

**Drogos, Donna, Env. Health**

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**From:** Weston, Robert, Env. Health  
**Sent:** Thursday, October 25, 2007 8:04 AM  
**To:** Drogos, Donna, Env. Health  
**Subject:** FW: 757 Santa Clara Ave., Alameda Soil Sample Results  
**Follow Up Flag:** Follow up  
**Flag Status:** Red  
**Attachments:** 8938 - Analytical.pdf

FYI

This is from GGTR for the site I submitted to you.

Robert Weston  
Alameda County Department of Environmental Health  
510 567-6781

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**From:** Tim Hallen [mailto:tim@ggtr.com]  
**Sent:** Wednesday, October 24, 2007 4:02 PM  
**To:** Weston, Robert, Env. Health  
**Subject:** 757 Santa Clara Ave., Alameda Soil Sample Results

Dear Inspector Weston,

Attached are the soil sample results for the tank pull at 757 Santa Clara Ave., in Alameda.

There are hits for TPH-D.

The stockpile returned 160ppm and the excavation came in at 170ppm at 11ft.

What action would you like us to take for this site?

Are we above or below the action level for this area?

Thank you very much for your attention to this matter.

I look forward to hearing from you at your earliest convenience.

Respectfully,

Tim Hallen

Golden Gate Tank Removal, Inc.

3730 Mission Street

1/11/2008

**Drogos, Donna, Env. Health**

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**From:** Weston, Robert, Env. Health  
**Sent:** Monday, October 22, 2007 5:11 PM  
**To:** Drogos, Donna, Env. Health  
**Cc:** Hugo, Susan, Env. Health  
**Subject:** FW: Analytical Results - 757 Santa Clara Ave. Alameda #8938  
**Attachments:** 1265230762-8938 - Analytical.pdf

Donna,  
I removed a home heating oil tank last week in Alameda. This removal was prompted by a property transaction. The buyer and seller would like an answer regarding further work. Is it possible for some guidance based on the lab analysis?

I will complete a transfer form on Tuesday.

Robert Weston  
Alameda County Department of Environmental Health  
510 567-6781

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**From:** j.alexander@ggtr.com [mailto:j.alexander@ggtr.com]  
**Sent:** Monday, October 22, 2007 5:03 PM  
**To:** Weston, Robert, Env. Health  
**Subject:** Analytical Results - 757 Santa Clara Ave. Alameda #8938

Rob,

I've attached the analytical results from 757 Santa Clara Ave. Alameda. I wanted to confirm with you prior to resurfacing that no further action is required. 160 mg/Kg TPH as Diesel and 170 mg/Kg TPH as Diesel were found in the composite and tank bottom samples respectively. No BTEX, MTBE or other VOCs were found in either sample. Please respond by approving the closure of this site or by requesting a work plan for the remediation and/or disposal of the impacted soil.

Thanks for your help,

Josh

Joshua Alexander  
Project Manager  
Golden Gate Tank Removal, Inc.  
3730 Mission Street  
San Francisco, CA 94110  
(415) 512-1555 office  
(415) 512-0964 fax  
(415) 730-2179 cellphone

1/11/2008



*Joshua Alexander*

3730 Mission Street  
San Francisco, CA 94110  
Tel: 415/512-1555  
Fax: 415/512-0964  
Email: [j.alexander@ggtr.com](mailto:j.alexander@ggtr.com)  
License No. 616521

[www.ggtr.com](http://www.ggtr.com)

**ATTN: Alameda County Environmental Health  
1131 Harbor Parkway, Suite 240  
Alameda, CA 94502**

**Health Permit Application  
Underground Tank Removal**

**757 Santa Clara Ave.  
Alameda, California 94501**

**October 3, 2007**

**Golden Gate Tank Removal, Inc.  
3730 Mission St.  
San Francisco, California 94110**

**Project # 8938**

# SR0012410

## UNDERGROUND STORAGE TANK SYSTEM CLOSURE PERMIT APPLICATION

*For use by Unidocs Member Agencies or where approved by your Local Jurisdiction*

1. Facility Name (Tank Site): 757 Santa Clara Ave Bldg. No.: \_\_\_\_\_  
 Address: 757 Santa Clara Ave City: Alameda Zip: 94501  
 EPA ID No.: \_\_\_\_\_ Contact Person: Justin Holstlaw Phone No.: (510) 379-1234
2. Tank Owner's Name: Alvin and Aracely Selk  
 Address: 184 Basinside Way City: Alameda Zip: 94502
3. Tank Operator's Name: N/A  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Applicant's Name: Golden Gate Tank Removal, Inc.  
 Address: 3730 Mission St. City: San Francisco Zip: 94110  
 Contact Person: Joshua Alexander Phone No.: (415) 512-1555
5. Tank Closure Contractor Business Name: Same As Above  
(As registered with the Contractors State License Board at [www.cslb.ca.gov](http://www.cslb.ca.gov))  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 CSLB License No.: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
 Business License (if required):  on file;  attached;  not applicable
6. Firm that will take soil/water samples: Entech Analytical Labs Phone No.: (408) 588-0200
7. State-certified laboratory that will analyze samples: Same As Above Phone No.: ( ) \_\_\_\_\_

***This box is for agency use only***

Laboratory analyses shall test for:										
	TPHG	TPHD	BTEX, MTBE, TAME, ETBE, DIPE, TBA, EDB, EDC (EPA 8260)	Organic Lead (DHS-LUFT)	O&G	Cl HC	Metals (Cd, Cr, Pb, Ni, Zn (ICAP or AA))	PCB, PCP, PNA, Creosote (EPA 8270)	pH	Other (Specify)
Tank 1		X	X							
Tank 2										
Tank 3										
Tank 4										
Tank 5										
Tank 6										

*Additional analyses may be required by inspector in field.*

8. Name of Licensed Transporter of Tanks: ECT SCRAP MITA

EPA ID No.: CAD009466392 Phone No.: (510) 235-1303

9. Destination of Tanks and Piping: \_\_\_\_\_

10. Tank System:	<u>Size (gallons)</u>	<u>Substance(s) Previously Contained</u>
Tank 1	<u>1,500 Gallons</u>	<u>Heating Oil</u>
Tank 2	_____	_____
Tank 3	_____	_____
Tank 4	_____	_____
Tank 5	_____	_____
Tank 6	_____	_____

If the owner/operator does not have a current Hazardous Materials Business Plan (HMBP) which includes these tanks on file with the local agency, provide an 8-1/2" x 11" plot plan of the tanks to be closed. Indicate the nearest cross street to the facility, buildings immediately adjacent to the tanks, location(s) of tanks to be closed, and location of nearby utilities.

This Underground Tank Closure Permit expires 6 months from the date of application. If tanks have not been closed within 6 months, a new closure permit application and appropriate fees may be required.

Facility closure inspections must be scheduled at least 48 hours in advance. Call the appropriate local agency to make necessary arrangements.

I certify that I have read the tank closure guidelines and declare that the above information is correct to the best of my knowledge. The owner of the tank(s) described above is aware of the pending closure. I agree to comply with all applicable city and county ordinances and state laws relating to hazardous materials/wastes, and hereby authorize representatives of local agencies to enter upon the within mentioned property for inspection purposes.

Helen Meneses - On Behalf of Owner Helen A. Meneses 10/2/07  
 Applicant/Agent's Name (Print) Applicant/Agent's Signature Date

*These boxes are for agency use only*

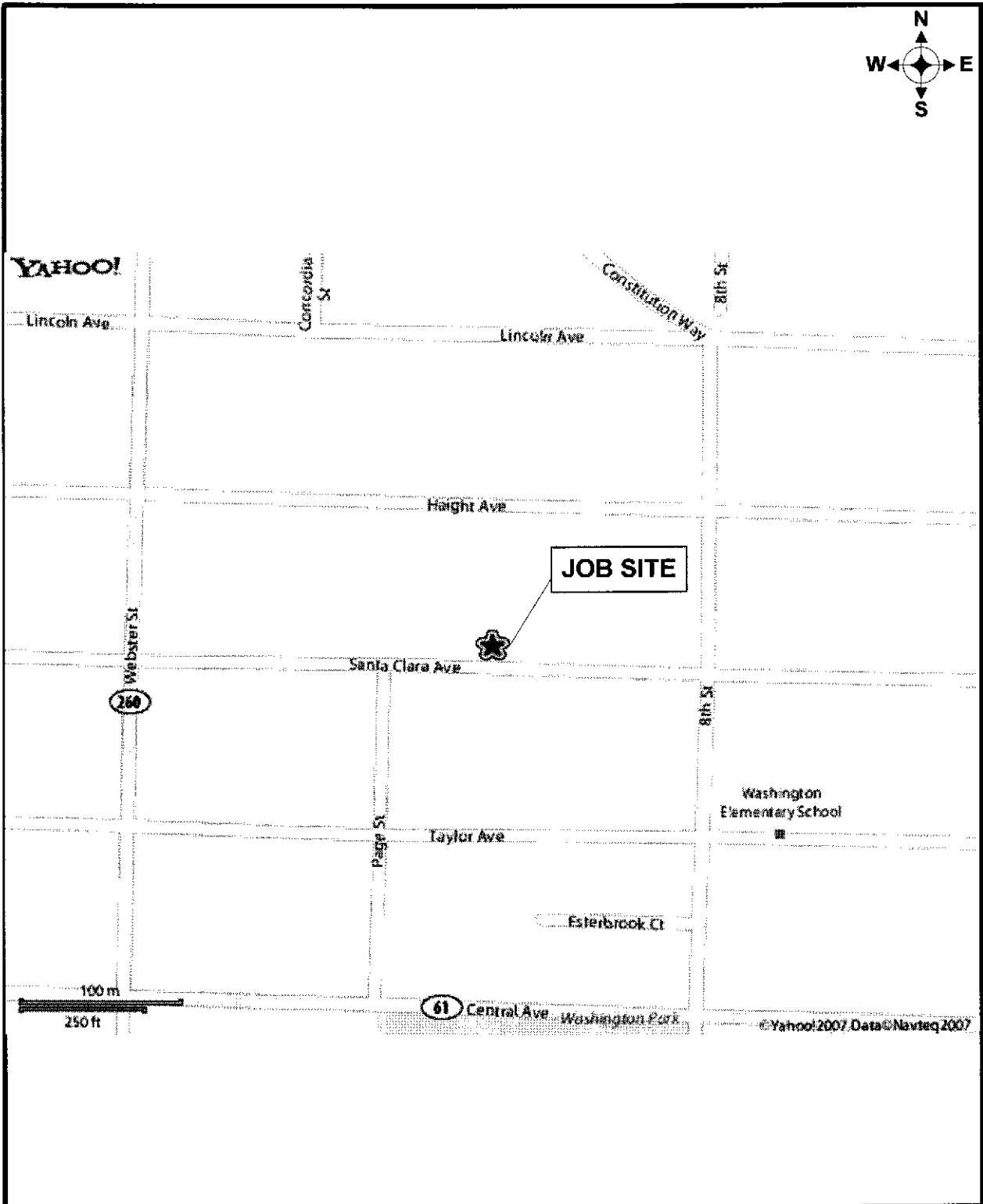
THIS APPROVAL CONSTITUTES A PERMIT FOR REMOVAL OF THE ABOVE LISTED TANKS.

Agency: ALAMEDA COUNTY ENVIRONMENTAL Date: OCT 15 2007  
 Print Name: ROBERT WESTON Sign Name: Robert Weston

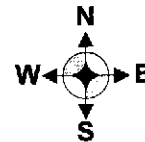
THIS CERTIFIES THAT ALL TANK SYSTEM CLOSURE ACTIVITIES ARE COMPLETE.\*

Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_

\* If contamination of any detectable concentration is found, contact the leaking underground storage tank Local Oversight Program (LOP) and/or Regional Water Quality Control Board for cleanup and/or remediation requirements.

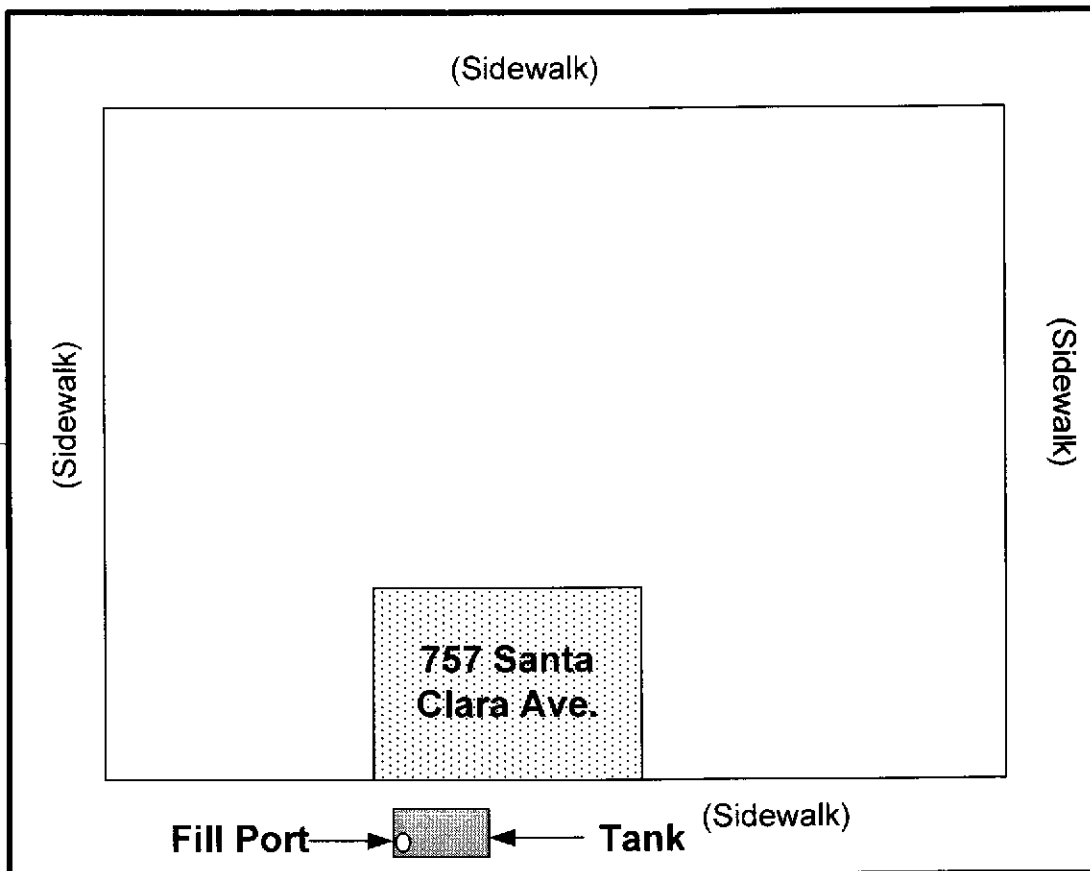


<b>GOLDEN GATE TANK REMOVAL, INC.</b> 3730 Mission Street San Francisco, CA 94110 Ph (415) 512-1555 Fx (415) 512-0964		<b>VICINITY MAP</b> 757 Santa Clara Ave. Alameda, CA 94501	
GGTR Project No. 8938	Drawing By: HM	September 2007	Figure 1



**Haight Ave**

**Webster St**



**8<sup>th</sup> St**

**Santa Clara Ave**

**GOLDEN GATE TANK REMOVAL, INC.**

3730 Mission Street  
San Francisco, CA 94110  
Ph (415) 512-1555 Fx (415) 512-0964

**Site Drawing**  
757 Santa Clara Ave.  
Alameda, CA 94501

GGTR Project No. 8938

Drawing By: HM

October 2007

Figure 2

**Alameda County CUPA Program**  
**Contaminated Site Case Transfer Form**

**Referral To:**

<b>Date</b>	October 23, 2007
<b>Agency</b>	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502
<b>Attention</b>	Donna L. Drogos, LOP/SLIC Program Manager

**Site Information:**

<b>Site Responsible Party(s)</b>	<b>Alvin and Aracely Selk</b>
Site Name	<b>Residential Apartment</b>
Site Address	<b>757 Santa Clara Ave., Alameda CA 94501</b>
Site Phone	<b>NA</b>
Site Contractor/Consultant (if available)	<b>Golden Gate Tank Removal, Josh Alexander</b>
Site DBA	

**Site Conditions:**

<b>UST</b>	<b>SR0012410</b>
USTs removed? # removed: <u>1</u> Date removed: October 16, 2007	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Contents (circle): gasoline diesel waste oil <i>heating oil</i> solvents kerosene stoddard solvent other (specify) _____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Observations of system (holes, leaks)? Tank contains numerous holes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Observed contamination (free product, soil/water discoloration) Faint odor	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? <input checked="" type="checkbox"/> Highest Concentration Detected in Soil Contaminant (specify) TPH-d 170ppm; <input type="checkbox"/> Highest Concentration Detected in Water N/A Contaminant (specify)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Unauthorized Release Form filed? <i>submittal pending</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Future intended use if known? property transaction only	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>NON-UST</b>	
Former industrial use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? o Highest Concentration Detected in Soil Contaminant (specify) <u>Unknown</u> Concentration _____ ppm o Highest Concentration Detected in Water Contaminant (specify) <u>Unknown</u> Concentration _____ ppb	Yes <input type="checkbox"/> No <input type="checkbox"/>
Future intended use if known? Specify <u>Mining</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>If available, attach pertinent reports: photos previously submitted</i>	

Transferred as: LOP  SLIC

Level of Update requested:  distribution list  all meetings  all site visits  closure sign off  all the above

Transfer requested by Inspector: Robert Weston  Date: October 23, 2007

Transfer accepted by (ACEH):  Date: 10/23/07



UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK)/ CONTAMINATION SITE REPORT			
EMERGENCY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REPORT DATE October 19, 2007		CASE #	
NAME OF INDIVIDUAL FILING REPORT Helen Meneses		PHONE (415) 512-1555	FOR LOCAL AGENCY USE ONLY HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE. <i>[Signature]</i> 10/23/07 SIGNED _____ DATE _____
REPORTED BY	REPRESENTING LOCAL AGENCY OWNER/OPERATOR REGIONAL BOARD OTHER... contractor	COMPANY OR AGENCY NAME Golden Gate Tank Removal, Inc.	
ADDRESS 3730 Mission Street Alameda CA 94110			
RESPONSIBLE PARTY	NAME Alvin and Aracel Selk <input type="checkbox"/> Unknown	PHONE 510-521-9579	
ADDRESS 184 Basinside Way, Alameda CA 94502			
SITE LOCATION	FACILITY NAME (IF APPLICABLE) 757 Santa Clara Ave.	OPERATOR	PHONE
	ADDRESS 757 Santa Clara Ave. Alameda Alameda		
	CROSS STREET 8th St.		
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Environmental Health Robert Westin	PHONE (510) 567-6781	
	REGIONAL BOARD	PHONE	
SUBSTANCES INVOLVED	(1) NAME heating oil	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> Unknown	
	(2)	<input type="checkbox"/> Unknown	
DISCOVERY/ABATEMENT	DATE DISCOVERED October 16, 2007	HOW DISCOVERED <input type="checkbox"/> Tank Test <input checked="" type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions <input type="checkbox"/> Inventory Control <input type="checkbox"/> Subsurface Monitoring <input type="checkbox"/> Other...	
	DATE DISCHARGE BEGAN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> Remove Contents <input checked="" type="checkbox"/> Close Tank & Removed <input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure <input type="checkbox"/> Replace Tank <input type="checkbox"/> Other... <input type="checkbox"/> Repair Piping	
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No October 16, 2007 IF YES, DATE		
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> Tank Leak <input type="checkbox"/> Piping Leak <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other...	CAUSE(S) <input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Rupture/Failure <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Spill <input type="checkbox"/> Other...	
	CHECK ONE ONLY <input checked="" type="checkbox"/> Undetermined <input type="checkbox"/> Soil Only <input type="checkbox"/> Groundwater <input type="checkbox"/> Drinking Water - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)		
CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> No Action Taken <input type="checkbox"/> Case Closed (Cleanup Completed or Unnecessary) <input type="checkbox"/> Leak Being Confirmed <input type="checkbox"/> Pollution Characterization <input type="checkbox"/> Remediation Plan <input type="checkbox"/> Post Cleanup Monitoring in Progress <input type="checkbox"/> Preliminary Site Assessment Workplan Submitted <input type="checkbox"/> Cleanup Underway <input type="checkbox"/> Preliminary Site Assessment Underway		
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> Cap Site (CD) <input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Treatment at Hookup (HU) <input type="checkbox"/> Other... <input type="checkbox"/> Contamination Barrier (CB) <input type="checkbox"/> No Action Required (NA) <input type="checkbox"/> Enhanced Bio Degradation (IT) <input type="checkbox"/> Vacuum Extract (VE) <input type="checkbox"/> Remove Free Product (FP) <input type="checkbox"/> Replace Supply (RS) <input type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS)		
COMMENTS	No visual holes found on tank.		

# COUNTY OF ALAMEDA UNDERGROUND TANK SYSTEM CLOSURE INSPECTION REPORT

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

SL0012410

Facility Name: APARTMENT Contractor's name: GOLDEN GATE TANK REMOVAL  
 Address: 757 City: ALAMEDA Zip: 94501  
SANTA CLARA AVE  
 Project Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Tank ID No.					
Size	<u>1500</u>	GALLONS			
Construction Material	<u>STEEL</u>				
Single/Double Wall	<u>SW</u>				
Backfill Type	<u>SANDY</u>				
Oxygen <10%	<u>21.5</u>				
LEL <20%	<u>0</u>				
Tank Condition	<u>1 HOLES IN BOTTOM</u>				
Soil/Groundwater Condition	<u>SANDY W/ LAYER OF CLAY</u>				
Soil Sample Depth	<u>11'</u>				
Number and Description of Soil/Groundwater Samples (Indicate Sample Locations on Site Plan.)	<u>1 - STOCK PILE</u> <u>1 - PIT</u>				

Disposition of Tank Contents: VACUUM TRUCK 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: TANK MANAGED AS SCRAP METAL. MINOR ODOR IN SOIL SAMPLE.  
BOTH ENDS OF FUEL PIPE TO BE GROUTED TO CLOSE ACCESS.

Inspector: KW Weston Agency: \_\_\_\_\_ Date: 10-16-07 Start Time: 10:00 Stop Time: 11:30

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

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS WASTE  
HAZARDOUS WASTE TANK CLOSURE CERTIFICATION**

Page \_\_\_\_ of \_\_\_\_

**I. FACILITY IDENTIFICATION**

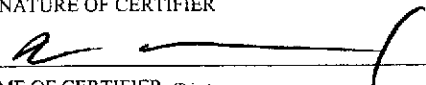
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <sup>3.</sup>	FACILITY ID#										1.
TANK OWNER NAME <span style="float: right;">740.</span>											
TANK OWNER ADDRESS <span style="float: right;">741.</span>											
TANK OWNER CITY <span style="float: right;">742.</span>				STATE <span style="float: right;">743.</span>		ZIP CODE <span style="float: right;">744.</span>					

**II. TANK CLOSURE INFORMATION**

TANK INTERIOR ATMOSPHERE READINGS	Tank ID # (Attach additional copies of this page for more than three tanks)	Concentration of Flammable Vapor			Concentration of Oxygen		
		Top	Center	Bottom	Top	Center	Bottom
		1	8438 <sup>745.</sup>	0% <sup>746a.</sup>	0% <sup>746b.</sup>	0% <sup>746c.</sup>	20.9% <sup>747a.</sup>
2	<sup>748.</sup>	<sup>749a.</sup>	<sup>749b.</sup>	<sup>749c.</sup>	<sup>750a.</sup>	<sup>750b.</sup>	<sup>750c.</sup>
3	<sup>751.</sup>	<sup>752a.</sup>	<sup>752b.</sup>	<sup>752c.</sup>	<sup>753a.</sup>	<sup>753b.</sup>	<sup>753c.</sup>

**III. CERTIFICATION**

On examination of the tank, I certify the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), residue and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF CERTIFIER 	STATUS OR AFFILIATION OF CERTIFYING PERSON Certifier is a representative of the CUPA, authorized agency, or LIA: <span style="float: right;">760.</span>
NAME OF CERTIFIER (Print) <sup>754.</sup> Joshua Alexander	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">761.</span>
TITLE OF CERTIFIER <sup>755.</sup> Project Manager	Name of CUPA, authorized agency, or LIA: N/A <span style="float: right;">762.</span>
ADDRESS <sup>756.</sup> 3730 Mission St.	If certifier is other than CUPA / LIA check appropriate box below:
CITY <sup>757.</sup> San Francisco	<input type="checkbox"/> a. Certified Industrial Hygienist (CIH)
PHONE <sup>758.</sup> (415) 512-1555	<input type="checkbox"/> b. Certified Safety Professional (CSP)
DATE <sup>759.</sup> 10/16	<input type="checkbox"/> c. Certified Marine Chemist (CMC)
CERTIFICATION TIME 10:16 AM	<input type="checkbox"/> d. Registered Environmental Health Specialist (REHS)
	<input type="checkbox"/> e. Professional Engineer (PE)
	<input type="checkbox"/> f. Class II Registered Environmental Assessor
	<input checked="" type="checkbox"/> g. Contractors' State License Board-licensed contractor (with hazardous substance removal certification)

TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS 763.  
(If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.)  Yes  No

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC: 764.

A copy of this certificate shall accompany the tank to the recycling/disposal facility and be provided to the agency overseeing tank closure (i.e. CUPA or other authorized local agency); the owner and/or operator of the tank system; and the tank removal contractor.

**GOLDEN GATE TANK REMOVAL INC.**  
3730 MISSION STREET  
SAN FRANCISCO, CA 94110  
(415) 512-1555

PENINSULA BK & DIV OF GREATER  
SAN BRUNO, CA 94066  
90-3867/1211

20272

10/13/2007

PAY TO THE  
ORDER OF

County of Alameda

\$ 1448.00

One thousand four hundred forty eight -

DOLLARS

County of Alameda  
Environmental Health  
1331 Harbor Parkway, Suite 243  
Alameda, CA 94522

*Tim Hall*

MEMO

88830 757 210 - Clara C. deRosa

⑈020272⑈ ⑆121138673⑆

⑈1201102952⑈

SR0012410