

Pacific Bell
2100 Central Ave.
Alameda

On-site to witness closure of one 6,000 gallon FRP diesel fuel UST. Upon arrival, the integrity of the UST was being checked by Steve McKinley of Alameda Fire Dept. The excavation was shored as a result of shallow GW; the tank had (apparently) "popped up" once the restraining straps were disconnected.

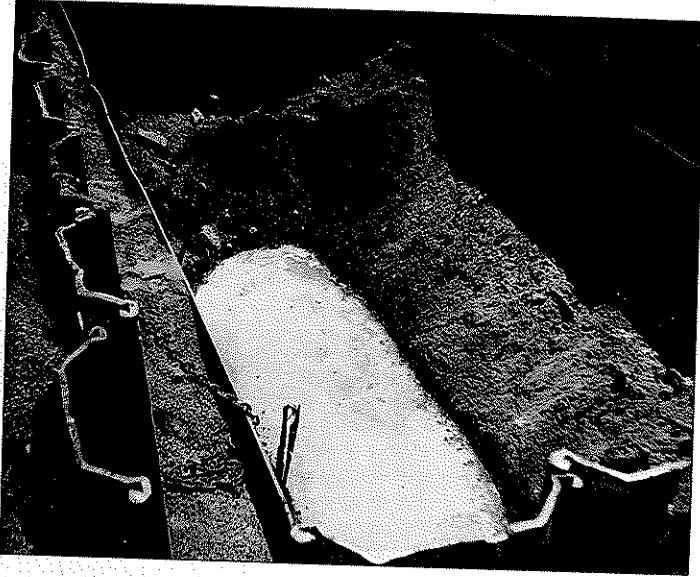
(Apparent) ~~foamy~~ free product was observed on the surface of the GW within the excavation (photos).

A new piping trench was cut alongside the former piping trench. Several utilities, some (or all) of which are encased in concrete, run below where the former product piping was located. The new trench runs alongside these concrete-encased utilities. A reported vent line is snubbed and exposed midway down the length of the piping trench, with apparent product ~~showing~~ staining the side of the trench (photo).

The tank was removed intact. No apparent holes noted along the tank's bottom.

Two (2) sidewall samples were collected from native material, inboard of the shoring, along the long dimensions of the UST pit. A GW sample was collected prior to pit overexcavation. Argon Mobil Labs analyzed samples on-site. No indication of significant release noted during GC analyses.

7-12-93



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 510/271-4320

Evachw

Note changes (additions) in RED
Evachw 4/18/93

ACCEPTED
DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street 3rd Floor
Oakland, CA 94612
Telephone: (415) 874-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by the Department are to ensure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction. One copy of these accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

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

7-12-93 ~~505~~ Removal of Tank and Piping
7-12-93 ~~505~~ Sampling
Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

- Business Name PACIFIC BELL ALAMEDA FACILITY
Business Owner PACIFIC BELL
- Site Address 2100 CENTRAL AVE.
City ALAMEDA Zip _____ Phone 510-645-7070
- Mailing Address 2600 CAMINO RAMON
City SAN RAMON Zip 94583 Phone 510-867-5125
- Land Owner PACIFIC BELL
Address 2600 CAMINO RAMON city, state SAN RAMON, CA zip 94583
- Generator name under which tank will be manifested PACIFIC BELL
EPA I.D. No. under which tank will be manifested CAT000015308

*6. Contractor BRANDON CROSBY / LOWE EXCAVATING
Address 4750 MORRIS CANYON ROAD
City SAN RAMON Phone (510) 867-3811
License Type B/A ID# 361828 / 410070

*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Consultant CEMEC INC. c/o JIM McGRATH
Address 5 WEST NINTH ST., SUITE 202
City SANTA ROSA, CA Phone (707) 576-1566

8. Contact Person for Investigation
Name DUANE WALLACE, Pac. Bell Title PROJECT MANAGER
Phone 510-867-5125

9. Number of tanks being closed under this plan 1
Length of piping being removed under this plan APPROX 40'
Total number of tanks at facility 1

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name FIRST ENVIRONMENTAL EPA I.D. No. CAD 981425911
Hauler License No. 1865 License Exp. Date 3/31/94
Address 3501 COLLINS AVE
City RICHMOND State CA Zip 94806

b) Product/Residual Sludge/Rinsate Disposal Site

Name GIBSON ENVIRONMENTAL EPA I.D. No. CAD 043260702
Address 475 SEA PORT BLVD
City REDWOOD CITY State CA Zip 94063

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) 150 Cubic yards ESTIMATED	Sampling Plan Sample Stock pile AS directed by INSPECTOR & ANALYZE FOR TPH D & BTXE, discrete sample 1/50 cy for disposal 1/20 cy. for reuse

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
DIESEL	TPH-D BTXE	3550 8020	Soil - 1 PPM Water - 50 PPB Soil - .005 PPM Water - .5 PPB

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

*18. Submit Worker's Compensation Certificate copy

Name of Insurer CALIF. INSURANCE

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

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

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

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

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

* Signature of Contractor

Name (please type) BRANDON S. ROSS

Signature [Handwritten Signature]

Date 6-11-93

Signature of Site Owner or Operator

Name (please type) JAMES MCGRATH

Signature [Handwritten Signature]

Date 5-18-93

c) Tank and Piping Transporter

Name RIEDEL ENVIRONMENTAL EPA I.D. No. CAD 981381125
Hauler License No. 0201 License Exp. Date 1/31/94
Address 4138 LAKESIDE DRIVE
City RICHMOND State CA Zip 94806

d) Tank and Piping Disposal Site

Name ERIKSON ENVIRONMENTAL EPA I.D. No. CAD 009466392
Address 3033 Richmond PKWY 255 Park Blvd
City Richmond State CA Zip 94806-1900
94801

* 11. Experienced Sample Collector

Name KEVIN POETTEL
Company RIEDEL ENVIRONMENTAL SERVICES
Address 4138 LAKESIDE DRIVE
City RICHMOND State CA Zip 94806 Phone 510-222-7810

* 12. Laboratory

Name CHROMALAB INC.
Address 2239 OMEGA ROAD #1
City SAN RAMON State CA Zip 94583
State Certification No. 1094

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

If yes, describe. NOT TO OUR KNOWLEDGE

540-3672 * Argon Mobil Labs (formerly Geokon)
3008 McKittrick Ct., Ste. N
Ceres, CA 95307
State Certification # 1873

14. Describe methods to be used for rendering tank inert

DRY ICE IN QUANTITY req'd to bring
LEL down to Acceptable Level.
25-30 lbs/1000 gal

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
6000 gal	Installed Approx. 1981 - Diesel Generator Storage to be de Commissioned when removed.	Soil, groundwater if present	under Tank 9T each end within 2' of Native Soil Ground water 9T Side wall high water mark

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



FORM 'A':
SITE

UNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION

COMPLETE THIS FORM FOR EACH FACILITY/SITE

No 11612

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

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

FACILITY/SITE NAME <i>Pacific Bell</i>		CARE OF ADDRESS INFORMATION <i>Same</i>		
ADDRESS <i>2100 Central Ave</i>		NEAREST CROSS STREET	<input checked="" type="checkbox"/> Box to indicate CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY
CITY NAME <i>Alameda</i>		STATE CA	ZIP CODE <i>94501</i>	SITE PHONE #, WITH AREA CODE <i>415-522-7324</i>
TYPE OF BUSINESS: <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS <input type="checkbox"/>	EPA ID # <i>CA1080015308</i>	# of TANK's AT THIS SITE <i>1</i>
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
DAYS: NAME (LAST, FIRST) <i>Emergency Control Center</i>		PHONE # WITH AREA CODE <i>415-823-7774</i>		DAYS: NAME (LAST, FIRST) <i>Same</i>
NIGHTS: NAME (LAST, FIRST) <i>Same</i>		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST) <i>Same</i>

II. PROPERTY OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME <i>Pacific Bell</i>		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS <i>2600 Camino Ramon, Rm 2E050</i>		<input checked="" type="checkbox"/> Box to indicate CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY
CITY NAME <i>San Ramon</i>		STATE CA	ZIP CODE <i>94583</i>	PHONE #, WITH AREA CODE <i>415-823-8723</i>

III. TANK OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED)

NAME <i>Same as II</i>		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS		<input checked="" type="checkbox"/> Box to indicate CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY
CITY NAME		STATE	ZIP CODE	PHONE #, WITH AREA CODE

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION AND BILLING: I. II. III.

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>M. Della Rocca</i>	DATE <i>3-14-89</i>
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LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	# of TANKS at SITE
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER		PERMIT APPROVAL DATE		PERMIT EXPIRATION DATE
LOCATION CODE	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT #
				BY:

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

STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD

AC-2



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

No. 21950

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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: _____ FARM TANK - YES NO

I. TANK DESCRIPTION COMPLETE ALL ITEMS - IF UNKNOWN - SO SPECIFY

A. OWNERS TANK ID # <u>126</u>	B. MANUFACTURED BY: <u>unknown</u>
C. YEAR INSTALLED <u>1981</u>	D. TANK CAPACITY IN GALLONS: <u>6,000</u>

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

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

D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # _____ C.A.S. #: _____

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL	<input type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> 95 UNKNOWN
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER _____

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

A. SYSTEM TYPE	A U 1 SUCTION	A (U) 2 PRESSURE	A U 3 GRAVITY	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 NONE	A (U) 95 UNKNOWN	A U 99 OTHER
C. MATERIAL	A U 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	A U 91 NONE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP		
	A U 9 GALVANIZED STEEL	A (U) 95 UNKNOWN	A U 99 OTHER			

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P S 1 VISUAL CHECK	P S 2 INVENTORY RECONCILIATION	P S 3 VADOSE WELLS	(P) S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P (S) 6 PRECISION TESTING	P S 7 PRESSURE TESTING	P S 91 NONE	P S 95 UNKNOWN	P S 99 OTHER _____

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>M. Della-Rocco</u>	DATE <u>3-14-89</u>
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LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME	PHONE # WITH AREA CODE	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>