

From: [Weston, Robert, Env. Health](#)
To: ["Morgan Johnson"; Roe, Dilan, Env. Health](#)
Subject: UST Removal Permit- Former Crown Chevrolet
Date: Friday, October 19, 2012 11:02:44 AM
Attachments: [Crown Chevrolet UST Closure Plan.pdf](#)

Morgan,

Please find the accepted UST closure permit application for Crown Chevrolet. Additionally I have noted the addendums submitted on your client's behalf that are included by reference.

As I told you yesterday I have time available the week of Oct 29th. The sooner we can confirm a date and time the better.

Robert Weston
Sr. Hazardous Materials Specialist
ICC 5238670-UI
Alameda County Department of Environmental Health
510 567-6781

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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, by permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist

Robert Weston

510 567-6781 OCT 19 2012

ADDENDUMS TO THIS PERMIT INCLUDE:

1. CONDITIONS FOR THE USE OF APPROVED BACK MATERIAL
2. APPROVED EXCAVATION CAP MATERIAL
3. RAINY WEATHER CONTINGENCY PLAN

Please reference Table 2 for required constituents and analysis.
Complete the Hazardous Waste Tank Closure Certification and provide a copy to the Inspector prior to movement of the two USTs offsite.

UNDERGROUND STORAGE TANK CLOSURE PLAN

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

1. Name of Business Crown Chevrolet Cadillac Isuzu
Business Owner or Contact Person (**PRINT**) Pat Costello
2. Site Address 7544 Dublin Blvd
City, State Dublin, CA Zip 94568 Phone 925-895-0769
3. Mailing Address PO Box 2010
City, State Dublin, CA Zip 94568 Phone 925-895-0769
4. Property Owner Betty J Woolverton Trust
Business Name (if applicable) _____
Address 12 Meadowlark Ct
City, State Danville, CA Zip 94526 Phone 925-824-4820
5. Generator name under which tank will be manifested

USTs/piping are considered non-haz. The HW tank destruction forms will be completed after the tanks are removed. Temporary EPA ID for rinsewater disposal is: CAC002704871. Generator name for rinsewater disposal is Crown Chevrolet Cadillac Isuzu

EPA I.D. No. under which tank(s) will be manifested: WM Profiles are attached

SR0021261

6. Contractor Burke Construction
Address PO Box 921
City, State Shingle Springs, CA Zip 95682 Phone 530-676-1009
License Type A-Haz ID# 716146
7. Consultant (if applicable) ENGEO
Address 2213 Plaza Drive
City, State Rocklin, CA Zip 95765 Phone 916-786-8883
8. Main Contact Person for Investigation (if applicable)
Name Morgan Johnson Title Environmental Scientist
Company ENGEO
Phone 916-580-6518
9. Number of underground tanks being closed with this plan 2
Length of piping being removed under this plan 20 feet
Total number underground tanks at this facility (**confirmed with owner or operator) 2
10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).
- a) Product/Residual Sludge/Rinsate Transporter
Name Asbury Environmental Services EPA I.D. No. CAD028277036
Hauler License No. 15 License Exp. Date 5-31-2013
Address 1300 S. Santa Fe Ave
City, State Compton, CA Zip 90221
- b) Product/Residual Sludge/Rinsate Disposal Site
Name Demunno/Kerdoon EPA I.D. No. CAT080013352
Address 2000 North Alameda Street
City, State Compton, CA Zip 90222

c) Tank and Piping Transporter

Name Burke Construction EPA I.D. No. Not Applicable
Hauler License No. Not Applicable License Exp. Date Not Applicable

d) Tank and Piping Disposal Site

Name Altamont Landfill EPA I.D. No. CAD981382732
Address 10840 Altamont Pass Road
City, State Livermore, CA Zip 94551

11. Sample Collector

Name TBD
Company ENGEO
Address 2213 Plaza Drive
City, State Rocklin, CA Zip 95765 Phone 916-786-8883

12. Laboratory

Name Test America
Company Test America
Address 1220 Quarry Lane
City, State Pleasanton, CA Zip 94566
State Certification No. 2496

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

If yes, describe: _____

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

Triple rinse, flush piping back into tank, pump rinseate, minimum 14 lbs dry ice per tank.

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)		
1,000 gasoline	1986-2010	Native soil	One sample beneath UST and one sample beneath piping - 2 feet below backfill
1,000 waste oil	1986-2010	Native soil	One sample beneath UST - 2 feet below backfill

One soil sample must be collected for every 20 linear feet of underground piping that is removed. A groundwater sample must be collected if any groundwater is present in the excavation.

Excavated/Stockpiled Soil	
<p>Stockpiled Soil Volume (estimated)</p> <p>50 cubic yards</p>	<p>Sampling Plan</p> <p>Collect one soil sample per 25 cy of stockpiled overburden in accordance with RWQCB-Region 2 "Reuse of Petroleum Impacted Soil Document" October 2006. Lab analysis is listed below in Table 2. Soil reuse criteria will be based on ESL Table A-1.</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

-BACKFILL WORKPLAN: confirmation samples from the excavations and overburden stockpile will be analyzed on 24 hour turnaround. The excavations will remain open for a minimum of 3 days. The excavations will be located within a fenced yard and will be in the center of the Property and secured with caution tape. If the excavation sample results meet ACEH criteria, the excavations will be backfilled on day 3 using non recycled Class II base rock from the Vulcan quarry (SMARA 91-01-0010) located at 50 El Charro Road, Pleasanton. A certified laboratory analytical report and summary table (Table 1) showing that the Class II base rock is suitable for use at the site are attached to this application. If the overburden stockpile results are less than the ESLs Table A-1, then the overburden will be placed as backfill. If the stockpile results exceed the ESLs, then the stockpile will be transported to Hay Road Landfill. The excavations will be resurfaced with concrete. *If the excavation confirmation sample results do not meet ACEH criteria, and/or significant impacts are noted in the subsurface, we will consult with AMEC and ACEH regarding potential corrective action.

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.

Weston, Robert, Env. Health

From: Morgan Johnson [mjohnson@engeo.com]
Sent: Friday, October 05, 2012 2:12 PM
To: Weston, Robert, Env. Health
Subject: RE: Revised Permit Application - Crown Chevrolet UST Removal

Robert,

Hay Road Landfill is a licensed Class II facility (CAD982042475) located at 6426 Hay Road, Vacaville, CA 95687, (800) 208-2371. Is there any additional specific information that you need?

Morgan

From: Weston, Robert, Env. Health [mailto:robert.weston@acgov.org]
Sent: Friday, October 05, 2012 1:25 PM
To: Morgan Johnson
Subject: RE: Revised Permit Application - Crown Chevrolet UST Removal

Morgan,

I am reviewing the revised application. Can you provide information on the Hay Road Landfill you note in the comments for disposal of excavated soil not meeting ACDEH criteria for reuse?

Thanks,

Robert Weston
Sr. Hazardous Materials Specialist
ICC 5238670-UI
Alameda County Department of Environmental Health
510 567-6781

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From: Morgan Johnson [mailto:mjohnson@engeo.com]
Sent: Thursday, October 04, 2012 10:14 AM
To: Weston, Robert, Env. Health
Cc: keithfichtner@thekingsmillgroup.com; marshalltorre@thekingsmillgroup.com; jim.neighbor@pruca.com; Jeff Adams; terri.costello@yahoo.com; Roe, Dilan, Env. Health; Shawn Munger
Subject: Revised Permit Application - Crown Chevrolet UST Removal

Good morning Robert,
Attached is the revised permit application for removal of the two USTs at Crown Chevrolet. We will overnight an additional hardcopy to you.

Morgan Johnson, QSD
Environmental Scientist

2213 Plaza Drive

TABLE #2
REVISED 21 NOVEMBER 2003

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

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u> (SW-846 METHOD)		<u>WATER ANALYSIS</u> (Water/Waste Water Method)	
Gasoline (Leaded and Unleaded)	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water			
	TOTAL LEAD	AA	TOTAL LEAD	AA
	--Optional--			
	Organic Lead	DHS-LUFT	Organic Lead	DHS-LUFT
Unknown Fuel	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water			
	TOTAL LEAD	AA	TOTAL LEAD	AA
	--Optional--			
	Organic Lead	DHS-LUFT	Organic Lead	DHS-LUFT
Diesel, Jet Fuel, Kerosene, and Fuel/Heating Oil	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water			
Chlorinated Solvents	CL HC	8260	CL HC	524.2/624 (8260)
	BTEX	8260 or 8021	BTEX	524.2/624 (8260) or 502.2/602 (8021)
	1,4-Dioxane	8270M	1,4-Dioxane	8270M
Non-chlorinated Solvents	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260 or 8021	BTEX	524.2/624 (8260) or 502.2/602 (8021)
Waste, Used, or Unknown Oil	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	O&G	9070	O&G	418.1
	BTEX	8260	BTEX	524.2/624 (8260)
	CL HC	8260	CL HC	524.2/624 (8260)
	1,4-Dioxane	8270M	1,4-Dioxane	8270M
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water			
	METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil water			
	PCB*, PCP*, PNA, CREOSOTE by 8270 for soil and 524/625 (8270) for water			
	* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)			

NOTES:

- 8021 replaces old methods 8020 and 8010
- 8260 replaces old method 8240
- Reference: Table B-1 in Appendix B of "Expedited Site Assessment Tools for Underground Storage Tank Sites: A Guide for Regulators" (EPA 510-B-97-001).

16. Chemical methods and associated detection limits to be used for analyzing sample(s):

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits shall be followed.

See Table 2, Recommended Minimum Verification Analyses for Underground Tank Leaks.

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPHg, TPHd, VOCs, 7 fuel oxygenates, ethanol	<i>SEE TRB VE 2</i>	8260B	ESL Table A-1 CHHSLs
LUFT Metals		6010/7000	
Oil & Grease		9070	
SVOCs w/ 1,4-Dioxane		8270	
PCBs		8082	

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer Travelers Property Casualty Co of A

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 Burke Construction

Name of Individual Sheri Burke

Signature 

Date September 10, 2012

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Check one)

Name of Business Crown Chevrolet Cadillac Isuzu

Name of Individual Pat Costello

Signature 

Date Sept 5 2012

Dublin Boulevard



St. Patrick Way



**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

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY ⁴⁰⁴ **2** FACILITY ID # (Agency Use Only) 1

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3

Crown Chevrolet Cadillac Isuzu

BUSINESS SITE ADDRESS ¹⁰³ **7544 Dublin Blvd** CITY ¹⁰⁴ **Dublin**

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

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME ⁴⁰⁷ **Betty J Woolverton Trust** PHONE ⁴⁰⁸ **(925) 824 4820**

MAILING ADDRESS ⁴⁰⁹ **12 Meadowlark Ct**

CITY ⁴¹⁰ **Danville** STATE ⁴¹¹ **CA** ZIP CODE ⁴¹² **94526**

III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME ⁴²⁸⁻¹ **Crown Chevrolet Cadillac Isuzu** PHONE ⁴²⁸⁻² **(925) 895 0769**

MAILING ADDRESS ⁴²⁸⁻³ **PO Box 2010**

CITY ⁴²⁸⁻⁴ **Dublin** STATE ⁴²⁸⁻⁵ **CA** ZIP CODE ⁴²⁸⁻⁶ **94568**

IV. TANK OWNER INFORMATION

TANK OWNER NAME ⁴¹⁴ **Crown Chevrolet Cadillac Isuzu** PHONE ⁴¹⁵ **(925) 895 0769**

MAILING ADDRESS ⁴¹⁶ **PO Box 2010**

CITY ⁴¹⁷ **Dublin** STATE ⁴¹⁸ **CA** ZIP CODE ⁴¹⁹ **94568**

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

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- **0 0 0 1 4 8** Call the State Board of Equalization, Fuel Tax Division, if there are questions. ⁴²¹

VI. PERMIT HOLDER INFORMATION

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

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 ⁴²⁴ **Patrick M. Castello** DATE **Sept 5 2012** PHONE ⁴²⁵ **(925) 8950769**
APPLICANT NAME (print) ⁴²⁶ **Patrick M. Castello** APPLICANT TITLE ⁴²⁷

**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: 430a. DATE EXISTING UST DISCOVERED: 430b.

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) _____

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) _____

Crown Chevrolet Cadillac Isuzu

BUSINESS SITE ADDRESS 103. CITY 104

7544 Dublin Blvd **Dublin**

II. TANK DESCRIPTION

TANK ID # 432 TANK MANUFACTURER 433 TANK CONFIGURATION: THIS TANK IS 434

1-009907-000002NA **NA** 1. A STAND-ALONE TANK Complete one page for each compartment in the unit

DATE UST SYSTEM INSTALLED 435 TANK CAPACITY IN GALLONS 436 NUMBER OF COMPARTMENTS IN THE UNIT 437

1986 **1,000** **0**

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))

6. OTHER GENERATOR FUEL 95. UNKNOWN 99. OTHER (Specify): _____ 439a

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) _____ 440a

 NON-PETROLEUM: 7. USED OIL 10. ETHANOL _____

11. OTHER NON-PETROLEUM (Specify): _____ 440b

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 PRESSURE 2. GRAVITY 3. CONVENTIONAL SUCTION 4. SAFE SUCTION (2) 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 464l-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 **Sept 5 2012** 471

APPLICANT NAME (print) **Patricia Costello** 471 APPLICANT TITLE **Pres** 472

**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		
<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION
<input type="checkbox"/> 6. TEMPORARY UST CLOSURE	<input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE	<input checked="" type="checkbox"/> 8. UST REMOVAL
DATE UST PERMANENTLY CLOSED: 430a		DATE EXISTING UST DISCOVERED: 430b

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only)	1
BUSINESS NAME (Same as Facility Name or DBA – Doing Business As)	3
Crown Chevrolet Cadillac Isuzu	
BUSINESS SITE ADDRESS	104
7544 Dublin Blvd	
CITY	104
Dublin	

II. TANK DESCRIPTION

TANK ID #	432	TANK MANUFACTURER	433	TANK CONFIGURATION: THIS TANK IS	434
1-009907-000001		NA		<input checked="" type="checkbox"/> 1. A STAND-ALONE TANK	Complete one page for each compartment in the unit
DATE UST SYSTEM INSTALLED	435	TANK CAPACITY IN GALLONS	436	<input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT	
1986		1,000		0	

III. TANK USE AND CONTENTS

TANK USE	<input checked="" type="checkbox"/> 1a. MOTOR VEHICLE FUELING	<input type="checkbox"/> 1b. MARINA FUELING	<input type="checkbox"/> 1c. AVIATION FUELING	439
	<input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE	<input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil)	<input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL (HSC §2528) 5(c)	
	<input type="checkbox"/> 6. OTHER GENERATOR FUEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	439a
CONTENTS	PETROLEUM:	<input checked="" type="checkbox"/> 1a. REGULAR UNLEADED	<input type="checkbox"/> 1c. MIDGRADE UNLEADED	440
		<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 5 JET FUEL	
		<input type="checkbox"/> 8 PETROLEUM BLEND FUEL	<input type="checkbox"/> 9 OTHER PETROLEUM (Specify):	440a
	NON-PETROLEUM:	<input type="checkbox"/> 7. USED OIL	<input type="checkbox"/> 10 ETHANOL	
		<input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):		440b

IV. TANK CONSTRUCTION

TYPE OF TANK	<input type="checkbox"/> 1. SINGLE WALL	<input checked="" type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95 UNKNOWN	443
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input checked="" type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. INTERNAL BLADDER	444
	<input type="checkbox"/> 7. STEEL + INTERNAL LINING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	444a
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input checked="" type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER	445
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify):	445a
OVERFILL PREVENTION	<input type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS	<input type="checkbox"/> 2. BALL FLOAT	<input checked="" type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE	452
	<input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT			

V. PRODUCT / WASTE PIPING CONSTRUCTION

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

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

VENT PRIMARY CONTAINMENT	<input checked="" 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):	464e
VENT SECONDARY CONTAINMENT	<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):	464f
VR PRIMARY CONTAINMENT	<input checked="" 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):	464g
VR SECONDARY CONTAINMENT	<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):	464h
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 90. NONE			464i
RISER PRIMARY CONTAINMENT	<input checked="" 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):	464j
RISER SECONDARY CONTAINMENT	<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):	464k
FILL COMPONENTS INSTALLED	<input checked="" type="checkbox"/> 1. SPILL BUCKET	<input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR	<input type="checkbox"/> 4. CONTAINMENT SUMP			451a-c

VII. UNDER DISPENSER CONTAINMENT (UDC)

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

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S)	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input checked="" type="checkbox"/> 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: Sept 5 2012	471
APPLICANT NAME (print): Patrick M. Castillo	APPLICANT TITLE: PR	472

Hazardous Waste Tank Closure Certification

Complete and submit this page prior to initiating any cleaning, cutting, dismantling, or excavation of a tank system that meets the conditions below:

- Any tank system that previously held a hazardous material or a hazardous waste, that is identified as a hazardous waste, and that is destined to be disposed, reclaimed or closed in place.
- This does not apply to tank systems regulated under a hazardous waste facility permit, other than permit by rule (PBR), or to tank systems regulated under a grant of interim status, nor to a tank system or any portion thereof, that meets the definition of scrap metal in 22 CCR §66260.10 and is excluded from regulation pursuant to 22 CCR §66261.6(a)(3)(B).

Refer to 22 CCR §67383.3 and 23 CCR §2672 for disposal requirements for tank systems.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

3. BUSINESS NAME - Enter the full legal name of the business.

740. TANK OWNER NAME - Complete items 740-744, unless all items are the same as the Business Owner
741. TANK OWNER ADDRESS information (items 111-116) on the Business Owner/Operator Identification page
742. TANK OWNER CITY (OES Form 2730). If the same, write "SAME AS SITE" across this section
743. TANK OWNER STATE
744. TANK OWNER ZIP CODE

745. TANK ID NUMBER 1-3 - Enter up to three owner's tank ID numbers. This is a unique number used by the owner to identify the tank. If more than three tanks are being closed, complete additional copies of this page. (Enter additional tank numbers in 748 and 751.)

746. CONCENTRATION OF FLAMMABLE VAPOR 1-3 - Enter three interior flammable vapor levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 749 and 752.)

747. CONCENTRATION OF OXYGEN 1-3 - Enter three interior oxygen levels for each tank being closed, taken at the top, center, and bottom of the tank. (For more than one tank, enter additional tank readings in 750 and 753).

SIGNATURE - The business owner or officer of the company who is authorized to make decisions for the facility and who has operational control, shall sign in the space provided.

754. CERTIFIER NAME - Enter the full printed name of the person signing the page.

755. CERTIFIER TITLE - Enter the title of the person signing the page.

756. CERTIFIER ADDRESS - Enter the address of the person signing the page.

757. CERTIFIER CITY - Enter the city for the signer's address.

758. CERTIFIER PHONE - Enter the phone number for the person signing the page.

759. DATE CERTIFIED - Enter the date that the document was signed. Enter the time that the readings were taken.

760. CERTIFIER REPRESENTS LOCAL AGENCY - Check "Yes" if the person certifying the tank is a representative of the CUPA, authorized agency, or LIA, check "No" if not.

761. NAME OF LOCAL AGENCY - Enter the name of the local agency represented by the person certifying the tank.

762. AFFILIATION OF CERTIFYING PERSON - Check the certification, license, or organization which the certifier holds or to which the certifying person belongs, if not a CUPA/ LIA.

763. TANK HELD FLAMMABLE OR COMBUSTIBLE MATERIALS - Check "Yes" if the tank held flammable or combustible materials, check "No" if not.

764. MANAGEMENT INSTRUCTIONS - Provide tank management instructions to the scrap dealer, disposal facility, etc., in this space.

Requested Facility: Altamont Landfill & Resource Recovery Unsure Profile Number: 611379CA
 Check if there are multiple generator locations. Attach locations. Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

1. Generator Name: Crown Chevrolet Cadillac Isuzu
 2. Site Address: 7544 Dublin Boulevard
 (City, State, ZIP) Dublin CA 94568
 3. County: _____
 4. Contact Name: Pat Costello
 5. Email: _____
 6. Phone: (925) 895-0769 7. Fax: _____
 8. Generator EPA ID: _____ N/A
 9. State ID: _____ N/A

B. BILLING INFORMATION

SAME AS GENERATOR

1. Billing Name: Burke Construction
 2. Billing Address: PO Box 921
 (City, State, ZIP) Shingle Springs CA 95682
 3. Contact Name: Sheri Burke
 4. Email: Burke3958@sbcglobal.net
 5. Phone: (530) 676-1009 6. Fax: _____
 7. WM Hauled? Yes No
 8. P.O. Number: _____

C. MATERIAL INFORMATION

1. Common Name: Gasoline underground storage tank
 Describe Process Generating Material: See Attached
UST removal. The fiberglass tank will be triple rinsed and sent to the landfill whole.
 2. Material Composition and Contaminants: See Attached

1. Fiberglass Tank	1000 Gallons
2. Steel Piping	20 feet
3.	
4.	
≥100%	

3. State Waste Codes: _____ N/A
 4. Color: Biege
 5. Physical State at 70°F: Solid Liquid Other: _____
 6. Free Liquid Range Percentage: _____ to _____ N/A (Solid)
 7. pH: _____ to _____ N/A (Solid)
 8. Strong Odor: Yes No Describe: Petroleum
 9. Flash Point: <140°F 140°-199°F ≥200° N/A (Solid)

D. REGULATORY INFORMATION

1. EPA Hazardous Waste? Yes* No
 Code: _____
 2. State Hazardous Waste? Yes No
 Code: _____
 3. Excluded waste under 40 CFR 261.4 (a) or (b)? Yes* No
 4. Contains Underlying Hazardous Constituents? Yes* No
 5. Contains benzene and subject to Benzene NESHAP? Yes* No
 6. Facility remediation subject to 40 CFR 63 GGGGG? Yes* No
 7. CERCLA or State-mandated clean-up? Yes* No
 8. NRC or State-regulated radioactive or NORM waste? Yes* No
***If Yes, see Addendum (page 2) for additional questions and space.**
 9. Contains PCBs? → If Yes, answer a, b and c. Yes No
 a. Regulated by 40 CFR 761? Yes No
 b. Remediation under 40 CFR 761.61 (a)? Yes No
 c. Were PCB imported into the US? Yes No
 10. Regulated and/or Untreated Medical/Infectious Waste? Yes No
 11. Contains Asbestos? Yes: Friable Yes: Non-Friable No

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

1. Analytical attached Yes
 Please identify applicable samples and/or lab reports:

 2. Other information attached (such as MSDS)? Yes

F. SHIPPING AND DOT INFORMATION

1. One-Time Event Repeat Event/Ongoing Business
 2. Estimated Quantity/Unit of Measure: 1
 Tons Yards Drums Gallons Other: UST
 3. Container Type and Size: Fiberglass UST, 1,000 gallon
 4. USDOT Proper Shipping Name: _____ N/A

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this EZ Profile™ form, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 - Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to Waste Management prior to providing the material to Waste Management.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): Morgan Johnson Date: 10/03/2012
 Title: Environmental Scientist
 Company: ENGEO

Certification Signature



Requested Facility: Altamont Landfill & Resource Recovery Unsure Profile Number: 611382CA
 Check if there are multiple generator locations. Attach locations. Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

1. Generator Name: Crown Chevrolet Cadillac Isuzu
2. Site Address: 7544 Dublin Boulevard
(City, State, ZIP) Dublin CA 94568
3. County: _____
4. Contact Name: Pat Costello
5. Email: _____
6. Phone: (925) 895-0769 7. Fax: _____
8. Generator EPA ID: _____ N/A
9. State ID: _____ N/A

B. BILLING INFORMATION

SAME AS GENERATOR

1. Billing Name: Burke Construction
2. Billing Address: PO Box 921
(City, State, ZIP) Shingle Springs CA 95682
3. Contact Name: Sheri Burke
4. Email: Burke3958@sbcglobal.net
5. Phone: (530) 676-1009 6. Fax: _____
7. WM Hauled? Yes No
8. P.O. Number: _____

C. MATERIAL INFORMATION

1. Common Name: Oil underground storage tank
Describe Process Generating Material: See Attached
UST removal. The fiberglass tank will be triple rinsed and sent to the landfill whole.
2. Material Composition and Contaminants: See Attached

1. <u>Fiberglass Tank</u>	<u>1000 Gallons</u>
2.	
3.	
4.	
≥100%	

3. State Waste Codes: _____ N/A
4. Color: Biege
5. Physical State at 70°F: Solid Liquid Other: _____
6. Free Liquid Range Percentage: _____ to _____ N/A (Solid)
7. pH: _____ to _____ N/A (Solid)
8. Strong Odor: Yes No Describe: Petroleum
9. Flash Point: <140°F 140°-199°F ≥200° N/A (Solid)

D. REGULATORY INFORMATION

1. EPA Hazardous Waste? Yes* No
Code: _____
2. State Hazardous Waste? Yes No
Code: _____
3. Excluded waste under 40 CFR 261.4 (a) or (b)? Yes* No
4. Contains Underlying Hazardous Constituents? Yes* No
5. Contains benzene and subject to Benzene NESHP? Yes* No
6. Facility remediation subject to 40 CFR 63 GGGGG? Yes* No
7. CERCLA or State-mandated clean-up? Yes* No
8. NRC or State-regulated radioactive or NORM waste? Yes* No
***If Yes, see Addendum (page 2) for additional questions and space.**
9. Contains PCBs? → If Yes, answer a, b and c. Yes No
a. Regulated by 40 CFR 761? Yes No
b. Remediation under 40 CFR 761.61 (a)? Yes No
c. Were PCB imported into the US? Yes No
10. Regulated and/or Untreated Medical/Infectious Waste? Yes No
11. Contains Asbestos? Yes: Friable Yes: Non-Friable No

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

1. Analytical attached Yes
Please identify applicable samples and/or lab reports:

2. Other information attached (such as MSDS)? Yes

F. SHIPPING AND DOT INFORMATION

1. One-Time Event Repeat Event/Ongoing Business
2. Estimated Quantity/Unit of Measure: 1
 Tons Yards Drums Gallons Other: UST
3. Container Type and Size: Fiberglass UST, 1,000 gallon
4. USDOT Proper Shipping Name: _____ N/A

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this EZ Profile™ form, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 - Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to Waste Management prior to providing the material to Waste Management.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): Morgan Johnson Date: 10/03/2012
Title: Environmental Scientist
Company: ENGE0

Certification Signature





DEPARTMENT OF CONSUMER AFFAIRS

Contractors State License Board

Contractor's License Detail - License # 716146



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	716146	Extract Date	10/5/2012
BURKE CONSTRUCTION			
Business Information	Business Phone Number: (530) 676-1009		
	P O BOX 921 SHINGLE SPRINGS, CA 95682		
Entity	Sole Ownership		
Issue Date	12/08/1995		
Expire Date	12/31/2013		
License Status	ACTIVE		
	This license is current and active. All information below should be reviewed.		
Additional Information	The license may be suspended on 10/31/2012 if a current workers' compensation insurance policy is not filed with the CSLB.		
Classifications	CLASS	DESCRIPTION	
	A	GENERAL ENGINEERING CONTRACTOR	
Certifications	CERT	DESCRIPTION	
	HAZ	HAZARDOUS SUBSTANCES REMOVAL	
Bonding	CONTRACTOR'S BOND		
	This license filed a Contractor's Bond with INDEMNITY COMPANY OF CALIFORNIA .		
	Bond Number: 449110C		
	Bond Amount: \$12,500		
	Effective Date: 01/01/2007 Contractor's Bond History		
Workers' Compensation	WORKERS' COMPENSATION		
	This license has workers compensation insurance with STATE COMPENSATION INSURANCE FUND		
	Policy Number: 713-0016808		
	Effective Date: 10/01/2007		

SITE HEALTH AND SAFETY PLAN

I. PROJECT INFORMATION

Project Number: 9432.000.000	Date: September 5, 2012
Project Name: Crown Chevrolet, 7544 Dublin Blvd	Client: Betty J. Woolverton Trust
Contact: Morgan Johnson	Phone: 916-580-6518
Site Location: 7544 Dublin Blvd, Dublin, CA	
Site Description: Inactive auto dealership	

Type of Work:

- | | |
|--|--|
| <input type="checkbox"/> Soil Borings (geotechnical) | <input type="checkbox"/> Monitoring Well Installation |
| <input type="checkbox"/> Soil Sampling (environmental) | <input type="checkbox"/> Domestic/Irrigation Well Installation |
| <input type="checkbox"/> Piezometer Installation | <input type="checkbox"/> Inclinator Installation |
| <input checked="" type="checkbox"/> Other: UST Removal | |

Work Activities: Excavation and disposal of two USTs, piping, and dispenser

Site Personnel:

Company:	Responsibility:
ENGEO	Environmental field observation and sampling
Burke Construction	Excavation contractor
AMEC	Environmental field observation

Project Health and Safety Officer:	Site Health and Safety Officer:
Shawn Munger	Morgan Johnson, 40 Hr Hazwoper Cert 110531510754

II. HAZARD EVALUATION

Physical Hazards

- | | |
|--|--|
| <input checked="" type="checkbox"/> Heat | <input checked="" type="checkbox"/> Explosion/Fire Hazards |
| <input type="checkbox"/> Oxygen | <input checked="" type="checkbox"/> Excavations/Trenches |
| <input type="checkbox"/> Noise | <input checked="" type="checkbox"/> Slip, Trip, Fall |
| <input type="checkbox"/> Traffic | <input type="checkbox"/> Underground Hazards |

Equipment

Overhead Hazards

Expected Chemical Hazards

Not Applicable

Chemical Name (CAS)	PEL/TLV (ppm)	IDLH (ppm)	LEL %	Field Criteria
TPH	500	1,100	1.1	See Attached
Benzene	1.0	----	----	See Attached
Toluene	200	----	----	See Attached
Ethylbenzene	100	----	----	See Attached
Xylenes	100	----	----	See Attached
PCE	100	----	----	See Attached

III. PERSONAL PROTECTIVE EQUIPMENT

Level of Protection Equipment

A B C D Mod. D

Personal Protective Equipment

R = Required

A = As Needed

R Hard Hat

A Safety Glasses

R Safety Boots

 Respirator (Type)

R Safety Vest

 Filter (Type)

A Hearing Protection

A Gloves (Type) Nitrile

 Tyvek Coveralls

 Other

Field Monitoring Equipment:

Combustible Gas Indicator

Site Control Measures/Exclusion Zones:

Cones/caution tape as necessary

IV. EMERGENCY RESPONSE

Emergency Response Plans:

Stop operations; evaluate conditions, administer first aid; call for emergency personnel; transport injured

Hospital: Kaiser Permanente	Phone: 925-847-5367
Address: 7601 Stoneridge Dr, Pleasanton, California (map attached)	
Fire Department: 911	Police: 911

Site Resources:

Water Supply	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Telephone	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Radio	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other:				

Emergency Contact:

Name: Shawn Munger	Phone: 916-416-9000
Company: ENGEO	

Comments:

Site Personnel Acknowledgement Signatures/Company:	Date

TABLE I

HYDROCARBON VAPOR CRITERIA AND RESPONSES

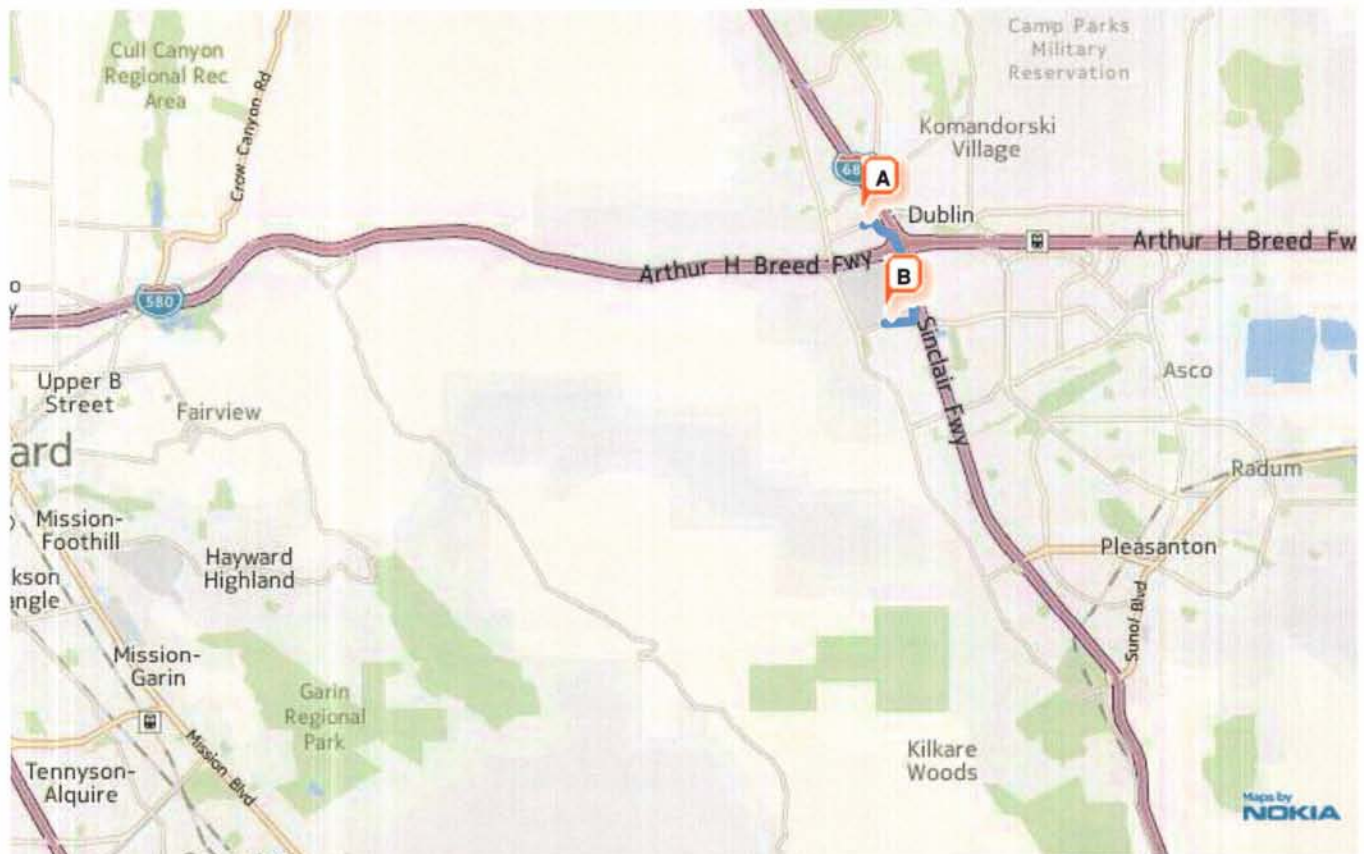
<u>Hydrocarbon Concentrations</u>	<u>Response</u>
<30 ppmv	No special action.
30 ppmv - 300 ppmv	Half-mask Organic Vapor (OV) respirators worn by all in work area.
>300 ppmv	Discontinue work activities and evacuate area. Evaluate measures to subdue excessive vapor levels.

* in parts-per-million by volume within breathing zone, measured by photoionization detector equipped with 10.04 eV bulb.





A 7544 Dublin Blvd, Dublin, CA 94568-2902

B 7601 Stoneridge Dr, Pleasanton, CA 94588-4501

Total Distance: 1.53 miles — Total Time: 3 mins



A 7544 Dublin Blvd, Dublin, CA 94568-2902

1. Head toward **Amador Plaza Rd** on **Dublin Blvd**. Go for 0.1 mi.
2.  Turn **right** onto **Amador Plaza Rd**. Go for 0.1 mi.
3.  Turn **left** and take ramp onto **Sinclair Fwy (I-680 S)**. Go for 0.8 mi.
4.  Take exit **#29/Stoneridge Drive**. Go for 0.3 mi.
-  Go for 0.3 mi.

5. Turn **right** onto **Stoneridge Dr.**

6. Your destination on **Stoneridge Dr** is on the **right**. **The trip takes 1.5 mi and 3 mins.**

B 7601 Stoneridge Dr, Pleasanton, CA 94588-4501

When using any driving directions or map, its a good idea to double check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/28/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

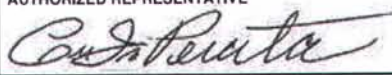
PRODUCER James C. Jenkins Insurance Service License No. 0545478 P. O. Box 13847 Sacramento CA 95853	CONTACT NAME: Patricia Bianco PHONE (A/C No, Ext): 916-576-1517 E-MAIL ADDRESS: pat.bianco@leavitt.com	FAX (A/C No): 916-583-7613
	INSURER(S) AFFORDING COVERAGE	
INSURED ENGEO-1 ENGEO Incorporated 2010 Crow Canyon Place #250 San Ramon CA 94583-4634	INSURER A : Travelers Property Casualty Co of A NAIC # 25674	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1366812927 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Deductible NIL GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		6608899N880	9/1/2012	9/1/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		8108899N880	9/1/2012	9/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	UB8669N078	9/1/2012	9/1/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Evidence of Insurance.

CERTIFICATE HOLDER ENGEO Incorporated 2010 Crow Canyon Rd, Ste 250 San Ramon CA 94583	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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