

Drogos, Donna, Env. Health

From: David Lambert [DLambert@adreg.com]
Sent: Wednesday, February 11, 2009 2:17 PM
To: Drogos, Donna, Env. Health
Cc: Khatri, Paresh, Env. Health; rparikh@blakehunt.com; Larry Flora; Kevin Gallagher
Subject: RE: RO#??? 5411 Martinelli Way, Dublin, CA

Donna – Per our conversation last week, I understand that next week you will be listing and assigning the case to Paresh Khatri of your office, who will be reviewing the Work Plan. To confirm, the owner of the property is the same as listed in the Tank Closure Report and the Work Plan for Over-excavation and Sampling of UST Pit:

Stockbridge/BHV Emerald Place Land Co., LLC
390 Railroad, Avenue, Suite 200
Danville, CA 94526
Phone: (925) 314-2700
Attn: L. Gerald Hunt, Managing Member

I have copied Mr. Rajiv Parikh of Blake Hunt Ventures on this message as well. He is our contact representing the owner, and has the same contact information as above.

Please let us know as soon as you get the case assigned.

Thank you,

David

David Lambert | ADR Environmental Group, Inc.
1760 Creekside Oaks Drive, Suite 120 | Sacramento | CA | 95833
Direct Line: (972) 437-4100 | eFax: (916) 405-3519 | Mobile: (916) 826-5513

Drogos, Donna, Env. Health

From: David Lambert [DLambert@adreg.com]
Sent: Friday, January 30, 2009 6:53 AM
To: Drogos, Donna, Env. Health
Cc: Khatri, Paresh, Env. Health; Larry Flora; rparikh@blakehunt.com; Kevin Gallagher
Subject: RE: RO#??? 5411 Martinelli Way, Dublin, C

Importance: High

Hi Donna – I have left messages on your voicemail regarding this site and have not heard anything back. We have an open tank excavation at this site and need to get it backfilled.

What is the status of the review of the work plan which was submitted on November 11, 2008? Has the case been opened yet? If not, what can we do to expedite?

Thank you in advance for your attention to this matter.

David

David Lambert | ADR Environmental Group, Inc.
Direct Line: (972) 437-4100 | eFax: (916) 405-3519 | Mobile: (916) 826-5513

From: David Lambert
Sent: Tuesday, December 02, 2008 5:25 PM
To: 'donna.drogos@acgov.org'
Cc: 'Khatri, Paresh, Env. Health'; Larry Flora
Subject: RE: RO#??? Report Upload

Hi Donna – I wanted to follow up with you to see if this case has been assigned yet and whether the abbreviated work plan has been approved? The UST pit at this site has not been backfilled and our client desires to move forward.

Thank You,

David

David Lambert | ADR Environmental Group, Inc.
1760 Creekside Oaks Drive, Suite 120, Sacramento, CA 95833
Direct Line: (972) 437-4100 | eFax: (916) 405-3519 | Mobile: (916) 826-5513

From: David Lambert
Sent: Tuesday, November 11, 2008 9:52 AM
To: 'dehloptoxic, Env. Health'
Cc: Khatri, Paresh, Env. Health; 'donna.drogos@acgov.org'; Larry Flora; Jim Wright
Subject: FW: RO#??? Report Upload

I have uploaded the Over-excavation and Sampling Work Plan for this site as discussed with Donna Drogos:

Future Green on Park Place
5144 Martinelli Way (SEC Martinelli Way and Arnold Road)
APN #986-0033-002
Dublin, CA 94568

We do not have an RO# yet, but we are anxious to move forward as the UST pit is open and impacting the construction schedule for the shopping center. Please contact me as soon as possible on this.

Your help is appreciated!

David

David Lambert | ADR Environmental Group, Inc.
1760 Creekside Oaks Drive, Suite 120, Sacramento, CA 95833
Direct Line: (972) 437-4100 | eFax: (916) 405-3519 | Mobile: (916) 826-5513

From: David Lambert
Sent: Monday, November 03, 2008 1:21 PM
To: 'dehloptoxic, Env. Health'
Cc: 'Weston, Robert, Env. Health'; Khatri, Paresh, Env. Health
Subject: RO#??? Report Upload

I have uploaded the Tank Closure Report for this site:

Future Green on Park Place
5144 Martinelli Way (SEC Martinelli Way and Arnold Road)
APN #986-0033-002
Dublin, CA 94568

We do not have a RO# yet as the site has not been opened in Geotracker. This is a UST pull that was performed under UST Closure Plan permit through Alameda County Environmental Health (Robert Weston) after a UST was discovered during site grading activities for construction of a shopping center. Evidence of contamination was present at the time of UST removal. The UST excavation is currently holding up site construction activities, so we would like to expedite opening the case and moving to the next step.

Please contact me with any questions.

Thank You,

David

David Lambert | ADR Environmental Group, Inc.
1760 Creekside Oaks Drive, Suite 120, Sacramento, CA 95833
Direct Line: (972) 437-4100 | eFax: (916) 405-3519 | Mobile: (916) 826-5513

Alameda County CUPA Program

Contaminated Site Case Transfer Form

Referral To:

Date	October 27, 2008
Agency	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502
Attention	Donna L. Drogos, LOP/SLIC Program Manager

Site Information:

Site Responsible Party(s)	Stockbridge/BHV Emerald Place Land Co., LLC
Site Name	The Green on the Park Place
Site Address	Intersection of Martinelli and Arnold Road, Dublin
Site Phone	NA
Site Contractor/Consultant (if available)	Larry Flora R.G., ADR Environmental Group, Inc.
Site DBA	

Site Conditions:

UST			
USTs removed? # removed: <u>1</u> Date removed: <u>10-2-2008</u>	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Contents (circle): gasoline <u>diesel</u> waste oil heating oil solvents kerosene stoddard solvent other (specify) _____	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Observations of system (holes, leaks)? <u>Very deteriorated</u>	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Observed contamination (free product, <u>smell</u> , soil/water discoloration)?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? o Highest Concentration Detected in Soil Contaminant (specify) <u>Tph D</u> Concentration <u>590</u> ppm o Highest Concentration Detected in Water Contaminant (specify) <u>NA</u> Concentration _____ ppb	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Unauthorized Release Form filed?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Future intended use if known? Specify <u>Retail shopping center</u>	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
NON-UST			
Former industrial use? <u>Legacy federal site</u>	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm o Highest Concentration Detected in Water Contaminant (specify) _____ Concentration _____ ppb	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Future intended use if known? Specify _____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<i>If available, attach pertinent reports</i>			

Report transmitted electronically

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: RWeston Date: 10-27-08

Transfer accepted by (ACEH): [Signature] Date: 02/20/09

COUNTY OF ALAMEDA UNDERGROUND TANK SYSTEM CLOSURE INSPECTION REPORT

For Use By the County of Alameda, Environmental Health

SR0013906

Facility Name: GREEN ON PARK PLACE Contractor's name : Ferma Corporation
Address: _____ City: DUBLIN Zip: _____

Project Contact: _____ Phone No.: _____

Tank ID No.	???				
Size	1,000 GALLONS	12' long by 46" diam			
Construction Material	STEEL				
Single/Double Wall	SW				
Backfill Type	NATIVE				
Oxygen <10%	21%				
LEL <20%	1%				
Tank Condition	VERY CORRODED THRU GOING HOLES				
Soil/Groundwater Condition	Soil heavy clay, no ground water encountered				
Soil Sample Depth	8'22" then in lifts, 2ft then 4ft & 6ft				
Number and Description of Soil/Groundwater Samples (Indicate Sample Locations on Site Plan.)	Four soil samples No ground water encountered				

Disposition of Tank Contents: EXTRACTED PUMPS FOR DISPOSAL 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: First sampling released very strong odors, contamination appears to be consistent down to the last sample. We refrained from ovrexavation due to the large size of the bucket. Suspect more removal would be beneficial.

PHOTOS ATTACHED

Inspector: RWeston Agency: _____ Date: 10-2-08 Start Time: _____ Stop Time: _____

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 Departments 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:

COBERT WESTON

OCT 01 2008

UNDERGROUND STORAGE TANK CLOSURE PLAN

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

1. Name of Business The Green on Park Place
 Business Owner or Contact Person (PRINT) L. Gerald Hunt, Managing Member
2. Site Address SEC Martinelli Way & Arnold Road (APN 986-0033-002)
 City, State Dublin, CA Zip 94568 Phone NA
3. Mailing Address NA
 City, State _____ Zip _____ Phone _____
4. Property Owner Stockbridge/BHV Emerald Place Land Co., LLC
 Business Name (if applicable) Same as above.
 Address 390 Railroad Avenue, Ste. 200
 City, State Danville, CA Zip 94526 Phone (925) 314-2700
5. Generator name under which tank will be manifested
Stockbridge/BHV Emerald Place Land Co., LLC
 EPA I.D. No. under which tank(s) will be manifested CAC002634732

6. Contractor Ferma Corporation
Address 126 Montecito Avenue, Ste. 200
City, State Mountain View, CA Zip 94043 Phone (650) 961-2742
License Type A, C21, C57, B, ASB, & HAZ ID# Lic. # 236337
7. Consultant (if applicable) ADR Environmental Group, Inc.
Address 1760 Creekside Oaks Drive, Ste. 120
City, State Sacramento, CA Zip 95833 Phone (916) 921-0600
8. Main Contact Person for Investigation (if applicable)
Name Larry Flora, R.G. Title Project Geologist
Company ADR Environmental Group, Inc.
Phone (916) 921-0600
9. Number of underground tanks being closed with this plan one (1)
Length of piping being removed under this plan Unknown
Total number underground tanks at this facility (**confirmed with owner or operator) 1
10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).
- a) Product/Residual Sludge/Rinsate Transporter
Name Evergreen Oil, Inc. EPA I.D. No. CAD982413262
Hauler License No. CA 256578 License Exp. Date _____
Address 6880 Smith Avenue
City, State Newark, CA Zip 94560
- b) Product/Residual Sludge/Rinsate Disposal Site
Name Evergreen Oil, Inc. EPA I.D. No. CAD982413262
Address 6880 Smith Avenue
City, State Newark, CA Zip 94560

c) Tank and Piping Transporter

Name Ecology Control Industries EPA I.D. No. CAD952030173

Hauler License No. 1533 License Exp. Date 4-30-09

Address 255 Parr Boulevard

City, State Richmond, CA Zip 94801

d) Tank and Piping Disposal Site

Name Ecology Control Industries EPA I.D. No. CAD009466392

Address 255 Parr Boulevard

City, State Richmond, CA Zip 94801

11. Sample Collector

Name Larry Flora, R.G.

Company ADR Environmental Group, Inc.

Address 1760 Creekside Oaks Drive, Ste. 120

City, State Sacramento, CA Zip 95833 Phone (916) 921-0600

12. Laboratory

Name McC Campbell Analytical, Inc.

Company McC Campbell Analytical, Inc.

Address 1534 Willow Pass Road

City, State Pittsburg, CA Zip 94565

State Certification No. DPDH ELAP #1644

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

If yes, describe: Unknown if UST has leaked. Water/diesel mixture reportedly in UST.

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

Placement of dry ice in nugget form on interior of UST 25 lbs per 1,000 gallon ratio.

Dry ice provided by Prax-Air.

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)		
Unknown	Unknown	UST Contents (Sample of UST contents indicates diesel/water mixture) Soil (beneath UST ends) Soil (sidewalls) Soil (piping, if present) Groundwater (if present)	From interior of UST Beneath the UST at each end at a maximum of 2' below the native soil/backfill interface. At base of excavation at each side of UST, or high water mark (if present). 6" beneath piping, every 20 linear feet, if piping is present. UST excavation (if water is present).

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 style="text-align: center;">Stockpiled Soil Volume (estimated)</p> <p>Unknown (+/- 10 CY)</p>	<p style="text-align: center;">Sampling Plan</p> <p>1 discreet sample for every 25 cubic yards. See Section 16 for analysis.</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 _____

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.

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
TPH as Diesel		8015M	1 mg/kg
TPH as Gas		8015M	1 mg/kg
Oil & Grease		9070B	50 mg/kg
BTEX (4 compounds)	5035	8260	0.005 mg/kg
CL HC/VOCs (63 compounds)	5035	8260B	0.005 – 0.1 mg/kg
EDB and EDC	5035	8260B	0.004 mg/kg
1,4-Dioxane	5035	8260 (SIM)	0.02 mg/kg
Fuel Oxygenates (MTBE, TAME, ETBE, DIPE, TBA, & EtOH)	5035	8260B	0.005 mg/kg* *TBA=0.05 mg/kg *EtOH=0.25 mg/kg
Metals (Cd, Cr, Pb, Ni, Zn)		6010C ICP (LUFT TTLC)	0.25, 0.5, 0.5, 0.5, & 5 mg/kg
PCBs, PCP, PNA, Creosote		8270	0.33 – 1.6 mg/kg

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Compensation Insurance Fund

19. Submit Plot Plan *****(See Instructions)*****

20. Enclose Deposit (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).

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 Environmental Protection Division and that no work is to begin on this project until this 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 Ferma Corporation

Name of Individual _____

Signature _____ Date _____

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Check one)

Name of Business Stockbridge/BHV Emerald Place Land Co., LLC

Name of Individual L. Gervald
~~Jerry~~ Hunt, Managing Member

Signature  Date 9/30/08

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 Environmental Protection Division and that no work is to begin on this project until this plan has been approved.

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

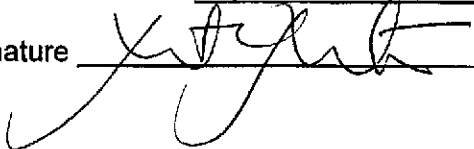
I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner 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 Ferma Corporation

Name of Individual ROBERT ANTONIO

Signature  Date 9/29/08

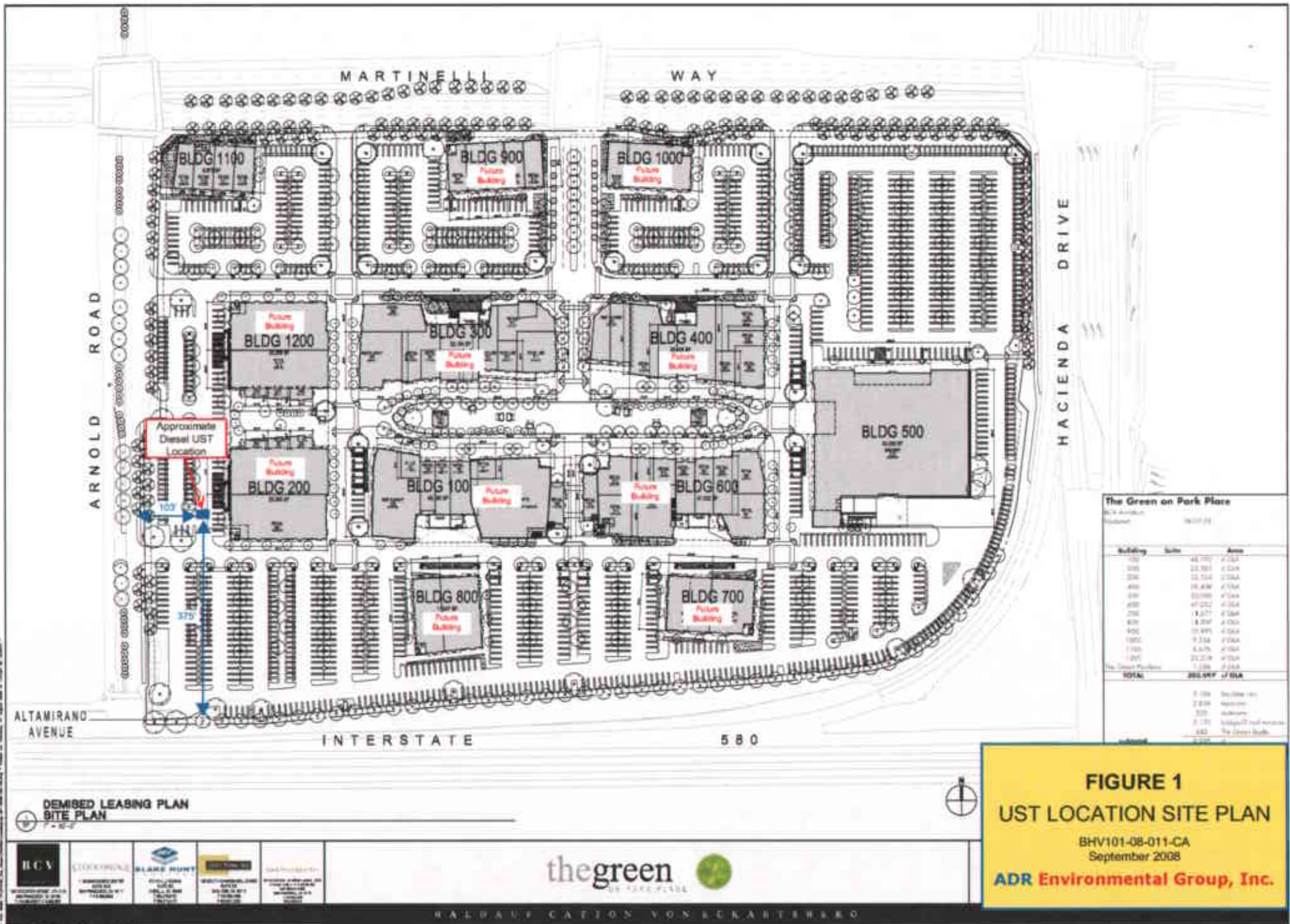
PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Check one)

Name of Business Stockbridge/BHV Emerald Place Land Co., LLC

Name of Individual James Wright, Sr. Vice President

Signature _____ Date _____

UST LOCATION FIGURE



FERMA SITE SAFETY AND HEALTH PLAN



Since 1963

1265 Montecito Avenue
Mountain View California, 94043
Telephone . 650 961 2742
Fax . 650 968 3945

DEMOLITION
&
GENERAL ENGINEERING

LIC # CA 236337 A, B, C21, C57, ASB, DOSH, HAZ

**Site-Specific Environmental Health and Safety Plan
SAFETY PLAN FOR CLOSURE OF UNDERGROUND STORAGE TANK (UST)**

FOR
Underground Fuel Tank Removal
South East Corner of Martenille Way and Arnold Road
Dublin, CA

Prepared for

David Lambert

San Jose Construction
1210 Coleman Avenue
Santa Clara, CA 95050

Prepared by:

Ferma Corporation

9/25/08

Work Description

Excavation of an assumed 15,000 gallon underground fuel tank at the above referenced site per our walk through and field observation on 9/8/08 and described in the following scope of work:

Demolition, loading and removal including labor, equipment, material, salvage value, transportation, legal disposal and disposal fees described as follows:

- . Unearth tank from its current position and place at grade for further study by authorized agencies
- . All soils handled from area to be placed on visqueen and stockpiled for testing by Ferma
- . Vacuum contents from tank, which at present time we assume it to be diesel fuel further study and testing required
- . Deliver dry ice in pellet form and insert prior to unearthing
- . Remove tank from pit, scrape clean any soils, burrito wrap tank, place on flatbed and haul to disposal site (We assume at present time that this tank is a single wall steel 15,000 gallon tank)
- . Take six soil samples (stockpile, pit bottom, four wall sides and provide results, any further testing would result in additional fees)
- . Dust control including water
- . Obtain BAAQMD notification

SAFETY PLAN FOR CLOSURE OF UNDERGROUND STORAGE TANK (UST)

1. All City and County environmental agencies shall be notified prior to working on the closure of UST in order to meet requirements of written notification and permit applications.
2. All authorized personnel on the job site shall be required to wear protective equipment (i.e., eye, ear, hand and proper breathing equipment).
3. All supervisors, equipment operators and general laborers shall be certified with 40 hours of Hazardous Materials Training. In addition to this training, each person shall have a minimum of 24 hours in UST-related experience.
4. All personnel shall be instructed as to the potential hazards of the job site prior to beginning work. "No Smoking" signs will be placed at appropriate locations throughout the site.

5. A site map shall be made to show the general locations of existing roads, structures and landmarks. Emergency escape routes shall also be shown on the map.
6. Emergency telephone numbers shall be posted in a conspicuous place. Detailed directions to the nearest hospital will also be made available.
7. Underground tanks will be pumped by a licensed individual having been trained in hazardous materials handling.

The material will be manifested and properly disposed of. If a tank cannot be completely pumped prior to removal, some type of secondary containment must be implemented in order to catch any possible leakage.

8. Tanks are to be excavated around all sides. A tank is not to be removed until City and County officials are present. Any spoils or residue from the excavated tank shall be placed on and covered by visqueen plastic. A fire extinguisher shall be placed within 25 feet from the material during excavation and removal of a tank.
9. Prior to the removal of a tank, dry ice shall be used to purge each tank. This procedure should be performed 1 to 2 hours prior to removal. 20 pounds of ice shall be used for every 1,000 gallons of capacity. At the time of removal, no explosive hazard may exist. This may be tested to the Environmental Health Inspector with either a reading of 10% LEL (Lower Explosive Limit) or 5% oxygen must be obtained.
10. The tank shall then be lifted from the excavated area. All loose soil must be removed from outside of the tank. The tank will be loaded onto the hauling equipment of a licensed hazardous materials transporter. Each tank must be manifested.
11. Soil samples will then be taken by a soils analysis laboratory. The location of each sample shall be determined by the Environmental Health Inspector present on-site.
12. All open excavation areas shall be properly fenced-in with security fencing or any adequate security material necessary to prevent unauthorized access to the excavation area.
13. Excavation closure shall be determined by the results of the soil samples.
14. The following is a list of necessary materials for UST closure:
 - a) PPE (Personal Protective Equipment)
 - b) Fire Extinguisher

- c) Adequate Cables and Shackles
- d) Ladder
- e) Visqueen Plastic (minimum of 6 millimeters)
- f) Shovel
- g) Metal Tub for Secondary Containment (if necessary)
- h) Security Fencing and "No Smoking" Signs

If anyone has questions regarding this Program, please contact your supervisor. Our Program is monitored by Mark Abu-Tair to ensure that the policies are carried out and that the Program is effective.

Site-Specific Environmental Health and Safety Plan
SAFETY PLAN FOR CLOSURE OF UNDERGROUND STORAGE TANK (UST)

List of 40-hours Hazmat Trained workers

Employee Name Last, First	CERTIFICATION 40 hours Hazmat Training Date
Becerra, Manuel	1/19/08
Betancourt, Joe	2/2/08
Cisneros, Jose	1/19/08
Cisneros, Jose G	1/19/08
Duenas, Hector C	2/2/08
Gonzalez, Casildo	1/19/08
Pena, Juan	1/19/08
Rodoni, Doug	1/19/08
Torres, Jose T	1/19/08
Abu-Tair, Mark	2/2/08
Calderon, Alex	1/19/08
Cruz, David R	1/19/08
Cuevas, Antonio	1/19/08
Duenas, Vicente	1/19/08
Lopez, Alfonso	1/19/08
Lopez, Rene Pena	1/19/08
Pena, Alfredo	1/19/08
Pena, Javier	1/19/08
Perez, Amulfo	1/19/08
Rodriguez, Jose A	1/19/08
Belloso, Francisco	1/19/08
Jose Salcido	9/15/07
Batancourt Ruben	1/19/08
Scales Jesse	2/16/08
Zschokke, Donald	1/19/08
Border, William	1/19/08
Verga, Robert	1/19/08
Crane, Donald R	1/19/08

Site-Specific Environmental Health and Safety Plan
SAFETY PLAN FOR CLOSURE OF UNDERGROUND STORAGE TANK (UST)

Training Log

Employee Name:

**FERMA WORKERS
COMPENSATION
INSURANCE CERTIFICATE**

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 10-01-2008

GROUP: 000571
POLICY NUMBER: 0006143-2008
CERTIFICATE ID: 2757
CERTIFICATE EXPIRES: 10-01-2009
10-01-2008/10-01-2009

SAN JOSE CONSTRUCTION

1210 COLEMAN AVE
SANTA CLARA CA 95050-4338

NG

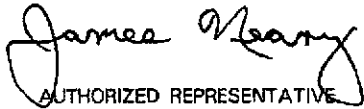
**JOB: #671 DUBLIN SOUTHEAST CORNER OF
MARTENILLE WAY & ARNOLD RD JOB# 2008-08**

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

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

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


AUTHORIZED REPRESENTATIVE


PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 10-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

ENDORSEMENT #2001 ASBESTOS CERTIFICATION EFFECTIVE 10-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

FERMA CORPORATION
1265 MONTECITO AVE STE 200
MOUNTAIN VIEW CA 94043

NG

[LM6,CN]

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 10-01-2008

GROUP: 000571
POLICY NUMBER: 0006143-2008
CERTIFICATE ID: 2757
CERTIFICATE EXPIRES: 10-01-2009
10-01-2008/10-01-2009

SAN JOSE CONSTRUCTION

1210 COLEMAN AVE
SANTA CLARA CA 95050-4338

NG

**JOB: #671 DUBLIN SOUTHEAST CORNER OF
MARTENILLE WAY & ARNOLD RD JOB# 2008-08**

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

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

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

James Neary
AUTHORIZED REPRESENTATIVE

Janet Frank
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 10-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

ENDORSEMENT #2001 ASBESTOS CERTIFICATION EFFECTIVE 10-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

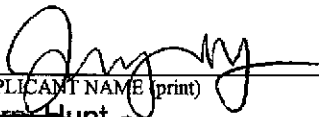
EMPLOYER

FERMA CORPORATION
1265 MONTECITO AVE STE 200
MOUNTAIN VIEW CA 94043

NG

[LM6,CN]

**UST PERMIT APPLICATION
(FORMS A & B)**

APPLICANT SIGNATURE 	DATE September 29, 2008	PHONE (925) 314-2700
APPLICANT NAME (print) Jerry Hunt	APPLICANT TITLE Managing Member	

L. Gerald Hunt

UPCF UST Operating Permit Application – Facility Information Page Instructions (Formerly SWRCB UST Permit Application Form A and UPCF Form hwfwr-a)

Complete this form for all new permits, permit changes, or facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval prior to making the changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application – Facility Information form per facility, regardless of the number of USTs located at the facility. If not already on file with the local agency, the tank owner must submit with this form, a current UST Operating Permit Application – Tank Information form for each UST; a UST Monitoring Plan and a UST Response Plan pursuant to 23 CCR §2632, 2634 and 2641; and, for USTs containing petroleum, a Certification of Financial Responsibility pursuant to 23 CCR §2807.

The following documents, at a minimum, are also required, if applicable (check with your local agency to see if they require submittal or if there are other forms/information needed):

- Written agreement between UST Owner and UST Operator per Health and Safety Code §25284(a)(3);
- Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. (Note: Numbering of these instructions matches the data element numbers on the form.)

400. TYPE OF ACTION – Check the reason this form is being submitted. CHECK ONE ITEM ONLY.
404. TOTAL NUMBER OF USTs AT SITE – Indicate the number of tanks that will remain on the site after the requested action.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
403. FACILITY TYPE – Indicate the type of facility.
405. INDIAN RESERVATION OR TRUST LANDS – Check whether the facility is located on an Indian reservation or other trust lands.
407. PROPERTY OWNER NAME – Complete items 407 - 412 for the property owner. Include the area code and any extension number.
408. PROPERTY OWNER PHONE –
409. PROPERTY OWNER MAILING ADDRESS –
410. PROPERTY OWNER CITY –
411. PROPERTY OWNER STATE –
412. PROPERTY OWNER ZIP CODE –
- 428-1. TANK OPERATOR NAME – Complete items 428-1 to 428-6 for the UST operator.
- 428-2. TANK OPERATOR PHONE – Include the area code and any extension number.
- 428-3. TANK OPERATOR MAILING ADDRESS –
- 428-4. TANK OPERATOR CITY –
- 428-5. TANK OPERATOR STATE –
- 428-6. TANK OPERATOR ZIP CODE –
414. TANK OWNER NAME – Complete items 414 - 419 for the UST owner.
415. TANK OWNER PHONE – Include the area code and any extension number.
416. TANK OWNER MAILING ADDRESS –
417. TANK OWNER CITY –
418. TANK OWNER STATE –
419. TANK OWNER ZIP CODE –
420. TANK OWNER TYPE – Check the type of tank ownership.
421. BOE NUMBER – Enter your State Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, PO Box 942879, Sacramento, CA 94279-0030.
423. PERMIT HOLDER INFORMATION – Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.
406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR – If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.
- APPLICANT SIGNATURE – The application form must be signed, in the space provided, by:
- The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
 - If the UST(s) is/are owned by a corporation, partnership, or public agency:
 - 1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
 - 2.) A general partner or proprietor; or
 - 3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.
424. DATE – Enter the date the form was signed.
425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
426. APPLICANT NAME – Print or type the full name of the person signing the form.
427. APPLICANT TITLE – Enter the title of the person signing the form.

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION** (One form per UST)

TYPE OF ACTION (Check one item only. For a UST closure or removal, complete only this section and Sections I, II, III, IV, and LX below) 430.
 1. NEW PERMIT 3. RENEWAL PERMIT 5. CHANGE OF INFORMATION
 6. TEMPORARY UST CLOSURE 7. UST PERMANENT CLOSURE ON SITE 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: Unknown 430a. DATE EXISTING UST DISCOVERED: 9/5/2008 430b.

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) _____ 1.

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As)
The Green on Park Place 3.

BUSINESS SITE ADDRESS 101. CITY 104.
SEC Martinelli Way & Arnold Rd. APN 986-0033-002 **Dublin**

II. TANK DESCRIPTION

TANK ID # <u>1</u> 432.	TANK MANUFACTURER <u>Unknown</u> 433.	TANK CONFIGURATION: THIS TANK IS 434. <input checked="" type="checkbox"/> 1. A STAND-ALONE TANK Complete one page for each compartment in the unit <input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT
DATE UST SYSTEM INSTALLED <u>Unknown</u> 435.	TANK CAPACITY IN GALLONS <u>0</u> 436.	NUMBER OF COMPARTMENTS IN THE UNIT <u>0</u> 437.

III. TANK USE AND CONTENTS

TANK USE 1a. MOTOR VEHICLE FUELING 1b. MARINA FUELING 1c. AVIATION FUELING 439.
 3. CHEMICAL PRODUCT STORAGE 4. HAZARDOUS WASTE (Includes Used Oil) 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)] 439a.
 6. OTHER GENERATOR FUEL 95. UNKNOWN 99. OTHER (Specify): _____

CONTENTS PETROLEUM: 1a. REGULAR UNLEADED 1c. MIDGRADE UNLEADED 1b. PREMIUM UNLEADED 440.
 3. DIESEL 5. JET FUEL 6. AVIATION GAS
 8. PETROLEUM BLEND FUEL 9. OTHER PETROLEUM (Specify): Unknown Oil 440a.

NON-PETROLEUM: 7. USED OIL 10. ETHANOL 440b.
 11. OTHER NON-PETROLEUM (Specify): _____

IV. TANK CONSTRUCTION

TYPE OF TANK 1. SINGLE WALL 2. DOUBLE WALL 95. UNKNOWN 443.

PRIMARY CONTAINMENT 1. STEEL 3. FIBERGLASS 6. INTERNAL BLADDER 444.
 7. STEEL + INTERNAL LINING 95. UNKNOWN 99. OTHER (Specify): _____ 444a.

SECONDARY CONTAINMENT 1. STEEL 3. FIBERGLASS 6. EXTERIOR MEMBRANE LINER 7. JACKETED 445.
 90. NONE 95. UNKNOWN 99. OTHER (Specify): _____ 445a.

OVERFILL PREVENTION 1. AUDIBLE & VISUAL ALARMS 2. BALL FLOAT 3. FILL TUBE SHUT-OFF VALVE 452.
 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 1. SINGLE WALL 2. DOUBLE WALL 99. OTHER 460.

SYSTEM TYPE 1. PRESSURE 2. GRAVITY 3. CONVENTIONAL SUCTION 4. SAFE SUCTION [25 CCR §2636(a)(3)] 458.

PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC 464.
 90. NONE 95. UNKNOWN 99. OTHER (Specify): _____ 464a.

SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC 464b.
 90. NONE 95. UNKNOWN 99. OTHER (Specify): _____ 464c.

PIPING/TURBINE CONTAINMENT SUMP TYPE 1. SINGLE WALL 2. DOUBLE WALL 90. NONE 464d.

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): _____ 464e.

VENT SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): _____ 464f.

VR PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): _____ 464g.

VR SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): _____ 464h.

VENT PIPING TRANSITION SUMP TYPE 1. SINGLE WALL 2. DOUBLE WALL 90. NONE 464i.

RISER PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): _____ 464j.

RISER SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): _____ 464k.

FILL COMPONENTS INSTALLED 1. SPILL BUCKET 3. STRIKER PLATE/BOTTOM PROTECTOR 4. CONTAINMENT SUMP 451a-c.

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE 1. SINGLE WALL 2. DOUBLE WALL 3. NO DISPENSERS 90. NONE 469a.

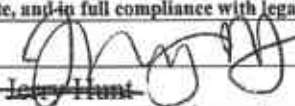
CONSTRUCTION MATERIAL 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. OTHER (Specify) 469b.

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION 2. SACRIFICIAL ANODE(S) 4. IMPRESSED CURRENT 6. ISOLATION 448.

IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements. 470.

APPLICANT SIGNATURE  DATE 9/29/2008 471.

APPLICANT NAME (print) L. Gerald Hunt APPLICANT TITLE Managing Member 472.

UPCF UST Operating Permit Application – Tank Information Instructions (Formerly SWRCB Permit Application Form B and UPCF Form hwfwr-c-b)

Complete a separate Tank Information form for each UST for all new permits, permit changes, and any UST system information changes. This form must be submitted within 30 days of permit or UST system information changes, unless your local agency requires approval prior to making changes. For tanks that are part of a compartmentalized unit, each compartment is considered a separate tank and requires completion of a separate Tank Information form. For a UST closure or removal, complete only TYPE OF ACTION and Sections I, II, III, IV, and IX. (Note: Numbering of these instructions matches the UPCF data element numbers on the form.)

430. TYPE OF ACTION – Check the appropriate box to indicate why this form is being submitted.
- 430a. DATE UST PERMANENTLY CLOSED – For reporting closure only: enter the date the UST was removed or closed on site.
- 430b. DATE EXISTING UST DISCOVERED – Enter the date this UST was discovered. Leave blank if installation date is known.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete facility name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. BUSINESS SITE CITY – Enter the city or unincorporated area in which the facility is located.
432. TANK ID # – Enter a unique number used to identify the tank. This number may be assigned by the UST owner/operator or the Unified Program Agency.
433. TANK MANUFACTURER – Enter the name of the company that manufactured the tank.
434. NUMBER OF TANK UNITS. Check the appropriate box to indicate if the tank is a stand-alone tank or one of two or more compartments in a tank system. A separate UST Operating Permit Application – Tank Information form must be submitted for each compartment.
435. DATE UST SYSTEM INSTALLED – Enter the date the local agency signed-off on installation of the UST system. This is the date of initial tank system installation, and does not include upgrades or retrofits which may have been performed later. If this is for a new installation, leave blank.
436. TANK CAPACITY IN GALLONS: Enter the tank capacity. For compartmentalized tanks, enter data for the compartment covered by this tank form only.
437. NUMBER OF TANK COMPARTMENTS: If the tank is a compartment, enter the total number of compartments in the UST.
439. TANK USE – Check the type of tank usage.
- 439a. If you checked "OTHER" specify the type of tank usage in the space provided.
440. TANK CONTENTS – Check the specific petroleum or non-petroleum substance stored.
- 440a. If you checked "OTHER PETROLEUM" specify the common name of the substance in the space provided [i.e., the name used in the facility's Hazardous Materials Business Plan (HMBP) inventory].
- 440b. If you checked "OTHER" under Non-petroleum, specify the common name of substance in the space provided (i.e., the name used in the HMBP inventory).
443. TYPE OF TANK – Check the box that identifies the type of tank.
444. TANK PRIMARY CONTAINMENT – Check the construction material of the primary containment (i.e., inner tank wall nearest the hazardous substance stored). If the tank material is not listed, check "Other" and specify the material in the space provided.
- 444a. If you checked "OTHER" specify the type of primary containment in the space provided.
445. TANK SECONDARY CONTAINMENT – Check the construction material of the secondary containment that provides containment external to, and separate from, the primary containment described above. If the tank is a single-wall tank, check "None." If the material is not listed, check "OTHER" and specify the material in the space provided (e.g., HDPE).
- 445a. If you checked "OTHER" specify the type of secondary containment in the space provided.
452. OVERFILL PREVENTION – Check the box(es) to describe the type(s) of overfill protection equipment installed.
458. PIPING SYSTEM TYPE – Check the type of product/waste piping installed in this tank system. "SAFE SUCTION" refers to piping systems meeting all requirements of 23 CCR §2636(a)(3) (also known as "European Suction" systems) (i.e., sloped suction piping systems with no valves or pumps below grade and only one check valve, located below and as close as practical to the suction pump). Title 23, California Code of Regulations is available online at www.calregs.com.
464. PIPING PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) underground product/waste piping.
- 464a. If you checked "OTHER" specify the type of primary containment in the space provided.
- 464b. PIPING SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (i.e., secondary piping, trench) provided for the product/waste piping. For single-wall piping systems, check "NONE."
- 464c. If you checked "OTHER" specify the type of secondary containment in the space provided.
- 464d. PIPING/TURBINE CONTAINMENT SUMP TYPE – Indicate the type of piping/turbine containment sump(s). Check "NONE" if not present.
- 464e-e1. VENT PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vent piping. (Note: Address venting of the tank primary containment only.) Specify OTHER type of containment in the space provided.
- 464f-f1. VENT SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping,) provided for the vent piping. For single-wall piping systems, check "None." (Note: Address venting of the tank primary containment only.) Specify OTHER type of containment in the space provided.
- 464g-g1. VR PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vapor recovery piping. For tanks without vapor recovery piping (e.g., Diesel tanks), check "None." Specify OTHER type of containment in the space provided.
- 464h-h1. VR SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vapor recovery piping. For single-wall piping systems, check "None." Specify OTHER type of containment in the space provided.
- 464i. VENT PIPING TRANSITION SUMP TYPE – Indicate type of transition sump(s). Check "NONE" if not present.
- 464j-j1. RISER PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) piping for all risers (not drop tubes) other than annular space risers (i.e., risers for filling or gauging of the primary tank). Specify OTHER type of containment in the space provided.
- 464k-k1. RISER SECONDARY CONTAINMENT – Check the material(s) used to construct secondary containment system(s) (i.e., secondary piping, sumps) provided for the riser piping. For risers without secondary containment, check "None." Specify OTHER type of containment in the space provided.
- 451a-c. FILL COMPONENTS INSTALLED – Check the appropriate boxes to show that spill containment, tank bottom protection, and fill containment sumps (if applicable) are installed.
- 469a. UDC CONSTRUCTION TYPE – Check the box to describe the type of dispenser containment system(s) (i.e., dispenser sumps or pans). If the system has no dispensers (e.g., standby generator tank system), check "No Dispensers." If the system has a dispenser, but no UDC, check "NONE."
- 469b. UDC CONSTRUCTION MATERIAL – Check the box to describe the materials used to construct the UDC.
- 469c. If you checked "OTHER" specify the type of UDC construction material in the space provided.
448. STEEL COMPONENT PROTECTION – All systems contain some steel components. Check the appropriate box(es) to describe all corrosion protection methods used. "Isolation" means electrical isolation from soil, backfill, and groundwater. Examples include fiberglass cladding, non-metallic secondary containment systems which isolate steel components from the sub-surface environment, and insulating bushings.
- APPLICANT SIGNATURE – The same person who signs the UST Operating Permit Application – Facility Form shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true and accurate, and that the UST system is compatible with the substance stored.
470. DATE – Enter the date the form was signed.
471. APPLICANT NAME – Print or type the name of the person signing the form.
472. APPLICANT TITLE – Enter the title of the person signing the form.

BAAQMD NOTIFICATION



BAY AREA
AIR QUALITY
MANAGEMENT
DISTRICT

COMPLIANCE & ENFORCEMENT DIVISION

Notification Form

Regulation 8
Rule 40

REMOVAL OF UNDERGROUND STORAGE TANKS OR TREATMENT OF CONTAMINATED SOIL

SITE OF ACTIVITY

Site Address: SEC Martinelli Way & Arnold Road City & Zip: Dublin, 94568 Site#:
 Specific Location of Project within Address: 103' east of west boundary, 375' north of south boundary
 Owner/Operator: Stockbridge/BHV Emerald Place Land Co., LLC

Check any that apply (400 numbers refer to regulation section requiring reporting):

- Tank Removal or Replacement (401) Contaminated Soil Excavation and Removal (402)
- Aeration of Soil < 50 ppmw organic content, but does not meet Section 118 Exemption (403)
- Section 114 Exempt; Date Pipeline Leak **Started**: _____ Vol. Of Soil: _____ (403)
- Section 115 Exempt; Date Contamination Unrelated to UST Activities **Discovered**: _____ (405)

If only Tank Removal is selected, attach results showing soil is not contaminated

CONTRACTOR INFORMATION

Name: Ferma Corporation Site Contact: Robert Alatorre Phone: (650) 961-2742
 Address: 126 Montecito Avenue, Ste. 200, Mountain View, CA 94043

TANK REMOVAL (Section 401)

Scheduled Start Date: 9/25/08 Number and Size of Tank(s): 1 unknown size Diesel UST

Explain Methods of:

Piping drainage or flushing (310.1) Vacuum Truck
 Liquid and sludge removal (310.2) Vacuum Truck

Vapor removal (310.3) [Check One] Water Displacement Vapor Freeing* Ventilation*

* Emission controls required for vapor freeing or ventilation if tank size greater than 250 gallons.

COMPLETE INFORMATION BELOW OR ATTACH SAMPLE RESULTS SHOWING SOIL IS UNCONTAMINATED (310.4)

CONTAMINATED SOIL EXCAVATION AND REMOVAL (Section 402)

Scheduled Start Date: _____ Scheduled Completion Date: _____

Purpose of Excavation: _____

Quantity of Soil: _____ Organic Content & Type: _____

Methods used to quantify and analyze soil: _____

Method of Stockpile Control (304-306)

Water Spray Covered Vapor Suppressant (List Material Used): _____

Method of Site Closure (306)

Backfilled Contaminated Soil Removed

Onsite Treatment (Describe): _____ A/C or P/O #: _____

Loaded Trucks Covered? (306.2) Yes No

AERATION OF SOIL < 50 PPMW ORGANIC CONTENT (Section 403)

You must submit a Permit Application and Risk Screening Analysis (Forms will be sent to you)

FOR BAAQMD USE ONLY

Fax/PM Date:	By:	Disp to I#:	Area:	Date:	By:
Inv Req Date:	By:	Fwd to Supv.		Date:	By:

See Page Two to Complete This Form

Approved 7/8/03

OTHER PUBLIC AGENCY CONTACTED (Fire District, Hazardous Materials, City or County)?

Agency Name: Alameda County Environmental Health Contact Name: Robert Weston

Address: 1131 Harbor Bay Parkway, Alameda, CA 94502

Phone: 510-567-6781

EMERGENCY REMOVAL ORDER APPLICABLE?

Agency Name: Contact Name:

Address:

Phone:

H:\Pub_data\Janet\Reg 8-40\forms\notifdraft3.doc

GENERAL INFORMATION

- This notification form shall be used to notify the BAAQMD of any projects subject to the reporting requirements in Regulation 8, Rule 40, Sections 401 through 405. Notifications may be faxed to (415) 928-0338 or mailed to the address listed at the bottom of this form.
- An invoice for payment will be sent to the person listed under "Contractor Information" as the person responsible, unless the project is exempt from fee payment (see next item).
- See "Frequently Asked Questions" (FAQ) for definition of projects, change procedures, permit requirements, emergency conditions, project exemptions, and fee exemptions. For any questions not answered in the FAQ, contact the Compliance Assistance Counselor at (415) 749-4999.

INSTRUCTIONS

- **SITE OF ACTIVITY:** Give the site street address and indicate if it has any existing BAAQMD site number, for either a plant or GDF. Identify the specific project location if the site contains more than one building. Indicate all applicable activity types by checking appropriate boxes. For reporting requirements under Sections 401 through 403, additional information is required, as below.
- **CONTRACTOR INFORMATION:** Identify the contractor that is responsible for performing the work at the site location listed. This contractor is also responsible for payment of the applicable notification fee, if the project is not exempt.
- **SECTION 401 - TANK REMOVAL/REPLACEMENT:** All soils disturbed and/or excavated as part of the tank removal shall be subject to the requirements of Sections 304 through 306, unless the soil has been determined not to be contaminated by measurement of organic content using the procedures in Sections 601 and 602. Complete requirements for Section 402 or submit sample results showing that the soil is not contaminated.
- **SECTION 402 - CONTAMINATED SOIL EXCAVATION AND REMOVAL:**
 - Be as accurate as possible for the Scheduled Start and Completion Dates. Specific requirements apply for excavation projects triggered within either 45 or 90 days (Reg. 8-40-306.4) and Authority to Construct requirements for projects lasting longer than three months (Reg. 2-1-128.16).
 - If a vapor suppressant is used, attach a product data sheet or MSDS.
 - If Method of Site Closure used is Onsite Treatment, describe specific method, (e.g., bioremediation, vapor extraction, air sparging, thermal desorption, etc.).
 - If Onsite Treatment is used, indicate whether an Authority to Construct was obtained by providing the Application No. or attach copy of BAAQMD Certification of Exemption.
- **SECTION 403 - AERATION OF SOIL < 50 PPMW ORGANIC CONTENT:** Section 301 exempts from control the aeration of soil containing less than 50 ppmw of organic compounds, but Section 403 still requires reporting of ANY soil aeration. If such a project does not meet the exemption criteria of Section 118, then a Permit Application and Risk Screening Analysis must be submitted.
- **EMERGENCY REMOVAL INFORMATION (IF APPLICABLE):** The rule defines an emergency tank removal or excavation of contaminated soil as "carried out pursuant to an order of a state or local government agency issued because the contaminated soil poses an imminent threat to public health and safety." If the project(s) meet this definition, then identify the agency that issued the order. Under Section 402 requirements, on line two, identify the purpose as indicated in the order.

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:**

Corrinal Specialist

Robert H. Weston

OCT 01 2008

UNDERGROUND STORAGE TANK CLOSURE PLAN

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

1. Name of Business The Green on Park Place
 Business Owner or Contact Person (PRINT) L. Gerald Hunt, Managing Member
2. Site Address SEC Martinelli Way & Arnold Road (APN 986-0033-002)
 City, State Dublin, CA Zip 94568 Phone NA
3. Mailing Address NA
 City, State _____ Zip _____ Phone _____
4. Property Owner Stockbridge/BHV Emerald Place Land Co., LLC
 Business Name (if applicable) Same as above.
 Address 390 Railroad Avenue, Ste. 200
 City, State Danville, CA Zip 94526 Phone (925) 314-2700
5. Generator name under which tank will be manifested
Stockbridge/BHV Emerald Place Land Co., LLC
 EPA I.D. No. under which tank(s) will be manifested CAC002634732

6. Contractor Ferma Corporation
Address 126 Montecito Avenue, Ste. 200
City, State Mountain View, CA Zip 94043 Phone (650) 961-2742
License Type A, C21, C57, B, ASB, & HAZ ID# Lic. # 236337
7. Consultant (if applicable) ADR Environmental Group, Inc.
Address 1760 Creekside Oaks Drive, Ste. 120
City, State Sacramento, CA Zip 95833 Phone (916) 921-0600
8. Main Contact Person for Investigation (if applicable)
Name Larry Flora, R.G. Title Project Geologist
Company ADR Environmental Group, Inc.
Phone (916) 921-0600
9. Number of underground tanks being closed with this plan one (1)
Length of piping being removed under this plan Unknown
Total number underground tanks at this facility (**confirmed with owner or operator) 1
10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).
- a) Product/Residual Sludge/Rinsate Transporter
Name Evergreen Oil, Inc. EPA I.D. No. CAD982413262
Hauler License No. CA 256578 License Exp. Date _____
Address 6880 Smith Avenue
City, State Newark, CA Zip 94560
- b) Product/Residual Sludge/Rinsate Disposal Site
Name Evergreen Oil, Inc. EPA I.D. No. CAD982413262
Address 6880 Smith Avenue
City, State Newark, CA Zip 94560

c) Tank and Piping Transporter

Name Ecology Control Industries EPA I.D. No. CAD952030173

Hauler License No. 1533 License Exp. Date 4-30-09

Address 255 Parr Boulevard

City, State Richmond, CA Zip 94801

d) Tank and Piping Disposal Site

Name Ecology Control Industries EPA I.D. No. CAD009466392

Address 255 Parr Boulevard

City, State Richmond, CA Zip 94801

11. Sample Collector

Name Larry Flora, R.G.

Company ADR Environmental Group, Inc.

Address 1760 Creekside Oaks Drive, Ste. 120

City, State Sacramento, CA Zip 95833 Phone (916) 921-0600

12. Laboratory

Name McC Campbell Analytical, Inc.

Company McC Campbell Analytical, Inc.

Address 1534 Willow Pass Road

City, State Pittsburg, CA Zip 94565

State Certification No. DPDH ELAP #1644

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

If yes, describe: Unknown if UST has leaked. Water/diesel mixture reportedly in UST.

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

Placement of dry ice in nugget form on interior of UST 25 lbs per 1,000 gallon ratio.

Dry ice provided by Prax-Air.

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)		
Unknown	Unknown	UST Contents (Sample of UST contents indicates diesel/water mixture)	From interior of UST
		Soil (beneath UST ends)	Beneath the UST at each end at a maximum of 2' below the native soil/backfill interface.
		Soil (sidewalls)	At base of excavation at each side of UST, or high water mark (if present).
		Soil (piping, if present)	6" beneath piping, every 20 linear feet, if piping is present.
		Groundwater (if present)	UST excavation (if water is present).

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 style="text-align: center;">Stockpiled Soil Volume (estimated)</p> <p>Unknown (+/- 10 CY)</p>	<p style="text-align: center;">Sampling Plan</p> <p>1 discreet sample for every 25 cubic yards. See Section 16 for analysis.</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 _____

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.**

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
TPH as Diesel		8015M	1 mg/kg
TPH as Gas		8015M	1 mg/kg
Oil & Grease		9070B	50 mg/kg
BTEX (4 compounds)	5035	8260	0.005 mg/kg
CL HC/VOCs (63 compounds)	5035	8260B	0.005 – 0.1 mg/kg
EDB and EDC	5035	8260B	0.004 mg/kg
1,4-Dioxane	5035	8260 (SIM)	0.02 mg/kg
Fuel Oxygenates (MTBE, TAME, ETBE, DIPE, TBA, & EtOH)	5035	8260B	0.005 mg/kg* *TBA=0.05 mg/kg *EtOH=0.25 mg/kg
Metals (Cd, Cr, Pb, Ni, Zn)		6010C ICP (LUFT TTLC)	0.25, 0.5, 0.5, 0.5, & 5 mg/kg
PCBs, PCP, PNA, Creosote		8270	0.33 – 1.6 mg/kg

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Compensation Insurance Fund

19. Submit Plot Plan *****(See Instructions)*****

20. Enclose Deposit (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).

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 Environmental Protection Division and that no work is to begin on this project until this 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 Ferma Corporation

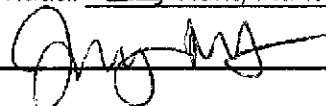
Name of Individual _____

Signature _____ Date _____

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Check one)

Name of Business Stockbridge/BHV Emerald Place Land Co., LLC

Name of Individual ^{L. Gerald} ~~Jerry~~ Hunt, Managing Member

Signature  Date 9/30/08

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 Environmental Protection Division and that no work is to begin on this project until this plan has been approved.

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

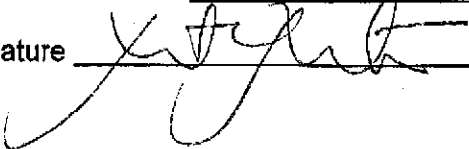
I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner 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 Ferma Corporation

Name of Individual ROBERT ANTONIO

Signature  Date 9/29/08

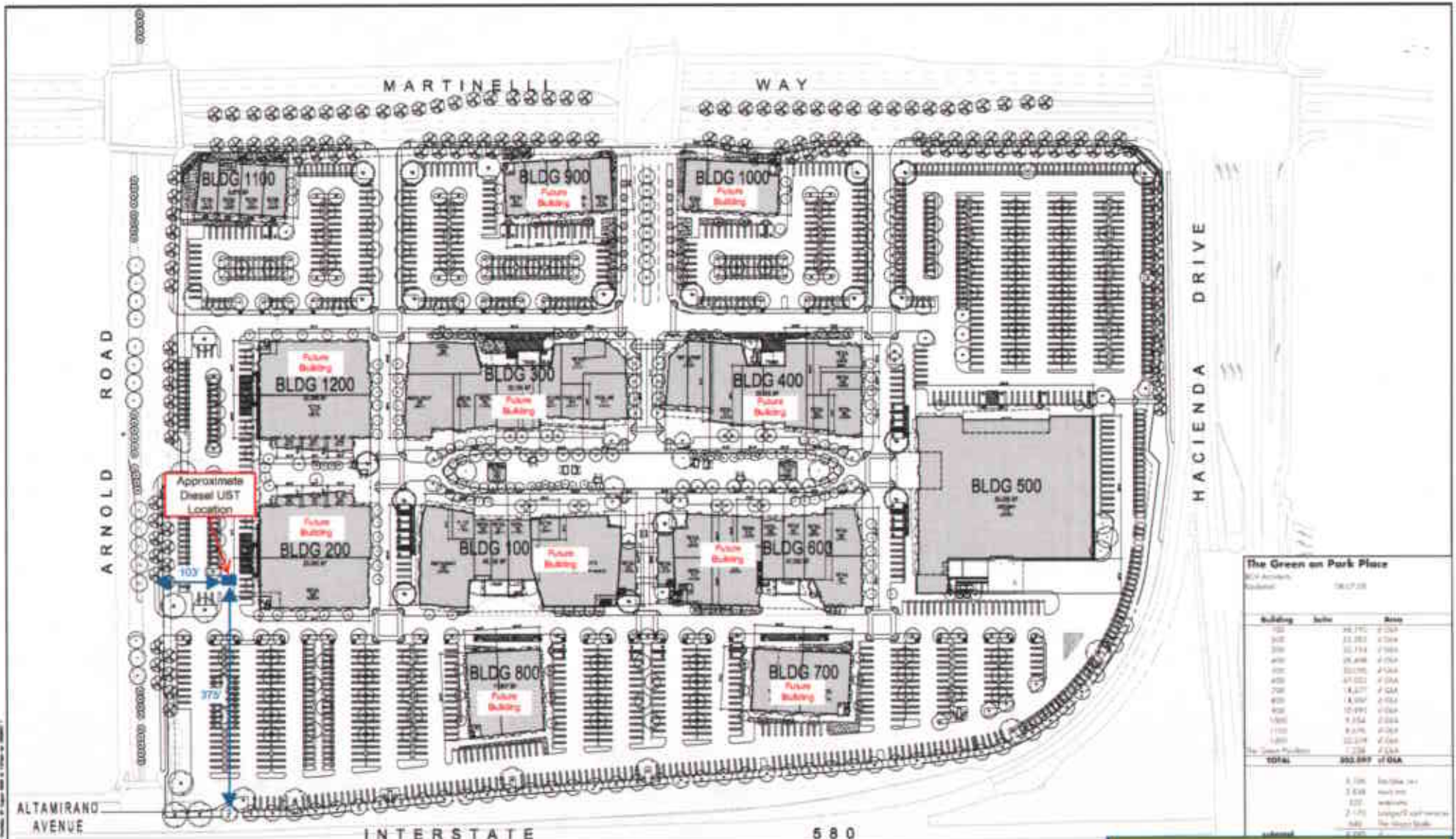
PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Check one)

Name of Business Stockbridge/BHV Emerald Place Land Co., LLC

Name of Individual James Wright, Sr. Vice President

Signature _____ Date _____

UST LOCATION FIGURE



The Green on Park Place
 RCV Account: 080728
 Worksheet: 080728

Building	Value	Area
100	42,710	2,024
300	33,283	1,504
305	32,734	1,504
400	26,408	1,154
500	30,070	1,404
405	47,022	2,154
700	14,217	654
800	14,997	694
900	10,991	504
1000	9,354	434
1100	8,476	394
1200	32,519	1,504
The Green Pavilion	1,238	57
TOTAL	302,897	14,044

3.28% 10/1/08
 3.54% 10/1/08
 2.25% 10/1/08
 2.17% 10/1/08
 5.00% 10/1/08
 5.00% 10/1/08

DEMISED LEASING PLAN
 SITE PLAN
 7-1-08

the green
 24 25th STREET

FIGURE 1
UST LOCATION SITE PLAN
 BHV101-08-011-CA
 September 2008
ADR Environmental Group, Inc.

FERMA SITE SAFETY AND HEALTH PLAN



Since 1963

1265 Montecito Avenue
Mountain View California, 94043
Telephone . 650 961 2742
Fax . 650 968 3945

DEMOLITION
&
GENERAL ENGINEERING

LIC # CA 236337 A, B, C21, C57, ASB, DOSH, HAZ

**Site-Specific Environmental Health and Safety Plan
SAFETY PLAN FOR CLOSURE OF UNDERGROUND STORAGE TANK (UST)**

FOR

**Underground Fuel Tank Removal
South East Corner of Martenille Way and Arnold Road
Dublin, CA**

Prepared for

David Lambert

**San Jose Construction
1210 Coleman Avenue
Santa Clara, CA 95050**

Prepared by:

Ferma Corporation

9/25/08

Work Description

Excavation of an assumed 15,000 gallon underground fuel tank at the above referenced site per our walk through and field observation on 9/8/08 and described in the following scope of work:

Demolition, loading and removal including labor, equipment, material, salvage value, transportation, legal disposal and disposal fees described as follows:

- Unearth tank from its current position and place at grade for further study by authorized agencies
- All soils handled from area to be placed on visqueen and stockpiled for testing by Ferma
- Vacuum contents from tank, which at present time we assume it to be diesel fuel further study and testing required
- Deliver dry ice in pellet form and insert prior to unearthing
- Remove tank from pit, scrape clean any soils, burrito wrap tank, place on flatbed and haul to disposal site (We assume at present time that this tank is a single wall steel 15,000 gallon tank)
- Take six soil samples (stockpile, pit bottom, four wall sides and provide results, any further testing would result in additional fees)
- Dust control including water
- Obtain BAAQMD notification

SAFETY PLAN FOR CLOSURE OF UNDERGROUND STORAGE TANK (UST)

1. All City and County environmental agencies shall be notified prior to working on the closure of UST in order to meet requirements of written notification and permit applications.
2. All authorized personnel on the job site shall be required to wear protective equipment (i.e., eye, ear, hand and proper breathing equipment).
3. All supervisors, equipment operators and general laborers shall be certified with 40 hours of Hazardous Materials Training. In addition to this training, each person shall have a minimum of 24 hours in UST-related experience.
4. All personnel shall be instructed as to the potential hazards of the job site prior to beginning work. "No Smoking" signs will be placed at appropriate locations throughout the site.

5. A site map shall be made to show the general locations of existing roads, structures and landmarks. Emergency escape routes shall also be shown on the map.
6. Emergency telephone numbers shall be posted in a conspicuous place. Detailed directions to the nearest hospital will also be made available.
7. Underground tanks will be pumped by a licensed individual having been trained in hazardous materials handling.

The material will be manifested and properly disposed of. If a tank cannot be completely pumped prior to removal, some type of secondary containment must be implemented in order to catch any possible leakage.

8. Tanks are to be excavated around all sides. A tank is not to be removed until City and County officials are present. Any spoils or residue from the excavated tank shall be placed on and covered by visqueen plastic. A fire extinguisher shall be placed within 25 feet from the material during excavation and removal of a tank.
9. Prior to the removal of a tank, dry ice shall be used to purge each tank. This procedure should be performed 1 to 2 hours prior to removal. 20 pounds of ice shall be used for every 1,000 gallons of capacity. At the time of removal, no explosive hazard may exist. This may be tested to the Environmental Health Inspector with either a reading of 10% LEL (Lower Explosive Limit) or 5% oxygen must be obtained.
10. The tank shall then be lifted from the excavated area. All loose soil must be removed from outside of the tank. The tank will be loaded onto the hauling equipment of a licensed hazardous materials transporter. Each tank must be manifested.
11. Soil samples will then be taken by a soils analysis laboratory. The location of each sample shall be determined by the Environmental Health Inspector present on-site.
12. All open excavation areas shall be properly fenced-in with security fencing or any adequate security material necessary to prevent unauthorized access to the excavation area.
13. Excavation closure shall be determined by the results of the soil samples.
14. The following is a list of necessary materials for UST closure:
 - a) PPE (Personal Protective Equipment)
 - b) Fire Extinguisher

- c) Adequate Cables and Shackles
- d) Ladder
- e) Visqueen Plastic (minimum of 6 millimeters)
- f) Shovel
- g) Metal Tub for Secondary Containment (if necessary)
- h) Security Fencing and "No Smoking" Signs

If anyone has questions regarding this Program, please contact your supervisor. Our Program is monitored by Mark Abu-Tair to ensure that the policies are carried out and that the Program is effective.

Site-Specific Environmental Health and Safety Plan
SAFETY PLAN FOR CLOSURE OF UNDERGROUND STORAGE TANK (UST)

List of 40-hours Hazmat Trained workers

Employee Name Last, First	CERTIFICATION 40 hours Hazmat Training Date
Becerra, Manuel	1/19/08
Betancourt, Joe	2/2/08
Cisneros, Jose	1/19/08
Cisneros, Jose G	1/19/08
Duenas, Hector C	2/2/08
Gonzalez, Casildo	1/19/08
Pena, Juan	1/19/08
Rodoni, Doug	1/19/08
Torres, Jose T	1/19/08
Abu-Tair, Mark	2/2/08
Calderon, Alex	1/19/08
Cruz, David R	1/19/08
Cuevas, Antonio	1/19/08
Duenas, Vicente	1/19/08
Lopez, Alfonso	1/19/08
Lopez, Rene Pena	1/19/08
Pena, Alfredo	1/19/08
Pena, Javier	1/19/08
Perez, Arnulfo	1/19/08
Rodriguez, Jose A	1/19/08
Belloso, Francisco	1/19/08
Jose Salcido	9/15/07
Batancourt Ruben	1/19/08
Scales Jesse	2/16/08
Zschokke, Donald	1/19/08
Border, William	1/19/08
Verga, Robert	1/19/08
Crane, Donald R	1/19/08

**Site-Specific Environmental Health and Safety Plan
SAFETY PLAN FOR CLOSURE OF UNDERGROUND STORAGE TANK (UST)**

Training Log

Employee Name:

FERMA WORKERS
COMPENSATION
INSURANCE CERTIFICATE

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 10-01-2008

GROUP: 000571
POLICY NUMBER: 0006143-2008
CERTIFICATE ID: 2757
CERTIFICATE EXPIRES: 10-01-2008
10-01-2008 / 10-01-2009

SAN JOSE CONSTRUCTION
1210 COLEMAN AVE
SANTA CLARA CA 95050-4338

NG

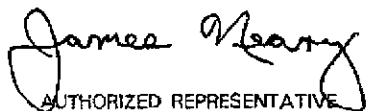
**JOB: #671 DUBLIN SOUTHEAST CORNER OF
MARTENILLE WAY & ARNOLD RD JOB# 2008-08**

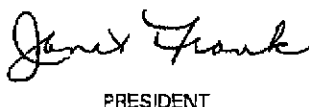
This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

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


AUTHORIZED REPRESENTATIVE


PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 10-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

ENDORSEMENT #2001 ASBESTOS CERTIFICATION EFFECTIVE 10-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

FERMA CORPORATION
1285 MONTECITO AVE STE 200
MOUNTAIN VIEW CA 94043

NG

[LM6,CN]

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 10-01-2008

GROUP: 000571
POLICY NUMBER: 0008143-2008
CERTIFICATE ID: 2757
CERTIFICATE EXPIRES: 10-01-2009
10-01-2008/10-01-2009

SAN JOSE CONSTRUCTION

1210 COLEMAN AVE
SANTA CLARA CA 95050-4338

NG

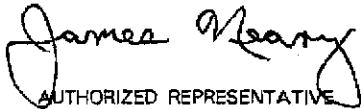
**JOB: #071 DUBLIN SOUTHEAST CORNER OF
MARTENILLE WAY & ARNOLD RD JOB# 2008-08**

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

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

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


AUTHORIZED REPRESENTATIVE


PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 10-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

ENDORSEMENT #2001 ASBESTOS CERTIFICATION EFFECTIVE 10-01-2008 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

FERMA CORPORATION
1285 MONTECITO AVE STE 200
MOUNTAIN VIEW CA 94043

NG

[LM6,CN]

UST PERMIT APPLICATION
(FORMS A & B)

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – FACILITY INFORMATION**
(One form per facility)

TYPE OF ACTION (Check one item only) 1. NEW PERMIT 5. CHANGE OF INFORMATION 7. PERMANENT FACILITY CLOSURE
 3. RENEWAL PERMIT 6. TEMPORARY FACILITY CLOSURE 9. TRANSFER PERMIT 400.

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY ^{404.} 1 FACILITY ID # ^{405.} 1
(Agency Use Only)

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3.
The Green on Park Place

BUSINESS SITE ADDRESS ^{103.} CITY ^{104.}
SEC Martinelli Way & Arnold Road (APN 986-0033-002) **Dublin**

FACILITY TYPE 1. MOTOR VEHICLE FUELING 2. FUEL DISTRIBUTION ^{403.} Is the facility located on Indian Reservation or Trust lands? 1. Yes 2. No ^{405.}
 3. FARM 4. PROCESSOR 6. OTHER

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME ^{407.} PHONE ^{408.}
Stockbridge/BHV Emerald Place Land Co., LLC **(925) 314-2700**

MAILING ADDRESS ^{409.}
390 Railroad Avenue, Ste. 200

CITY ^{410.} STATE ^{411.} ZIP CODE ^{412.}
Danville **CA** **94526**

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME ^{428-1.} PHONE ^{428-2.}
Unknown **()**

MAILING ADDRESS ^{428-3.}

CITY ^{428-4.} STATE ^{428-5.} ZIP CODE ^{428-6.}

IV. TANK OWNER INFORMATION

TANK OWNER NAME ^{414.} PHONE ^{415.}
Unknown **()**

MAILING ADDRESS ^{416.}

CITY ^{417.} STATE ^{418.} ZIP CODE ^{419.}

OWNER TYPE: 4. LOCAL AGENCY/DISTRICT 5. COUNTY AGENCY 6. STATE AGENCY ^{420.}
 7. FEDERAL AGENCY 8. NON-GOVERNMENT

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- 421.
Call the State Board of Equalization, Fuel Tax Division, if there are questions.

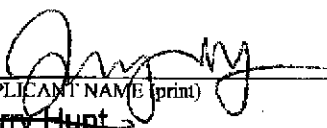
VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to: 1. FACILITY OWNER 4. TANK OPERATOR ^{423.}
 3. TANK OWNER 5. FACILITY OPERATOR

SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Agencies Only) 406.

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE 	DATE September 29, 2008	PHONE (925) 314-2700
APPLICANT NAME (print) Jerry Hunt	APPLICANT TITLE Managing Member	

L. Gerald Hunt

UPCF UST Operating Permit Application – Facility Information Page Instructions (Formerly SWRCB UST Permit Application Form A and UPCF Form hwfwr-c-a)

Complete this form for all new permits, permit changes, or facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval prior to making the changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application – Facility Information form per facility, regardless of the number of USTs located at the facility. If not already on file with the local agency, the tank owner must submit with this form, a current UST Operating Permit Application – Tank Information form for each UST; a UST Monitoring Plan and a UST Response Plan pursuant to 23 CCR §2632, 2634 and 2641; and, for USTs containing petroleum, a Certification of Financial Responsibility pursuant to 23 CCR §2807.

The following documents, at a minimum, are also required, if applicable (check with your local agency to see if they require submittal or if there are other forms/information needed):

- Written agreement between UST Owner and UST Operator per Health and Safety Code §25284(a)(3);
- Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. (Note: Numbering of these instructions matches the data element numbers on the form.)

400. TYPE OF ACTION – Check the reason this form is being submitted. CHECK ONE ITEM ONLY.
404. TOTAL NUMBER OF USTs AT SITE – Indicate the number of tanks that will remain on the site after the requested action.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)).
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. CITY – Enter the city or unincorporated area in which the facility is located.
403. FACILITY TYPE – Indicate the type of facility.
405. INDIAN RESERVATION OR TRUST LANDS – Check whether the facility is located on an Indian reservation or other trust lands.
407. PROPERTY OWNER NAME – Complete items 407 - 412 for the property owner. Include the area code and any extension number.
408. PROPERTY OWNER PHONE –
409. PROPERTY OWNER MAILING ADDRESS –
410. PROPERTY OWNER CITY –
411. PROPERTY OWNER STATE –
412. PROPERTY OWNER ZIP CODE –
- 428-1. TANK OPERATOR NAME – Complete items 428-1 to 428-6 for the UST operator.
- 428-2. TANK OPERATOR PHONE – Include the area code and any extension number.
- 428-3. TANK OPERATOR MAILING ADDRESS –
- 428-4. TANK OPERATOR CITY –
- 428-5. TANK OPERATOR STATE –
- 428-6. TANK OPERATOR ZIP CODE –
414. TANK OWNER NAME – Complete items 414 - 419 for the UST owner.
415. TANK OWNER PHONE – Include the area code and any extension number.
416. TANK OWNER MAILING ADDRESS –
417. TANK OWNER CITY –
418. TANK OWNER STATE –
419. TANK OWNER ZIP CODE –
420. TANK OWNER TYPE – Check the type of tank ownership.
421. BOE NUMBER – Enter your State Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, PO Box 942879, Sacramento, CA 94279-0030.
423. PERMIT HOLDER INFORMATION – Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.
406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR – If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.
- APPLICANT SIGNATURE – The application form must be signed, in the space provided, by:
- The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or
 - If the UST(s) is/are owned by a corporation, partnership, or public agency:
 - 1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or
 - 2.) A general partner or proprietor; or
 - 3.) A principal executive officer, ranking elected official, or authorized representative of a public agency.
424. DATE – Enter the date the form was signed.
425. PHONE – Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
426. APPLICANT NAME – Print or type the full name of the person signing the form.
427. APPLICANT TITLE – Enter the title of the person signing the form.

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION** (One form per UST)

TYPE OF ACTION (Check one item only. For a UST closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430
 1. NEW PERMIT 3. RENEWAL PERMIT 5. CHANGE OF INFORMATION
 6. TEMPORARY UST CLOSURE 7. UST PERMANENT CLOSURE ON SITE 8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: Unknown 430a DATE EXISTING UST DISCOVERED: 9/5/2008 430b

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) 1
 BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3
The Green on Park Place
 BUSINESS SITE ADDRESS 100 CITY 100a
SEC Martinelli Way & Arnold Rd. APN 986-0033-002 Dublin

II. TANK DESCRIPTION

TANK ID # 432 <u>1</u>	TANK MANUFACTURER 433 <u>Unknown</u>	TANK CONFIGURATION: THIS TANK IS 434 <input checked="" type="checkbox"/> 1. A STAND-ALONE TANK Complete one page for each compartment in the unit. <input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT
DATE UST SYSTEM INSTALLED 435 <u>Unknown</u>	TANK CAPACITY IN GALLONS 436 <u>0</u>	NUMBER OF COMPARTMENTS IN THE UNIT 437 <u>0</u>

III. TANK USE AND CONTENTS

TANK USE 439 <input type="checkbox"/> 1a. MOTOR VEHICLE FUELING <input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE <input type="checkbox"/> 6. OTHER GENERATOR FUEL	<input type="checkbox"/> 1b. MARINA FUELING <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input checked="" type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 1a. AVIATION FUELING <input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(e)] <input type="checkbox"/> 99. OTHER (Specify):
CONTENTS PETROLEUM: 440 <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 8. PETROLEUM BLEND FUEL	<input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 5. JET FUEL <input checked="" type="checkbox"/> 9. OTHER PETROLEUM (Specify): <u>Unknown Oil</u>	<input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 6. AVIATION GAS
NON-PETROLEUM: 440a <input type="checkbox"/> 7. USED OIL <input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):	<input type="checkbox"/> 10. ETHANOL 440b	

IV. TANK CONSTRUCTION

TYPE OF TANK 442 <input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN	PRIMARY CONTAINMENT 444 <input checked="" type="checkbox"/> 1. STEEL <input type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. INTERNAL BLADDER <input type="checkbox"/> 7. STEEL + INTERNAL LINING <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):	SECONDARY CONTAINMENT 443 <input type="checkbox"/> 1. STEEL <input type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER <input type="checkbox"/> 7. JACKHED <input checked="" type="checkbox"/> 90. NONE <input checked="" type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):
OVERFILL PREVENTION 452 <input type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS <input type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE <input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT		

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 460 <input checked="" type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 99. OTHER	SYSTEM TYPE 458 <input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. GRAVITY <input type="checkbox"/> 3. CONVENTIONAL SUCTION <input type="checkbox"/> 4. SAFE SUCTION [21 CFR §263(a)(3)]	PRIMARY CONTAINMENT 464 <input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):
SECONDARY CONTAINMENT 460b <input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):	PIPING/TURBINE CONTAINMENT SUMP TYPE 464c <input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE	

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT 464a <input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):	VENT SECONDARY CONTAINMENT 464b <input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input checked="" type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):	VR PRIMARY CONTAINMENT 464c <input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):
VR SECONDARY CONTAINMENT 464d <input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):	VENT PIPING TRANSITION SUMP TYPE 464e <input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE	
RISER PRIMARY CONTAINMENT 464f <input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):	RISER SECONDARY CONTAINMENT 464g <input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify):	
FILL COMPONENTS INSTALLED 464h-c <input type="checkbox"/> 1. SPILL BUCKET <input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR <input type="checkbox"/> 4. CONTAINMENT SUMP		

VII. UNDER DISPENSER CONTAINMENT (UDC)

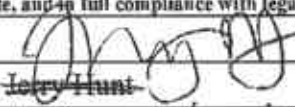
CONSTRUCTION TYPE 469a <input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. NO DISPENSERS <input checked="" type="checkbox"/> 90. NONE	CONSTRUCTION MATERIAL 469b <input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. OTHER (Specify):
---	--

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION 468 <input type="checkbox"/> 2. SACRIFICIAL ANODE(S) <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 6. ISOLATION

IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements. 470

APPLICANT SIGNATURE 471 	DATE <u>9/29/2008</u>
APPLICANT NAME (print) <u>L. Gerald Hunt</u>	APPLICANT TITLE <u>Managing Member</u>

UPCF UST Operating Permit Application – Tank Information Instructions (Formerly SWRCB Permit Application Form B and UPCF Form hfwrc-b)

Complete a separate Tank Information form for each UST for all new permits, permit changes, and any UST system information changes. This form must be submitted within 30 days of permit or UST system information changes, unless your local agency requires approval prior to making changes. For tanks that are part of a compartmentalized unit, each compartment is considered a separate tank and requires completion of a separate Tank Information form. For a UST closure or removal, complete only TYPE OF ACTION and Sections I, II, III, IV, and IX. (Note: Numbering of these instructions matches the UPCF data element numbers on the form.)

430. TYPE OF ACTION – Check the appropriate box to indicate why this form is being submitted.
- 430a. DATE UST PERMANENTLY CLOSED – For reporting closure only: enter the date the UST was removed or closed on site.
- 430b. DATE EXISTING UST DISCOVERED – Enter the date this UST was discovered. Leave blank if installation date is known.
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete facility name.
103. BUSINESS SITE ADDRESS – Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
104. BUSINESS SITE CITY – Enter the city or unincorporated area in which the facility is located.
432. TANK ID # – Enter a unique number used to identify the tank. This number may be assigned by the UST owner/operator or the Unified Program Agency.
433. TANK MANUFACTURER – Enter the name of the company that manufactured the tank.
434. NUMBER OF TANK UNITS. Check the appropriate box to indicate if the tank is a stand-alone tank or one of two or more compartments in a tank system. A separate UST Operating Permit Application – Tank Information form must be submitted for each compartment.
435. DATE UST SYSTEM INSTALLED – Enter the date the local agency signed-off on installation of the UST system. This is the date of initial tank system installation, and does not include upgrades or retrofits which may have been performed later. If this is for a new installation, leave blank.
436. TANK CAPACITY IN GALLONS: Enter the tank capacity. For compartmentalized tanks, enter data for the compartment covered by this tank form only.
437. NUMBER OF TANK COMPARTMENTS: If the tank is a compartment, enter the total number of compartments in the UST.
439. TANK USE – Check the type of tank usage.
- 439a. If you checked "OTHER" specify the type of tank usage in the space provided.
440. TANK CONTENTS – Check the specific petroleum or non-petroleum substance stored.
- 440a. If you checked "OTHER PETROLEUM" specify the common name of the substance in the space provided [i.e., the name used in the facility's Hazardous Materials Business Plan (HMBP) inventory].
- 440b. If you checked "OTHER" under Non-petroleum, specify the common name of substance in the space provided (i.e., the name used in the HMBP inventory).
443. TYPE OF TANK – Check the box that identifies the type of tank.
444. TANK PRIMARY CONTAINMENT – Check the construction material of the primary containment (i.e., inner tank wall nearest the hazardous substance stored). If the tank material is not listed, check "Other" and specify the material in the space provided.
- 444a. If you checked "OTHER" specify the type of primary containment in the space provided.
445. TANK SECONDARY CONTAINMENT – Check the construction material of the secondary containment that provides containment external to, and separate from, the primary containment described above. If the tank is a single-wall tank, check "None." If the material is not listed, check "OTHER" and specify the material in the space provided (e.g., HDPE).
- 445a. If you checked "OTHER" specify the type of secondary containment in the space provided.
452. OVERFILL PREVENTION – Check the box(es) to describe the type(s) of overfill protection equipment installed.
458. PIPING SYSTEM TYPE – Check the type of product/waste piping installed in this tank system. "SAFE SUCTION" refers to piping systems meeting all requirements of 23 CCR §2636(a)(3) (also known as "European Suction" systems) (i.e., sloped suction piping systems with no valves or pumps below grade and only one check valve, located below and as close as practical to the suction pump). Title 23, California Code of Regulations is available online at www.calregs.com.
464. PIPING PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) underground product/waste piping.
- 464a. If you checked "OTHER" specify the type of primary containment in the space provided.
- 464b. PIPING SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (i.e., secondary piping, trench) provided for the product/waste piping. For single-wall piping systems, check "NONE."
- 464c. If you checked "OTHER" specify the type of secondary containment in the space provided.
- 464d. PIPING/TURBINE CONTAINMENT SUMP TYPE – Indicate the type of piping/turbine containment sump(s). Check "NONE" if not present.
- 464e-f. VENT PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vent piping. (Note: Address venting of the tank primary containment only.) Specify OTHER type of containment in the space provided.
- 464f-fl. VENT SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping,) provided for the vent piping. For single-wall piping systems, check "None." (Note: Address venting of the tank primary containment only.) Specify OTHER type of containment in the space provided.
- 464g-gl. VR PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) vapor recovery piping. For tanks without vapor recovery piping (e.g., Diesel tanks), check "None." Specify OTHER type of containment in the space provided.
- 464h-hl. VR SECONDARY CONTAINMENT – Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vapor recovery piping. For single-wall piping systems, check "None." Specify OTHER type of containment in the space provided.
- 464i. VENT PIPING TRANSITION SUMP TYPE – Indicate type of transition sump(s). Check "NONE" if not present.
- 464j-jl. RISER PRIMARY CONTAINMENT – Check the material(s) used to construct the primary (i.e., inner) piping for all risers (not drop tubes) other than annular space risers (i.e., risers for filling or gauging of the primary tank). Specify OTHER type of containment in the space provided.
- 464k-kl. RISER SECONDARY CONTAINMENT – Check the material(s) used to construct secondary containment system(s) (i.e., secondary piping, sumps) provided for the riser piping. For risers without secondary containment, check "None." Specify OTHER type of containment in the space provided.
- 451a-c. FILL COMPONENTS INSTALLED – Check the appropriate boxes to show that spill containment, tank bottom protection, and fill containment sumps (if applicable) are installed.
- 469a. UDC CONSTRUCTION TYPE – Check the box to describe the type of dispenser containment system(s) (i.e., dispenser sumps or pans). If the system has no dispensers (e.g., standby generator tank system), check "No Dispensers." If the system has a dispenser, but no UDC, check "NONE."
- 469b. UDC CONSTRUCTION MATERIAL – Check the box to describe the materials used to construct the UDC.
- 469c. If you checked "OTHER" specify the type of UDC construction material in the space provided.
448. STEEL COMPONENT PROTECTION – All systems contain some steel components. Check the appropriate box(es) to describe all corrosion protection methods used. "Isolation" means electrical isolation from soil, backfill, and groundwater. Examples include fiberglass cladding, non-metallic secondary containment systems which isolate steel components from the sub-surface environment, and insulating bushings.

APPLICANT SIGNATURE – The same person who signs the UST Operating Permit Application – Facility Form shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true and accurate, and that the UST system is compatible with the substance stored.

470. DATE – Enter the date the form was signed.
471. APPLICANT NAME – Print or type the name of the person signing the form.
472. APPLICANT TITLE – Enter the title of the person signing the form.

BAAQMD NOTIFICATION



BAY AREA
AIR QUALITY
MANAGEMENT
DISTRICT

COMPLIANCE & ENFORCEMENT DIVISION

Notification Form

Regulation 8
Rule 40

REMOVAL OF UNDERGROUND STORAGE TANKS OR TREATMENT OF CONTAMINATED SOIL

SITE OF ACTIVITY

Site Address: SEC Martinelli Way & Arnold Road City & Zip: Dublin, 94568 Site#: _____
 Specific Location of Project within Address: 103' east of west boundary, 375' north of south boundary
 Owner/Operator: Stockbridge/BHV Emerald Place Land Co., LLC

Check any that apply (400 numbers refer to regulation section requiring reporting):

- Tank Removal or Replacement (401) Contaminated Soil Excavation and Removal (402)
 Aeration of Soil < 50 ppmw organic content, but does not meet Section 118 Exemption (403)
 Section 114 Exempt; Date Pipeline Leak **Started**: _____ Vol. Of Soil: _____ (403)
 Section 115 Exempt; Date Contamination Unrelated to UST Activities **Discovered**: _____ (405)

If only Tank Removal is selected, attach results showing soil is not contaminated

CONTRACTOR INFORMATION

Name: Ferma Corporation Site Contact: Robert Alatorre Phone: (650) 961-2742
 Address: 126 Montecito Avenue, Ste. 200, Mountain View, CA 94043

TANK REMOVAL (Section 401)

Scheduled Start Date: 9/25/08 Number and Size of Tank(s): 1 unknown size Diesel UST

Explain Methods of:

Piping drainage or flushing (310.1) Vacuum Truck _____

Liquid and sludge removal (310.2) Vacuum Truck _____

Vapor removal (310.3) [Check One] Water Displacement Vapor Freeing* Ventilation*

* Emission controls required for vapor freeing or ventilation if tank size greater than 250 gallons.

COMPLETE INFORMATION BELOW OR ATTACH SAMPLE RESULTS SHOWING SOIL IS UNCONTAMINATED (310.4)

CONTAMINATED SOIL EXCAVATION AND REMOVAL (Section 402)

Scheduled Start Date: _____ Scheduled Completion Date: _____

Purpose of Excavation: _____

Quantity of Soil: _____ Organic Content & Type: _____

Methods used to quantify and analyze soil: _____

Method of Stockpile Control (304-306)

Water Spray Covered Vapor Suppressant (List Material Used): _____

Method of Site Closure (306)

Backfilled Contaminated Soil Removed

Onsite Treatment (Describe): _____ A/C or P/O #: _____

Loaded Trucks Covered? (306.2) Yes No

AERATION OF SOIL < 50 PPMW ORGANIC CONTENT (Section 403)

You must submit a Permit Application and Risk Screening Analysis (Forms will be sent to you)

FOR BAAQMD USE ONLY

Fax/PM Date:	By:	Disp to I#:	Area:	Date:	By:
Inv Req Date:	By:	Fwd to Supv.		Date:	By:

See Page Two to Complete This Form

Approved 7/8/03

OTHER PUBLIC AGENCY CONTACTED (Fire District, Hazardous Materials, City or County)?

Agency Name: Alameda County Environmental Health

Contact Name: Robert Weston

Address: 1131 Harbor Bay Parkway, Alameda, CA 94502

Phone: 510-567-6781

EMERGENCY REMOVAL ORDER APPLICABLE?

Agency Name:

Contact Name:

Address:

Phone:

H:\Pub_data\Janet\Reg 8-40\forms\notifdraft3.doc

GENERAL INFORMATION

- This notification form shall be used to notify the BAAQMD of any projects subject to the reporting requirements in Regulation 8, Rule 40, Sections 401 through 405. Notifications may be faxed to (415) 928-0338 or mailed to the address listed at the bottom of this form.
- An invoice for payment will be sent to the person listed under "Contractor Information" as the person responsible, unless the project is exempt from fee payment (see next item).
- See "Frequently Asked Questions" (FAQ) for definition of projects, change procedures, permit requirements, emergency conditions, project exemptions, and fee exemptions. For any questions not answered in the FAQ, contact the Compliance Assistance Counselor at (415) 749-4999.

INSTRUCTIONS

- **SITE OF ACTIVITY:** Give the site street address and indicate if it has any existing BAAQMD site number, for either a plant or GDF. Identify the specific project location if the site contains more than one building. Indicate all applicable activity types by checking appropriate boxes. For reporting requirements under Sections 401 through 403, additional information is required, as below.
- **CONTRACTOR INFORMATION:** Identify the contractor that is responsible for performing the work at the site location listed. This contractor is also responsible for payment of the applicable notification fee, if the project is not exempt.
- **SECTION 401 - TANK REMOVAL/REPLACEMENT:** All soils disturbed and/or excavated as part of the tank removal shall be subject to the requirements of Sections 304 through 306, unless the soil has been determined not to be contaminated by measurement of organic content using the procedures in Sections 601 and 602. Complete requirements for Section 402 or submit sample results showing that the soil is not contaminated.
- **SECTION 402 - CONTAMINATED SOIL EXCAVATION AND REMOVAL:**
 - Be as accurate as possible for the Scheduled Start and Completion Dates. Specific requirements apply for excavation projects triggered within either 45 or 90 days (Reg. 8-40-306.4) and Authority to Construct requirements for projects lasting longer than three months (Reg. 2-1-128.16).
 - If a vapor suppressant is used, attach a product data sheet or MSDS.
 - If Method of Site Closure used is Onsite Treatment, describe specific method, (e.g., bioremediation, vapor extraction, air sparging, thermal desorption, etc.).
 - If Onsite Treatment is used, indicate whether an Authority to Construct was obtained by providing the Application No. or attach copy of BAAQMD Certification of Exemption.
- **SECTION 403 - AERATION OF SOIL < 50 PPMW ORGANIC CONTENT:** Section 301 exempts from control the aeration of soil containing less than 50 ppmw of organic compounds, but Section 403 still requires reporting of ANY soil aeration. If such a project does not meet the exemption criteria of Section 118, then a Permit Application and Risk Screening Analysis must be submitted.
- **EMERGENCY REMOVAL INFORMATION (IF APPLICABLE):** The rule defines an emergency tank removal or excavation of contaminated soil as "carried out pursuant to an order of a state or local government agency issued because the contaminated soil poses an imminent threat to public health and safety." If the project(s) meet this definition, then identify the agency that issued the order. Under Section 402 requirements, on line two, identify the purpose as indicated in the order.

939 Ellis Street, San Francisco, CA 94109

www.baaqmd.gov

HP Officejet 7310
Personal Printer/Fax/Copier/Scanner

Log for
David Lambert
(972) 437-4100
Sep 26 2008 4:56PM

Last Transaction

Date	Time	Type	Identification	Duration	Pages	Result
Sep 26	4:47PM	Fax Sent	14159280338	0:52	2	OK



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DTSC: HWTS Reports

HWTS EPA ID Profile

EPA ID: CAC002634732 **Name:** STOCKBRIDGE/BHV EMERALD PLACE LAND CO LLC
Status: ACTIVE **Inactive Date:** **Contact:** JAMES WRIGHT
County: ALAMEDA **SIC:** **Record Entered:** 2008-09-15 **Last updated:** 2008-09-15

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	Name	Address	City	State	ZIP	Phone
Location	STOCKBRIDGE/BHV EMERALD PLACE LAND CO LLC	APN 986-0033-002	DUBLIN	CA	94568	
Mailing		390 RAILROAD AVE STE 200	DANVILLE	CA	945263880	
Owner	STOCKBRIDGE/BHV EMERALD PLACE LAND	390 RAILROAD AVE STE 200	DANVILLE	CA	945263880	9253142700
Oper/Contact	JAMES WRIGHT	390 RAILROAD AVE STE 200	DANVILLE	CA	945263880	9253142700

Based ONLY upon EPA ID: CAC002634732:

Calif. Manifests?	Out-of-State Manifests?	Transporter Registration?	Toxic Release Inventory Data?	Calsites Data?
NO	NO	NO	NO	NO

End of Report



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[Office of Environmental Health Hazard Assessment](#) | [State Water Resources Control Board](#)

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CITY OF DUBLIN

Ed Zale

Public Works Inspector
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(925) 833-6630 • Fax (925) 829-9248
100 Civic Plaza • Dublin, CA 94568

Larry Flora, P.G.
Project Geologist

ADR Environmental Group, Inc.



1760 Creekside Oaks Drive, Suite 120
Sacramento, CA 95833

Toll Free: (888) 62 ADREG [622-3734]
Phone: (916) 921-0600
Alt. Phone: (916) 682-2927
Fax: (916) 648-6688
Mobile: (916) 343-2646
lflora@adreg.com

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Department of Consumer Affairs 
Contractors State License Board

Contractor's License Detail - License # 236337

 **DISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying on this information, you should be aware of the following limitations.**

- CSLB complaint disclosure is restricted by law ([B&P 7124.6](#)). If this entity is subject to public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or button to obtain complaint and/or legal action information.
- Per [B&P 7071.17](#), only construction related civil judgments reported to the CSLB are disclosed.
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered onto the Board's license database.

License Number:	236337	Extract Date: 09/29/2008
Business Information:	FERMA CORPORATION 1265 MONTECITO AVENUE SUITE 200 MOUNTAIN VIEW, CA 94043 Business Phone Number: (650) 961-2742	
Entity:	Corporation	
Issue Date:	07/22/1965	
Expire Date:	09/30/2010	
License Status:	This license is current and active. All information below should be reviewed.	
Classifications:	CLASS	DESCRIPTION
	A	GENERAL ENGINEERING CONTRACTOR
	C21	BUILDING MOVING, DEMOLITION
	C57	WELL DRILLING (WATER)
Certifications:	B	GENERAL BUILDING CONTRACTOR
	CERT	DESCRIPTION
	ASB	ASBESTOS - Check DOSH Registration
	HAZ	HAZARDOUS SUBSTANCES REMOVAL
Bonding:	CONTRACTOR'S BOND	
	This license filed Contractor's Bond number 070004298 in the amount of \$12,500 with the bonding company LIBERTY MUTUAL INSURANCE COMPANY.	
	Effective Date: 02/07/2007 Contractor's Bonding History	
	BOND OF QUALIFYING INDIVIDUAL	
	The Responsible Managing Officer (RMO) ROY FERRARI certified that he/she owns 10 percent or more of the voting stock/equity of the corporation. A bond of	
	1. qualifying individual is not required. Effective Date: 03/28/2005 BQI's Bonding History	

This license has workers compensation insurance with the
[STATE COMPENSATION INSURANCE FUND](#)

Policy Number: 571-0006143

Workers' Compensation:

Effective Date: 10/01/2006

Expire Date: 10/01/2009

[Workers' Compensation History](#)

Personnel listed on this license (current or disassociated) are listed on other licenses.



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SAL EX



**Evergreen Oil, Inc.
Laboratory**

29736

Sample Submission - Chain of Custody

Generator Name: <i>Fev mc</i>	Manifest # (if applicable): <i>N/A</i>
Sample/Wastestream Name: <i>w/fev/diesel</i>	# of Samples: <i>1</i> Submitted by: <i>Ricardo J</i>
Type: New GWPW Analysis <i>Recertification Analysis</i>	Existing GWPW # (if applicable): <i>N/A</i>
Received By (signature): <i>[Signature]</i>	Date: <i>9/24/08</i>

**Waste Acceptance Analysis:
Wastewater for Wastewater Treatment/Management**

city sub category

Analysis:

Results:

Odor	<i>OK</i>
Color	<i>Blown Clear</i>
pH, <i>Tested only if separated water layer exists</i>	<i>7.0</i>
API Gravity @ 60° F	<i>9.5</i>
Water, %	<i>99%</i>
PCB, < 5 ppm <i>Tested only if > 10% oil</i>	Pass Fail <i>(n/t)</i>
Flash Point, > 140° F	<i>(Pass)</i> Fail
Sulfides, <i>Tested as necessary to confirm LDR compliance</i>	<i>N/A</i>
Cyanides, <i>Tested as necessary to confirm LDR compliance</i>	<i>N/A</i>
Chlorine Screen	<i>P</i>
Total Organic Halides, % or ppm	<i>P 200 ppm</i>
Glycol, %	<i>0</i>
Oil/Grease, %	<i>1%</i>
Solids, %	<i>0.1%</i>
Metals, <i>As, Cd, Cu, Ni, Ag, Cr, Zn, Co, Pb, Sn</i> <i>Performed only to verify treatment in WTP</i>	<i>(Pass)</i> Fail <i>n/t</i>
Phenols, ppm <i>Performed only to verify treatment in WTP</i>	<i>(Pass)</i> Fail <i>n/t</i>
Total Toxic Organics, % or ppm <i>Performed only to verify treatment in WTP</i>	Pass Fail <i>(n/t)</i>

Post-Analysis Determination:

Wastewater Treatment Plant (WTP)

Tank 502

Other

Comments: _____

Sample Name: 29736 Acquired: 9/24/2008 9:41:31 Type: Unk
 Method: EPA20072PTA(v2) Mode: CONC Corr. Factor: 1.000000
 User: admin Custom ID1: SEPT242007 Custom ID2: Custom ID3:
 Comment: 9/24/08

Elem	Ag3280	As1937	Ba4130	Cd2288	Co2378	Cr2835	Cu3247	Mo2020	Ni2216
Units	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm
Avg	-.0139	.0198	-.0016	-.0042	.0915	-.0579	.1859	.0026	.0351
Stddev	.0058	.0292	.0076	.0021	.0213	.0024	.0055	.0074	.0046
%RSD	41.93	147.4	473.8	49.47	23.28	4.152	2.954	284.5	13.10
#1	-.0180	.0404	-.0070	-.0027	.0764	-.0596	.1820	.0078	.0318
#2	-.0098	-.0008	.0038	-.0057	.1066	-.0562	.1898	-.0026	.0383
Elem	Pb2203	Sb2068	Sn1899	Ti3372	V_2893	Zn2138			
Units	ppm	ppm	ppm	ppm	ppm	ppm			
Avg	.0728	-.0129	.0394	-.0104	.0061	.0654			
Stddev	.0053	.0064	.0056	.0037	.0028	.0016			
%RSD	7.306	49.57	14.19	35.39	46.68	2.503			
#1	.0690	-.0174	.0434	-.0129	.0041	.0666			
#2	.0765	-.0084	.0355	-.0078	.0081	.0642			

ADR ENVIRONMENTAL GROUP, INC.
1760 CREEKSIDE OAKS DRIVE, STE. 128
SACRAMENTO, CA 95833
(916) 921-0600

THE MECHANICS BANK
3170 HILLTOP HALL ROAD
RICHMOND, CA 94806
90-203/1211

09597

9/29/2008

PAY TO THE
ORDER OF


Treasurer County of Alameda

\$ **1,520.00

One Thousand Five Hundred Twenty and 00/100*****

DOLLARS

TWO SIGNATURES REQUIRED OVER THE AMOUNT OF \$2500



SR0013906

MEMO

HST Closure Plan - SEC Martinelli Way & Arnold Rd., Dublin

⑆009597⑆ ⑆121102036⑆ 010⑆028757⑆