



TANK CLOSURE REPORT

1800 Oakland Avenue
Piedmont, CA 94611
Job No. 9098
August 3, 2009

Prepared For:

Piedmont Unified School District
760 Magnolia Avenue
Piedmont, CA 94611

Alameda County

OCT 08 2009

Environmental Health

A handwritten signature in black ink that reads "Tim Hallen". The signature is written in a cursive style and is positioned above a horizontal line.

Tim Hallen
Registered Environmental Assessor 08006

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COVER SHEET

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PM 3:02

September 23, 2009

Mr. Barney Chan
Alameda County Health Agency
1131 Harbor Bay Parkway
Alameda, CA 94502-6577

Job # 9098

**SUBJECT: CLOSURE REPORT FOR
UNDERGROUND STORAGE TANK**

**SITE: 1800 OAKLAND AVENUE
PIEDMONT, CA 94611**

Dear Mr. Barney Chan:

Golden Gate Tank Removal, Inc. is pleased to submit the attached report documenting the removal of underground storage tanks (USTs) from 1800 Oakland Avenue.

Please include us in the distribution of the notice of completion. Thank you for the opportunity to provide you with our services. If you have any questions, please call Tim Hallen or Joshua Alexander at (415) 512-1555.

Sincerely,
Golden Gate Tank Removal, Inc.

Tim Hallen
General Manager

cc: Piedmont Unified School District, 760 Magnolia Avenue, Piedmont, CA 94611

1. SITE LOCATION

The subject property is a school (School District) located at 1800 Oakland Avenue between Bonita Avenue and Highland Avenue in Piedmont, California. Figure 1 attached shows the general site location.

2. SITE HISTORY

One underground storage tank (UST) formerly used to contain heating oil and also partially filled with concrete was discovered during utility upgrade installation activity located beneath the grade within the property line (currently an open construction site). The tank had a capacity of approximately 1500 gallons, measuring approximately 10 feet in length by 5 feet in diameter, and was constructed of single wall bare steel. The fill port was located on the south end of the tank. The age of the tank is unknown. The owner had no knowledge of the tank nor is there any indication of previous site investigation activities. Figure 2 depicts the approximate location of the tank as well as nearby streets.

3. TANK REMOVAL

In July 2009, Golden Gate Tank Removal, Inc. (GGTR) applied for and obtained permit from Alameda County Environmental Health Services (ACEHS) and notified City of Piedmont Fire Department (CPFD) prior to the UST removal operations. Copies of the permit documents are included as an attachment.

On July 28, 2009, GGTR mobilized its equipment and began work on the project. The overburden soil covering the tank was removed and placed on visqueen in a covered stockpile adjacent to the tank excavation. Field measurements indicate the bottom of the tank was 7 feet below the grade. The subsurface product piping extending between the top of the tank and the foundation of the exterior building structure was not discovered in the excavation area. Exposed vent lines and fill pipes were removed.

As part of the removal operations, GGTR contracted Uniwaste Environmental to pump the residual product from the tank into a tanker truck. GGTR then pressure-washed the interior of the tank with a 180-degree water using 3000-psi pressure. A non-toxic enzyme detergent was used to break down thick oil deposits. After a third washing, Uniwaste Environmental removed the wash and rinse water from the tank and transported the Non-RCRA hazardous waste liquid (450 gallons) under Uniform Hazardous Waste Manifest No.004450251JJK to the Clearwater Environmental facility in Silver Springs, Nevada. A copy of the liquid waste manifest is included as an attachment.

During the residual oil and rinsate removal the tank was discovered to be partially filled with concrete. The material was broken out from the inside of the tank with a jack hammer. It was collected and transferred into a covered and lined metal storage bin provided by Uniwaste Environmental for profiling and disposal according to California regulations.

On July 30, 2009, upon the approval of Mr. Barney Chan of the ACEHS and Mr. John Speakman of the CPFD, GGTR removed the tank from the excavation. After a visual inspection, the tank was loaded onto a flatbed truck and transported as scrap metal to

Circosta Iron & Metal, Inc. in San Francisco, California. Copies of the Certificate of Disposal and Circosta Scrap Metal Recycling Receipt are attached.

4. TANK AND SOIL CONDITION

The tank was found to be in poor condition with at least one visible hole. No soil discoloration was observed in the tank overburden soil or in the soil underlying the tank. No hydrocarbon odors were noted in the overburden soil or in the soil underlying the tank. The overburden soil and the soil underlying the tank was predominantly sand and gravel. No groundwater was observed in the excavation during tank removal activities. Because of holes in the tank, an Underground Storage Tank Unauthorized Release (Leak) / Contamination Site Report was required for submission by the ACEHS. A copy of this report is included as an attachment.

5. TANK REMOVAL SAMPLING

On July 30, 2009, under the direction of Mr. Barney Chan, Millennium Consulting Associates collected one four-point composite soil sample from the soil stockpile containing the overburden soil. The composite stockpile sample was labeled 090730-803,4,5,6S. Millennium Consulting Associates also collected two confirmation soil samples from the bottom of the former tank excavation. Soil sample 090730-801S was collected from the south end of the excavation at approximately 8 feet below the grade surface (fbg) and sample 090730-802S was collected from the north end of the excavation at approximately 8 feet below the grade surface (fbg). All samples were transported to McCampbell Analytical, Inc. (DHS ELAP CERTIFICATION 1644) under formal chain-of-custody protocol for the required analyses. Figure 2 depicts the approximate soil samples locations.

6. TANK SAMPLE LABORATORY ANALYSIS

The soil samples were analyzed for Total Petroleum Hydrocarbons Extractable as Diesel (TPH-D) and Motor Oil (TPH-MO) by Extraction Method SW3550C and Analytical Method SW8015B3; Gasoline Range (C6-C12) Volatile Hydrocarbons as Gasoline (TPH-G), Benzene, Toluene, Ethylbenzene, Total Xylenes (BTEX) and Methyl-Tertiary-Butyl Ether (MTBE) by Extraction Method SW5030B and Analytical Method SW8021B/8015B M. A summary of the analytical results is included in the Table "Sampling Results Form" and a copy of the laboratory certificate of analysis and chain of custody form is included as an attachment.

7. WASTE MANAGEMENT & CONCRETE DISPOSAL

On July 30, 2009, GGTR contracted Uniwaste Environmental to dispose of the concrete formerly inside the tank that GGTR removed and loaded into a covered and lined metal storage bin. The material was transported as Hazardous Waste by Clearwater Environmental.

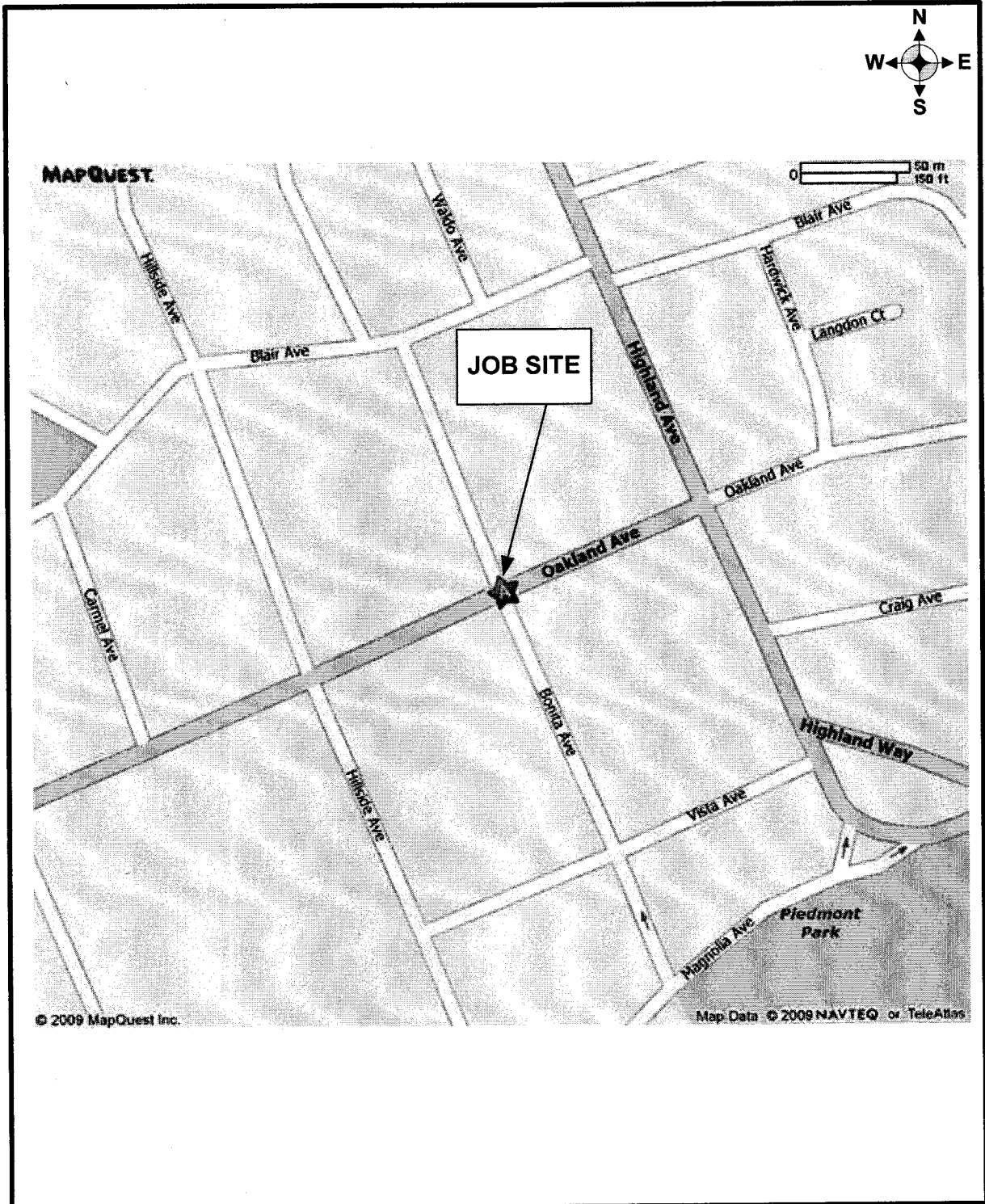
8. SITE RESTORATION

The excavation back fill and compaction was to be completed by the site contractor and PG&E.

9. FINDINGS / RECOMMENDATION

There were visible holes in the tank. There was no visual evidence of contamination in the overburden soil or soil underlying the tank. Groundwater was not encountered during the tank removal or sampling activities. The concrete inside the tank was collected and properly disposed of. The analytical results from the State Certified Laboratory following the tank removal and remedial activities were non-detect to insignificant and acceptable by the ACEHS; therefore, GGTR recommends no further action at the site.

FIGURES



GOLDEN GATE TANK REMOVAL, INC.
 3730 Mission Street
 San Francisco, CA 94110
 Ph (415) 512-1555 Fx (415) 512-0964

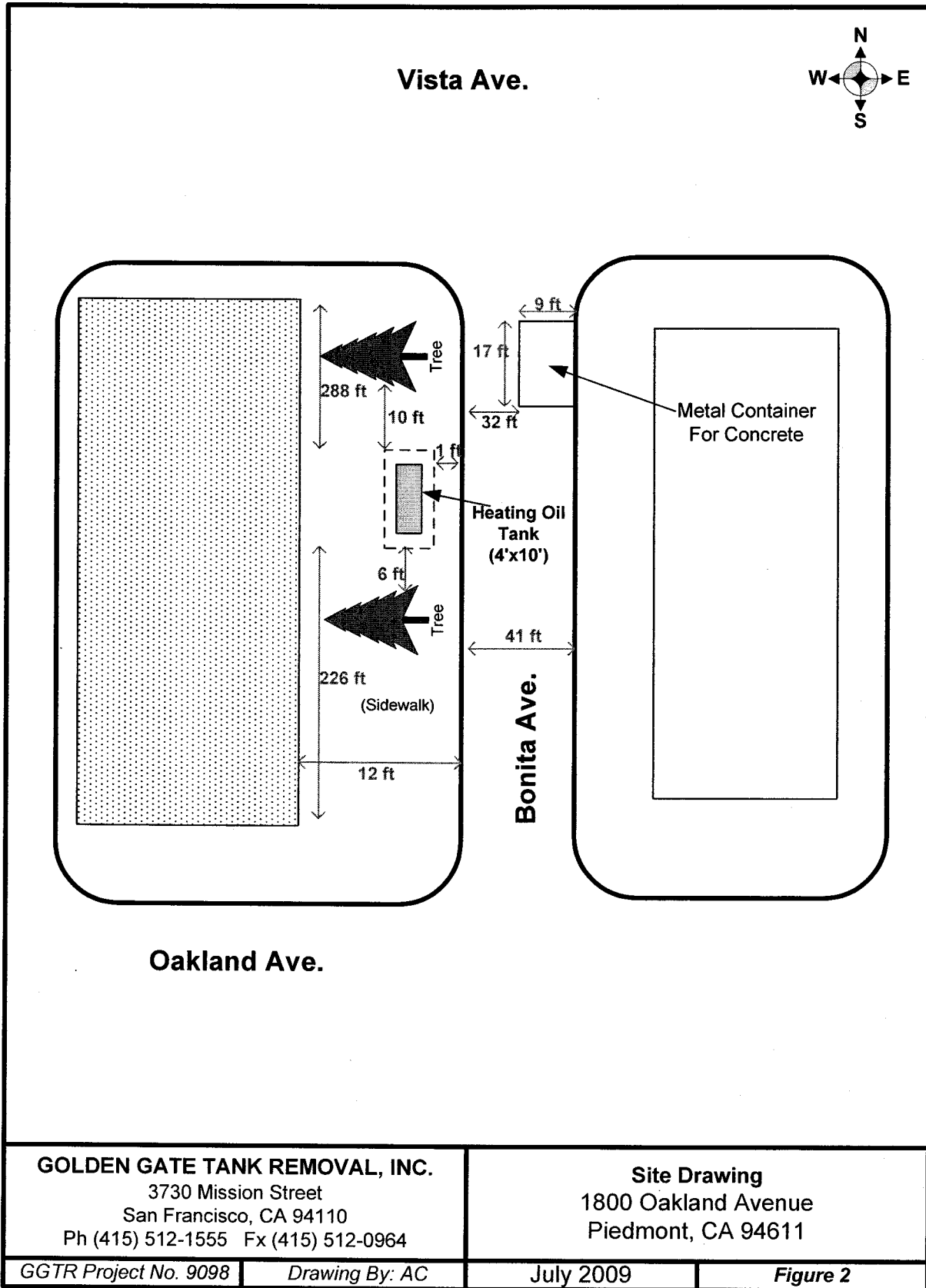
VICINITY MAP
 1800 Oakland Avenue
 Piedmont, CA 94611

GGTR Project No.9098

Drawing By: AC

July 2009

Figure 1



TABLE

SAMPLING RESULTS FORM

Underground Storage Tank Site Address: 1800 Oakland Avenue, Piedmont, CA 94611

Business Site Name: Commercial

Description Sample ID (Specify location; i.e., tank, pipe, stockpile) and number	Sample Depth (Indicate depth of sample from grade)	Media (soil/water)	Date (Date Sample was collected)	Soil Type (specify if sand, clay, fill, etc.)	Results expressed in parts per million (ppm)							
					TPH(G)	TPH-D (C18-C36)	TPH-MO (C18-C36)	B	T	E	X	MTBE
090730-803,4,5,6S (Stockpile)	Not Applicable	soil	7/30/2009	sand gravel	ND	7.0	35	ND	ND	ND	ND	ND
090730-801S (Excavation)	8 feet	soil	7/30/2009	sand gravel	ND	5.1	23	ND	ND	ND	ND	ND
090730-802S (Excavation)	8 feet	soil	7/30/2009	sand gravel	1.8	28	62	ND	ND	ND	ND	ND

BTEX = Benzene, Toluene, Ethylbenzene, Xylene

MTBE = Methyl-t-Butyl Ether

ND = Non-Detectable Results

List of additional analytical results and detection limits on attached certified lab report

ATTACHMENTS

ANALYTICAL REPORT
UST CLOSURE INSPECTION RECORDS
CERTIFICATE OF TANK DISPOSAL
SCRAP METAL RECYCLING RECEIPT
LIQUID MANIFESTS
UST UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION REPORT
PERMITS



McC Campbell Analytical, Inc.

"When Quality Counts"

1534 Willow Pass Road, Pittsburg, CA 94565-1701
Web: www.mcccampbell.com E-mail: main@mcccampbell.com
Telephone: 877-252-9262 Fax: 925-252-9269

MECA Consulting, Inc. 620 Contra Costa Blvd. Ste. 102 Pleasant Hill, CA 94523	Client Project ID: #16033.2007; Havens ES Phase I/II EJA	Date Sampled: 07/30/09
	Client Contact: Ramil Arcia	Date Received: 07/30/09
	Client P.O.: #4043	Date Extracted: 07/30/09
		Date Analyzed: 07/30/09-07/31/09

Gasoline Range (C6-C12) Volatile Hydrocarbons as Gasoline with BTEX and MTBE*

Extraction method: SW5030B

Analytical methods: SW8021B/8015Bm

Work Order: 0907797

Lab ID	Client ID	Matrix	TPH(g)	MTBE	Benzene	Toluene	Ethylbenzene	Xylenes	DF	% SS	Comments
001A	090730-801S	S	ND	ND	ND	ND	ND	ND	1	107	
002A	090730-802S	S	1.8	ND	ND	ND	ND	ND	1	97	d7
003A	090730-803,4,5,6S	S	ND	ND	ND	ND	ND	ND	1	104	

Reporting Limit for DF =1; ND means not detected at or above the reporting limit	W	50	5.0	0.5	0.5	0.5	0.5	ug/L
	S	1.0	0.05	0.005	0.005	0.005	0.005	mg/Kg

* water and vapor samples are reported in ug/L, soil/sludge/solid samples in mg/kg, wipe samples in ug/wipe, product/oil/non-aqueous liquid samples and all TCLP & SPLP extracts in mg/L.

cluttered chromatogram; sample peak coelutes w/surrogate peak; low surrogate recovery due to matrix interference.

*The following descriptions of the TPH chromatogram are cursory in nature and McC Campbell Analytical is not responsible for their interpretation:

d7) strongly aged gasoline or diesel range compounds are significant in the TPH(g) chromatogram

 McC Campbell Analytical, Inc. "When Quality Counts"	1534 Willow Pass Road, Pittsburg, CA 94565-1701 Web: www.mcccampbell.com E-mail: main@mcccampbell.com Telephone: 877-252-9262 Fax: 925-252-9269
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MECA Consulting, Inc. 620 Contra Costa Blvd. Ste. 102 Pleasant Hill, CA 94523	Client Project ID: #16033.2007; Havens	Date Sampled: 07/30/09
	ES Phase I/II EJA	Date Received: 07/30/09
	Client Contact: Ramil Arcia	Date Extracted: 07/30/09
	Client P.O.: #4043	Date Analyzed: 07/30/09-07/31/09

Total Extractable Petroleum Hydrocarbons*		
Extraction method: SW3550C	Analytical methods: SW8015B	Work Order: 0907797

Lab ID	Client ID	Matrix	TPH-Diesel (C10-C23)	TPH-Motor Oil (C18-C36)	DF	% SS	Comments
0907797-001A	090730-801S	S	5.1	23	2	93	e7,c2
0907797-002A	090730-802S	S	28	62	5	117	e7,c2
0907797-003A	090730-803,4,5,6S	S	7.0	35	2	112	e7,c2

Reporting Limit for DF =1; ND means not detected at or above the reporting limit	W	NA	NA	ug/L
	S	1.0	5.0	mg/Kg

* water samples are reported in µg/L, wipe samples in µg/wipe, soil/solid/sludge samples in mg/kg, product/oil/non-aqueous liquid samples in mg/L, and all DISTLC / STLC / SPLP / TCLP extracts are reported in µg/L.


cluttered chromatogram resulting in coeluted surrogate and sample peaks, or; surrogate peak is on elevated baseline, or; surrogate has been diminished by dilution of original extract.

+The following descriptions of the TPH chromatogram are cursory in nature and McC Campbell Analytical is not responsible for their interpretation:

e2) diesel range compounds are significant; no recognizable pattern

e7) oil range compounds are significant

DHS ELAP Certification 1644

 Angela Rydelius, Lab Manager



McC Campbell Analytical, Inc.

"When Quality Counts"

1534 Willow Pass Road, Pittsburg, CA 94565-1701
Web: www.mccampbell.com E-mail: main@mccampbell.com
Telephone: 877-252-9262 Fax: 925-252-9269

MECA Consulting, Inc. 620 Contra Costa Blvd. Ste. 102 Pleasant Hill, CA 94523	Client Project ID: #16033.2007; Havens ES Phase I/II EJA	Date Sampled: 07/30/09
		Date Received: 07/30/09
	Client Contact: Ramil Arcia	Date Extracted: 07/30/09
	Client P.O.: #4043	Date Analyzed: 07/30/09

Oxygenated Volatile Organics + EDB and 1,2-DCA by P&T and GC/MS*

Extraction Method: SW5030B

Analytical Method: SW8260B

Work Order: 0907797

Lab ID	0907797-001A	0907797-002A	0907797-003A		Reporting Limit for DF = I
Client ID	090730-801S	090730-802S	090730- 803,4,5,6S		
Matrix	S	S	S		
DF	I	I	I		

Compound	Concentration			mg/kg	ug/L
tert-Amyl methyl ether (TAME)	ND	ND	ND	0.005	NA
1-Butyl alcohol (TBA)	ND	ND	ND	0.05	NA
1,2-Dibromoethane (EDB)	ND	ND	ND	0.004	NA
1,2-Dichloroethane (1,2-DCA)	ND	ND	ND	0.004	NA
Diisopropyl ether (DIPE)	ND	ND	ND	0.005	NA
Ethyl tert-butyl ether (ETBE)	ND	ND	ND	0.005	NA
Methyl-1-butyl ether (MTBE)	ND	ND	ND	0.005	NA

Surrogate Recoveries (%)

%SS1:	94	92	92		
Comments					

* water and vapor samples are reported in µg/L, soil/sludge/solid samples in mg/kg, product/oil/non-aqueous liquid samples and all TCLP & SPLP extracts are reported in mg/L, wipe samples in µg/wipe.

ND means not detected above the reporting limit; N/A means analyte not applicable to this analysis.

surrogate diluted out of range or coelutes with another peak; &) low surrogate due to matrix interference.



McC Campbell Analytical, Inc.

"When Quality Counts"

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Web: www.mcccampbell.com E-mail: main@mcccampbell.com
Telephone: 877-252-9262 Fax: 925-252-9269

Sample Receipt Checklist

Client Name: **MECA Consulting, Inc.**

Date and Time Received: **7/30/2009 4:18:53 PM**

Project Name: **#16033.2007; Havens ES Phase I/II EJA**

Checklist completed and reviewed by: **Maria Venegas**

WorkOrder N°: **0907797** Matrix Soil

Carrier: Client Drop-In

Chain of Custody (COC) Information

Chain of custody present? Yes No

Chain of custody signed when relinquished and received? Yes No

Chain of custody agrees with sample labels? Yes No

Sample IDs noted by Client on COC? Yes No

Date and Time of collection noted by Client on COC? Yes No

Sampler's name noted on COC? Yes No

Sample Receipt Information

Custody seals intact on shipping container/cooler? Yes No NA

Shipping container/cooler in good condition? Yes No

Samples in proper containers/bottles? Yes No

Sample containers intact? Yes No

Sufficient sample volume for indicated test? Yes No

Sample Preservation and Hold Time (HT) Information

All samples received within holding time? Yes No

Container/Temp Blank temperature Cooler Temp: 10.6°C NA

Water - VOA vials have zero headspace / no bubbles? Yes No No VOA vials submitted

Sample labels checked for correct preservation? Yes No

TTLC Metal - pH acceptable upon receipt (pH<2)? Yes No NA

Samples Received on Ice? Yes No

(Ice Type: BLUE ICE)

* NOTE: If the "No" box is checked, see comments below.

Client contacted:

Date contacted:

Contacted by:

Comments:

McC Campbell Analytical, Inc.



1534 Willow Pass Rd
Pittsburg, CA 94565-1701
(925) 252-9262

CHAIN-OF-CUSTODY RECORD

WorkOrder: 0907797

ClientCode: MECA

WaterTrax WriteOn EDF Excel Fax Email HardCopy ThirdParty J-flag

Report to:

Ramil Arcia
MECA Consulting, Inc.
620 Contra Costa Blvd. Ste. 102
Pleasant Hill, CA 94523
(925) 808-6700 FAX (925) 808-6708

Email: rarcia@mecaenviro.com, kgoodrich@m
cc:
PO: #4043
ProjectNo: #16033.2007; Havens ES Phase I/II EJA

Bill to:

Accounts Payable
MECA, LLC
620 Contra Costa Blvd. Ste. 102
Pleasant Hill, CA 94523

Requested TAT: 1 day

Date Received: 07/30/2009

Date Printed: 07/30/2009

Lab ID	Client ID	Matrix	Collection Date	Hold	Requested Tests (See legend below)											
					1	2	3	4	5	6	7	8	9	10	11	12
0907797-001	090730-801S	Soil	7/30/2009	<input type="checkbox"/>	A	A	A									
0907797-002	090730-802S	Soil	7/30/2009	<input type="checkbox"/>	A	A	A									
0907797-003	090730-803,4,5,6S	Soil	7/30/2009	<input type="checkbox"/>	A	A	A									

Test Legend:

1	5-OXYS+PBSCV S	2	G-MBTX S	3	TPH(DMO) S	4		5	
6		7		8		9		10	
11		12							

Prepared by: Maria Venegas

Comments: 24hr Rush

NOTE: Soil samples are discarded 60 days after results are reported unless other arrangements are made (Water samples are 30 days).
Hazardous samples will be returned to client or disposed of at client expense.

090 779 7

McCAMPBELL ANALYTICAL, INC.

1534 WILLOW PASS ROAD
PITTSBURG, CA 94565-1701

Website: www.mccampbell.com Email: main@mccampbell.com
Telephone: (877) 252-9262 Fax: (925) 252-9269

Ref 4643

CHAIN OF CUSTODY RECORD

TURN AROUND TIME

GeoTracker EDF

PDF

Excel

Write On (DW)

RUSH

24 HR

48 HR

72 HR

5 DAY

Report To: Kruti Arora Bill To: _____
Company: Millennium Consulting
E-Mail: main@mccampbell.com
Tele: (475) 808-8900 Fax: (925) 808-0708
Project #: 16033-2007 Project Name: Haven Pt Phos 5/16 EPA
Project Location: Haven Pt
Sampler Signature: [Signature]

Analysis Request		Other	Comments
<input checked="" type="checkbox"/> MIBK / BTEX & TPH as Gas (802 / 8021 + 8015)			Filter Samples for Metals analysis: Yes / No
<input checked="" type="checkbox"/> TPH as Diesel / Motor Oil (8015)			
<input type="checkbox"/> Total Petroleum Oil & Grease (1664 / 5520 E/B&F)			
<input type="checkbox"/> Total Petroleum Hydrocarbons (418.1)			
<input type="checkbox"/> EPA 502.2 / 601 / 8010 / 8021 (H/VOCs)			
<input type="checkbox"/> EPA 505 (408 / 8081 (C) Pesticides)			
<input type="checkbox"/> EPA 608 / 8082 PCB's ONLY: Aroclors / Congeners			
<input type="checkbox"/> EPA 507 / 8141 (NP Pesticides)			
<input type="checkbox"/> EPA 515 / 8151 (Acidic CI Herbicides)			
<input type="checkbox"/> EPA 524.2 / 624 / 8260 (VOCs)			
<input type="checkbox"/> EPA 525.2 / 625 / 8270 (SVOCs)			
<input type="checkbox"/> EPA 8270 SEM / 8310 (PAHs / PNAs)			
<input type="checkbox"/> CAN 17 Metals (200.7 / 200.8 / 6010 / 6020)			
<input type="checkbox"/> IUT 5 Metals (200.7 / 200.8 / 6010 / 6020)			
<input type="checkbox"/> Lead (200.7 / 200.8 / 6010 / 6020)			
		<u>EDB, EDC (8260)</u>	
		<u>Oxyanions (8260)</u>	

SAMPLE ID	LOCATION / Field Point Name	SAMPLING		# Containers	Type Containers	MATRIX					METHOD PRESERVED								
		Date	Time			Water	Soil	Air	Sludge	Other	ICE	HCL	HNO ₃	Other					
090730-801 S	Under tank S	7/30/07		1	SS		X												
-802 S	J - N			1															
-803 S	Spill N			1															
-799 S	NE			1															
-805 S	E			1															
-806 S	SE			1															

Relinquished By: [Signature] Date: 7/30/07 Time: 4:15 PM Received By: [Signature]
Relinquished By: _____ Date: _____ Time: _____ Received By: _____
Relinquished By: _____ Date: _____ Time: _____ Received By: _____

ICE 10.6, Blue Ice
GOOD CONDITION _____
HEAD SPACE ABSENT _____
DECHLORINATED IN LAB _____
APPROPRIATE CONTAINERS _____
PRESERVED IN LAB _____
VOAS O&G METALS OTHER
PRESERVATION pH<2
* Please composite sample 803S → 806S *

COUNTY OF ALAMEDA UNDERGROUND TANK SYSTEM CLOSURE INSPECTION REPORT

For Use By the County of Alameda, Environmental Health

PAGE 01/01

ALAMEDA COUNTY DEH

5103379335

08:29

07/31/2009

[Redacted Box]

Facility Name: Piedmont USD Contractor's name: Golden Gate Tank Removal Inc
 Address: 1800 Oakland Ave City: Piedmont Zip: 94611
 Project Contact: Tim Hallen Phone No.: 415-539-0499

Tank ID No.					
Size	1500 GALLONS				
Construction Material	Steel				
Single/Double Wall					
Backfill Type	Sandy/Silty Soil				
Oxygen <10%	NA				
LEL <20%	NA				
Tank Condition	No obvious holes or breaches. Observed on N-end of UST				
Soil/Groundwater Condition	Sandy/silty Soil - no odors observed				
Soil Sample Depth	~ 8' bgs				
Number and Description of Soil/Groundwater Samples (Indicate Sample Locations on Site Plan.)	1 - 8' bgs S-mtn end of UST 1 - 8' bgs N-end of UST				

Disposition of Tank Contents: Will be taken away by Clearwater NA
 Tank & Piping Transport: Shipped on Manifest; Transporter Name Same as on Application. NA
 Piping: Rinsed/Tested/Capped. Rinsate: Shipped on Manifest. NA
 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. - after analysis/confirm assumed. Site Plan: Attached.

Comments/Special Conditions: Please submit Tank Removal report to ACD/ETH, attn: Robert Weston w/ 30 days - 4 direct samples to be completed into 1 by lab

Inspector: Barney Chan Agency: ACDEH Date: 7/30/09 Start Time: 1100 Stop Time:

Signature of Contractor/Authorized Agent: [Signature] Date: 7/30/09 Page 1 of 2

ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
Certified Unified Program Agency (CUPA)

INSPECTION REPORT SUMMARY / SUMMARY OF VIOLATIONS
NARRATIVE

Facility Name: Piedmont Unified School District - Tank Removal
 Facility Address: 1800 Oakland Ave Piedmont

Onsite: Ramil Arcia - Sampler
 Proj manager Jack McCubbin
 C: 925-766-2634
 Millennium Consulting
 (925-804-6708)

Contractor: Pete Palmer - Villa Construction
 Tom / J. Alexander - Golden Gate Tank Removal

~ 1500 gal steel UST - diesel/heating fuel tank filled w/ concrete
 Concrete is piled on no queen next to UST + in a lined storage bin
 Concrete will be hauled as haz waste by Clearwater Env.
 UST hauled on flat bed of Golden Gate truck - deemed non-haz
 by contractor - No odors in sample collected from bottom of pit ~ 7.5' deep
 Bedrock encountered @ ~ 8.5'
 Spile 1 - South end - 8' by 5' - brown sandy/gravel - no odors obs.
 Spile 2 - North end - " " " " " " " "
 A disperse Stachyote spiles to be composited into 1 by lab also taken

Date of Inspection	Inspector	Signature of Facility Representative
7/30/09	B Chan	



CERTIFICATE OF DISPOSAL

DATE: July 30, 2009
PROJECT NUMBER: 9098
PROJECT ADDRESS: 1800 Oakland Avenue, Piedmont, CA 94611
TANK SIZE: 1500 gallons
ORIGINAL TANK CONTENTS: Heating Oil

Golden Gate Tank Removal, Inc. hereby issues CERTIFICATION that:

- This tank was cleaned by triple rinsing and allowable for disposal as scrap metal.
- The Oxygen content of the Tank was 20.9%
- The Lower Explosive Limit was 0%
- The above tank was rendered harmless by cutting and disposed of as scrap metal at Circosta Iron and Metal, Inc.
- The above method of tank destruction is suitable for the materials involved and is accepted by the City of Piedmont and Alameda County as an appropriate disposal method.

A copy of the scrap metal receipt is attached to this Certification. If there are any questions regarding this tank, please contact this office.

Golden Gate Tank Removal, Inc.



CERTIFICATE OF DISPOSAL

DATE: July 30, 2009
PROJECT NUMBER: 9098
PROJECT ADDRESS: 1800 Oakland Avenue, Piedmont, CA 94611
ORIGINAL CONTENTS: Concrete – inside the tank

Golden Gate Tank Removal, Inc. hereby issues CERTIFICATION that:

- This concrete was cleaned by triple rinsing and allowable for disposal.
- The above concrete was disposed at Clearwater Environmental.
- The above method of concrete destruction is suitable for the materials involved and is accepted by the City of Piedmont and Alameda County as an appropriate disposal method.

A copy of the concrete disposal receipt is attached to this Certification. If there are any questions regarding this concrete, please contact this office.

Golden Gate Tank Removal, Inc.

CIRCOSTA IRON AND METAL, INC.

1801 EVANS AVENUE • SAN FRANCISCO, CALIFORNIA 94124
PHONE (415) 282-8568 FAX (415) 641-7804

#9098

BUY NUMBER

306388

CUSTOMER GOLDEN GATE
ADDRESS Tank Removal
LICENSE NO. _____
DRIVER'S LIC. NO. _____
JOB NO. _____ NAME _____
TIME IN _____ TIME OUT _____

DATE: <u>7/30/09</u>
<u>9320 LB</u> LBS. GROSS
<u>7660 LB</u> LBS. TARE
<u>1660</u> LBS. NET
_____ LBS. DEDUCTION

- #1 HMS
- #2 HMS
- STRUCTURAL
- RE-BAR
- HMS and SHEET MIX
- CLEAN SHEET
- W/G
- CAST IRON
- M-BLOCKS
- BODIES
- NON FERROUS

PAID
JUL 30 2009

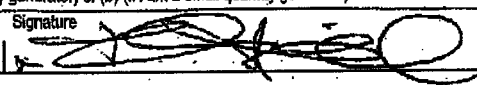
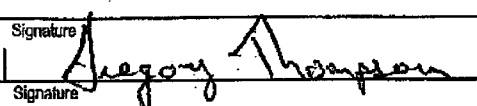
BY: _____
PREPARED
UNPREPARED

WEIGHER
UNIT PRICE \$ 130.-
AMOUNT \$ 107.90

COMMENTS: _____


CUSTOMER SIGNATURE

BILL OF SALE: I hereby state that I am the lawful owner of the material described hereon, that I have a right to sell same and that for payment received in full, hereby acknowledged, I sell and convey title of same of the CIRCOSTA IRON & METAL CO.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number C A C 0 0 2 6 4 2 6 8 2	2. Page 1 of 1	3. Emergency Response Phone 510)476-1740	4. Manifest Tracking Number 004450251 JJK					
5. Generator's Name and Mailing Address HAVENS ELEMENTRY SCHOOL 760 MAGNOLIA AVE PIEDMONT CA 946114047				Generator's Site Address (if different than mailing address) 1800 OAKLAND AVE PIEDMONT CA 946114022						
6. Generator's Phone: 540 594-2600				U.S. EPA ID Number C A L 0 0 0 3 1 7 3 2 0						
8. Transporter 1 Company Name UNI WASTE				U.S. EPA ID Number						
7. Transporter 2 Company Name				U.S. EPA ID Number						
8. Designated Facility Name and Site Address CLEARWATER ENVIRONMENTAL 2430 ALMOND DRIVE SILVER SPRINGS NV 89429				U.S. EPA ID Number N V D 9 8 2 3 5 8 4 8 3						
Facility's Phone: (775)577-9001										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt/Vol.	13. Waste Codes		
	1.	(OI & WATER) NON-REGRA HAZARDOUS WASTE LIQUID		0 0 1 T T		450	G	223		
	2.									
	3.									
	4.									
14. Special Handling Instructions and Additional Information WEAR PPE, ERG # 171 GOLDEN GATE TANK REMOVAL JOB#9098										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offeror's Printed/Typed Name TOM FERRICK				Signature 		Month Day Year 07 29 09				
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
TRANSPORTER	Transporter 1 Printed/Typed Name Gregory Thompson				Signature 		Month Day Year 07 29 09			
	Transporter 2 Printed/Typed Name				Signature		Month Day Year			
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number: _____									
	18b. Alternate Facility (or Generator)						U.S. EPA ID Number			
Facility's Phone: _____										
18c. Signature of Alternate Facility (or Generator)						Month Day Year				
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1.		2.		3.		4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name				Signature		Month Day Year				

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK)/ CONTAMINATION SITE REPORT

EMERGENCY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> Yes <input type="checkbox"/> No	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.	
	REPORT DATE 8/3/09	CASE #		SIGNED _____ DATE _____
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Annette Chen		PHONE (415) 512-1555	SIGNATURE
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OWNER/OPERATOR <input checked="" type="checkbox"/> OTHER... contractor		COMPANY OR AGENCY NAME Golden Gate Tank Removal, Inc.	
	ADDRESS 3730 Mission Street STREET CITY STATE ZIP San Francisco CA 94110			
RESPONSIBLE PARTY	NAME Piedmont Unified School District <input type="checkbox"/> Unknown			PHONE 510-594-2608
	ADDRESS 760 Magnolia Ave. STREET CITY STATE ZIP Piedmont CA 94611			
SITE LOCATION	FACILITY NAME (IF APPLICABLE)		OPERATOR	PHONE
	ADDRESS 1800 Oakland Ave. STREET CITY COUNTY ZIP Piedmont Alameda 94611			
	CROSS STREET Bonita Ave.			
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Department of Environmental Health -Barney Chan			PHONE (510)567-6765
	REGIONAL BOARD PHONE			
SUBSTANCES INVOLVED	(1) NAME Heating Oil & Concrete			QUANTITY LOST (GALLONS) _____ <input checked="" type="checkbox"/> Unknown
	(2)			_____ <input type="checkbox"/> Unknown
DISCOVERY/ABATEMENT	DATE DISCOVERED 7/30/09	HOW DISCOVERED <input type="checkbox"/> Tank Test <input checked="" type="checkbox"/> Tank Removal <input type="checkbox"/> Nuisance Conditions <input type="checkbox"/> Inventory Control <input type="checkbox"/> Subsurface Monitoring <input type="checkbox"/> Other...		
	DATE DISCHARGE BEGAN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)	
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7/30/09 IF YES, DATE		<input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> Remove Contents <input checked="" type="checkbox"/> Close Tank & Removed <input type="checkbox"/> Repair Tank <input type="checkbox"/> Change Procedure <input type="checkbox"/> Replace Tank <input type="checkbox"/> Other... <input type="checkbox"/> Repair Piping	
SOURCE/CAUSE	SOURCE OF DISCHARGE		CAUSE(S)	
	<input type="checkbox"/> Tank Leak <input type="checkbox"/> Piping Leak <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other...		<input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Rupture/Failure <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Spill <input type="checkbox"/> Other...	
CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> Undetermined <input type="checkbox"/> Soil Only <input type="checkbox"/> Groundwater <input type="checkbox"/> Drinking Water - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)			
CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> No Action Taken <input type="checkbox"/> Case Closed (Cleanup Completed or Unnecessary) <input type="checkbox"/> Leak Being Confirmed <input type="checkbox"/> Pollution Characterization <input type="checkbox"/> Remediation Plan <input type="checkbox"/> Post Cleanup Monitoring in Progress <input type="checkbox"/> Preliminary Site Assessment Workplan Submitted <input type="checkbox"/> Cleanup Underway <input type="checkbox"/> Preliminary Site Assessment Underway			
REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> Cap Site (CD) <input type="checkbox"/> Excavate & Treat (ET) <input type="checkbox"/> Treatment at Hookup (HU) <input type="checkbox"/> Other... <input type="checkbox"/> Contamination Barrier (CB) <input type="checkbox"/> No Action Required (NA) <input type="checkbox"/> Enhanced Bio Degradation (IT) <input type="checkbox"/> Vacuum Extract (VE) <input type="checkbox"/> Remove Free Product (FP) <input type="checkbox"/> Replace Supply (RS) <input type="checkbox"/> Excavate & Dispose (ED) <input type="checkbox"/> Pump & Treat Groundwater (GT) <input type="checkbox"/> Vent Soil (VS)			
COMMENTS	Holes found in the tank.			

ATTN: Mr. Robert Weston
Alameda County Environmental Health Services
1131 Harbor Bay Parkway, Room 250
Alameda, CA 94502-6577
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/demolition.

A true copy of the accepted plans must be on the job and provided 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 dependant on compliance with accepted plans and all applicable laws and regulations.

***THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:**

Contact Specialist:

Barney Chan
510-520-3250

Health Permit Application
Underground Tank Removal

1800 Oakland Avenue
Piedmont, California 94611

July 28, 2009

Golden Gate Tank Removal, Inc.
3730 Mission Street
San Francisco, California 94110

Project # 9098

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
ENVIRONMENTAL HEALTH SERVICES
1131 HARBOR BAY PARKWAY, RM 250
ALAMEDA, CA 94502-6577
PHONE # 510/567-6700

UNDERGROUND TANK CLOSURE PLAN

* * * Complete plan according to attached instructions * * *

1. Name of Business Golden Gate Tank Removal, Inc.
Business Owner or Contact Person (PRINT) Joshua Alexander
2. Site Address 1800 Oakland Ave.
city Piedmont zip 94611 Phone (510)594-2608
3. Mailing Address 3730 Mission Street
city San Francisco zip 94110 Phone (415) 512-1555
4. Property Owner Piedmont Unified School District
Business Name (if applicable) _____
Address 760 Magnolia Ave.
city, state Piedmont CA zip 94611
5. Generator name under which tank will be manifested
Piedmont Unified School District
EPA ID# under which tank will be manifested C A C 0 0 2 6 4 2 6 8 2

6. Contractor Golden Gate Tank Removal, Inc.
Address 3730 Mission Street
City San Francisco Phone (415) 512-1555
License Type A C-8 HAZ ID# 616521
7. Consultant (if applicable) _____
Address _____
City, State _____ Phone _____
8. Main Contact Person for Investigation (if applicable)
Name Joshua Alexander Title Project Manager
Company Golden Gate Tank Removal, Inc.
Phone (415) 512-1555
9. Number of underground tanks being closed with this plan 1 (one)
Length of piping being removed under this plan up to 15 feet
Total number of underground tanks at this facility (**confirmed with owner or operator) 1 (to be removed)
10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

**** Underground storage tanks must be handled as hazardous waste ****

a) Product/Residual Sludge/Rinsate Transporter

Name Uniwaste, Inc. EPA I.D. No. CAL000317320
Hauler License No. 4919 License Exp. Date 03/31/2009
Address P.O. Box 2404
City Union City State CA Zip _____

b) Product/Residual Sludge/Rinsate Disposal Site

Name Clearwater Environmental EPA ID# NVD982358483
Address 2430 Almond Drive
City Silver Springs State NV Zip 89429

c) Tank and Piping Transporter ^{WE INTEND TO DISPOSE & TRANSPORT THIS AS NON HAZ, IF NOT}

Name Ecology Control Industries EPA I.D. No. CAD 009 466 392

Hauler License No. 1533 License Exp. Date 04/06/2017

Address 255 Parr Road

city Richmond State CA zip 94801

d) Tank and Piping Disposal Site ^{WE INTEND TO DISPOSE & TRANSPORT THIS AS NON HAZ, IF NOT}

Name Ecology Control Industries EPA I.D. No. CAD 009 466 392

Address 255 Parr Road

city Richmond State CA zip 94801

11. Sample Collector

Name Joshua Alexander

Company Golden Gate Tank Removal, Inc.

Address 3730 Mission Street

City San Francisco State CA Zip 94110 Phone (415) 512-1555

12. Laboratory

Name Accutest Laboratories

Address 3334 Victor court

city Santa Clara State CA Zip 95054

State Certification No. 2346

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

If yes, describe. _____

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

removal of product, purge, introduce dry ice to reduce vapors

flush lines and triple rinse with water, if necessary

pump to vacuum truck, steam clean tank

Before tanks 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 Samples
Capacity	Use History include date last used (estimated)		
1500 Gallons	unknown	soil samples & water if present	1. stockpile 2. north/ east end of excavation 3. south/west end of excavation bottom of tank- max 15 feet

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

Excavated/Stockpiled Soil	
<p>Stockpiled Soil Volume (estimated)</p> <p>10-20 yards</p>	<p>Sampling Plan</p> <p>4 point composite for every 50 cubic yards</p> <p>or 4 point composite for every 20 cubic yards</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
Benzene	8021B	SW8020F	0.005 PPM
Toluene	8021B	SW8020F	0.005 PPM
Ethylbenzene	8021B	SW8020F	0.005 PPM
Xylenes	8021 B	SW8020F	0.010 PPM
MTBE	8015M/8021B	SW8020F	0.005 PPM
TPH-D	8015M	CATFH	1.0 PPM

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

18. Submit copy of Worker's Compensation Certificate

Name of Insurer State Fund Compensation Insurance

19. Submit Plot Plan (See Instructions)

20. Enclose Fee (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, if applicable).

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 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.

CONTRACTOR INFORMATION

Name of Business Golden Gate Tank Removal, Inc.

Name of Individual Annette Chen - Project Coordinator

Signature _____ Date 7/28/09

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Piedmont Unified School District (care of GGTR)

Name of Individual Piedmont Unified School District

Signature _____ On Behave of Owner Date 7/28/09

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.

SITE INFORMATION:

Site ID Number
(if known)

Piedmont Unified School District

Name of Site

1800 Oakland Ave.

Street Address

Piedmont CA 94611

City, State & Zip Code

I designate the following person or business to receive any refund due at the completion of all deposit/refund projects:

Golden Gate Tank Removal, Inc.

Name

3730 Mission Street

Street Address

San Francisco CA 94110

City, State & Zip Code

Signature of Payor

Annette Chen

Name of Payor
(PLEASE PRINT CLEARLY)

7/28/09

Date

Golden Gate Tank Removal, Inc.

Company Name of Payor

RETURN FORM TO:

*County of Alameda, Environmental Protection
1131 Harbor Bay Parkway, Rm 250
Alameda CA 94502-6577
Phone#(510) 567-6700*

RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR UNDERGROUND TANK LEAKS

For Use by Unkdocs Member Agencies or where approved by your Local Jurisdiction

TABLE #2

REVISED 1 MARCH 1999

HYDROCARBON LEAK	SOIL ANALYSIS (SW-846 METHOD)		WATER ANALYSIS (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, and TBA 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, and TBA 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, and TBA by 8260 for soil and 524.2-624 (8260) for water			
Chlorinated Solvents	CL HC	8260	CL HC	524.2/624 (8260)
	BTEX	8060 or 8021	BTEX	524.2/624 (8260) or 524.2/602 (8021)
Non-chlorinated Solvents	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8060 or 8021	BTEX	524.2/624 (8260) or 524.2/602 (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)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
	METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil and water			
	PCB*, PCP*, PNA, CREOSOTE by 8270 for soil and 524/625 (8270) for water			
	* If found, analyze for dibenzofurans (PCBs) or dioxins (PCF)			

NOTES:

1. 8021 replaces old methods 8020 and 8010
2. 8260 replaces old method 8240
3. Reference: Table B-1 in Appendix B of "Expedited Site Assessment Tools for Underground Storage Tank Sites: A Guide for Regulators" (EPA 510-B-87-001)

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - FACILITY

(one page per site) Page ____ of ____

TYPE OF ACTION	<input type="checkbox"/> 1. NEW SITE PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION	<input type="checkbox"/> 7. PERMANENTLY CLOSED SITE
(Check one item only)	<input type="checkbox"/> 4. AMENDED PERMIT	specify change local use only _____		<input type="checkbox"/> 8. TANK REMOVED
				400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3	FACILITY ID#									1	
Piedmont Unified School District											
NEAREST CROSS STREET 401	FACILITY OWNER TYPE		<input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT*								
Bonita Ave.	<input type="checkbox"/> 1. CORPORATION		<input type="checkbox"/> 5. COUNTY AGENCY*								
BUSINESS TYPE	<input type="checkbox"/> 2. INDIVIDUAL		<input type="checkbox"/> 6. STATE AGENCY*								
<input type="checkbox"/> 1. GAS STATION <input type="checkbox"/> 3. FARM <input type="checkbox"/> 5. COMMERCIAL	<input type="checkbox"/> 3. PARTNERSHIP		<input type="checkbox"/> 7. FEDERAL AGENCY* 402								
<input type="checkbox"/> 2. DISTRIBUTOR <input type="checkbox"/> 4. PROCESSOR <input type="checkbox"/> 6. OTHER 403											
TOTAL NUMBER OF TANKS REMAINING AT SITE 404	Is facility on Indian Reservation or trustlands? 405		*If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.) 406								
1 (one)	<input type="checkbox"/> Yes <input type="checkbox"/> No										

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407	PHONE 408	
Piedmont Unified School District	410-594-2608	
MAILING OR STREET ADDRESS 409		
760 Magnolia Ave.		
CITY 410	STATE 411	ZIP CODE 412
Piedmont	CA	94611
PROPERTY OWNER TYPE		
<input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY		
<input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY 413		

III. TANK OWNER INFORMATION

TANK OWNER NAME 414	PHONE 415		
MAILING OR STREET ADDRESS 416			
CITY 417		STATE 418	ZIP CODE 419
TANK OWNER TYPE			
<input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY			
<input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY 420			

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44-	Call (916) 322-9669 if questions arise	421
----------------	--	-----

V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(s)	<input type="checkbox"/> 1. SELF-INSURED	<input type="checkbox"/> 4. SURETY BOND	<input type="checkbox"/> 7. STATE FUND	<input type="checkbox"/> 10. LOCAL GOVT MECHANISM
	<input type="checkbox"/> 2. GUARANTEE	<input type="checkbox"/> 5. LETTER OF CREDIT	<input type="checkbox"/> 8. STATE FUND & CFO LETTER	<input type="checkbox"/> 99. OTHER:
	<input type="checkbox"/> 3. INSURANCE	<input type="checkbox"/> 6. EXEMPTION	<input type="checkbox"/> 9. STATE FUND & CD	422

VI. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.	<input type="checkbox"/> 1. FACILITY	<input type="checkbox"/> 2. PROPERTY OWNER	<input type="checkbox"/> 3. TANK OWNER	423
---	--------------------------------------	--	--	-----

VII. APPLICANT SIGNATURE

Certification - I certify that the information provided herein is true and accurate to the best of my knowledge.			
SIGNATURE OF APPLICANT	DATE 424	PHONE	425
	7/28/09		
NAME OF APPLICANT (print) 426	TITLE OF APPLICANT 427		
STATE UST FACILITY NUMBER (For local use only) 428	1998 UPGRADE CERTIFICATE NUMBER (For local use only) 429		

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 1

(two pages per tank)

Page ____ of ____

TYPE OF ACTION 1 NEW SITE PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY SITE CLOSURE
 (Check one item only) _____
 3 RENEWAL PERMIT (Specify reason – for local use only) _____ (Specify reason – for local use only) _____
 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) FACILITY ID: _____
Piedmont Unified School District 3 _____

LOCATION WITHIN SITE (Optional) 431
1800 Oakland Ave., Piedmont, CA

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # 432 TANK MANUFACTURER 433 COMPARTMENTALIZED TANK Yes No 434
 If "Yes", complete one page for each compartment.

DATE INSTALLED (YEAR/MO) 435 TANK CAPACITY IN GALLONS 436 NUMBER OF COMPARTMENTS 437
1500 gallon

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439 PETROLEUM TYPE 440
 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) 1a. REGULAR UNLEADED 2. LEADED 5. JET FUEL
 2. NON-FUEL PETROLEUM 1b. PREMIUM UNLEADED 3. DIESEL 6. AVIATION FUEL
 3. CHEMICAL PRODUCT 1c. MIDGRADE UNLEADED 4. GASOHOL 99. OTHER
 4. HAZARDOUS WASTE (Includes Used Oil)
 95. UNKNOWN

COMMON NAME (from Hazardous Materials Inventory page) 441 CAS# (from Hazardous Materials Inventory page) 442
Diesel

III. TANK CONSTRUCTION

TYPE OF TANK 1. SINGLE WALL 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443
 (Check one item only) 2. DOUBLE WALL 4. SINGLE WALL IN VAULT 95. UNKNOWN 99. OTHER

TANK MATERIAL – primary tank 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 95. UNKNOWN 444
 (Check one item only) 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER

TANK MATERIAL – secondary tank 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 95. UNKNOWN 445
 (Check one item only) 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER
 5. CONCRETE 10. COATED STEEL

TANK INTERIOR LINING 1. RUBBER LINED 3. EPOXY LINING 5. GLASS LINING 95. UNKNOWN 446 DATE INSTALLED 447
 OR COATING 2. ALKYD LINING 4. PHENOLIC LINING 6 UNLINED 99 OTHER (For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE 1 MANUFACTURED CATHODIC PROTECTION 3 FIBERGLASS REINFORCED PLASTIC 95 UNKNOWN 448 DATE INSTALLED 449
 (Check one item only) 2 SACRIFICIAL ANODE 4 IMPRESSED CURRENT 99 OTHER (For local use only)

SPILL AND OVERFILL YEAR INSTALLED 450 TYPE (local use only) 451 OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452
 (Check all that apply) 1 SPILL CONTAINMENT 1 ALARM 3 FILL TUBE SHUT OFF VALVE
 2 DROP TUBE 2 BALL FLOAT 4 EXEMPT
 3 STRIKER PLATE

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453 IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
 1 VISUAL (EXPOSED PORTION ONLY) 5 MANUAL TANK GAUGING (MTG) 1 VISUAL (SINGLE WALL IN VAULT ONLY)
 2 AUTOMATIC TANK GAUGING (ATG) 6 VADOSE ZONE 2 CONTINUOUS INTERSTITIAL MONITORING
 3 CONTINUOUS ATG 7 GROUNDWATER 3 MANUAL MONITORING
 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING 8 TANK TESTING
 99 OTHER 99 OTHER

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455 ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 TANK FILLED WITH INERT MATERIAL? 457
 _____ gallons Yes No

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page ___ of ___

UNDERGROUND PIPING				ABOVEGROUND PIPING				
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459
CONSTRUCTION	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN		462
MANUFACTURER	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN		461	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER		463
<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> Unknown <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 99. Other <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 9. CATHODIC PROTECTION 464				<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 99. OTHER <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 9. CATHODIC PROTECTION <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 95. UNKNOWN 465				

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
<p align="center">SINGLE WALL PIPING 466</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)</p> <p>CONVENTIONAL SUCTION SYSTEMS</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALUES IN BELOW GROUNDPIPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p align="center">SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p align="center">EMERGENCY GENERATORS ONLY (Check all that apply)</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>	<p align="center">SINGLE WALL PIPING 467</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.</p> <p><input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST</p> <p><input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH)</p> <p><input type="checkbox"/> 4. DAILY VISUAL CHECK</p> <p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply):</p> <p><input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM</p> <p><input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <p><input type="checkbox"/> 7. SELF MONITORING</p> <p>GRAVITY FLOW (Check all that apply):</p> <p><input type="checkbox"/> 8. DAILY VISUAL MONITORING</p> <p><input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)</p> <p align="center">SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c. NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR</p> <p><input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p align="center">EMERGENCY GENERATORS ONLY (Check all that apply)</p> <p><input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)</p> <p><input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH)</p> <p><input type="checkbox"/> 17. DAILY VISUAL CHECK</p>

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED 468	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE 469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR	DATE	470
	7/28/09	
NAME OF OWNER/OPRATOR (print)	TITLE OF OWNER/OPERATOR	472

Permit Number (For local use only) 473	Permit Approved (For local use only) 474	Permit Expiration Date (For local use only) 475
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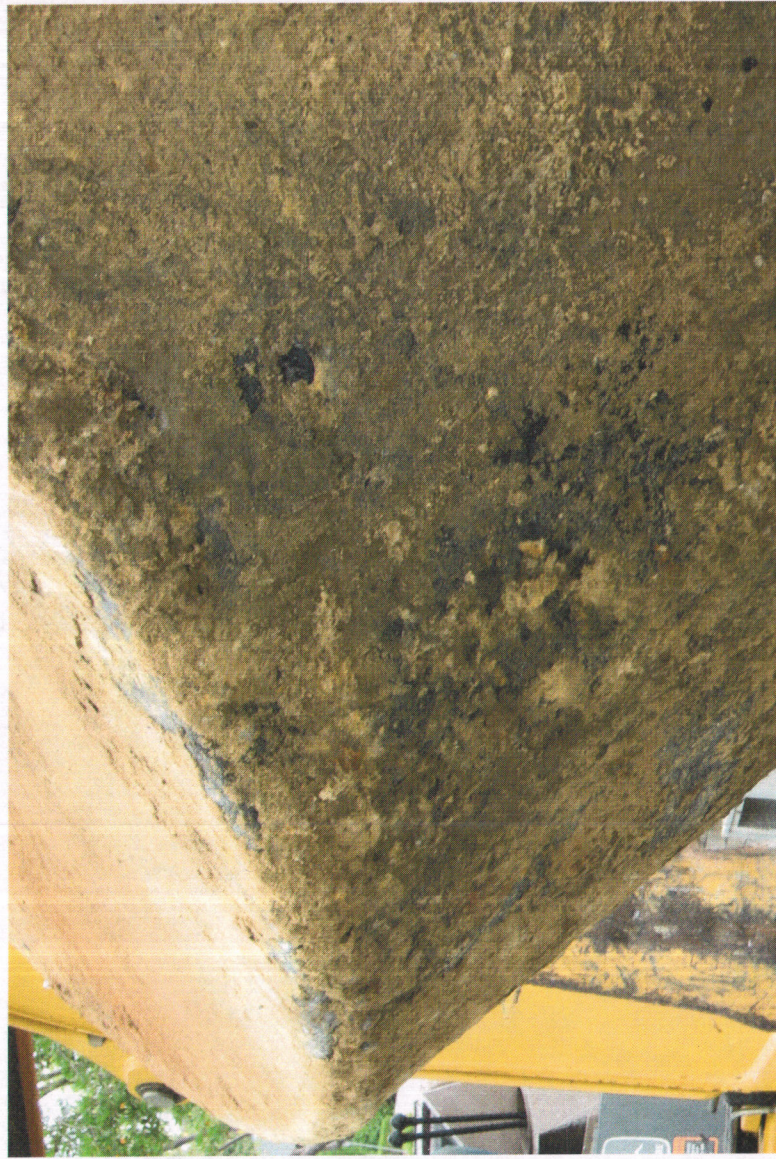
1800 Oakland Ave Piedmont 7-30-09



1800 Oakland Ave, Piedmont 7-3009



1800 Oak Knoll Ave Piedmont 7-30-09



Hok in UST