 5. GLASS LINING	<input checked="" type="checkbox"/> 95. UNKNOWN	446.
	<input type="checkbox"/> 2. ALKYD LINING	<input type="checkbox"/> 4. PHENOLIC LINING	<input type="checkbox"/> 6. UNLINED	<input type="checkbox"/> 99. OTHER:	447.
OTHER CORROSION PROTECTION (If Applicable)	<input type="checkbox"/> 1. MANUFACTURED CATHODIC PROTECTION	<input type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC	<input checked="" type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER:	448.
	<input type="checkbox"/> 2. SACRIFICIAL ANODE	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 99. OTHER:		449.
SPILL AND OVERFILL (Check all that apply)	<input type="checkbox"/> 1. SPILL CONTAINMENT	YEAR INSTALLED	TYPE	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED	
	<input type="checkbox"/> 2. DROP TUBE	_____	_____	<input type="checkbox"/> 1. ALARM	<input type="checkbox"/> 3. FILL TUBE SHUT OFF VALVE
	<input type="checkbox"/> 3. STRIKER PLATE	_____	_____	<input type="checkbox"/> 2. BALL FLOAT	<input type="checkbox"/> 4. EXEMPT

**IV. TANK LEAK DETECTION**

(A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply)	453.	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only)	454.
<input checked="" type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY)		<input type="checkbox"/> 1. VISUAL (SINGLE WALL IN VAULT ONLY)	
<input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG)	<input type="checkbox"/> 5. MANUAL TANK GAUGING (MTG)	<input type="checkbox"/> 2. CONTINUOUS INTERSTITIAL MONITORING	
<input type="checkbox"/> 3. CONTINUOUS ATG	<input type="checkbox"/> 6. VADOSE ZONE	<input type="checkbox"/> 3. MANUAL MONITORING	
<input type="checkbox"/> 4. STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING	<input type="checkbox"/> 7. GROUNDWATER		
	<input type="checkbox"/> 8. TANK TESTING		
	<input type="checkbox"/> 99. OTHER		

**V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE**

ESTIMATED DATE LAST USED (YR/MO/DAY)	ESTIMATED QUANTITY OF SUBSTANCE REMAINING	TANK FILLED WITH INERT MATERIAL?
<u>UNKNOWN</u>	<u>UNKNOWN</u> gallons	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**UNIFIED PROGRAM CONSOLIDATED FORM  
TANKS  
UNDERGROUND STORAGE TANKS - TANK PAGE 2**

Page 2 of 2

**VI. PIPING CONSTRUCTION (Check all that apply)**

UNDERGROUND PIPING				ABOVEGROUND PIPING						
<b>SYSTEM TYPE</b>	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458.	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459.		
<b>CONSTRUCTION/ MANUFACTURER</b>	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460.	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER	462.
<b>MANUFACTURER</b>	461.				<b>MANUFACTURER</b>	463.				
<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 3. PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL	<input type="checkbox"/> 7. GALVANIZED STEEL	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 9. CATHODIC PROTECTION	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER
				464.					465.	

**VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)**

UNDERGROUND PIPING	ABOVEGROUND PIPING
<b>SINGLE WALL PIPING</b> 466.	<b>SINGLE WALL PIPING</b> 467.
<b>PRESSURIZED PIPING (Check all that apply):</b>	<b>PRESSURIZED PIPING (Check all that apply):</b>
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT-OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)
<b>CONVENTIONAL SUCTION SYSTEMS</b>	<b>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</b>
<input checked="" type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)	<input checked="" type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM
<b>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</b>	<b>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</b>
<input type="checkbox"/> 7. SELF MONITORING	<input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)
<b>GRAVITY FLOW</b>	<b>GRAVITY FLOW (Check all that apply):</b>
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 7. SELF MONITORING
	<input type="checkbox"/> 8. DAILY VISUAL MONITORING
	<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)
<b>SECONDARILY CONTAINED PIPING</b>	<b>SECONDARILY CONTAINED PIPING</b>
<b>PRESSURIZED PIPING (Check all that apply):</b>	<b>PRESSURIZED PIPING (Check all that apply):</b>
10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)	10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)
<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF
<input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)
<b>SUCTION/GRAVITY SYSTEM</b>	<b>SUCTION/GRAVITY SYSTEM</b>
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS
<b>EMERGENCY GENERATORS ONLY (Check all that apply)</b>	<b>EMERGENCY GENERATORS ONLY (Check all that apply)</b>
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS
<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)
<input type="checkbox"/> 17. DAILY VISUAL CHECK	<input type="checkbox"/> 17. DAILY VISUAL CHECK

**VIII. DISPENSER CONTAINMENT**

<b>DISPENSER CONTAINMENT</b> 468.	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK	469.
<b>DATE INSTALLED</b>	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH/LINER MONITORING	
	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR <u>WITH</u> AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE	

**IX. OWNER/OPERATOR SIGNATURE**

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR <i>John Murphy</i>	DATE: <u>2/22/07</u>
NAME OF OWNER/OPERATOR (print) <u>John Murphy</u>	TITLE OF OWNER/OPERATOR: <u>Project Manager</u>

Permit Number (Agency use only) 473.	Permit Approved By (Agency use only) 474.	Permit Expiration Date (Agency use only) 475.
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**UNIFIED PROGRAM CONSOLIDATED FORM  
TANKS  
UNDERGROUND STORAGE TANKS - TANK PAGE 1**

(Two pages per tank)

Page 1 of 2

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 4. AMENDED PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION	<input type="checkbox"/> 6. TEMPORARY TANK CLOSURE	430.
	<input type="checkbox"/> 3. RENEWAL PERMIT			<input type="checkbox"/> 7. PERMANENTLY CLOSED ON SITE	
	(Specify reason)	(Specify reason)		<input checked="" type="checkbox"/> 8. TANK REMOVED	

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <u>Peapack Shops, Inc.</u>	3.	FACILITY ID:	<u>CAC 002613588</u>	1.
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LOCATION WITHIN SITE (Optional) <u>SEE attached site map</u>	431.
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**I. TANK DESCRIPTION**

(A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # <u>#3</u>	432.	TANK MANUFACTURER <u>UNKNOWN</u>	433.	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	434.
				If "Yes," complete one page for each compartment.	
DATE INSTALLED (YEAR/MO) <u>1940's-1950's</u>	435.	TANK CAPACITY IN GALLONS <u>860</u>	436.	NUMBER OF COMPARTMENTS <u>UNKNOWN</u>	437.
ADDITIONAL DESCRIPTION (For local use only)					438.

**II. TANK CONTENTS**

TANK USE <input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL (If checked, complete Petroleum Type) <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 95. UNKNOWN	439.	PETROLEUM TYPE <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 1b. PREMIUM UNLEADED <input checked="" type="checkbox"/> 3. DIESEL <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 6. AVIATION GAS <input type="checkbox"/> 99. OTHER: _____	440.
		COMMON NAME (from Hazardous Materials Inventory page)	441.
		CAS# (from Hazardous Materials Inventory page)	442.

**III. TANK CONSTRUCTION**

TYPE OF TANK (Check one item only)	<input checked="" type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER	<input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM	443.
	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 4. SINGLE WALL IN A VAULT	<input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER: _____	
TANK MATERIAL - primary tank (Check one item only)	<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 5. CONCRETE	444.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 99. OTHER: _____	
TANK MATERIAL - secondary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL	445.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input checked="" type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER: _____	
TANK INTERIOR LINING OR COATING (Check one item only)	<input type="checkbox"/> 1. RUBBER LINED	<input type="checkbox"/> 3. EPOXY LINING	<input type="checkbox"/> 5. GLASS LINING	446.
	<input type="checkbox"/> 2. ALKYD LINING	<input type="checkbox"/> 4. PHENOLIC LINING	<input type="checkbox"/> 6. UNLINED	447.
OTHER CORROSION PROTECTION (If Applicable)	<input type="checkbox"/> 1. MANUFACTURED CATHODIC PROTECTION	<input type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC	<input checked="" type="checkbox"/> 95. UNKNOWN	448.
	<input type="checkbox"/> 2. SACRIFICIAL ANODE	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 99. OTHER: _____	449.
SPILL AND OVERFILL (Check all that apply)	<input type="checkbox"/> 1. SPILL CONTAINMENT	YEAR INSTALLED 450.	TYPE 451.	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452.
	<input type="checkbox"/> 2. DROP TUBE	_____	_____	<input type="checkbox"/> 1. ALARM
	<input type="checkbox"/> 3. STRIKER PLATE	_____	_____	<input type="checkbox"/> 2. BALL FLOAT
				<input type="checkbox"/> 3. FILL TUBE SHUT OFF VALVE
				<input type="checkbox"/> 4. EXEMPT

**IV. TANK LEAK DETECTION**

(A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply)	453.	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only)	454.
<input checked="" type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY)		<input type="checkbox"/> 1. VISUAL (SINGLE WALL IN VAULT ONLY)	
<input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG)	<input type="checkbox"/> 5. MANUAL TANK GAUGING (MTG)	<input type="checkbox"/> 2. CONTINUOUS INTERSTITIAL MONITORING	
<input type="checkbox"/> 3. CONTINUOUS ATG	<input type="checkbox"/> 6. VADOSE ZONE	<input type="checkbox"/> 3. MANUAL MONITORING	
<input type="checkbox"/> 4. STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING	<input type="checkbox"/> 7. GROUNDWATER		
	<input type="checkbox"/> 8. TANK TESTING		
	<input type="checkbox"/> 99. OTHER: _____		

**V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE**

ESTIMATED DATE LAST USED (YR/MO/DAY) 455. <u>UNKNOWN</u>	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456. <u>UNKNOWN</u> gallons	TANK FILLED WITH INERT MATERIAL? 457. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**UNIFIED PROGRAM CONSOLIDATED FORM  
TANKS  
UNDERGROUND STORAGE TANKS - TANK PAGE 2**

Page 2 of 2

**VI. PIPING CONSTRUCTION (Check all that apply)**

UNDERGROUND PIPING				ABOVEGROUND PIPING					
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458.	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459.	
CONSTRUCTION/ MANUFACTURER	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460.	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462.	
	<input type="checkbox"/> 2. DOUBLE WALL	<input checked="" type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER			
MANUFACTURER				461.	MANUFACTURER				463.
<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL		<input type="checkbox"/> 1. BARE STEEL		<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL				
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL		<input type="checkbox"/> 2. STAINLESS STEEL		<input type="checkbox"/> 7. GALVANIZED STEEL				
<input type="checkbox"/> 3. PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 95. UNKNOWN		<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS		<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER			
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 99. OTHER		<input type="checkbox"/> 4. FIBERGLASS		<input type="checkbox"/> 9. CATHODIC PROTECTION				
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION		<input type="checkbox"/> 5. STEEL W/COATING	464.	<input type="checkbox"/> 95. UNKNOWN			465.	

**VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)**

UNDERGROUND PIPING	ABOVEGROUND PIPING
<p><b>SINGLE WALL PIPING</b> <span style="float: right;">466.</span></p> <p><b>PRESSURIZED PIPING (Check all that apply):</b></p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT-OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><b>CONVENTIONAL SUCTION SYSTEMS</b></p> <p><input checked="" type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)</p> <p><b>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</b></p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p><b>GRAVITY FLOW</b></p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SECONDARILY CONTAINED PIPING</b></p> <p><b>PRESSURIZED PIPING (Check all that apply):</b></p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SUCTION/GRAVITY SYSTEM</b></p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p><b>EMERGENCY GENERATORS ONLY (Check all that apply)</b></p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>	<p><b>SINGLE WALL PIPING</b> <span style="float: right;">467.</span></p> <p><b>PRESSURIZED PIPING (Check all that apply):</b></p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 4. DAILY VISUAL CHECK</p> <p><b>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</b></p> <p><input checked="" type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM</p> <p><input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</b></p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p><b>GRAVITY FLOW (Check all that apply):</b></p> <p><input type="checkbox"/> 8. DAILY VISUAL MONITORING</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SECONDARILY CONTAINED PIPING</b></p> <p><b>PRESSURIZED PIPING (Check all that apply):</b></p> <p>10. CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><b>SUCTION/GRAVITY SYSTEM</b></p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p><b>EMERGENCY GENERATORS ONLY (Check all that apply)</b></p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>

**VIII. DISPENSER CONTAINMENT**

DISPENSER CONTAINMENT	468.	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK	469.
DATE INSTALLED		<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH/LINER MONITORING	
		<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR <u>WITH</u> AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE	

**IX. OWNER/OPERATOR SIGNATURE**

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR <i>John Murphy</i>	DATE: <u>2/22/07</u>
NAME OF OWNER/OPERATOR (Print): <u>John Murphy</u>	TITLE OF OWNER/OPERATOR: <u>Project Manager</u>

Permit Number (Agency use only)	473.	Permit Approved By (Agency use only)	474.	Permit Expiration Date (Agency use only)	475.
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**UNIFIED PROGRAM CONSOLIDATED FORM  
TANKS  
UNDERGROUND STORAGE TANKS - TANK PAGE 1**

(Two pages per tank)

Page 1 of 2

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 4. AMENDED PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION	<input type="checkbox"/> 6. TEMPORARY TANK CLOSURE	430.
	<input type="checkbox"/> 3. RENEWAL PERMIT			<input type="checkbox"/> 7. PERMANENTLY CLOSED ON SITE	
	(Specify reason)	(Specify reason)		<input checked="" type="checkbox"/> 8. TANK REMOVED	

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <u>People Shops, Inc.</u>	3.	FACILITY ID:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">C</td> <td style="width:10%; text-align: center;">A</td> <td style="width:10%; text-align: center;">C</td> <td style="width:10%; text-align: center;">0</td> <td style="width:10%; text-align: center;">0</td> <td style="width:10%; text-align: center;">2</td> <td style="width:10%; text-align: center;">6</td> <td style="width:10%; text-align: center;">1</td> <td style="width:10%; text-align: center;">3</td> <td style="width:10%; text-align: center;">5</td> <td style="width:10%; text-align: center;">8</td> <td style="width:10%; text-align: center;">8</td> </tr> </table>	C	A	C	0	0	2	6	1	3	5	8	8	1.
C	A	C	0	0	2	6	1	3	5	8	8					

LOCATION WITHIN SITE (Optional) <u>SEE attached site map</u>			431.
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**I. TANK DESCRIPTION**

(A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # <u>4</u>	432.	TANK MANUFACTURER <u>UNKNOWN</u>	433.	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	434.
DATE INSTALLED (YEAR/MO) <u>1940's - 1950's</u>	435.	TANK CAPACITY IN GALLONS <u>500</u>	436.	NUMBER OF COMPARTMENTS	437.
ADDITIONAL DESCRIPTION (For local use only)					
438.					

**II. TANK CONTENTS**

TANK USE <input type="checkbox"/> 1. MOTOR VEHICLE FUEL (If checked, complete Petroleum Type) <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input checked="" type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 95. UNKNOWN	439.	PETROLEUM TYPE <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION GAS <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input checked="" type="checkbox"/> 99. OTHER: <u>boiler oil</u>	440.	
COMMON NAME (from Hazardous Materials inventory page)		441.	CAS# (from Hazardous Materials inventory page)	442.

**III. TANK CONSTRUCTION**

TYPE OF TANK (Check one item only)	<input checked="" type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER	<input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM	443.
	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 4. SINGLE WALL IN A VAULT	<input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER	
TANK MATERIAL - primary tank (Check one item only)	<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 5. CONCRETE	444.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 99. OTHER: _____	
TANK MATERIAL - secondary tank (Check one item only)	<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 3. FIBERGLASS / PLASTIC	<input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL	445.
	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input checked="" type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER: _____	
TANK INTERIOR LINING OR COATING (Check one item only)	<input type="checkbox"/> 1. RUBBER LINED	<input type="checkbox"/> 3. EPOXY LINING	<input type="checkbox"/> 5. GLASS LINING	446.
	<input type="checkbox"/> 2. ALKYD LINING	<input type="checkbox"/> 4. PHENOLIC LINING	<input type="checkbox"/> 6. UNLINED	<input checked="" type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER: _____
OTHER CORROSION PROTECTION (If Applicable)	<input type="checkbox"/> 1. MANUFACTURED CATHODIC PROTECTION	<input type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC	<input checked="" type="checkbox"/> 95. UNKNOWN	448.
	<input type="checkbox"/> 2. SACRIFICIAL ANODE	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 99. OTHER: _____	DATE INSTALLED 449.
SPILL AND OVERFILL (Check all that apply)	<input type="checkbox"/> 1. SPILL CONTAINMENT	YEAR INSTALLED 450.	TYPE 451.	OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452.
	<input type="checkbox"/> 2. DROP TUBE	_____	_____	<input type="checkbox"/> 1. ALARM <input type="checkbox"/> 3. FILL TUBE SHUT OFF VALVE
	<input type="checkbox"/> 3. STRIKER PLATE	_____	_____	<input type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 4. EXEMPT

**IV. TANK LEAK DETECTION**

(A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) <input checked="" type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 3. CONTINUOUS ATG <input type="checkbox"/> 4. STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING	453.	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) <input type="checkbox"/> 1. VISUAL (SINGLE WALL IN VAULT ONLY) <input type="checkbox"/> 2. CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3. MANUAL MONITORING	454.
		<input type="checkbox"/> 5. MANUAL TANK GAUGING (MTG) <input type="checkbox"/> 6. VADOSE ZONE <input type="checkbox"/> 7. GROUNDWATER <input type="checkbox"/> 8. TANK TESTING <input type="checkbox"/> 99. OTHER: _____	

**V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE**

ESTIMATED DATE LAST USED (YR/MO/DAY) <u>UNKNOWN</u>	455.	ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>UNKNOWN</u> gallons	456.	TANK FILLED WITH INERT MATERIAL? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	457.
--	------	---	------	---	------

**UNIFIED PROGRAM CONSOLIDATED FORM  
TANKS  
UNDERGROUND STORAGE TANKS - TANK PAGE 2**

Page 2 of 2

**VI. PIPING CONSTRUCTION** (Check all that apply)

UNDERGROUND PIPING				ABOVEGROUND PIPING					
<b>SYSTEM TYPE</b>	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458.	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459.	
<b>CONSTRUCTION/ MANUFACTURER</b>	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460.	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER	462.	
	<input type="checkbox"/> 2. DOUBLE WALL	<input checked="" type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER			
<b>MANUFACTURER</b>				461.	<b>MANUFACTURER</b>				463.
<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL	<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL		<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL			
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL	<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL		<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL			
<input type="checkbox"/> 3. PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER		
<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. CATHODIC PROTECTION	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. CATHODIC PROTECTION	464.	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9. CATHODIC PROTECTION			
<input type="checkbox"/> 5. STEEL W/COATING		<input type="checkbox"/> 5. STEEL W/COATING			<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 95. UNKNOWN		465.	

**VII. PIPING LEAK DETECTION** (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
<b>SINGLE WALL PIPING</b> 466.	<b>SINGLE WALL PIPING</b> 467.
<b>PRESSURIZED PIPING</b> (Check all that apply):	<b>PRESSURIZED PIPING</b> (Check all that apply):
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT-OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.
<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST	<input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)
<b>CONVENTIONAL SUCTION SYSTEMS</b>	<b>CONVENTIONAL SUCTION SYSTEMS</b> (Check all that apply)
<input checked="" type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)	<input checked="" type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM
<b>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</b>	<b>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</b>
<input type="checkbox"/> 7. SELF MONITORING	<input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)
<b>GRAVITY FLOW</b>	<b>GRAVITY FLOW</b> (Check all that apply):
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 7. SELF MONITORING
<b>SECONDARILY CONTAINED PIPING</b>	<b>SECONDARILY CONTAINED PIPING</b>
<b>PRESSURIZED PIPING</b> (Check all that apply):	<b>PRESSURIZED PIPING</b> (Check all that apply):
10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)	10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF
<input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)
<b>SUCTION/GRAVITY SYSTEM</b>	<b>SUCTION/GRAVITY SYSTEM</b>
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS
<b>EMERGENCY GENERATORS ONLY</b> (Check all that apply)	<b>EMERGENCY GENERATORS ONLY</b> (Check all that apply)
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF AUDIBLE AND VISUAL ALARMS
<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION	<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)	<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)
<input type="checkbox"/> 17. DAILY VISUAL CHECK	<input type="checkbox"/> 17. DAILY VISUAL CHECK

**VIII. DISPENSER CONTAINMENT**

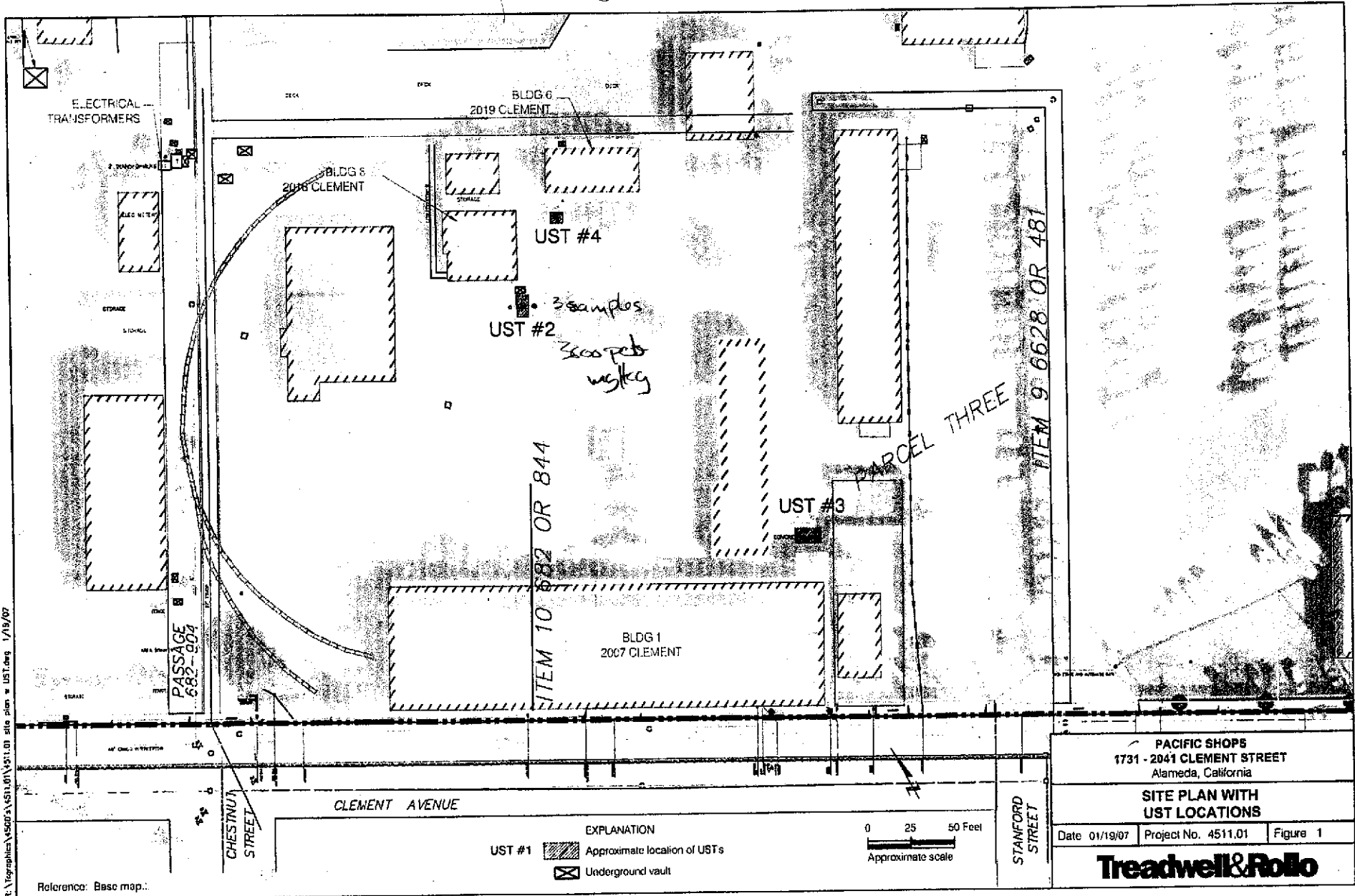
<b>DISPENSER CONTAINMENT</b> 468.	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK	469.
<b>DATE INSTALLED</b>	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH/LINER MONITORING	
	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE	

**IX. OWNER/OPERATOR SIGNATURE**

I certify that the information provided herein is true and accurate to the best of my knowledge.

<b>SIGNATURE OF OWNER/OPERATOR</b> <i>John Murphy</i>	<b>DATE:</b> 2/22/07	470.
<b>NAME OF OWNER/OPERATOR (print):</b> John Murphy	<b>TITLE OF OWNER/OPERATOR:</b> Project Manager	

<b>Permit Number (Agency use only)</b> 473.	<b>Permit Approved By (Agency use only)</b> 474.	<b>Permit Expiration Date (Agency use only)</b> 475.
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R:\Vgraphics\4560\4511.01\4511.01 site plan - UST.dwg 1/19/07

<b>PACIFIC SHOPS</b> 1731 - 2041 CLEMENT STREET Alameda, California		
<b>SITE PLAN WITH UST LOCATIONS</b>		
Date 01/19/07	Project No. 4511.01	Figure 1
<b>Treadwell &amp; Rolo</b>		

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/1/2006

JCR (650)341-8414 FAX (650)341-8352  
Druml Group, Inc.  
1135 Farragut Blvd

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Foster City CA 94404

INSURERS AFFORDING COVERAGE NAIC #

INSURED  
Technology, Engineering And Construction, Inc.  
dba Accutite  
262 Michelle Court  
South San Francisco CA 94080

INSURER A: Redland Insurance Company 37303  
INSURER B: Redwood Fire and Casualty 11673  
INSURER C: Fireman's Fund Insurance 21873  
INSURER D:  
INSURER E:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	R001120005	07/01/2006	07/01/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	W673-4217	07/01/2006	07/01/2007	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C		<b>OTHER Equipment Floater</b>	MXI98122628	07/01/2006	07/01/2007	Rented/Leased Equip 300,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
Re: All California Operations.

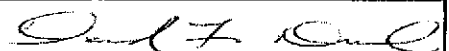
## CERTIFICATE HOLDER

City of San Jose  
Risk Management Division  
801 N. First Street, Rm 110  
San Jose, CA 95110

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
David Druml/DKM







State Of California

**CONTRACTORS STATE LICENSE BOARD  
ACTIVE LICENSE**



License Number **762034**

Entity **CORP**

Business Name **TECHNOLOGY ENGINEERING &  
CONSTRUCTION INC DBA ACCUTITE**

Classification(s) **A HAZ B C36**

Expiration Date **04/30/2007**





# Technology, Engineering & Construction, Inc.

262 Michelle Court • So. San Francisco, CA 94080-6201 • Contractor's Lic. #762034  
Tel: (650) 616-1200 • Fax: (650) 616-1244 • www.tecaccutite.com

Mobile - 1851 Gate II  
415-  
534-  
7509

## HEALTH AND SAFETY PLAN TEC ACCUTITE

**Underground Storage Tank Removal  
Alameda Marina  
1815 Clement Avenue  
Alameda, CA 94501**

### CONTENTS:

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Substance Exposure Information.....	3
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Safety Meeting Record.....	Appendix A
Hospital Map.....	Appendix B

### Scope of Work

TEC Accutite will excavate and remove one (1) 500-gallon home heating oil tank and load it for disposal at Ecology Control Industries, Richmond, California. In addition, TEC Accutite will cut piping from the tank, clean out any residual fuel and slurry fill the pipes using a high pressure concrete. Confirmation samples will be collected prior to backfilling.

### Equipment Required

This scope of work requires: backhoe, concrete pump and concrete.

### Contractors Involved

Ecology Control Industries	(510) 235 - 1393
Romic Environmental	(650) 324 - 1638

### USA Required

Yes

### Known Exposures

Boiler oil & diesel fuel in soils and groundwater (see pg. 3). To reduce exposure, proper PPE will be worn and a PID meter will monitor concentrations in air around the site (see pg. 10).

### Possible Exposures

**Boiler oil & Diesel Fuel (see pg.3)**

**In-house Contacts**

John Murphy	650 616-1233 (Office)
	650 451-2478
Nathan Smith (part-time on-site contact)	650-222-0890 (cell)

**Outside Contacts**

Rob Weston – Alameda County Environmental Health	(510) 567-6700
Alameda Fire	(510) 337-2120

**Emergency Contacts**

Police / Fire	911
Hospital : Alameda Hospital	1.1 mi / 5 min.
2070 Clinton Avenue, Alameda (see pg.5)	(510) 522-3700

Also, see pg. 15.

**Special Conditions**

Noise Control: Hours for major excavation and large trucks will be within prescribed limits. Hearing protection will be used by all workers when appropriate.

**Signatures**

This Health and Safety Plan has been inspected and approved by qualified personnel. Prior to starting work all on-site workers will review and sign this plan (see pg.4).

Prepared By:

Reviewed By:

Christine F. Titus  
Project Assistant

John Murphy  
Project Manager



## SUBSTANCE EXPOSURE INFORMATION

SUBSTANCE	EXPOSURE SYMPTOMS	FIRST AID INSTRUCTIONS
<b>UNLEADED GASOLINE</b>	High concentrations of vapor / mist may cause eye discomfort.	Flush eyes immediately with fresh water for at least 15 minutes while holding eyelids open. Remove contacts, if worn.
	Prolonged exposure or contact can defat the skin and lead to irritation and/or dermatitis.	Wash skin thoroughly with soap and water. Remove and wash contaminated clothing.
	Inhalation of vapor / aerosol above recommended concentrations may cause headaches, drowsiness, nausea and may lead to unconsciousness or death.	Move person to fresh air.
	Harmful or fatal if inhaled into lungs. Ingestion causes gastrointestinal irritation and diarrhea.	If swallowed, give milk or water and telephone for medical advice. <b>DO NOT MAKE PERSON VOMIT.</b> If medical advice cannot be obtained; seek immediate medical attention.
<b>DIESEL FUEL NUMBER 2</b>	Exposure to vapor or mist may cause eye irritation.	Flush eyes immediately with fresh water for at least 15 minutes while holding eyelids open. Remove contacts, if worn. Thermal burns require immediate medical attention.
	Repeated or prolonged exposure may cause defatting, redness, itching, inflammation, cracking and possibly secondary infection. Repeated or massive skin contact may cause poisoning. High pressure skin injections may not appear serious, within hours tissue may become swollen, discolored and extremely painful.	Remove contaminated clothing immediately. Wash area of contact with soap and water. High pressure skin injections and thermal burns require immediate medical attention.
	Inhalation may cause respiratory tract irritation and pneumonitis. May cause Central Nervous System effects excitation, euphoria, headache, dizziness, drowsiness, blurred vision, fatigue, tremors, convulsions, loss of consciousness, coma, respiratory arrest and death.	Move person to fresh air. If not breathing clear airway and administer CPR. If breathing difficulty occurs, administer oxygen, continue to monitor closely. Seek medical attention.
	Ingestion may cause central nervous system effects, such as, excitation, euphoria, headache, dizziness, drowsiness, blurred vision, fatigue, tremors, convulsions, loss of consciousness, coma, respiratory arrest and death. Gastrointestinal effects as irritation, nausea, vomiting and diarrhea.	<b>DO NOT INDUCE VOMITING.</b> If spontaneous vomiting occurs, monitor for breathing difficulty. Seek immediate medical attention



## DETAILED HAZARD INFORMATION

### 1.0 HAZARD REDUCTION

This section of the H&S Plan will present the general safety rules applicable to all persons working at the project site. The section will also discuss each of the hazards identified and provide guidelines and procedures necessary to avoid injury or illness.

Personnel are required to exercise reasonable caution at all times during work activities. Failure to follow safety protocols and/or continued negligence of health and safety policies will result in expulsion of a worker from the site and may result in termination of employment.

#### 1.1 General Safety Rules

- Horseplay, fighting, gambling, possession of firearms, alcoholic beverages, illegal drugs, or usage of unauthorized medically prescribed drugs are not permitted.
- Work shall be well planned and supervised to prevent injuries. Supervisors shall assure that employees observe and obey safety rules and regulations.
- An employee reporting for work who, in the opinion of his supervisor, is unable to perform his assigned duties in a safe and reasonable manner shall not be allowed on the job.
- No employee shall be assigned a task without first having been instructed on proper methods, including safety training, of carrying out the task. Any employee who feels they have not received proper instruction shall notify their supervisor prior to carrying out the task.
- Injuries and accidents shall be reported immediately to the immediate supervisor, who will then report it to the SSO.
- There shall be no consumption of food or drink in operational areas of the site. Hands should be thoroughly cleansed prior to eating.
- Smoking is not permitted on the site.
- When personnel are conducting hazardous operations, there shall be at least one other person (buddy system) on duty in the immediate area as a backup in case of emergency.

#### 1.2 Heavy Equipment

The operation and use of heavy equipment presents the greatest potential for injury to personnel. Heavy equipment utilized at the site may include crawler tractors, backhoes, excavators and graders. Common sense and good judgment must be practiced when working around heavy equipment and machinery. To minimize hazards, designated routes and specific traffic patterns will be established.

Only equipment that is in safe working order will be used. Only qualified personnel will be allowed to operate heavy equipment. Contractors will supply proof of qualifications to operate the equipment, upon request.

Heavy equipment will use spotters for backing. Those crew members directly involved in spotting for the operator will be the only personnel allowed within the operating radius of the heavy equipment. Other personnel will remain at a safe distance from these operations. If personnel need to approach heavy equipment during operation, they will observe the following protocols: make eye contact with the operator, signal the operator to cease heavy equipment activity, and then approach the equipment to inform operator of intentions.



Operators of heavy equipment should abide by the following guidelines:

- ❑ Before starting any heavy equipment, conduct a visual inspection and walk around. Check tires and equipment for any visible malfunctions.
- ❑ Check hand and foot holds before mounting equipment. Mount and dismount in the same manner using handrails and footholds.
- ❑ Fasten seat belts and follow equipment startup procedure.
- ❑ Test brakes, steering and clutches.
- ❑ Use extreme caution around power and water lines. Always check with supervisor about underground utilities and gas lines.
- ❑ When using outriggers on a backhoe, make sure they are planted on solid ground to prevent tipping over. Coworkers in the area of the backhoe should stand clear of the radius of the boom and the bucket.
- ❑ On scrapers, test steering, brakes, apron, bowl, and ejector for proper functioning. Also test retarder on first down grade. In an emergency situation, drop the scraper bowl to bring equipment to a complete halt.
- ❑ On graders, test hydraulic system, blade movement, steering, and brakes. Know your work area. Be careful of tree stumps or rocks, etc., that might cause a sudden stop. When grading near a steep edge or slope, extend blade sideways instead of running wheels near an edge.
- ❑ In case of a breakdown or an incident, lower all hydraulic systems, set brakes, shut down equipment and notify your supervisor.

### 1.3 Overhead Lines and Underground Utilities

When operating heavy equipment near overhead power lines, care will be taken to ensure that elevated portions of the equipment maintain a distance of at least 10 feet from high voltage lines of 50,000 volts or less. See article 86, Title 8, High Voltage Electrical Safety Orders for minimum clearance of high voltage lines in excess of 50,000 volts.

If subsurface work (excavations, drilling or potholing) is performed, a USA utility mark-out is required to mark/clear underground utilities prior to work. It is recommended that the first 5 feet of any subsurface operation be excavated using an air-knife or hand auger to ensure clearance of underground utility lines. Special precautions must be made to identify the location of gas lines before excavation or earthmoving operations begin. A private utility locator will be used in most cases as well as USA mark outs.

### 1.4 Drilling

- ❑ Chemical exposure via inhalation of dust is not expected to pose a significant hazard during non-invasive operations due to the relatively low concentrations of chemicals and gas in soil and low concentration of dust in the ambient air.
- ❑ Drilling activities will be monitored by a combustible gas indicator (see Section 9.0, Air Monitoring).
- ❑ Have an active USA ticket.
- ❑ Drilling crew should be alert that a drill auger has the potential of spark against a rock or metal causing a fire in the boring. Fires should be extinguished by covering the boring with earth material (preferably using heavy equipment).
- ❑ Fire extinguishers should be on hand during drilling.



- No smoking shall be permitted within 50 feet of a boring.
- The number of persons working near a boring should be kept to a minimum. However, there should be sufficient people nearby to summons help if necessary.
- If boring in or near refuse:
  - Be aware of the less stable conditions. Refuse and cover soil are prone to be unstable and may cause the side of the boring to fail at any time.
  - Be aware that there is the potential of encountering hazardous materials such as unknown chemicals, munitions, asbestos, compressed gas cylinders, biomedical wastes and radioactive wastes. If any such materials are encountered - stop work, shut down equipment, leave the area and notify the supervisor and SSO immediately.
- Open or incomplete borings that will be left over night must be covered to discourage and prevent access.
- All pipes shall be capped at the end of each day.
- A private locator will be used as well as USA.

### 1.5 Monitoring and Sampling

Monitoring and sampling tasks consist of an employee collecting samples and/or monitoring conditions with detection instruments and measurement devices at various locations throughout the site. Activities may include reading of pressure gauges, combustible gas and oxygen meters, and thermometers. Gas samples will be drawn into Tedlar bags placed in light sealed boxes then transported to a laboratory for analysis.

Air and gas monitoring at sites may include:

- Ambient air sampling at the site perimeter.
- Instantaneous air monitoring and sampling at the well surface.
- Integrated air monitoring and sampling from well surface.
- Gas monitoring and sampling from perimeter sampling probes or ground water wells.
- Monitoring and sampling of gas collected by the gas control system.
- Groundwater Sampling.

Workers who must come in direct contact with known or suspected chemicals (in soil, water, air, gas, etc.) are required to wear protective gloves and other PPE, as needed, to reduce the potential for exposure. Safety glasses will be worn whenever the potential for splashing of chemicals into the eyes exists.

All the same general rules and applicable safety requirements stated in this H&S Plan apply to personnel performing monitoring and sampling activities. The following are typical safety hazards and associated precautions encountered for this work:

- Uneven terrain and steep slopes - Pedestrians and drivers shall exercise greater than normal caution while working in uneven terrain or steep slope areas.
- Look for obstructions and holes on ground surface, and slippery conditions when water exists.
- Workers shall use the appropriate type of vehicle for access to the sampling locations.
- Traffic - Workers involved in sampling activities shall:
  - Be alert for traffic
  - Wear orange vests



- Install flags on vehicles to enhance visibility, as necessary
- Equipment - Workers shall be thoroughly familiar with the operation and safety procedures for equipment used in sampling activities.

As a precaution when monitoring and sampling heavily contaminated soil, water or gases:

- Position vehicle upwind.
- Attach gauges and combustible gas and oxygen meter to probe tip prior to opening valve.
- Exhaust gas downwind at a distance of 10 feet.
- Maintain tubing and fittings in good condition to prevent leakage.
- Check previous probe documents, if available, for historical data about probes containing liquids and monitoring data.

#### 1.5.1 Stormwater

The chemical concentrations present in water samples collected after a storm are not anticipated to pose a threat to human health. No special hazard reduction measures are required. Follow the general safety rules, be aware of heavy equipment, follow traffic routes and ensure others are aware of your location at all times.

#### 1.6 Excavation and Trenching

Excavations and/or trenching 5 feet or more in depth will incorporate a system of shoring, sloping of the ground, benching, or other means, as provided in CCR Title 8 Article 6 Construction Orders, to prevent caving. Excavations/trenching will be inspected daily by a qualified person, and after every rainstorm or other hazard-increasing occurrence. Excavations less than 5 feet deep shall also be inspected for indications of potentially hazardous ground movement.

No work is permitted in trenches 4 feet or more deep without appropriate shoring. When employees are working in trenches 4 feet or more in depth, a safe means of access/egress shall be provided and located so that no more than 25 feet of lateral travel is necessary to reach the access/egress point.

No equipment will be allowed and no materials will be piled within 2 feet of the edge of any trench or excavation. Adequate barrier protection shall be provided to keep mobile equipment and personnel from inadvertently falling into a trench or an excavation.

Work activity shall be stopped by the individual in charge (competent person) whenever an excavation condition involves oxygen deficiency and/or toxic gas detection. Activity at each site will not resume until the condition is corrected.

Workers shall not be permitted underneath loads handled by excavation or loading equipment. Soil excavation, handling, stockpiling, and backfilling will not be conducted under high-wind conditions. Under these conditions, the work area, excavated material, and unpaved roadways will be watered down until the surface is moist, and maintained in a moist condition to minimize dust.

#### 1.7 Confined Spaces

Confined space entry may be necessary during the course of these operations. If entry into a potential confined space is deemed necessary, the TEC SSO must be notified and a determination of the type of space (permit vs. non-permit) will be determined. Entry into a permit required confined space will be performed by qualified personnel responsible for implementing appropriate confined space procedures in accordance with 8 CCR, Section 5157.





## 1.8 Vehicle Safety & Operation

- ❑ Drivers operating vehicles offsite must have a valid California driver's license in their possession. The California vehicle code shall be strictly observed.
- ❑ Heavy construction equipment has the right-of-way over regular vehicles and pedestrians.
- ❑ Before driving the vehicle, conduct a routine check to ensure that it is in proper operating condition. Pay special attention to the condition of the brakes, lights (including brake lights and turn signals), steering, windshield wipers, tires, and lugs.
- ❑ Report immediately any deficiencies observed or suspected in the vehicle to your supervisor. No unsafe vehicles shall be operated.
- ❑ Drivers and passengers, in all vehicles, will fasten seat belts before vehicle is set in motion.
- ❑ Any posted onsite speed limits shall be observed; where not posted, the onsite speed limit is 15 miles per hour.
- ❑ Extra caution shall be exercised when backing. If rear vision is obstructed, take time to walk around the vehicle or have someone guide you back. Vehicles or equipment shall not be moved until the driver or operator has walked around the vehicle or equipment.
- ❑ Personnel are not allowed to jump off or onto any moving pickup or truck.
- ❑ Tailgate shall be locked when carrying personnel in the bed of the truck.
- ❑ Vehicles shall be safely parked with hand brake secured when left unattended.

## 1.9 Slipping, Tripping and Falling

Besides promoting orderliness and cleanliness, good housekeeping practices help eliminate accidents and fire hazards. Slips, trips and falls due to poor housekeeping are at the root of many work related accidents. For this reason, work areas are to be kept neat and orderly so as to prevent unnecessary injuries.

Remember to maintain sure footing on all surfaces. The use of a safety harnesses is required for personnel working 6 feet or more above any surface that does not have handrails (e.g., riding on manlifts).

## 1.10 Head, Foot, Eye, and Back Injuries

Hard hats are required to be worn when in the vicinity of any operating equipment or machinery (including drilling rigs and soil/rock trucks) and when any overhead or lateral obstruction or hazard exists. Safety boots will be worn during all site operations. Safety glasses are required when there is risk of hazardous substances or flying particles getting into eyes.

To avoid back injuries, personnel are to use proper equipment and lifting techniques for manual material handling. Never carry a load you cannot see over or around. When lifting, caution should be exercised. If the object to be lifted is too heavy, get help. If two or more workers carry a load, designate one worker to give signals. Whenever possible, mechanical equipment shall be used for lifting in preference to lifting by hand.

## 1.11 Falling Objects

Equipment and material will be lowered to the ground "slowly" using a grapple and/or skip bucket. Personnel shall not work under this equipment; nor shall personnel other than the operator ride on the equipment.



### 1.12 Sharp Objects

Nails, wires, saws, and cutting equipment pose potential hazards such as cuts and punctures during site work. Only appropriate work tools are to be used. Personnel are required to exercise caution, and should wear leather work gloves and safety glasses when handling or operating cutting tools, saws, and other sharp objects. A consistent housekeeping effort at the site will also help to reduce hazards from sharp objects.

### 1.13 Electrical Equipment

Only authorized personnel shall perform electrical and instrumentation work.

In order to prevent accidents caused by electric shock, electrical connections will be inspected before use. Equipment found to have frayed wiring or loose connections is to be shut down and locked-out until a qualified electrician has effected repairs. Electrical equipment will be de-energized, tested and locked out before any electrical work is started. Equipment will be properly grounded prior to and during work.

In addition, ground fault circuit interrupters (GFCIs) will be installed whenever possible in each circuit between the power source and tool. In the event that generators are used to supply power, they will be equipped with GFCIs.

### 1.14 Welding Hazards

Only designated and trained personnel shall use welding or burning equipment. Personnel who perform or observe welding operations are required to use approved welding shields or glasses. This protective equipment will be inspected prior to each use for scratches and pits that could inhibit the ability to shield harmful ultraviolet light. Personnel are required to wear protective clothing to shield their skin from the harmful ultraviolet light produced by welding operations.

Additional precautions include:

- ❑ Disposable cigarette lighters shall not be carried on the person of anyone while working with welding or cutting equipment.
- ❑ Welding or cutting shall be done with adequate ventilation.
- ❑ Always use adequate shields, enclosures or distance to protect nearby workers from splatter and arc.
- ❑ Oxygen and acetylene cylinders shall be stored in an upright position and must be secured by a chain, rod bar, or similar device. Keep safety caps on gas cylinders when not in use.
- ❑ Oil or grease shall not be permitted to come in contact with oxygen cylinders, valves, regulators, or other fittings. Oxygen cylinders shall not be handled with oily hands, gloves or other material.
- ❑ A fire extinguisher shall be immediately available at all times in areas where welding, cutting or metal-burning processes are being conducted. When welding, cutting or burning is being done in an area containing combustible materials; a second person shall stand by with a fire extinguisher.
- ❑ Metal burning, welding or other sources of ignition shall not be applied to any enclosed tank or vessel until it has been determined that no possibility of explosion exists and that authority for the work has been obtained from the responsible supervisor.



### 1.15 Noise Exposure

High-noise areas (where noise levels exceed 85 dbA) are not anticipated at the site. If high noise equipment or operations are introduced to the work site, hearing protection (ear plugs or ear muffs) will be required.

### 1.16 Heat Stress

Heat stress is a potential hazard associated with high ambient temperatures, use of protective clothing, heavy physical labor and/or a combination thereof. This condition can result in heat rash, heat cramps, heat exhaustion, and/or heat stroke. It can impair worker coordination and judgment and directly impact health and safety. Personnel are to drink plenty of water and take breaks (in shaded rest areas) as needed to help prevent heat stress. As part of the Buddy System, personnel should watch for signs and symptoms of heat stress in coworkers as well as themselves.

### 1.17 Cold Exposure

To guard against cold injury (frostbite and hypothermia), which is a danger when the temperature and wind-chill factor are low, employees will wear appropriate clothing, have warm shelter readily available, and maintain carefully scheduled work and rest periods.

### 1.18 Biological Hazards

Care should be taken when walking throughout the site. Look for snakes especially in undisturbed areas or where no construction activity has previously occurred. If bitten by a snake, personnel should notify their supervisor to obtain prompt medical care. Whenever possible, the snake should be killed and the head taken in to be identified so that the appropriate antivenom can be administered promptly.

Insects, including bees, wasps and spiders are found at all sites. Care should be taken when working in areas where these insects are prevalent. Be sure to check for the presence of spiders, particularly black widows, when completing work in dark, cool previously undisturbed areas. Notify your supervisor promptly so that first aid and/or medical care can be provided, as necessary. If possible, try to identify the insect that caused the bite.

"Universal Precautions" (e.g., wearing latex gloves) must be taken any time there is potential for exposure to human blood, such as when an employee renders first aid to a coworker.

## 2.0 PERSONAL PROTECTIVE EQUIPMENT

Personnel are required to wear PPE appropriate for the task and anticipated exposure to known hazards. Selection of PPE will be based on hazard assessment, task performance, and air monitoring. Based on the history of this site, the initial level of protection will be Level D. At a minimum, Level D PPE will consist of the following:

- Hardhat - when in the vicinity of any operating equipment or machinery (including drilling rigs and soil/rock trucks) and when any overhead or lateral obstruction or hazard exists.
- Safety shoes/boots with steel toe and shank - at all times in work area
- Safety glasses, splash goggles or face shield - when there is risk of hazardous substances or flying particles getting into eyes
- Ear plugs / hearing protection - when high-noise equipment is in operation
- Gloves: chemical-resistant - when coming into contact with contaminated soil or water.

Site personnel also should be prepared with the following items:



- Tyvek coveralls and other suitable protective clothing
- Traffic safety vest
- Leather work gloves and back brace/lifting belt
- Respirators (if applicable - see Section 8.0, Respiratory Protection).

## 2.1 Respiratory Protection

Respiratory protection is mandatory if workers are required to complete tasks within a hazardous atmosphere. According to OSHA, a hazardous atmosphere is defined as:

- Flammable gas, vapor, or mist in excess of 10% of LEL.
- Atmospheric oxygen is below 19.5% or above 23.5%.
- When concentration of a known contaminant is greater than the permissible exposure limit (PEL).
- Airborne combustible dust exceeds its LEL (approximated when dust obscures vision at a distance of 5 feet or less).

Hazardous atmospheres are not anticipated during day-to-day operations at the site. Therefore, most tasks to be completed will not require respiratory protection. However since the possibility of hazardous atmospheres does exist, air monitoring will be required to verify the presence or absence of a hazardous atmosphere. Air monitoring is to be conducted whenever a situation or condition arises that could reasonably result in a hazardous atmosphere. Again, respiratory protection is mandatory if workers are required to complete tasks within a hazardous atmosphere.

Employees involved in construction and earthmoving operations that result in nuisance dust and particulates may use air-purifying respirators. These are commonly referred to as "dust masks" and do not require fit testing. Particulate respirators are to be used in situations where dust and particulates are the only contaminants posing an inhalation hazard. Particulate respirators are not to be used in oxygen deficient atmosphere or if hazardous levels of gas/vapor contaminants are present.

It is highly recommended that a high efficiency particulate air (HEPA) P100 respirator be used in place of commercially available "dust masks."

It is not anticipated that air-purifying gas/vapor respirators will be required at the site. However, hydrocarbons or other chemicals present in the subsurface have the potential to result in hazardous atmospheres. Air monitoring will be required to verify the presence or absence of a hazardous gas/vapor atmosphere whenever a situation or condition arises that could reasonably result in a hazardous atmosphere.

Air purifying respirators (APRs) with chemical cartridges can be used for acid gas/organic solvent vapors under the following conditions:

- If the oxygen concentration is between 19.5% and 23.5%.
- If chemical contaminants have been identified.
- The toxic concentrations are known and the respirator cartridges are effective in removing the contaminants.
- The respirator and cartridges are NIOSH/MSHA approved.
- The contaminants have noticeable warning qualities such as odor and visibility characteristics including color.



In the event workers are required to wear air-purifying gas/vapor respirators, the following requirements must be met:

- The SSO must verify that workers are:
  - Medically approved (within one year) to use respiratory protection.
  - Fit-tested for the specific respirator to be used.
  - Trained in the proper use and limitations of the respirator to be used.
- Contractors must provide proof of the above to the SSO before any air-purifying gas/vapor respirators may be used.
- If an employee or contractor has not cleared by the SSO to use a respirator, they will not be assigned tasks that may potentially expose them to contaminants.
- Personnel with interfering facial hair are not permitted to wear respirators and shall not be permitted in areas where respiratory protection is required.

Air-supplied respirators, such as SCBA or airline, full-face respiratory protection, are not anticipated to be required at the site. This level of respiratory protection is utilized in oxygen deficient atmospheres or atmospheres considered to be at or above immediately dangerous to life and health (IDLH) levels. These conditions will only occur in rare, if any, circumstances such as confined space entry or emergency situations. The use of air-supplied respiratory protection is not permitted without approval and guidance from the Project Safety Manager.

### 3.0 AIR MONITORING

Monitoring will be conducted as needed to characterize airborne contaminant levels. The potential hazards associated with the presence of hydrocarbons include (1) personnel exposure to chemicals, and (2) possible formation of flammable atmospheres in and around the work area.

Air monitoring will be performed to assess airborne contaminant levels onsite and to evaluate the need for respiratory protection. The SSO will check to see that air-monitoring equipment brought onsite is properly calibrated prior to operation and recalibrated during the course of the day, if necessary.

Air monitoring must be conducted under the following circumstances:

- Whenever a situation or condition arises that could reasonably result in a hazardous atmosphere.

Specific instances include:



Hazard	Appropriate Air Monitoring Equipment	Hazardous Levels	Comments
Flammability	Combustible gas indicators (CGI) are direct-reading instruments that measure both % of LEL and oxygen levels.	>25% of the LEL during cold work >10% of the LEL during hot work	Since many flammable vapors are heavier than air, be sure to take readings at ground level. It is highly recommended all work be suspended if CGI readings exceed 10% of LEL.
Oxygen deficiency or abundance	See above	<19.5% and >23.5%	Concentrations >23.5% present a flammability hazard
Exceeding the permissible exposure limit (PEL)	Photoionization detector (PID) can detect organic and inorganic vapors/gases	Varies depending on chemical. See Attachment C for hazardous levels of common chemicals found in landfill gas.	It is impossible to differentiate the different chemicals using a PID meter. However, the PID will tell you whether chemicals are present at all and at what levels. Measurements taken within worker's breathing zone will be used to determine respiratory protection requirements.

- Any and all operations involving excavation into or handling of refuse where employees will be entering the excavation.
- Whenever gases have been released in the immediate work area. The only exception to air monitoring is if the release was to open air, the source has stopped and/or there is sufficient natural ventilation.
- Whenever entering confined areas (equipment enclosures, excavations, vaults, etc.) where hazardous concentration of chemicals may have accumulated.
- Whenever drilling activities are being conducted.

Based on the definition of a hazardous atmosphere, there are 4 different hazards that require monitoring. The table below described each type of hazard, what piece of air monitoring equipment to use and what levels constitute a threat. The information provided in the table does not take into consideration all the possible variations of hazardous atmosphere; however it will provide good guidance when determining the presence of a hazardous atmosphere. Any questions or concerns should be directed to the SSO before work begins.

Airborne combustible dust is not anticipated at the work site. Most probable hazards requiring monitoring include depleted oxygen, flammable concentrations of volatile organic chemicals or concentrations above the permissible exposure limit (PEL).

When conducting, air monitoring the following actions should be considered:

- Be familiar with the proper use and limitations of the air monitoring equipment to be used.
- Ensure air-monitoring equipment is in working order and has been properly calibrated.
- Clearly document the results of air monitoring, including:
  - Equipment name / type and calibration data
  - Date, time and site location of air monitoring



- Indication of what is being measured (LEL, oxygen, or ppm)
- Results of the air monitoring
- Measurements for volatile organics should be taken at low point where vapors could accumulate.
- Measurements taken to determine the need for respiratory protection should be taken within the worker's "breathing zone", keeping in mind the worker's closest proximity to the hazard source.
- An individual should never enter a confined area or excavation in order to conduct initial air monitoring. Instead, actions should be taken to lower the air monitoring equipment into the area to indicate the presence (or absence) of a hazardous atmosphere. Most air monitoring equipment has audible alarms.

#### 4.0 SITE CONTROL

Appropriate security measures will be established and communicated to site personnel. The objective of these measures is to (1) protect the public from potential exposure to physical/chemical hazards; (2) avoid public interference with personnel and safe work practices; and (3) prevent theft or vandalism of equipment at the site.

Control of the work site is an important part of maintaining a safe work environment for anyone working on or visiting the site. Supervision and strict control of access to the property is necessary to protect site personnel, visitor and the public.

The primary objective of site control is to minimize the exposure to potentially hazardous substances and/or situations. For the purposes of this H&S plan, site control will be discussed under two circumstances, 1) work not involving direct contact with hazardous substances and 2) work involving direct contact with hazardous substances.

##### Work not involving direct contact with hazardous substances

Much of the work conducted at the site does not involve direct (or the potential for direct) contact with chemicals at or near hazardous concentrations. Therefore, the establishment of hot/warm/cold work zones is not necessary. However, the need to control access to the immediate work area and a keen awareness of personnel and visitor safety is essential.

##### Work involving direct contact with hazardous substances

The concept of site control and the establishment of hot/warm/cold work zones are intended for work involving the exposure (or potential exposure) to hazardous chemical concentrations. Under these circumstances, the purpose of work zones is two-fold: 1) minimize the exposure to potentially hazardous substances and 2) minimize the spread of hazardous substances outside the immediate work area through decontamination procedures.

A brief overview of work zones is provided below:

##### Exclusion Zone (a.k.a. "Hot Zone")

- The area where personnel may be subject to chemical or physical hazards.
- The area where known or suspected contamination exists and may also be where equipment operation and/or environmental sampling will take place.
- The zone is to be clearly identified and should be isolated with cones, barricades, or caution



tape.

- The level of personnel protective equipment (PPE) required within the hot zone will vary depending on the work to be performed.

#### Contamination Reduction Zone (a.k.a "Warm Zone")

- The warm zone is located between the hot and cold zones. It begins at the edge of the hot zone and extends to the cold zone.
- The warm zone should be utilized as a control point or corridor for persons entering or exiting the hot zone.
- Personnel and equipment are decontaminated within the warm zone.

#### Support Zone (a.k.a. "Cold Zone")

- The cold zone is the area outside the hot zone where administrative and other support functions are located.
- Adverse exposure to contaminants and physical hazards are unlikely in the cold zone.

Due to the expected low levels and types of contaminants at the site, minimum of a hot and cold zone shall be established. It is anticipated that personnel will not need to perform routine decontamination procedures when leaving the hot zone. Should decontamination become necessary to minimize the spread of hazardous contaminants, it will consist of the following:

- ❑ Removal of contaminated garments in an "inside out" manner at a designated decontamination station located where personnel enter/exit the hot zone.
- ❑ Placement of contaminated garments in designated plastic bags or drums prior to disposal or transfer offsite. Labels in compliance with the hazard communication standard will be affixed to containers of contaminated debris and clothing.

## 5.0 EMERGENCIES

### 5.1 First Aid & CPR

TEC employees and contractors certified in first aid and CPR will be asked to identify themselves at tailgate safety meetings.

### 5.2 Emergency Medical Assistance

An emergency medical assistance network will be established prior to work start-up. The nearest fire department, police, ambulance service, and hospital with an emergency room will be identified. A vehicle shall be available onsite during work activities to transport injured personnel to the identified emergency medical facilities, if necessary. Company vehicles are to be equipped with a fire extinguisher and first aid kit.

See ATTACHMENT B for the name, location, and telephone number of emergency response organizations in the vicinity of the project site, and a map to the nearest hospital(s).

### 5.3 Emergency Procedures

In the event of an accident, injuries, or other emergency, remember to:

- ❑ Stop work and REMAIN CALM.





- ❑ Move all non-injured personnel to a safe location (evacuation plan).
- ❑ Call 911 or notify other emergency facilities, as necessary.
- ❑ Address medical emergencies and apply first aid, as necessary.
  - Move injured or exposed person(s) from immediate area only if it is safe to do so.
  - If serious injury or life-threatening condition exists, call local hospital. Clearly describe the location, injury and conditions to the dispatcher. Designate a person to direct emergency equipment to the injured person.
- ❑ Contain physical hazards. Act only if hazard is minimal and you are trained to deal with the situation. Otherwise evacuate and wait for emergency services to arrive.
- ❑ Notify SSO and initiate accident reporting procedures.
  - See page 2 of this H&S Plan for contact information. In the event the SSO is not available, the order of notification should be 1) Assistant SSO, 2) Project Safety Manager and 3) Project Director.
- ❑ Do not resume work until the SSO has determined is safe to do so.

The nearest telephone will mostly likely be a cellular phone. Call 911 and tell the operator that you need the 911 for your area.

#### 5.4 Evacuation Protocol

Evacuation protocol, routes and meeting point(s) will be established by the SSO, and communicated to personnel during the Tailgate Safety Meeting(s) prior to initiating work. In the event of an evacuation, personnel will meet at a pre-established location and a "head count" will be conducted to see that everyone has left the hazard area.

Primary evacuation meeting point = [REDACTED]

Secondary evacuation meeting point = [REDACTED]

#### 5.5 Accident Reporting

Every injury, accident or near-miss must be reported immediately. All personnel, TEC or contractor, are required to report incidents to their immediate supervisor. The supervisor is responsible for reporting the incident to the SSO. The SSO is responsible to ensure the incident is investigated in accordance with the TEC IIPP and Incident Reporting Policy. The Supervisor's Report of Accident is to be completed and submitted to the SSO and TEC IIPP Coordinator within 24 hours following any accident or injury.

The following information must be collected in order to conduct a proper investigation:

- ❑ A description of the event (including date and time) that required notification of offsite personnel (i.e., medical facilities, fire department, police department) and the basis for that decision.
- ❑ Date, time, and names of persons/agencies notified, and their response.
- ❑ Details regarding personal injury and property damage, if any.
- ❑ Resolution of incident and the corrective action involved.



## 6.0 PERSONNEL TRAINING AND MEDICAL PROGRAM

All personnel who will perform field activities shall review this H&S Plan and sign the "Safety Compliance Agreement" before gaining access to the site. The review process may include reading the H&S Plan or participating in a training session that presents the H&S Plan information.

The scope of work to be completed under this H&S Plan is associated with drilling and monitoring. Ground water investigation and operations are being conducted as well. Since work tasks are associated with groundwater remediation operations, a majority of the personnel working at the site do fall under the scope and application of the OSHA Hazardous Waste Operations and Emergency Response (HAZWOPER) Standard [29 CFR 1910.120(a)].

At this time, there is one task that requires HAZWOPER trained individuals:

1. 40-hour training [29 CFR 1910.120(e)(3)(A)] is required for individuals who are engaged in any and all operations that involve excavation, drilling or monitoring.

In the event additional tasks require or result in the requirement of HAZWOPER trained individuals, the SSO will communicate the requirement and verify training before the task is initiated.

Tailgate safety meetings will be conducted periodically, if not at the start of each day. These meetings are intended to review work plans, assign work tasks, discuss potential safety & health hazards, reinforce safety procedures and review emergency response procedures (evacuation meeting points, hospital locations, etc.). Tailgate safety meeting topics and participants will be documented in the supervisor's daily work log and be available for review by the SSO.

As mentioned in Section 8.0, Respiratory Protection, personnel must be medically approved (within one year), fit-tested and trained in the proper use and limitations of the respirator before using an air-purifying gas/vapor respirator. Contractors must provide proof of the above to the SSO before any air-purifying gas/vapor respirators may be used. The use of air-supplied respiratory protection is not permitted without approval and guidance from the Project Safety Manager.

### 6.1 Medical Program

TEC has established a medical surveillance program to assess, monitor, and help protect the health of employees, in particular, employees who may be exposed to potentially hazardous substances during site work. Personnel will undergo medical examinations as follows:

**Initial:** Pre-employment / prior to any assignment involving work in a hazardous or potentially hazardous environment. The initial examination is used to establish a baseline picture of health against which future changes can be measured and to identify any underlying illnesses or conditions that might be aggravated by chemical exposures or job activities.

**Periodic:** At least once every 12 months to measure changes in health status.

**Upon notification:** As soon as possible upon notification by an employee that they have developed signs or symptoms indicating possible overexposure to hazardous substances, or in response to an injury or exposure during an emergency situation.

**Exit:** At termination of employment.





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## ATTACHMENT A SAFETY COMPLIANCE AGREEMENT

I have reviewed this Site Health and Safety Plan, understand its contents and agree to comply with all safety requirements outlined in the plan.

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

Date: \_\_\_\_\_

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

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Company: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Company: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Company: \_\_\_\_\_

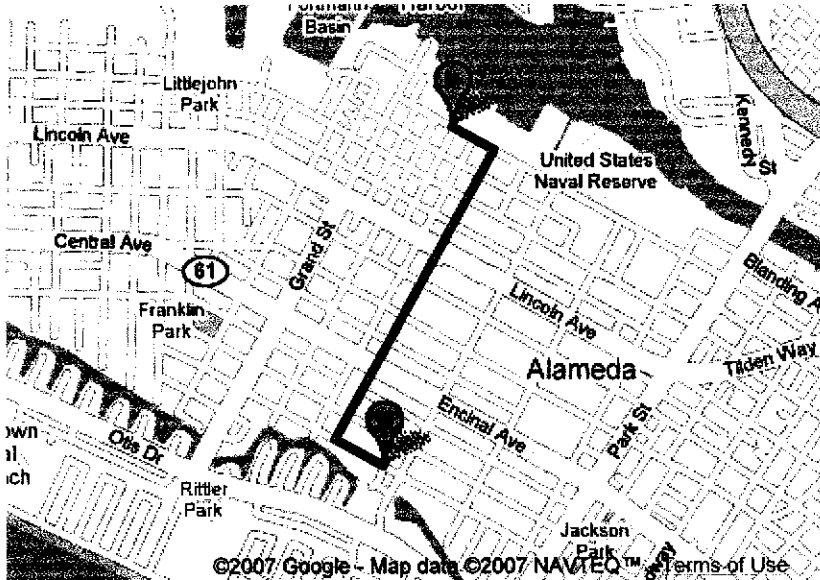




Start **1815 Clement Ave**  
**Alameda, CA 94501**

End **2070 Clinton Ave**  
**Alameda, CA 94501**

Travel **1.1 mi (about 5 mins)**



 **1815 Clement Ave**  
**Alameda, CA 94501**

Drive: 1.1 mi (about 5 mins)

1. Head **southeast** on **Clement Ave** toward **Schiller St** **0.1 mi**
- ➔ 2. Turn **right** at **Chestnut St** **0.8 mi**  
5 mins
- 3. Turn **left** at **Clinton Ave** **0.1 mi**

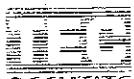
 **2070 Clinton Ave**  
**Alameda, CA 94501**

These directions are for planning purposes only.  
You may find that construction projects, traffic, or  
other events may cause road conditions to differ  
from the map results.

Map data ©2007 NAVTEQ™

## TANK REMOVAL WORKPLAN

1. Prepare site specific health and safety plan per OSHA guidelines. Give to workmen on site for their use during the project.
2. Mark out area to be excavated in white per State law for USA to come out and mark the underground utilities. USA to be notified 3 days in advance of digging.
3. Pump out any product remaining in the UST in drums on site for disposal by gasoline recycling company.
4. Break the concrete over the tank and offhaul to the concrete recycler.
5. Excavate to remove the UST.
6. After tank is "loosened" in the excavation, tilt to one end to further remove all the product from the tank. Triple rinse tank with water and store water in drums for disposal.
7. Inert the UST with 30 pounds of dry ice per 1,000 gallons. Minimum 50 pounds of dry ice ice. The dry ice inerts the tank by forcing any flammable vapors out through the openings in the top of the tank.
8. Prior to removal, check the tank with a Gastech LEL machine for the presence of flammable vapors and oxygen. If the LEL is below 10% and the oxygen below 10%, the tank can be safely removed and placed onto a truck bound for ECI in Richmond.
9. Haul tank to ECI in Richmond, CA under a hazardous waste manifest.
10. ECI in Richmond, CA may steam clean the tank and scrap it.
11. Immediately after the tank removal, collect one soil sample from under the tank and analyze per guidelines for gasoline constituents. *Should be sidewalks of tank also*
12. Collect a water sample in the event that there is water in the excavation and analyze per constituents petroleum hydrocarbons.
13. Collect composite sample as needed from the stockpiled soil excavated during the tank removal and analyze per guidelines for waste constituents petroleum hydrocarbons.
14. Import fill material to replace the volume of the tank and compact. In the event that the excavated soil is contaminated, then we will stockpile on site and cover with visqueen and import soil to backfill the hole. If left open, fence off open hole.
15. Offhaul contaminated soil for disposal at a Class II landfill.
16. After confirmation soil sample results are obtained, we will seek approval from the Toxics Division to re-concrete the excavated area. In the event that the bottom of the excavation is contaminated, we will provide a proposal to overexcavate the area and backfill with imported soil.



**CITY of ALAMEDA**

2263 SANTA CLARA AVENUE, FINANCE DEPT  
 ALAMEDA, CALIFORNIA 94501-4456  
 (510) 747-4851

**BUSINESS LICENSE  
TAX CERTIFICATE**

FOR THE PERIOD  
 FROM 07/01/2006 TO 06/30/2007  
 NUMBER 2871

MAILING ADDRESS		ISSUE DATE		
TEC ACCUTITE		12/05/2006		
262 MICHELLE COURT SO SAN FRANCISCO CA 94080		<b>THIS CERTIFICATE IS EFFECTIVE FOR THE PERIOD          SHOWN ABOVE</b>  <b>NON-TRANSFERABLE</b> <b>POST IN A CONSPICUOUS PLACE</b>		
BUSINESS NAME		ACCOUNT NUMBER		
TEC ACCUTITE		008835		
BUSINESS LOCATION		BUSINESS TYPE		
262 MICHELLE COURT SO SAN FRANCISCO, CA 94080		MISCELLANEOUS		
BUSINESS OWNER				
TEC ACCUTITE				
TAX CAT	SIC CODE	ID NUMBER	SALES NUMBER	CONTR NUMBER
T1	73	943315374	SYBHA20644607	762034

This is your Business Tax Certificate. Please note that this is not a permit. In accordance with section 5-2.3 of the Alameda Municipal Code - the term license .. shall not be construed to mean a permit. The Fees prescribed... constitute a tax for municipal revenue purposes only, and are not regulatory permit fees. The payment of license fee required.. and its acceptance by the City, and the issuance of a license to any person shall not entitle the person so paying such tax, not the holder of such license, to carry on any business unless he has complied with all of the requirements of this code and all other applicable laws, nor to carry on any business in or on any building or premises designated in such license in the law, nor to carry on any business or activity for which a permit is required as a prerequisite to the conduct of such business or activity, not to carry on any business or activity which is unlawful

This is a license and the period covered is indicated on the face of this certificate. The City is not required to send invoices or notices and it is your responsibility to renew your business license as it comes due.

If you have any questions, please call 510-747-4851

WARNING: Original Document Has An Artificial Watermark On Reverse Side.

TECHNOLOGY, ENGINEERING  
& CONSTRUCTION, INC.

DBA ACCUTITE  
262 MICHELLE COURT  
SO. SAN FRANCISCO, CA 94080  
(850) 952-5551

BANK OF THE WEST  
SAN FRANCISCO, CA 94104  
90-78/1211

19923

2/22/2007

PAY TO THE  
ORDER OF Alameda County Dept. of Env. Health

\$ \*\*1,372.00

One Thousand Three Hundred Seventy-Two and 00/100\*\*\*\*\* DOLLARS

Alameda County Dept. of Env. Health

MEMO

SR0011322

⑈019923⑈ ⑆121100782⑆ 042001628⑈

TECHNOLOGY, ENGINEERING & CONSTRUCTION, INC. / DBA ACCUTITE

19923

Alameda County Dept. of Env. Health

2/22/2007

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
02/20/2007	Bill	Treadwell-Alameda	1,372.00	1,372.00		1,372.00
				Check Amount		1,372.00

⑈019923⑈ ⑆121100782⑆ 042001628⑈

Checking

1,372.00



Technology, Engineering & Construction, Inc.  
 dba TEC Accutite, Inc.

262 Michelle Court  
 South San Francisco, CA 94080  
 Phone: (650) 616-1200 FAX: (650) 616-1244  
 Contractor's License #762034  
 WWW.TECACCUTITE.COM



Alameda County

FEB 26 2007

Environmental Health

LETTER OF TRANSMITTAL

**TO:**  
 ALAMEDA COUNTY  
 DEPT. OF ENVIRONMENTAL  
 HEALTH  
 1131 HARBOR BAY PARKWAY  
 ALAMEDA, CA 94502-6577

DATE: 2/34/07  
 JOB NO.  
 ATTN: ROBERT WESTON  
 RE: 1815 CLEMENT AVENUE  
 ALAMEDA

GENTLEMEN:

WE ARE SENDING YOU:

Attached  Under separate cover via \_\_\_\_\_

Copies	Date	Description
3 EACH		UST SYTEM CLOSURE PERMIT APPLICATION
3 EACH		UNDERGROUND STORAGE TANKS - FACILITY, PAGE 1 & 2
3 EACH		SITE MAP
3 EACH		CERTIFICATE OF INSURANCE
3 EACH		CONTRACTORS LICENSE
3 EACH		SITE SAFETY PLAN
3 EACH		TANK REMOVAL WORKPLAN
3 EACH		CITY OF ALAMEDA BUSINESS LICENSE
1 EACH		CHECK NO. 19923 IN THE AMOUNT OF \$1,372.00

For approval  For your use  As requested  For review & comment

FOR BIDS DUE: \_\_\_\_\_

REMARKS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2007 FEB 26 AM 8:55

Copy to: file

SIGNED: C.F. TITUS