

ALPHA GEO SERVICES INC.

GENERAL ENGINEERING CONTRACTOR LICENSE NO. 507520

298 BROKAW Rd.
SANTA CLARA, Ca. 95050

Phone (408) 988-1055
Fax (408) 988-3343

June 25, 1992

Ms. Pam Evans
Alameda County Health
Care Service Agency
80 Swan Way, Room 200
Oakland, California 94612

Dear Ms. Evans:

Per our phone conversation, the followings are the addendum to the permit application for tank removal located at 790 Bockman Road, in San Lorenzo, California.

1. Fire extinguisher will be available at the site at the front of the garage.
2. All soil samples will be collected by backhoe in brass tube liners.
3. All the samples will be collected and analyzed per California Regional Water Quality Control Board (CRWQCB), or analyses may be alternated or modified per your request.

If you have any questions, please feel free to contact our office at your convenience.

Sincerely,

ALPHA GEO SERVICES


Frank Hamedi-Fard

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan

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
TPHg	5030	GCFID	
BTEX	8020 or 8240 OR 602 or 624		
TPHd	3550 or 3510	GCFID	
O&G	5520 D&F or 5520 C&F		
CL HC	8010 or 8240 OR 601 or 624		
ICAP or AA	Cd, Cr, Pb, Zn, Ni		

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 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.

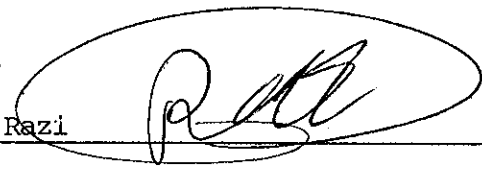
Signature of Contractor

Name (please type) Frank Hamedi-Fard

Signature 

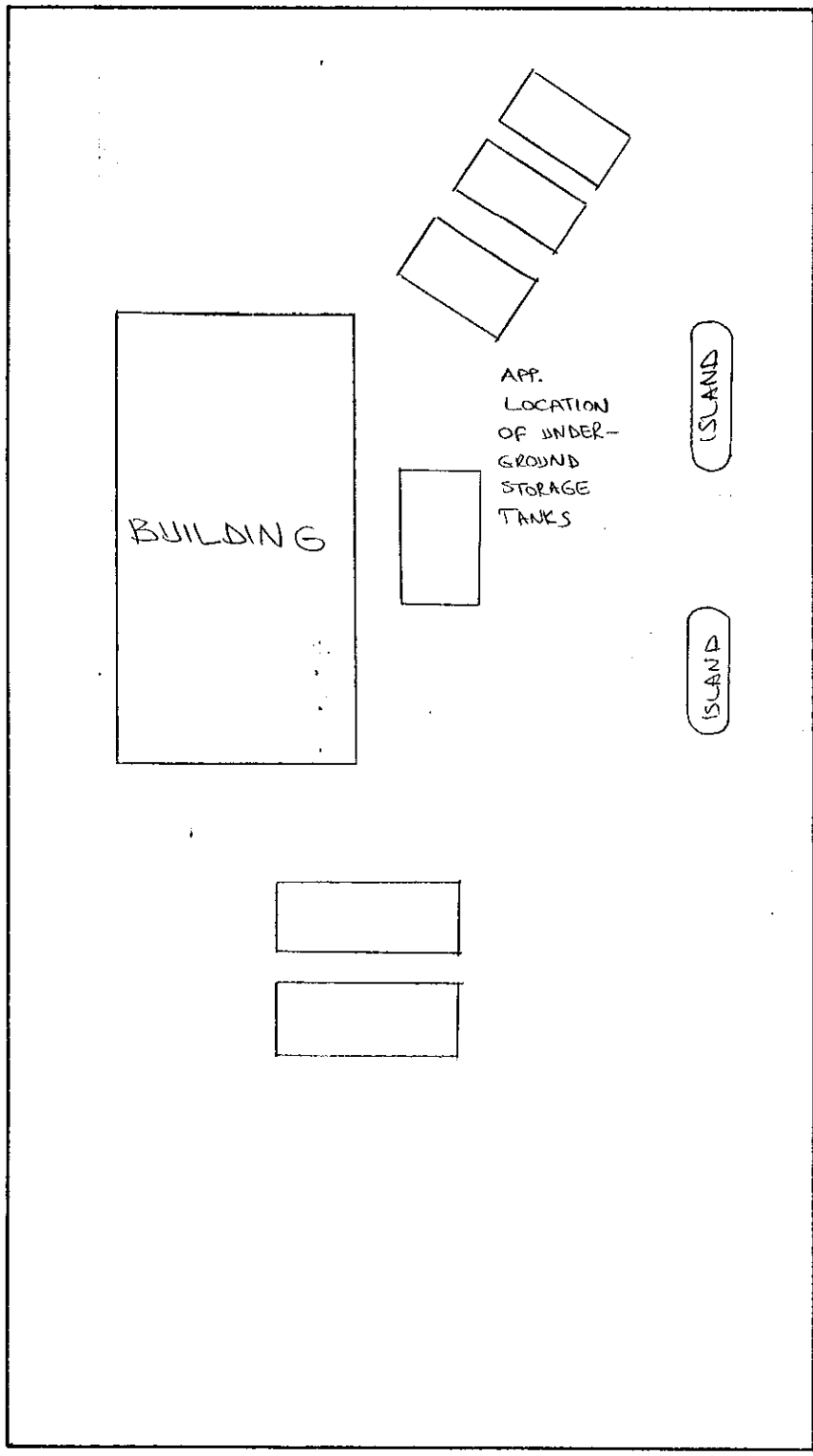
Date 6/22/92

Signature of Site Owner or Operator

Name (please type) Abolghassem Razi 

Signature _____

Date 6/22/92



BUILDING

APP.
LOCATION
OF UNDER-
GROUND
STORAGE
TANKS

ISLAND

ISLAND

SIDE WALK

BOCKMAN R.D.