ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION

470 - 27TH ST., RM. 322

94612 OAKLAND, CA

changes meet the requirements of St 'e and 'ocal laws. Building Inspection Diport ent

regulations.

THERE IS, A FINANCIAL PENALTY FOR NOT

OBTAINING THESE INSPECTIONS

ollowing required inspertions:

this Department at 1 est 48 hours prior to

the

Issuance of a permit to operate is dependent on com-pliance with accepted plans and all applicable laws and **Afine Inspection** Sampling Removel of Tank and Piping to determine if such

1.	Business Name City of Piedmont				
	Business Owner	City of Piedmont			
2.		120 VISTA AC			
	city Pied	mon T	zip <u>94611</u>	Phone	420-3050
3.	Mailing Addres	s 120 Vista Ave			
	city	Piedmont, CA	Zip 94611	Phone	420-5030
4.	Land Owner	City of Piedmont		100	
	Address	420 Vista Ave Piedmont	City, State CA		Zip 94611
5.	EPA I.D. No.	CAC 0000	82669		
6.	Contractor	Aqua Science Engineers	s, Inc.		
	Address	2500 Old Crow Canyon H	Road #121		
	City	San Ramon, CA 94583		Phone	320-9391
		A		7	
7. Other (Specify)					
	Address				
	city		Phone		

8.		son for Investigation		
	NameGreg	Burg, P.E.	TitleProj	ect Engineer
	Phone 820-			
0		f Tanks at facility _	3	
		applications for all		itted to this
10.	office?	Yes []	No [X]	
11.	State Regis	tered Hazardous Waste	Transporters/Fa	cilities
		/Waste Tranporter		
V	Name H	H Ship Service	EPA I.D.	No. CAD 009771 16
	Address	220 china Basin		
	city _	San Francisco	State <u>CA</u>	Zip <u>94/07</u>
	b) Rinsate	Transporter		
y	Name _	H & H Ship Service	EPA I.D.	No. CAD 004 771 168
/	Addres	ss 220 China Basin		
	city _	San Francisco	State	Zip <u>94107</u>
	c) Tank T	ransporter		
	Name .	Aqua Science Engineers	EPA I.D.	No. CAD 981 42/301
	Addre	ss 2500 our crou	CANYON RD	# 121
		San Ramon		Zip <u>94583</u>
	d) Contami	nated Soil Transporte	er	
	Name	JIM CHISOM	EPA I.D.	No. (AD 98058481)
X	Addr	ess <u>Po. Box 755</u>		
	City	Riverdale	State <u>Ca</u>	Zip <u>93656</u>
1:	2. Sample Col	lector		
	Name	Personnel		
		Aqua Science Engineers,	Inc.	
	Address	2500 Old Crow Canyon Roa	ad, #121	
	City	San Ramon, Sta	te CA Zip 94583	Phone 820-9391

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
GASOLINE BTX TPH DIESEL TPH	5020/8020/8015	5020/8015/8020 3050/8015

18. Site Safety Plan submitted? Yes [X] No [] Hard harts worn at all 19. Workman's Compensation: Yes [X] No []

Copy of Certificate enclosed? Yes [X] No [X]

Name of Insurer Glen Hansen Insurance

- 20. Plot Plan submitted? Yes [X] No []
- 21. Deposit enclosed? Yes [x] No []
- 22. Please forward to this office the following information within 60 days after receipt of sample results.
 - a) Chain of Custody Sheets
 - b) Original Signed Laboratory Reports
 - c) TSD to Generator copies of wastes shipped and received
 - d) Attachment A summarizing laboratory results

13. Sampling Information for each tank or area

285 (p	toric Contents ast 5 years) Asaline IES EL	Serie Egn. Azo Expresent	1-21 below full end and opposite of tank
If yes, des 15. NFPA method If yes, de Manual M	ds used for renscribe. 2.5 lbs 2.5 lbs Crace Analysis 3423 Investment B1	dering tank inert dry ice per 100 ga :	? Yes [X] No [] Ilons volume. What way tak met

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 that information an approval from the Department of Environmental order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

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

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

signature	of	Contractor
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Name (please type) Terrance E. Carter	
Signature Jenance E. Carter	
DateMay 9, 1988	
Signature of Site Owner or Operator	420-3050
Name (please type) CITY OF PIEDMONT	400 303
signature Michael W Enright	
Date MAY 17, 1988	

NOTES:

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