

Drogos, Donna, Env. Health

From: Drogos, Donna, Env. Health
Sent: Friday, May 16, 2008 1:34 PM
To: Ignacio Dayrit
Cc: Terry McManus; 'Alvaro Dominguez'; Jakub, Barbara, Env. Health
Subject: RO2973 - Ambassador Laundry

Hi Ignacio,

The case # is RO2973 & the caseworker is Barbara Jakub. Barbara will be sending out NORs within the next 2 weeks; followed by a case review & a directive letter approximately 30 days after the NORs.

Donna

Donna L. Drogos, PE
LOP Program Manager
Alameda County Environmental Health
1131 Harbor Bay Parkway
Alameda, CA 94502

510-567-6721
donna.drogos@acgov.org

Online case files are available at the website below
<http://www.acgov.org/aceh/index.htm>

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From: Alvaro Dominguez [<mailto:ADominguez@kleinfelder.com>]
Sent: Tuesday, May 13, 2008 9:51 AM
To: Drogos, Donna, Env. Health
Cc: Ignacio Dayrit; Terry McManus
Subject: Ambassador Laundry

Hi Donna

At your request, on April 30th we re-uploaded to the County's FTTP site the UST Removal and Site Investigation Report and supporting documents for the former Ambassador Laundry Site. Originally, the report was originally uploaded on March 31.

As indicated in the report and cover letter, the site is planned for residential development, and we would like to know if the County has any comments on the report and if we can proceed with the proposed measures. I appreciate you looking into this matter.

If you have any questions, please contact me at 510-628-9000 x 202

5/16/2008

Thanks,

Alvaro

Álvaro Domínguez
Environmental Project Professional
KLEINFELDER
1970 Broadway - Suite 710
Oakland, CA - 94612
510 628-9000 x 202
510-628-9009 - fax



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Drogos, Donna, Env. Health

From: Alvaro Dominguez [ADominguez@kleinfelder.com]
Sent: Wednesday, April 30, 2008 4:38 PM
To: Drogos, Donna, Env. Health
Subject: City of Emeryville former Ambassador Laundry UST report

Hello Donna

On Monday we uploaded the City of Emeryville former Ambassador Laundry subsurface investigation and UST removal report. As requested, we also uploaded previous investigation reports referenced as supporting documentation in the report. The investigation was funded through a EPA Brownfields grant, and the site is planned for residential development.

Please let me know if any additional information is required or if you have any questions regarding the investigation.

Thanks for your help;

Alvaro

Álvaro Domínguez
Environmental Project Professional
KLEINFELDER
1970 Broadway - Suite 710
Oakland, CA - 94612
510 628-9000 x 202
510-628-9009 - fax

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white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

II, III

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Stds. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MAT'L'S

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OnSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|---|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
| | 4) Monthly Gndwater
One time soils |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily Inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other _____ |
| New Tanks | <input type="checkbox"/> 7. Precs Tank Test 2643 |
| | Date: _____ |
| | <input type="checkbox"/> 8. Inventory Rec. 2644 |
| | <input type="checkbox"/> 9. Soil Testing 2646 |
| | <input type="checkbox"/> 10. Ground Water. 2647 |
| | <input type="checkbox"/> 11. Monitor Plan 2632 |
| | <input type="checkbox"/> 12. Access. Secure 2634 |
| | <input type="checkbox"/> 13. Plans Submit 2711 |
| | Date: _____ |
| | <input type="checkbox"/> 14. As Built 2635 |
| Date: _____ | |

Site ID # _____ Site Name EMBASSADOR PROPERTIES Day 11/1/94

Site Address 3623 ADELINE STREET

City Emeryville Zip 94608 Phone _____

MAX AMT stored > 500 lbs., 55 gal., 200 cft.?

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

RHT - Tank's hauler # 43888 2/1/95
 1- 8,000 gallon steel tank removal
 LEL = 0 O2 = 9%
 - George Warren - Fire Dept on site
 - tank coated with tar. no obvious holes
 - some rusting/pitting visible seams of tank ends
 - product stored in the tank - unknown
 tank's manifest = # 92863873 ✓
 Stockpiled soil characterized for re-use at site (1 sample / 20 yards)
 One soil sample collected from each end of the tank (13 ft bgs NE & 13 ft bgs NW sample)
 Analyze samples for TPHs, diesel, BTEX
 A total lead
 - soil appeared to be tight clay.
 - One soil sample collected underneath the tank
 - Re-use of stockpiled soil must be approved by this office.
 - Stockpiled soil must be covered with visqueen & tank excavation must be secured.

Rev 6/88

Contact: _____

Title: _____

Signature: Stuart Purdy (SMO)

Inspector: _____
 Signature: Juan L. Hugo

II, III

Project Specialist (print) SUSAN L. HUGO

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

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, CA 94612
Telephone: (415) 874-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your 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.

One copy of these accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- Removal of Tank and Piping
- Sampling
- Final Inspection

Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Please note change made on page 4 & 5.

Susan L. Hugo
9/21/94

51 SEP 12 AM 10:54

ALCO
HAZMAT

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

1. Business Name Embassador Property
Business Owner Owens Financial Group, Inc.
 2. Site Address 3623 Adeline Street
City Emeryville Zip 94608 Phone -
 3. Mailing Address P.O. Box 2308
City Walnut Creek Zip 94595 Phone (510) 935-3840
 4. Land Owner Owens Financial Group, Inc. / Scott Barde
Address P.O. Box 2308 Walnut Creek City, State CA Zip 94595
 5. Generator name under which tank will be manifested Owens Financial Group, Inc.
- EPA I.D. No. under which tank will be manifested CAC 000926640

6. Contractor SEMCO
Address 1741 Leslie Street
City San Mateo, CA 94402 Phone (415) 572-8033
License Type A, B, & C-61/D-40 ID# 449864 ✓
HAZ MAT

7. Consultant N/A
Address _____
City _____ Phone _____

8. Contact Person for Investigation
Name Chuck Kiper Title Vice-President
Phone (415) 572-8033

9. Number of tanks being closed under this plan 1
Length of piping being removed under this plan undetermined
Total number of tanks at facility 1

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

** Underground tanks are hazardous waste and must be handled **
as hazardous waste

a) Product/Residual Sludge/Rinsate Transporter
Name Allied Petroleum EPA I.D. No. CAL 000112314
Hauler License No. 1168 License Exp. Date 4/30/95
Address 1217 7TH Street
City Modesto State CA Zip 95351

b) Product/Residual Sludge/Rinsate Disposal Site
Name Refineriies Services EPA I.D. No. CAD083166728
Address 13331 West Highway 33
City Patterson State CA Zip 95363

c) Tank and Piping Transporter

Name RHT Trucking EPA I.D. No. CAL 000112413
Hauler License No. 2753 License Exp. Date 4/30/95
Address 1217 7TH Street
City Modesto State CA Zip 95351

d) Tank and Piping Disposal Site

Name Erickson EPA I.D. No. CAD009466392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Chuck Kiper
Company SEMCO
Address 1741 Leslie Street
City San Mateo State CA Zip 94402 Phone (415)572-8033

12. Laboratory

Name Superior Analytical
Address 1555 Burke Unit I
City San Francisco State CA Zip 94124
State Certification No. 1332 & 319

13. Have tanks or pipes leaked in the past? Yes [] No [X]

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

High pressure hot water detergent wash. ✓

20 lbs. per 1000 gallons dry ice. ✓

Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be plugged. ✓

The Bay Area Air Quality Management District (771-6000), along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of explosion proof combustible gas meters to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas meter on site to verify tank inertness. ✓

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
8000	Gasoline	soil/water if encountered	2 ft. below tank in native soil <i>One soil sample must be collected from each end of the tank no deeper than 2 ft. at native soil</i>

One soil sample must be collected for every 20 feet of piping that is removed. A ground water sample must be collected should any ground water be present in the excavation.

* Soil sample must be collected underneath the dispenser.

rev 12/90

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) Anywhere from approx. 25 to 100 cy	Sampling Plan Soil samples taken from the tank excavation will be collected, placed in brass tubes, sealed with foil, Teflon caps, sealed with approved tape, placed on ice, transported to state certified lab under chain of custody and analyzed for constituents of tank.

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

16. Chemical methods and associated detection limits to be used for analyzing samples

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. See attached Table 2.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
Unleaded Gas	TPH G GCFID(5030) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G BTX&E	GCFID(5030) 602, 624 or 8260
Pb	AA		Soil (1.0 ppm) water (50 ppb) Soil (1000 ppm) water (0.5 ppb)

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer GOLDEN EAGLE INSURANCE COMPANY

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

22. Submit a closure report to this office within 60 days of the tank removal. This report must contain all the information listed in item 22 of the instructions.

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true.

I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational 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.

Signature of Contractor

Name (please type) Chuck Kiper

Signature *Chuck Kiper*

Date 9-7-94

Signature of Site Owner or Operator

X Name (please type) OWENS FINANCIAL GROUP, INC BY: SCOTT P BARRA, VP

X Signature *Scott P Barra VP*

X Date 9-7-94

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Health Services, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION

Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- c) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- d) Frequency and types of air and personnel monitoring to be used - along with the environmental sampling techniques and instrumentation. Include instrumentation maintenance and calibration methods and frequencies;
- e) Specific personal protective equipment and procedures to be used by workers to protect themselves from the identified hazards. Also state the contaminant concentrations in air - or other conditions - which will trigger changes in work or work habits to ensure workers are not exposed to high levels of hazardous chemicals or to other unsafe conditions;
- f) Confined space entry procedures (if applicable);
- g) Decontamination procedures;
- h) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, security guards, etc.);
- i) Spill containment and emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- j) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- k) Page ~~for~~ employees to sign indicating they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120, Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tanks and piping in addition to the ones being pulled.

20. DEPOSIT

A deposit, payable to Alameda County for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Description of sampling methods;
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Tabulation of the volume and final destination of all non-manifested contaminated soil hauled offsite.

**TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS**

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>	<u>WATER ANALYSIS</u>
Unknown Fuel	TPH G GCFID(5030) TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G GCFID(5030) TPH D GCFID(3510) BTX&E 602, 624 or 8260
Leaded Gas	TPH G GCFID(5030) BTX&E 8020 OR 8240 TPH AND BTX&E 8260 TOTAL LEAD AA -----Optional----- TEL DHS-LUFT EDB DHS-AB1803	TPH G GCFID(5030) BTX&E 602 or 624 TOTAL LEAD AA TEL DHS-LUFT EDB DHS-AB1803
Unleaded Gas	TPH G GCFID(5030) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G GCFID(5030) BTX&E 602, 624 or 8260
Diesel, Jet Fuel and Kerosene	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260
Fuel/Heating Oil	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260
Chlorinated Solvents	CL HC 8010 or 8240 BTX&E 8020 or 8240 CL HC AND BTX&E 8260	CL HC 601 or 624 BTX&E 602 or 624 CL HC AND BTX&E 8260
Non-chlorinated Solvents	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602 or 624 TPH and BTX&E 8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G GCFID(5030) TPH D GCFID(3550) TPH AND BTX&E 8260 O & G 5520 D & F BTX&E 8020 or 8240 CL HC 8010 or 8240	TPH G GCFID(5030) TPH D GCFID(3510) O & G 5520 C & F BTX&E 602, 624 or 8260 CL HC 601 or 624
<p>ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni METHOD 8270 FOR SOIL OR WATER TO DETECT: PCB* PCB PCP* PCP PNA PNA CREOSOTE CREOSOTE</p>		

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. **Standard Methods**" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

10 August 1990

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.
- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal

Regional Board Staff Recommendations
Preliminary Site Investigation

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from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
Acknowledgement of Refund Recipient for Site Account
DEPOSITOR FILLS OUT PER SITE
-- REQUIRED --

The depositor will use this form to acknowledge that the property owner or his or her designee will receive any refund due at the completion of all deposit/refund projects at the site listed below.

SITE NUMBER/ADDRESS:		REFUND RECIPIENT-PROPERTY OWNER		

Site Number				

Company Name				
3623 Adeline Street				
Street Address				
Emeryville	94608	_____		
City	Zip Code	Owner's Name		

		Owner's Address		

		Owner's City	State	Zip

I have read the description of the project Deposit/Refund Procedure, and have had an opportunity to ask questions about it. I understand that regardless of who deposits money into the site account, any deposit money remaining at the completion of all projects being conducted at this site will be refunded solely to the property owner or his or her designee.

Chuck Kiper _____ 9-7-94
Signature of Depositor Date

Chuck Kiper _____
Depositor Name

SEMCO _____
Company Name
1741 Leslie Street _____
Street Address
San Mateo, CA 94402 _____
City / Zip

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

04/11/94

PRODUCER
 Insurance Center of Merced
 2908 North G Street
 P. O. Box 2268
 Merced, CA 95344

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.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Golden Eagle Ins. Co

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED
 Semco, Inc.
 1217 South 7th Street
 Modesto, CA 95351

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
	GENERAL LIABILITY				<table border="1"> <tr><td>GENERAL AGGREGATE</td><td>\$</td></tr> <tr><td>PRODUCTS-COMP/OP AGG.</td><td>\$</td></tr> <tr><td>PERSONAL & ADV. INJURY</td><td>\$</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$</td></tr> <tr><td>MED. EXPENSE (Any one person)</td><td>\$</td></tr> </table>	GENERAL AGGREGATE	\$	PRODUCTS-COMP/OP AGG.	\$	PERSONAL & ADV. INJURY	\$	EACH OCCURRENCE	\$	FIRE DAMAGE (Any one fire)	\$	MED. EXPENSE (Any one person)	\$
GENERAL AGGREGATE	\$																
PRODUCTS-COMP/OP AGG.	\$																
PERSONAL & ADV. INJURY	\$																
EACH OCCURRENCE	\$																
FIRE DAMAGE (Any one fire)	\$																
MED. EXPENSE (Any one person)	\$																
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.																
	AUTOMOBILE LIABILITY				<table border="1"> <tr><td>COMBINED SINGLE LIMIT</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$				
COMBINED SINGLE LIMIT	\$																
BODILY INJURY (Per person)	\$																
BODILY INJURY (Per accident)	\$																
PROPERTY DAMAGE	\$																
	<input 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 <input type="checkbox"/> GARAGE LIABILITY																
	EXCESS LIABILITY				<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$								
EACH OCCURRENCE	\$																
AGGREGATE	\$																
	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM																
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	PWC254163	04/05/94	04/05/95	<table border="1"> <tr><td><input checked="" type="checkbox"/> STATUTORY LIMITS</td><td></td></tr> <tr><td>EACH ACCIDENT</td><td>\$1,000,000</td></tr> <tr><td>DISEASE-POLICY LIMIT</td><td>\$1,000,000</td></tr> <tr><td>DISEASE-EACH EMPLOYEE</td><td>\$1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> STATUTORY LIMITS		EACH ACCIDENT	\$1,000,000	DISEASE-POLICY LIMIT	\$1,000,000	DISEASE-EACH EMPLOYEE	\$1,000,000				
<input checked="" type="checkbox"/> STATUTORY LIMITS																	
EACH ACCIDENT	\$1,000,000																
DISEASE-POLICY LIMIT	\$1,000,000																
DISEASE-EACH EMPLOYEE	\$1,000,000																
	OTHER																

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

All California Operations

CERTIFICATE HOLDER

County of Alameda
 80 Swan Way, Room 200
 Oakland, CA 94621

CANCELLATION

10 DAY FOR NON-PAY

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

AUTHORIZED REPRESENTATIVE

Wayne Migliore

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD

DEPARTMENT OF
**Consumer
Affairs**

Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: TERRY D. HAMILTON

License No.: 449864

Namestyle: SEMCO * JAMES C. BATEMAN PETROLEUM SERVICES INC.

WITNESS my hand and official seal this
25 day of JULY, 1988

131-36 (1/88)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A1548

CONTRACTORS STATE LICENSE BOARD

Building Quality

No. 449864

ISSUED 12-15-83
CERTIFIED COPY

This license is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. It becomes void if not renewed.

Contractor's License

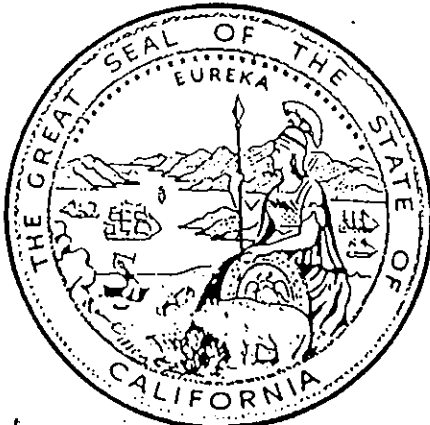
Pursuant to the provisions of Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:

SEMCO • JAMES C BATEMAN PETROLEUM SERVICES INC

to engage in the business or act in the capacity of a contractor in the following classification(s):

- C61 SERVICE STATION EQUIPMENT & MAINTENANCE
- B GENERAL BUILDING CONTRACTOR
- A GENERAL ENGINEERING CONTRACTOR

WITNESS my hand and sealed this
7TH day of AUGUST 1984.



J. H. Maloney
Registrar of Contractors

Jerry Hamilton President
Signature of Licensee

Jerry Hamilton
Signature of person who qualified
on behalf of the licensee

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **449864**

Entity **CORP**

Business Name **JAMES C BATEMAN PETROLEUM
SERVICES INC DBA SERCO**

Classification **C61/D40 B A HAZ**

Expiration Date **12/31/95**



SITE SAFETY PLAN
FOR
UNDERGROUND STORAGE TANK
REMOVAL/CLOSURE

JOBSITE ADDRESS:

3623 ADELINE STREET
EMERYVILLE, CALIFORNIA

SEMCO

1741 LESLIE STREET
SAN MATEO, CALIFORNIA 94402

1217 S. 7TH STREET
MODESTO, CALIFORNIA 95351

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INTRODUCTION

SEMCO has adopted the following Health & Safety Plan and procedures for the removal and/or closure of underground petroleum storage tanks and associated activities. The purpose of this plan is to provide health and safety guidelines to be adhered to while all work is in progress.

All personnel involved with the tank removal or associated activities will have an assigned responsibility. The outlined responsibilities will establish standards for personnel protective wear and safety procedures, and will provide for emergency actions which could arise during project operations.

SCOPE OF WORK

1.0 Scope of Work:

The tanks will be purged of all remaining residues, and these residues will be stored on site in a 55 gallon approved drum until they are hauled away or pumped out for disposal by a certified hazardous materials hauler.

The tanks will be inerted with a minimum of 20 lbs of dry ice per 1,000 gallons of tank capacity. More ice will be added if necessary to displace the oxygen in the tank to a concentration level below the OSHA approved lower explosive limit. This will be achieved by using a Gastech 1314. When this level is obtained, the tank will be removed, and samples will be collected per the approved work plan.

1.1 Responsibilities of Other Agencies if Present:

- a. The Environmental Health Department is responsible for approval and inspection of procedures, including tank removal, sample procurement and integrity of work plan.
- b. The Fire Department is responsible for inspections relative to safe procedures and condition of tank prior to removal.

HAZARDS, SPECIAL PRECAUTIONS

2.0 Hazards, Special Precautions:

2.1 Special Precautions:

During the course of underground storage tank removal, workers could be exposed to petroleum hydrocarbon vapors, liquids, or other wastes. The following precautions will be observed by all individuals engaged in the tank removal activity.

2.1.1 Toxicity Considerations, Petroleum Substances:

All individuals should be aware of appropriate health precautions. When high concentrations of petroleum hydrocarbon vapors are inhaled, symptoms of intoxication may result. These symptoms range from simple dizziness to unconsciousness. Care will be exercised to minimize exposure to these substances when they are present. Avoid skin contact with petroleum substances whenever possible. Use soap and water to remove any petroleum product that contacts skin.

2.1.2 Flammability and Combustibility Consideration:

Flammable and combustible vapors are likely to be present in the work area. Precautions will be taken to eliminate all potential sources of ignition to prevent the discharge of static electricity during venting, and to prevent the accumulation of vapors.

2.1.3 Physical Considerations:

During the excavation of underground storage tanks, some physical hazards can be present in the form of large holes, exposed piping, debris piles, and excavation equipment. All workers will be aware of these hazards and take all necessary actions to eliminate accidents. The excavated area will be appropriately marked and barricaded at all times.

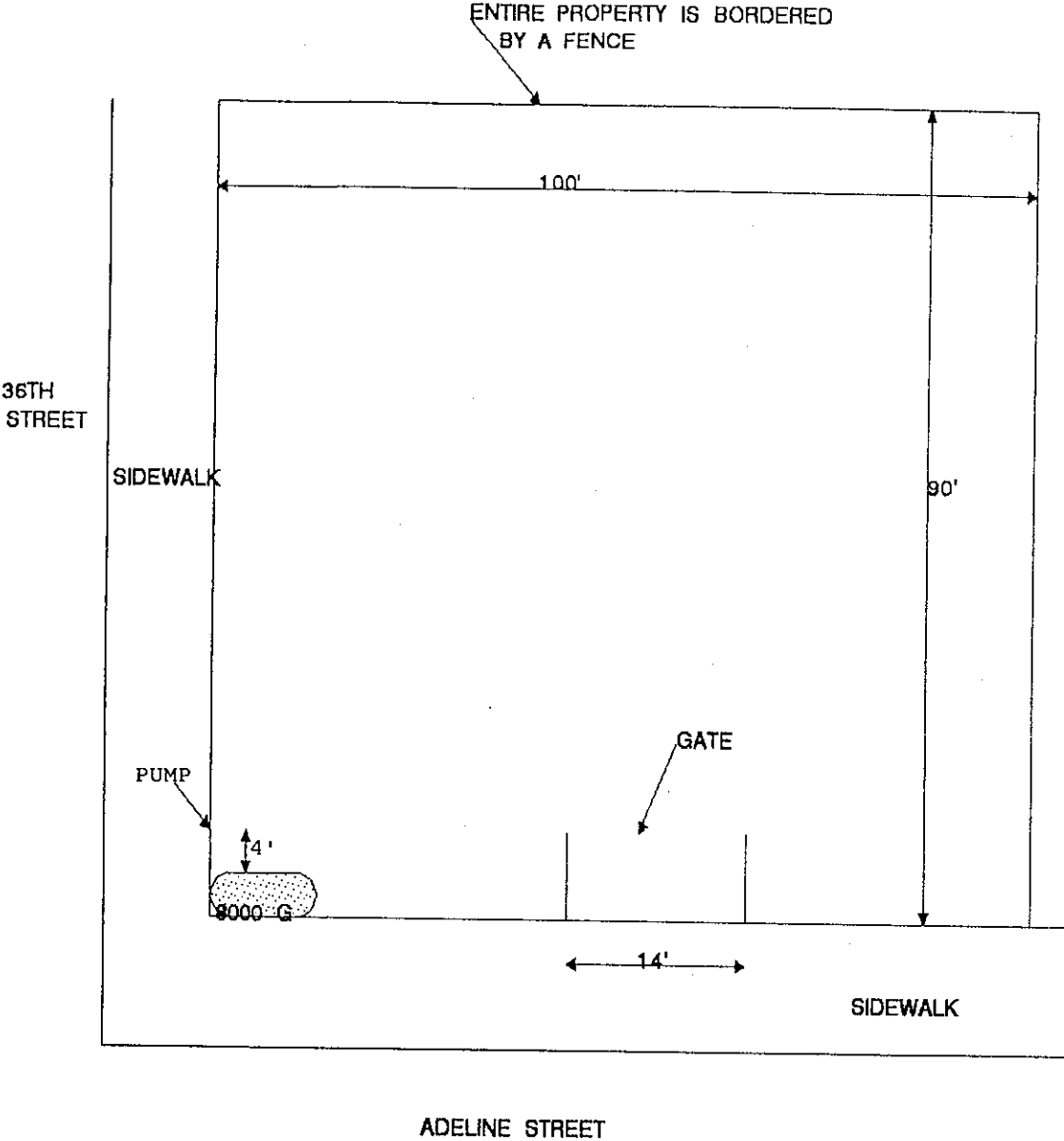
JOBSITE VICINITY MAP

3.0 Jobsite Vicinity Map



SITE MAP

4.0 Site Map



N →

NOT TO SCALE

S E M C O

**3623 ADELINE ST.
EMERYVILLE**

PERSONNEL

5.0 Personnel
SEMCO Employees

5.1 Project Manager

- Manages field operations.
- Ensures the Work Plan is completed on schedule.
- Briefs the field teams on their specific assignments.
- Participates in the preparation of the Site Safety Plan.
- Serves as a liaison with public officials.

5.2 Site Safety Officer

- Implements and enforces the SSP.
- Assures that all on-site personnel have received a copy of the SSP, have read it and understand it.
- Conducts frequent inspections of site conditions, facilities, equipment, and activities to determine if the SSP is adequate and being followed.
- Conducts daily "tailgate" meetings to explain the plan of work for the day and to mention potential hazards of the site.
- Ensures that protective clothing and equipment are properly stored and maintained.
- Knows emergency procedures, excavation routes, and notifies local emergency services when necessary.
- Notifies the Health and Safety Manager of all accidents and injuries that occur on site.

5.3 On-Site Personnel

- Are required to document their full understanding of the SSP before starting work by signing that they have read the SSP and understand it.
- Complies with the SSP.
- Notifies the SSO of unsafe conditions.
- On-Site employees are held responsible to perform only those tasks for which they believe they are qualified and in their opinion are safe.

LEVEL D: Safety Glasses
 Steel Toe Shoes
 Hard Hats
 Uniform shirt/pants

LEVEL C: Safety Glasses or Goggles w/side shields
 Hard Hats
 Steel Toe Safety Shoes
 Half or Full Face Respirator with Organic
 Vapor Cartridge
 Tyvek or Ploy-Coated Tyvek

- 6.0 Emergency Services
- 6.1 Persons to contact in case of emergency:
- a. PROJECT MANAGER
Name: Chuck Kiper
Phone: (415) 572-8033
(415) 860-8221 Mobile
(415) 377-8660 Pager
 - b. CLIENT CONTACT
Name: Scott Barde
Phone: (510) 935-3840
 - c. SITE CONTACT
Name: Chuck Kiper
Phone: (415) 572-8033
 - d. SITE SAFETY OFFICER
Name: Chuck Kiper or _____
Phone: (415) 572-8033
 - e. HEALTH & SAFETY COORDINATOR
Name: Milt Tiffin
Phone: (209) 524-9653
- 6.2 Hospital In Area: Alta Bates Hospital
(510) 540-0337 3001 Colby Street
Berkeley
- 6.3 Emergency Routes
See Hospital Route Map, Page 10
- 6.4 Ambulance Service:
DISPATCH SERVICE 911
- 6.5 Fire Prevention:
Emeryville Fire Department
(510) 596-3750
- 6.6 Fire Department:
DIAL 911
- 6.7 A First Aid Kit will be on site.
- 6.8 Barricades:
Job site will be barricaded off and construction tape will be used around working area, when work area is left unattended.
- 6.9 Fire Extinguishers will be present on site.

HOSPITAL ROUTE MAP

7.0 Hospital Route Map



CONTINGENCY PLAN

8.0 Contingency Plan:

If an injury occurs, the following action will be taken:

- Medical attention for the injured person immediately.
- Notify the Site Safety Officer.
- Depending on the type and severity of the injury, SEMCO's occupational physician will be notified.
- The injured person's personnel office will be notified.
- An incident report will be prepared. The Site Safety Officer will be responsible for its preparation and submittal to the Health and Safety Director and corporate personnel office within 24 hours.
- The Site Safety Officer will assume charge during a medical emergency.
- EMERGENCY ROUTES--see Hospital Route Map, Page 10

SAFETY EQUIPMENT

9.0 Safety Equipment

9.1 As a minimum, the following equipment will be on site:

- LEL Meter - Gastech 1314
- OVM Meter
- OSHA - Approved First Aid Kit
- 40BC Fire Extinguisher
- Half Face Respirator with Organic Vapor Cartridges

SAFETY TRAINING

10.0 Safety Training

SEMCO'S field employees have received their certificates of training as required by OSHA-SARA agencies, with refresher courses as needed.

MEDICAL MONITORING

11.0 Medical Monitoring

SEMCO requires all Class I truck drivers to have a mandatory physical once a year. SEMCO supplies health insurance to all employees and administers random and mandatory drug and alcohol testing.

12.0 Signatures & Acknowledgments:

I acknowledge having read and understand the preceding Health & Safety Plan:

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

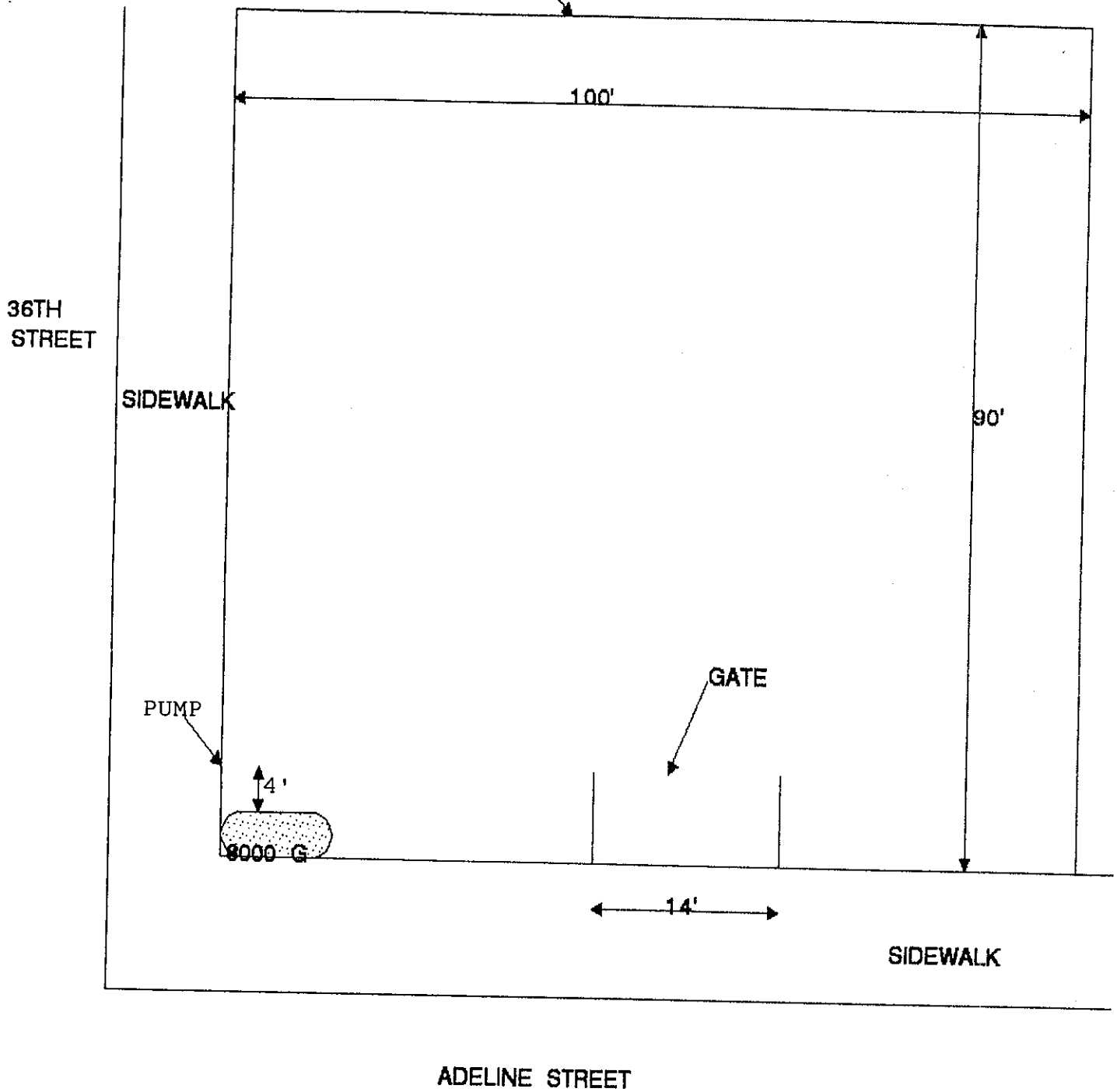
Signature Date

Signature Date

Signature Date

Signature Date

ENTIRE PROPERTY IS BORDERED BY A FENCE



N →

NOT TO SCALE

S E M C O

3623 ADELINE ST.
EMERYVILLE

TANK REMOVED 11/1/94 SH

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)

DBA OR FACILITY NAME Embassador Property		NAME OF OPERATOR		
ADDRESS 3623 Adeline Street		NEAREST CROSS STREET 36th Street	PARCEL # (OPTIONAL)	
CITY NAME Emeryville		STATE CA	ZIP CODE 94608	SITE PHONE # WITH AREA CODE
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE 1	E. P. A. I. D. # (optional) CAC 000926640	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Barde, Scott	PHONE # WITH AREA CODE (510) 935-3840	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) same	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Owens Financial Group, Inc.		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS P.O. Box 2308		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Walnut Creek		STATE CA	ZIP CODE 94595	PHONE # WITH AREA CODE (510) 935-3840

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Owens Financial Group, Inc.		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS P.O. Box 2308		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Walnut Creek		STATE CA	ZIP CODE 94595	PHONE # WITH AREA CODE (510) 935-3840

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 739-2582 if questions arise.

TY (TK) HQ **44** -

V. LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I. II. III.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) Bonne Titus <i>Bonne Titus</i>	APPLICANT'S TITLE -	DATE MONTH/DAY/YEAR 9-7-94
---	-------------------------------	--------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="text"/> <input type="text"/>	JURISDICTION # <input type="text"/> <input type="text"/> <input type="text"/>	FACILITY # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

TANK REMOVED 11/1/94 SA

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: 3623 Adeline Street, Emeryville

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D. #	unknown	B. MANUFACTURED BY:	unknown
C. DATE INSTALLED (MO/DAY/YEAR)	unknown	D. TANK CAPACITY IN GALLONS:	8000

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	<input checked="" type="checkbox"/> 1 SUCTION	<input type="checkbox"/> 2 PRESSURE	<input type="checkbox"/> 3 GRAVITY	<input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	<input checked="" type="checkbox"/> 1 SINGLE WALL	<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 3 LINED TRENCH	<input type="checkbox"/> 95 UNKNOWN
				<input type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> 4 FIBERGLASS PIPE
	<input type="checkbox"/> 5 ALUMINUM	<input type="checkbox"/> 6 CONCRETE	<input type="checkbox"/> 7 STEEL W/ COATING	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 GALVANIZED STEEL	<input type="checkbox"/> 10 CATHODIC PROTECTION	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER unknown

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--	--

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) Bonne Titus *Bonne Titus* DATE 9-7-94

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 470 - 27TH ST., RM. 322
 OAKLAND, CA 94612
 PHONE NO. 415/874-7237

DRAFT

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
 470 - 27th Street Third Floor
 Oakland, CA 94612
 Telephone (415) 874-7237

These plans have been reviewed and found to be acceptable and comply with the requirements of State and local health laws. Changes to the plans indicated by this review are noted on the drawings. State and local laws have been reviewed and found to be acceptable for these plans. The plans have been reviewed for compliance with the following:

One copy of the plans shall be submitted to the City and County of Alameda for review and approval. The plans shall be submitted to the City and County of Alameda for review and approval. The plans shall be submitted to the City and County of Alameda for review and approval.

Department of Test and Piping

Sealing

Approval of a permit to install is dependent on compliance with accepted plans and all applicable laws and regulations.

THESE PLANS ARE FOR INFORMATION ONLY
 DO NOT CONSIDER THEM FINAL

Jalove
 5/17/88

RECEIVED
 MAY 12 1988

(HAZARDOUS MATERIALS/
 WASTE PROGRAM)

Project # 0505649
 Fee Paid \$ 300.00
 Date 4/20/88

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

- Business Name AMBASSADOR PARTNERS, LTD.
 Business Owner GORDON ARNOLD
- Site Address 3623 ADELINE STREET
 City EMERYVILLE Zip 94608 Phone _____
- Mailing Address 3619 SAN PABLO AVENUE
 City EMERYVILLE Zip 94608 Phone (415) 420-8620
- Land Owner AMBASSADOR PARTNERS, LTD
 Address 3619 SAN PABLO AVENUE City, State EMERYVILLE, CA Zip 94608
- EPA I.D. No. CAC 0000 74645
- Contractor LINDSEY BACKHOE SERVICE
 Address 2959 SAN PABLO AVENUE
 City BERKELEY, CA Phone (415) 848-5559
 License Type 271610 CLASS A
- Other (Specify) PROPERTY CONTAMINATION CONTROL, INC.
 Address 1601 N CALIFORNIA BLVD #200
 City WALNUT CREEK, CA Phone (415) 934-2422

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8. Contact Person for Investigation

Name RON RICHMOND Title CONSULTANT
Phone (415) 934-2422

9. Total No. of Tanks at facility 1

10. Have permit applications for all tanks been submitted to this office?
Yes [] No []

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Transporter

Name ERICKSON, INC. EPA I.D. No. CAD 009466392
Address 255 PARR BLVD
City RICHMOND State CA Zip 94801

b) Rinsate Transporter

Name ERICKSON, INC EPA I.D. No. CAD 009466392
Address 255 PARR BLVD
City RICHMOND State CA Zip 94801

c) Tank Transporter

Name ERICKSON, INC EPA I.D. No. CAD 009466392
Address 255 PARR BLVD
City RICHMOND State CA Zip 94801

d) Contaminated Soil Transporter

Name ERICKSON, INC EPA I.D. No. CAD 009466392
Address 255 PARR BLVD
City RICHMOND State CA Zip 94801

12. Sample Collector

Name VARIOUS QUALIFIED EMPLOYEES
Company ALPHA CHEMICAL & BIOMEDICAL LABORATORIES
Address 245 KENTUCKY STREET
City PETALUMA State CA Zip 94592 Phone (707) 778-8607

13. Sampling Information for each tank or area

GAFT

Tank or Area		Material sampled	Location & Depth
Capacity 500 Gal	Historic Contents (past 5 years) Gasoline		

14. Have tanks or pipes leaked in the past? Yes [] No [x]
 If yes, describe. _____

15. NFPA methods used for rendering tank inert? Yes [x] No []
 If yes, describe. 25 POUNDS DRY ICE PER 1000 GALLONS OF TANK CAPACITY
PURGE TANK 4 HOURS BEFORE REMOVAL AND TRANSPORTATION

16. Laboratories

Name ALPHA CHEMICAL & BIOMEDICAL LABORATORIES
 Address 245 KENTUCKY STREET
 City PETALUMA State CA Zip 94952
 State Certification No. 127

17. Chemical Methods to be used for Analyzing Samples

CONFIDENTIAL

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
GASOLINE	EPA 8015/8020 EPA 8240	

18. Site Safety Plan submitted? Yes No

19. Workman's Compensation: Yes No

Copy of Certificate enclosed? Yes No

Name of Insurer _____

20. Plot Plan submitted? Yes No

21. Deposit enclosed? Yes No

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

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I declare that to the best of my knowledge and belief the statements and information provided above are correct and true. I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) in advance to schedule any required inspections. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Signature of Contractor

Name (please type) PROPERTY CONTAMINATION CONTROL, INC

Signature [Handwritten Signature]

Date 4-15-88

Signature of Site Owner or Operator

Name (please type) AMBASSADOR PARTNERS, LTD.

Signature [Handwritten Signature]

Date 4-15-88

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. A copy of your approved plan must be sent to the landowner.

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UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A

SAMPLING RESULTS

Tank or Area	Contaminant	Location & Depth	Results (specify units)

INSTRUCTIONS

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2. SITE ADDRESS

Address at which closure or modification is taking place.

5. EPA I.D. NO.

This number may be obtained from the State Department of Health Services, 916/324-1781.

6. CONTRACTOR

Prime contractor for the project.

7. OTHER

List professional consultants here.

12. SAMPLE COLLECTOR

Persons who are collecting samples.

13. SAMPLING INFORMATION

Historic contents - the principal product(s) used in the last 5 years.

Material sampled - i.e., water, oil, sludge, soil, etc.

16. LABORATORIES

Laboratories used for chemical and geotechnical analyses.

17. CHEMICAL METHODS:

All sample collection methods and analyses should conform to EPA or DHS methods.

Contaminant - Specify the chemical to be analyzed.

Sample Preparation Method Number - The means used to prepare the sample prior to analyses - i.e., digestion techniques, solvent extraction, etc. Specify number of method and reference if not an EPA or DHS method.

Analysis Method Number - The means used to analyze the sample - i.e., GC, GC-MS, AA, etc. Specify number of method and reference if not a DHS or EPA method.

NOTE:

Method Numbers are available from certified laboratories.

18. SITE SAFETY PLAN

A plan outlining protective equipment and additional specialized personnel in the event that significant amount of hazardous materials are found. The plan should consider the availability of respirators, respirator cartridges, self-contained breathing apparatus (SCBA) and industrial hygienists.

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19. ATTACH COPY OF WORKMAN'S COMPENSATION

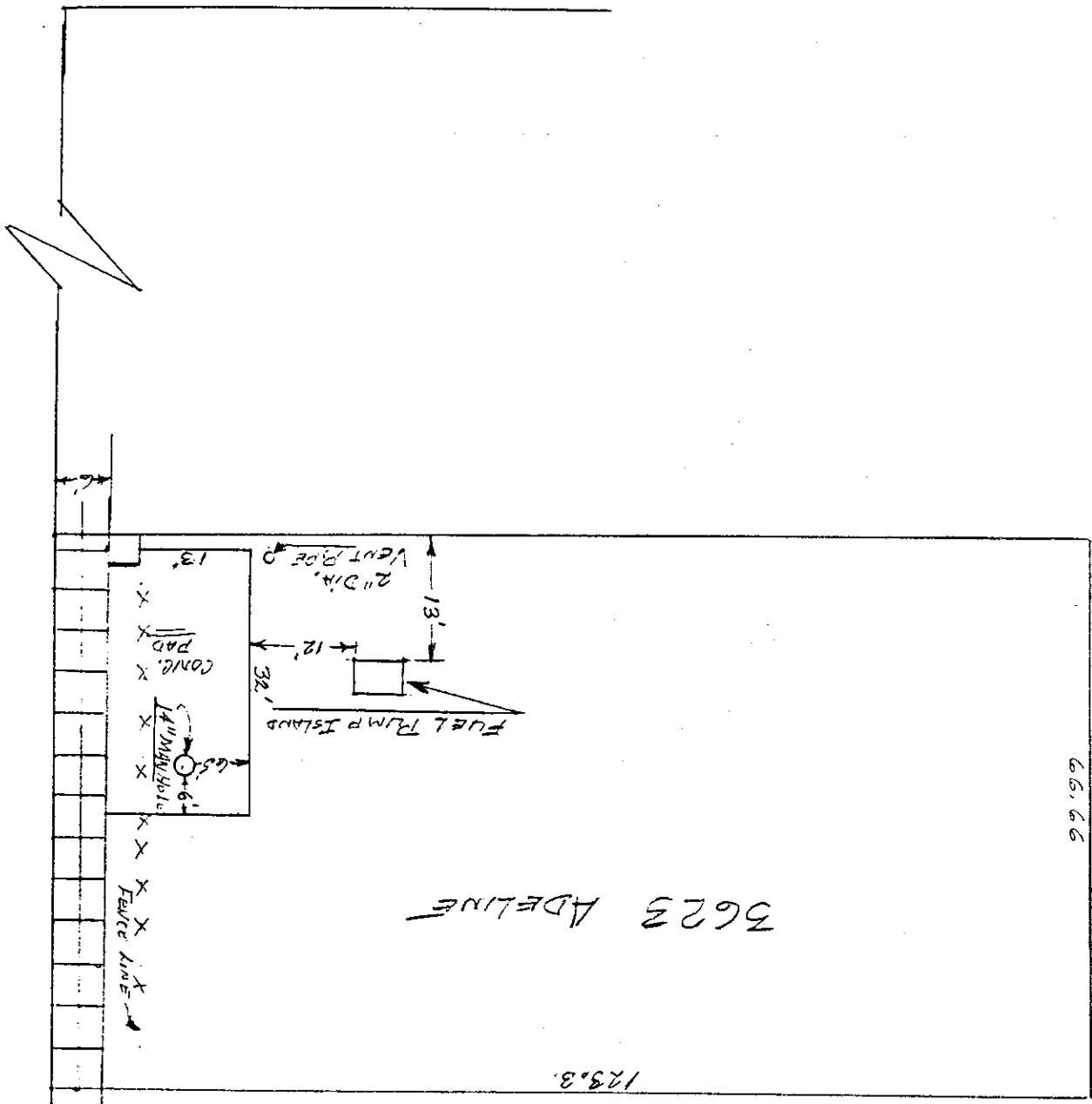
20. PLOT PLAN

The plan should consists of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale
- b) North Arrow
- c) Property Line
- d) Location of all Structures
- e) Location of all relevant existing equipment including tanks and piping to be removed
- f) Streets
- g) Underground conduits, sewers, water lines, utilities
- h) Existing wells (drinking, monitoring, etc.)
- i) Depth to ground water
- j) All existing tanks in addition to the ones being pulled

36 TH ST.

ADELIN ST.

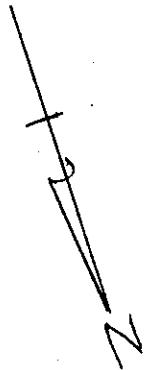


3623 ADELIN

123.3

66.66

CURB LINE



PRODUCER
GREGORY & CO., INSURANCE BROKERS, INC.
P. O. BOX 2508
BERKELEY CA 94702

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.

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** **AETNA CASUALTY & SURETY**
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED
H. LINDSEY BACKHOE SERVICE
HINES LINDSEY DBA
2959 SAN PABLO AVENUE
BERKELEY CA 94702

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTRI	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS	
					EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY					
<input type="checkbox"/>	COMPREHENSIVE FORM				BODILY INJURY	\$
<input type="checkbox"/>	PREMISES/OPERATIONS				PROPERTY DAMAGE	\$
<input type="checkbox"/>	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$
<input type="checkbox"/>	PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY	\$
<input type="checkbox"/>	CONTRACTUAL					
<input type="checkbox"/>	INDEPENDENT CONTRACTORS					
<input type="checkbox"/>	BROAD FORM PROPERTY DAMAGE					
<input type="checkbox"/>	PERSONAL INJURY					
	AUTOMOBILE LIABILITY					
<input type="checkbox"/>	ANY AUTO				BODILY INJURY (PER PERSON)	\$
<input type="checkbox"/>	ALL OWNED AUTOS (PRIV. PASS.)				BODILY INJURY (PER ACCIDENT)	\$
<input type="checkbox"/>	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				PROPERTY DAMAGE	\$
<input type="checkbox"/>	HIRED AUTOS				BI & PD COMBINED	\$
<input type="checkbox"/>	NON-OWNED AUTOS					
<input type="checkbox"/>	GARAGE LIABILITY					
	EXCESS LIABILITY					
<input type="checkbox"/>	UMBRELLA FORM				BI & PD COMBINED	\$
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM					
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	05 C 422231 CCA	07-07-87	07-07-88	STATUTORY	
					\$ 1,000 (EACH ACCIDENT)	
					\$ 1,000 (DISEASE-POLICY LIMIT)	
					\$ 1,000 (DISEASE-EACH EMPLOYEE)	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
BACKHOE SERVICE

CERTIFICATE HOLDER

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT SHALL BE UNDER NO OBLIGATION OR LIABILITY OF ANY KIND TO MAIL SUCH NOTICE TO ANY OTHER ADDRESSES OR REPRESENTATIVES.
[Signature]

SITE SAFETY PLAN UST PROJECTS

SITE SAFETY

UNDERGROUND TANK REMOVAL PROJECTS

Equipment to be utilized on site:

Tyvek protection clothing, boots, gloves, hardhats, glasses/goggles

Respiratory Protection (Respirators with cartridges for organic vapors and extra cartridges)

Tank purge - 25# dry ice per 1000 gallon tank capacity

This list of safety apparatus is to be utilized on site during evacuation activities for gasoline and oil tank removal. The personal protective clothing will be utilized until the tanks are uncovered and it is determined that vapor levels and or leaks are not present, then safety gear will be on standby. If leaks and or vapor levels warrant, the entire project will be conducted using a Class C level of protection with a safety man present.

The first level of operation will involve pumping residual materials from the tank to be removed, and may involve steam cleaning of tanks and lines.

The greatest danger in tank removal operations is the danger of flammability. A typical removal involves taping off the work area with barriers and barrier tape. All non essential personnel are kept out of the work area. The excavation crew will uncover the tank while wearing Class C personal protection. An LEL explosimeter will be used to assess vapor levels. Non sparking tools will be used where applicable. The tank will then be purged with Co₂ at 25# per 1000 gallon of tank capacity. The purge will be allowed for a 4 hour minimum before removing the tank from the excavation loading and transport to the TSD facility. While the entire process is being accomplished a site safety person will be on standby.

SAMPLE PLAN

A visual inspection of the excavation will be made immediately after removal of the tank for any evidence of prior leakage. The results of the inspection will be documented. Then two soil samples will be taken, one from beneath the fill pipe and the other from a similar position at the opposite end of the tank. Soil samples will also be taken, one for every 20 lineal feet of trench for piping. If obvious stained or contaminated areas exist other than the above mentioned areas sampled additional soil samples will be taken in the stained or contaminated areas.

SAMPLED METHODS

Immediately upon removal of the tank a backhoe bucket of native soil will be taken from the native soil/backfill interface. This soil will be rapidly brought to the surface.

Approximately three inches will be rapidly scraped away from the surface of this soil, then a clean brass tube (at least three inches long) will be driven into the soil with a suitable instrument (wooden mallet, etc.). The ends of the brass tube will be covered with aluminum foil, then plastic end caps, and finally wrapped with a suitable tape.

The ends of the brass tube will be covered with aluminum foil, then plastic end caps, and finally wrapped with a suitable tape.

The samples will be immediately placed on ice, or dry ice, for transport to a certified laboratory.

All samples will be collected by a qualified third party and samples will be protected against contamination and/or degradation during their collection, transport, and analysis. Formal chain-of-custody records will be maintained and submitted for each sample.

Soils will be analyzed for all constituents of the previously stored hazardous substances and their breakdown or transformation products.

At sites where the previously stored substance was motor vehicle fuel, soil/water samples will be analyzed for total hydrocarbons by the methods outlined in "Guidelines for Addressing Fuel Leaks", September, 1985, CA.RWQCB.

If the bottom of the tank is below the ground water table soil samples are not applicable. In this case a water sample will be collected as soon as possible from the surface of the groundwater in the excavation. A check will initially be made for any free floating product. If no floating product is detected then a water sample will be taken with a device designated to reduce the loss of volatile components. The water sample will be immediately poured into a volatile organic analysis (VOA) vial with as little agitation as possible. A teflon septum will be used to seal the vial.

PROJECT # U505244

ALAMEDA COUNTY HEALTH
ENVIRONMENTAL HEALTH DEPT.

SERVICE REQUESTED: tank removal

NAME OF SITE: Ambassador Partners LTD STID: _____

ADDRESS: 3623 Adeline St
Emeryville 94608

CONTRACTOR: Property Contamination

ADDRESS: 1601 N. GA. Blvd. 50200 TELE: # 932-2422
W.C. 94520

CONTACT PERSON: Ron Richmond TELE = 932-2422

AMOUNT OF DEPOSIT: \$ 300.00 DATE: 4/20/88

DATE:	ACTION TAKEN	TIME	HRS IN 0.1 X \$53.00 =	BALANCE
		IN	OUT	X \$53.
	OVERHEAD 25%			\$ 300.00
4/20/88	Revised plan	5:00	5:20	0.5 26.50
5/17/88	telephone call	11:10	11:15	0.3 15.90
11/22/88	TO marry for accounting			
2/14/88	Case Closed			

PROJECT COMPLETED BY Susan S. Hays TOTAL COST \$ _____

DATE: 2/14/85 REFUND: \$ _____

SENT TO ACCOUNTING: DATE: 12/7/88

TO BE REPORTED WEEKLY TO ACCOUNTING FOR CASH FLOW
ADJUSTMENT

242.90
OK