

**Alameda County CUPA Program**  
Contaminated Site Case Transfer Form

**Referral To:**

<b>Date</b>	July 12, 2010
<b>Agency</b>	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502
<b>Attention</b>	Donna L. Drogos, LOP/SLIC Program Manager

**Site Information:**

<b>Site Responsible Party(s)</b>	<b>Fred Kroger</b>
Site Name	<b>Multi-family residence</b>
Site Address	<b>725 Central Ave., Alameda CA 94501</b>
Site Phone	<b>NA</b>
Site Contact	<b>Fred Kroger</b>
Site DBA	

**Site Conditions:**

Date of incident	September 23, 2008	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Contents (circle): gasoline <input checked="" type="checkbox"/> waste oil heating oil solvents kerosene stoddard solvent other (specify) _____		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Observations of system (holes, leaks)? Tank contains numerous holes		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Observed contamination (free product, soil/water discoloration)		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? <input checked="" type="checkbox"/> Highest Concentration Detected in stockpiled Soil Contaminant (specify) 23 ppm <input type="checkbox"/> Highest Concentration Detected in Water N/A Contaminant (specify)		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Unauthorized Release Form filed?		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Future intended use if known? residential		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<b>NON-UST</b>					
Former industrial use?		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Detectable concentrations of soil and/or groundwater contamination? o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm o Highest Concentration Detected in Water Contaminant (specify) _____ Concentration _____ ppb		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Future intended use if known? Specify _____ unknown _____		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If available, attach pertinent reports: photos previously submitted</i>					

Transferred as: LOP  SLIC

Level of Update requested:  distribution list  all meetings  all site visits  closure sign off  all the above

Transfer requested by Inspector: Robert Weston Date: July 12, 2010

Transfer accepted by (ACEH): \_\_\_\_\_ Date: \_\_\_\_\_

# COUNTY OF ALAMEDA UNDERGROUND TANK SYSTEM CLOSURE INSPECTION REPORT

*For Use By the County of Alameda, Environmental Health*

SR 0013822

Facility Name: APARTMENT Contractor's name: GGR  
 Address: 725 CENTRAL AVE City: ALAMEDA Zip: \_\_\_\_\_  
 Project Contact: JOSH Phone No.: (\_\_\_\_) \_\_\_\_\_

Tank ID No.					
Size	<u>1.500</u>				
Construction Material	<u>STEEL</u>				
Single/Double Wall	<u>SW</u>				
Backfill Type	<u>NATIVE - SANDY</u>				
Oxygen <10%	<u>2%</u>				
LEL <20%	<u>0</u>				
Tank Condition	<u>SMALL HOLES RUSTY</u>				
Soil/Groundwater Condition	<u>UNREMARKABLE</u>				
Soil Sample Depth	<u>2' Below UST</u>				
Number and Description of Soil/Groundwater Samples (Indicate Sample Locations on Site Plan.)	<u>1 - CENTER OF TANK</u>				

Disposition of Tank Contents: SHIPPED ON MANIFEST Piping:  Rinsed/Tested/Capped. Rinsate:  Shipped on Manifest.  
 Tank & Piping Transport:  Shipped on Manifest;  Transporter Name Same as on Application.  
 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. Site Plan:  Attached.

Comments/Special Conditions: TANK TO BE SCRAPPED.

Inspector: RW BROWN Agency: \_\_\_\_\_ Date: 9-23-08 Start Time: 2:00 Stop Time: 3:30

Signature of Contractor/Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 ENVIRONMENTAL HEALTH SERVICES  
 1131 HARBOR BAY PARKWAY, RM 250  
 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.

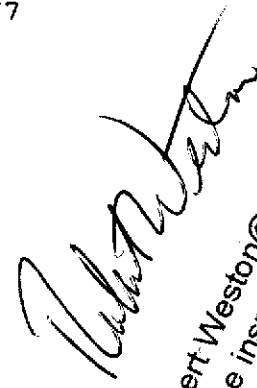
Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- ✓ Removal of Tank(s) and Piping
- ✓ Sampling
- ✓ Final Inspection

Issuance of a) permit to operate, b) 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



Contact Robert Weston@ 510 567-6781  
 to schedule the inspection, a minimum of  
 48 hours prior to removal!

**SEP 11 2008**

09-08-2008RW

**SR0013822**

**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 725 Central Avenue  
 city Alameda zip 94501 Phone (510)918-9349
3. Mailing Address 3730 Mission Street  
 city San Francisco zip 94110 Phone (415) 512-1555
4. Property Owner Fred Kroger  
 Business Name (if applicable) \_\_\_\_\_  
 Address P.O. Box 117  
 city, state Orinda CA zip 94563
5. Generator name under which tank will be manifested  
Fred Kroger

EPA ID# under which tank will be manifested CAC 002634268

**RECEIVED**

SEP 03 2008

ENVIRONMENTAL HEALTH SERVICES

6. Contractor Golden Gate Tank Removal, Inc.  
 Address 3730 Mission Street  
 city San Francisco Phone (415) 512-1555  
 License Type A- Haz C-8 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 760  
 city lone State CA zip 95640

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

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 94804

d) Tank and Piping Disposal Site

Name Ecology Control Industries EPA I.D. No. CAD 009 466 392  
Address 255 Parr Road  
City Richmond State CA Zip 94804

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 Curtis & Tompkins, Ltd  
Address 2323 Fifth Street  
City Berkeley State CA Zip 94710  
State Certification No. 01107

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><b>10-20 yards</b></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.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
see table 2			

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Fund Compensation Insurance

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 (ULR) form.

22. Submit a closure report to this office within 60 days of the tank removal. The 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)



## 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)
Unknown Fuel	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
	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
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			
	TOTAL LEAD	AA	TOTAL LEAD	AA
	-- Optional --			
Chlorinated Solvents	Organic Lead	DHS-LUFT	Organic Lead	DHS-LUFT
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
Non-chlorinated Solvents	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
Waste, Used, or Unknown Oil	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2-624 (8260) for water			
	CL HC	8260	CL HC	524.2/624 (8260)
Waste, Used, or Unknown Oil	BTEX	8060 or 8021	BTEX	524.2/624 (8260) or 524.2/602 (8021)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
Waste, Used, or Unknown Oil	BTEX	8060 or 8021	BTEX	524.2/624 (8260) or 524.2/602 (8021)
	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
Waste, Used, or Unknown Oil	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	O&G	8070	O&G	418.1
Waste, Used, or Unknown Oil	BTEX	8260	BTEX	524.2/624 (8260)
	CL HC	8260	CL HC	524.2/624 (8260)
Waste, Used, or Unknown Oil	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			
Waste, Used, or Unknown Oil	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 (PCP)				

**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-97-001)

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.

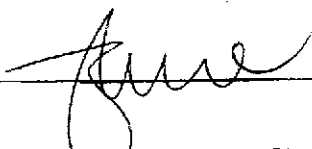
I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner 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.

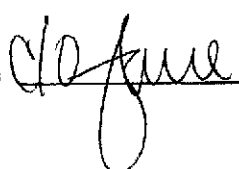
Name of Individual Gina Wee - Project Coordinator

Signature  Date 09/03/08

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business \_\_\_\_\_

Name of Individual Fred Kroger

Signature  Golden Gate Tank Removal, Inc. Date 09/03/08

**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)

725 Central Ave.

Name of Site

725 Central Avenue

Street Address

Alameda CA 94501

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

*C/O June*

Signature of Payor

09/03/08

Date

*C/O Golden Gate Tank Removal, INC.*

Name of Payor  
(PLEASE PRINT CLEARLY)

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*

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - FACILITY

(one page per site) Page \_\_\_\_ of \_\_\_\_

TYPE OF ACTION  1. NEW SITE PERMIT  3. RENEWAL PERMIT  5. CHANGE OF INFORMATION  7. PERMANENTLY CLOSED SITE  
 (Check one item only)  4. AMENDED PERMIT specify change local use only \_\_\_\_\_  8. TANK REMOVED  
 6. TEMPORARY SITE CLOSURE 400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 FACILITY ID# \_\_\_\_\_  
**725 Central Avenue**  
 NEAREST CROSS STREET 401 **Page Street** FACILITY OWNER TYPE  4. LOCAL AGENCY/DISTRICT\*  
 1. CORPORATION  5. COUNTY AGENCY\*  
 BUSINESS TYPE  1. GAS STATION  3. FARM  5. COMMERCIAL  2. INDIVIDUAL  6. STATE AGENCY\*  
 2. DISTRIBUTOR  4. PROCESSOR  6. OTHER 403  3. PARTNERSHIP  7. FEDERAL AGENCY\* 402  
 TOTAL NUMBER OF TANKS REMAINING AT SITE 404 **1 (one)** Is facility on Indian Reservation or trustlands? 405  Yes  No 406  
 \*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

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407 **Fred Kroger** PHONE 408 **510-918-9349**  
 MAILING OR STREET ADDRESS 409 **P.O. Box 117**  
 CITY 410 **Orinda** STATE 411 **CA** ZIP CODE 412 **94563**  
 PROPERTY OWNER TYPE  1. CORPORATION  2. INDIVIDUAL  4. LOCAL AGENCY / DISTRICT  6. STATE AGENCY  
 3. PARTNERSHIP  5. COUNTY AGENCY  7. FEDERAL AGENCY 413

III. TANK OWNER INFORMATION

TANK OWNER NAME 414 **Same as #2** PHONE 415 \_\_\_\_\_  
 MAILING OR STREET ADDRESS 416 \_\_\_\_\_  
 CITY 417 \_\_\_\_\_ STATE 418 \_\_\_\_\_ ZIP CODE 419 \_\_\_\_\_  
 TANK OWNER TYPE  1. CORPORATION  2. INDIVIDUAL  4. LOCAL AGENCY / DISTRICT  6. STATE AGENCY  
 3. PARTNERSHIP  5. COUNTY AGENCY  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)  1. SELF-INSURED  4. SURETY BOND  7. STATE FUND  10. LOCAL GOVT MECHANISM  
 2. GUARANTEE  5. LETTER OF CREDIT  8. STATE FUND & CFO LETTER  99. OTHER:  
 3. INSURANCE  6. EXEMPTION  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.  1. FACILITY  2. PROPERTY OWNER  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 **Sept. 03, 2008** PHONE 425 **(415) 512-1555**  
 NAME OF APPLICANT (print) 426 **Gina Wee - On Behalf of Owner** TITLE OF APPLICANT 427 **Project Coordinator**  
 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)  7 PERMANENTLY CLOSED ON SITE  
 3 RENEWAL PERMIT (Specify reason -- for local use only)  8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA -- Doing Business As) 725 Central Avenue 3 FACILITY ID: \_\_\_\_\_ 430

LOCATION WITHIN SITE (Optional) 725 Central Avenue 431

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

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

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) COMMON NAME (from Hazardous Materials Inventory page) 441 heating oil CAS# (from Hazardous Materials Inventory page) 442  
 95. UNKNOWN

III. TANK CONSTRUCTION

TYPE OF TANK  1. SINGLE WALL  3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER  5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443  
 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  
 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  
 2. STAINLESS STEEL  4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)  8. FRP COMPATIBLE W/100% METHANOL  99. OTHER  
 10. COATED STEEL  
 5. CONCRETE

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  1. MANUFACTURED CATHODIC PROTECTION  3. FIBERGLASS REINFORCED PLASTIC  95. UNKNOWN 448 DATE INSTALLED 449  
 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  
 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

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

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

**UNIFIED PROGRAM CONSOLIDATED FORM**

**TANKS**

**UNDERGROUND STORAGE TANKS – TANK PAGE 2**

Page    of   

**VI. PIPING CONSTRUCTION (Check all that apply)**

UNDERGROUND PIPING				ABOVEGROUND PIPING				
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input checked="" 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 checked="" 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 checked="" 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.)**

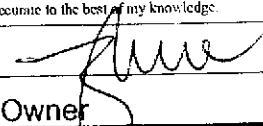
UNDERGROUND PIPING	ABOVEGROUND PIPING
<p align="center"><b>SINGLE WALL PIPING</b>      466</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE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

**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

**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
	Sept. 03, 2008
NAME OF OWNER/OPRATOR (print)	TITLE OF OWNER/OPERATOR
Gina Wee- On Behalf of Owner	Project Coordinator

Permit Number (For local use only)      473      Permit Approved (For local use only)      474      Permit Expiration Date (For local use only)      475



**SITE SAFETY PLAN  
UNDERGROUND TANK REMOVAL**

**725 CENTRAL AVENUE  
ALAMEDA, CALIFORNIA 94501**

**September 03, 2008**

**GOLDEN GATE TANK REMOVAL, INC.  
3730 Mission Street  
SAN FRANCISCO, CALIFORNIA 94110**

**PROJECT # 9029**

725 Central Avenue, Alameda, California, 94501

### SITE HAZARD INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE

Owners Name: Fred Kroger  
Site Address: 725 Central Avenue  
Alameda, CA 94501  
Directions to Site: Cross Street Page Street

Consultant On Site: Golden Gate Tank Removal, Inc. Phone number: 415/512-1555  
Site Safety Officer: Joshua Alexander Phone Number: 415/512-1555  
Type of Facility: \_\_\_\_\_ Mobile Number: 415/730-2179  
Site Activities:  Drilling  construction  Tank Excavation  Soil Excavation  
 Work in Traffic Area  Groundwater Extraction  Vapor Extraction  Above Ground Remediation  
 Other: \_\_\_\_\_

#### Hazardous Substances

Name (CAS#)	Expected Concentration	Health Affects
<u>Heating Oil</u>	<u>Minimal</u>	<u>Nausea, Dizziness</u>
_____	_____	_____
_____	_____	_____

#### Physical Hazards

Noise  Excavations/Trenches  
 Traffic  Other: \_\_\_\_\_  
 Underground Hazards \_\_\_\_\_  
 Overhead Lines \_\_\_\_\_  
Potential Explosions and Fire hazards: \_\_\_\_\_

#### Level of Protection Equipment

A  B  C  D  See Personal Protective Equipment

#### Personal Protective Equipment

R = Required A = As Needed

<u>R</u> Hard Hat	<u>A</u> Safety Eye wear (Type) _____
<u>A</u> Safety Boots	<u>A</u> Respirator (Type) <u>1/2 Face</u>
<u>R</u> Orange Vest	<u>A</u> Filter (Type) <u>Carbon</u>
<u>A</u> Hearing Protection	<u>A</u> Gloves (Type) <u>Leather</u>
<u>_____</u> Tyvek Coveralls	<u>_____</u> Other _____



725 Central Avenue, Alameda, California, 94501

SITE HAZARD INFORMATION

Monitoring Equipment On Site

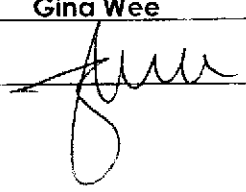
- Organic Vapor Analyzer
- Oxygen Meter
- H2S Meter
- Air Sampling Pump
- Combustible Gas Meter
- Other \_\_\_\_\_

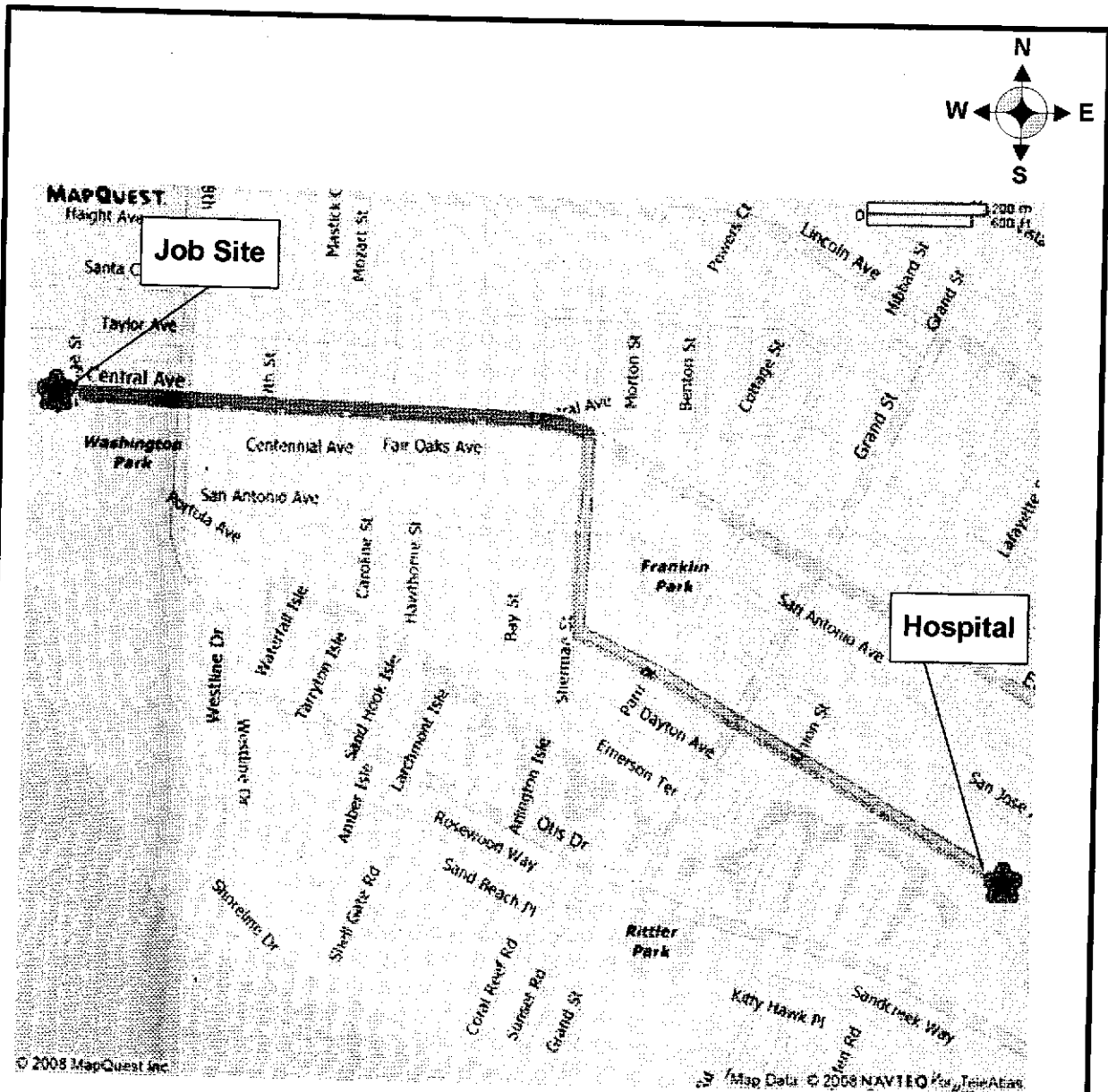
Site Control Measures Normal Pedestrian, Orange Cones, Traffic Signs  
\_\_\_\_\_  
\_\_\_\_\_

Decontamination Procedures Warm Water Soap  
\_\_\_\_\_  
\_\_\_\_\_

Hospital/Clinic Alameda Hospital Phone (510)522-3700  
Hospital Address 2070 Clinton Avenue, Alameda  
Paramedic 911 Fire Dept. 911 Police Dept. 911

Emergency/Contingency Plans & Procedures See Safety Procedures  
\_\_\_\_\_  
\_\_\_\_\_

Site Hazard Information Provided By: Gina Wee Phone: 415/512-1555  
Signature:  Date: 9/3/08



Estimated Time: 5 minutes    Estimated Distance: 1.52 miles

- 1: Start out going EAST on CENTRAL AVE/ CA-61 toward PAGE ST.  
Continue to follow CA-61. 0.7 mi
  - 2: Turn RIGHT onto SHERMAN ST. 0.2 mi
  - 3: Turn LEFT onto CLINTON AVE. 0.6 mi
  - 4: End at 2070 Clinton Ave Alameda, CA 94501
- Alameda Hospital 2070 Clinton Ave, Alameda, CA 94501 - 510-522-3700

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

**HOSPITAL MAP**  
**Alameda Hospital**  
 2070 Clinton Ave.  
 Alameda, CA 94501  
 (510) 522-3700

GGTR Project No. 9029

Drawing By: AS

September 2008

Figure H

## 1.0 PURPOSE

This operating procedure establishes minimum procedures for protecting personnel against the hazardous properties during the performance of the removal of an underground storage tank and related activities. All employees and subcontractors of Golden Gate Tank Removal shall follow this plan. This plan is developed to work with the California Occupational Safety and Health Code to quickly prepare and issue a site safety plan for the removal of an underground storage tank and the related activities.

## 2.0 APPLICABILITY

This procedure is applicable to the removal of underground storage tanks and the related activities. Listed below are some of, but not limited to, the activities and substances that may be encountered during the project.

### Activities:

The work to be performed will include: the excavation of potentially contaminated soil in order to expose the underground storage tank, the stock piling of soil, the removal and manifested disposal of the tank, the recovery of soil samples from the excavation and stockpiled soil, and the backfill and resurfacing of the excavation.

### Substances:

- Diesel Fuel Oil (Home Heating Oil)
- Lead and Unleaded Gasoline
- Diesel Fuel
- Motor Oil (used and unused)

## 3.0 RESPONSIBILITY AND AUTHORITY

Personnel responsible for project safety are the business unit's Health and Safety Officer (HSO), the Project Manager (PM), and the Site Safety Officer (SSO).

The HSO is responsible for reviewing and approving the site safety plan and advising both the PM and SSO on health and safety matters. The HSO has the authority to audit compliance with the provisions of the site safety plan, suspend work or modify work practices for safety reasons, and to dismiss from the site any individual whose conduct on-site endangers the health and safety of themselves and/or others.

The PM is responsible for having the site safety plan prepared and distributed to all field personnel and to an authorized representative of each firm contracted to assist with the on-site work.

The SSO is responsible for assisting the PM with on-site implementation of site safety plan. The SSO may suspend work anytime he/she determines that the provisions of the site safety plan are inadequate to ensure worker safety and inform the PM and HSO of individuals whose on-site behavior jeopardizes their health and safety or the health and safety of others.

#### 4.0 HAZARD EVALUATION/CRITERIA

##### Chemical

The general types of chemical hazards associated with this project are exposure to various chemical substances, including but not limited to, petroleum hydrocarbon liquids and vapors, caustic and acidic mists, liquids and solids. Exposure to elevated levels of hydrocarbon vapors presents potential health risks that need to be properly controlled. Work practices and methods will be monitored to limit exposures. Where elevated exposures persist, respiratory protection will be the primary control method to protect personnel from inhalation of hydrocarbon vapors.

##### Physical

The general types of physical hazards associated with this project are:

- Mechanical hazards: swinging objects, machinery, etc.,
- Physical lifting, shoveling, climbing (ladder), etc.,
- Electrical hazards: buried cables and overhead power lines,
- Thermal hazards: heat stress, and heat exhaustion
- Acoustical hazards: excessive noise created by machinery.

##### Flammability

The general types of flammable hazards associated with this project are fire hazards: natural gas and product lines, flammable petroleum hydrocarbons, and motor driven equipment.

Petroleum distillate fuels possess two intrinsic hazardous properties, namely, flammability and toxicity. The flammable property of the oil and fuels presents a far greater hazard to field personnel than toxicity because it is difficult to protect against and can result in catastrophic consequences. Being flammable, the vapors of volatile components of crude oil and the fuels can be explosive when confined.

Eliminating any one of the three factors needed to produce combustion can minimize the probability of fire and explosion. Two of the factors, ignition source and vapor concentration, can be controlled in many cases. Prohibiting open fires and smoking on-site, installing spark arrestors on engines and turning off engines when left is approached can control ignition. Introducing dry ice (solid carbon dioxide) in the tank can reduce vapor concentrations in the headspace; the carbon dioxide gas will displace the combustible vapors.

## 5.0 HEALTH AND SAFETY DIRECTIVES

### Site-Specific Safety Briefing

Before fieldwork begins, all field personnel, including subcontractor employees must be briefed on their work assignments and safety procedures contained in this document.

### Personal Protective Equipment

Each field team member shall have on-site, before the commencement of work, the following personal protective equipment:

- NIOSH-approved full or half face respirator with organic vapor cartridges (cartridges will be supplied pending the work criteria).
- Hard-hat and safety vest
- Leather work boots, steel toed boots are strongly suggested
- Leather work gloves
- Ear protection, earphone type or ear plugs
- Eye protection, safety glasses and splash proof goggles

### Equipment Usage

Hard-hats and safety vests must be worn at all times when on the job site.

Safety goggles must be worn when working within 10 feet of any operating heavy equipment (e.g., jackhammer, and backhoe). Splash-proof goggles or face shields must be worn whenever product quantities of fuel are encountered.

Respirators must be worn whenever total airborne hydrocarbon levels in the breathing zone of field personnel reach or exceed a 15-minute average of 25 ppm. If total airborne hydrocarbons in the breathing zone exceed 100 ppm, work must be suspended, personnel directed to move a safe distance from the source, and the HSO or designee consulted.

Chemical-resistant safety boots must be worn during the performance of work where surface soil is obviously contaminated.

### Monitoring

Personal exposure to ambient airborne hazards will be monitored to assure that personnel exposures do not exceed acceptable limits and that appropriate selection of protective equipment items is made. If concentrations approach criteria levels, all personnel will be notified of possible site safety changes. Audits will be conducted by the Safety Officer to insure compliance with the Safety Plan and to provide additional support as required.

### Area Control

Access to hazardous and potential hazardous work sites must be controlled to reduce the probability of occurrence of physical injury and chemical exposure of field personnel, visitors and the public. A hazardous or potential hazardous area includes area where a tank removal or related activity is being performed and/or field personnel are required to wear respirators.

Cordons, barricades, and/or emergency traffic cones or posts, depending on conditions must identify the boundaries of hazardous and potentially hazardous areas. If such areas are left unattended, signs warning of the danger and forbidding entry must be placed around the perimeter if the areas are accessible to the public. Trenches and other large holes must be guarded with wooded or metal barricades spaced no further than 20 feet apart and connected with yellow caution tape. The barricades must be placed no less than two feet from the edge of the excavation or hole.

Entry to hazardous areas shall be limited to individuals who must work in those areas. Unofficial visitors must not be permitted to enter hazardous areas while work in those areas is in progress.

Official visitors should be discouraged from entering hazardous areas, but may be allowed to enter only if they agree to abide by the safety officer and are informed of the potential dangers that could be encountered in the areas.

### Decontamination

Field decontamination of personnel and equipment is not required except when contamination is obvious (visual or by odor). Recommended de-contamination procedures follow:

#### Personnel

Gasoline, heating oil, diesel and oil should be removed from skin using a mild detergent and water. Hot water is more effective than cold. Liquid dishwashing detergent is more effective than hand soap. If weathered to an asphaltic condition, mechanics waterless hand cleaner is recommended for initial cleaning followed by detergent and water.

#### Equipment

Gloves, respirators, hard-hats, boots and goggles should be cleaned as described under personnel. However, if boots do not become clean after washing with detergent and water, they should be cleaned with a strong solution of trisodium phosphate and hot water. If this fails, clean with diesel oil followed by detergent and water to remove diesel oil.

Sampling equipment, augers, vehicle undercarriages, and tires should be steamed cleaned. The steam cleaner is a convenient source of hot water for personnel and protective equipment cleaning.

## **6.0 SAFETY AND HEALTH TRAINING**

Each individual on the job site should have been or is preparing to attend the 40 hr. Hazardous Materials Handling Course as required by the California Occupational Safety and Health Association. In addition, the HSO conducts BI-weekly health and safety meetings.

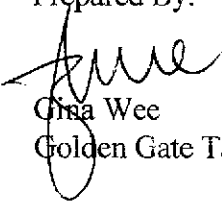
Each morning before fieldwork begins, all field personnel, including subcontractor employees, must attend the site-specific safety briefing at their work site to receive assignments and safety procedures.

## **7.0 RECORD KEEPING REQUIREMENT**

The following record keeping requirements will be maintained in the program file indefinitely. The particular organization responsible for these records is also listed.

- Copy of this Health and Safety Plan - Golden Gate Tank Removal.
- Health and Safety Training Certification Form for Site Safety Officer -- Golden Gate Tank Removal.
- Any accident/illness report forms -- All Parties.
- Personal sampling results -- Golden Gate Tank Removal.
- Documentation of employee's medical ability to perform work and wear respirators -- All parties.

Prepared By:

  
Gina Wee  
Golden Gate Tank Removal, Inc.

# ATTACHMENTS

Vicinity Map

Site Map

Certificate of Liability Insurance

State Fund Compensation Insurance

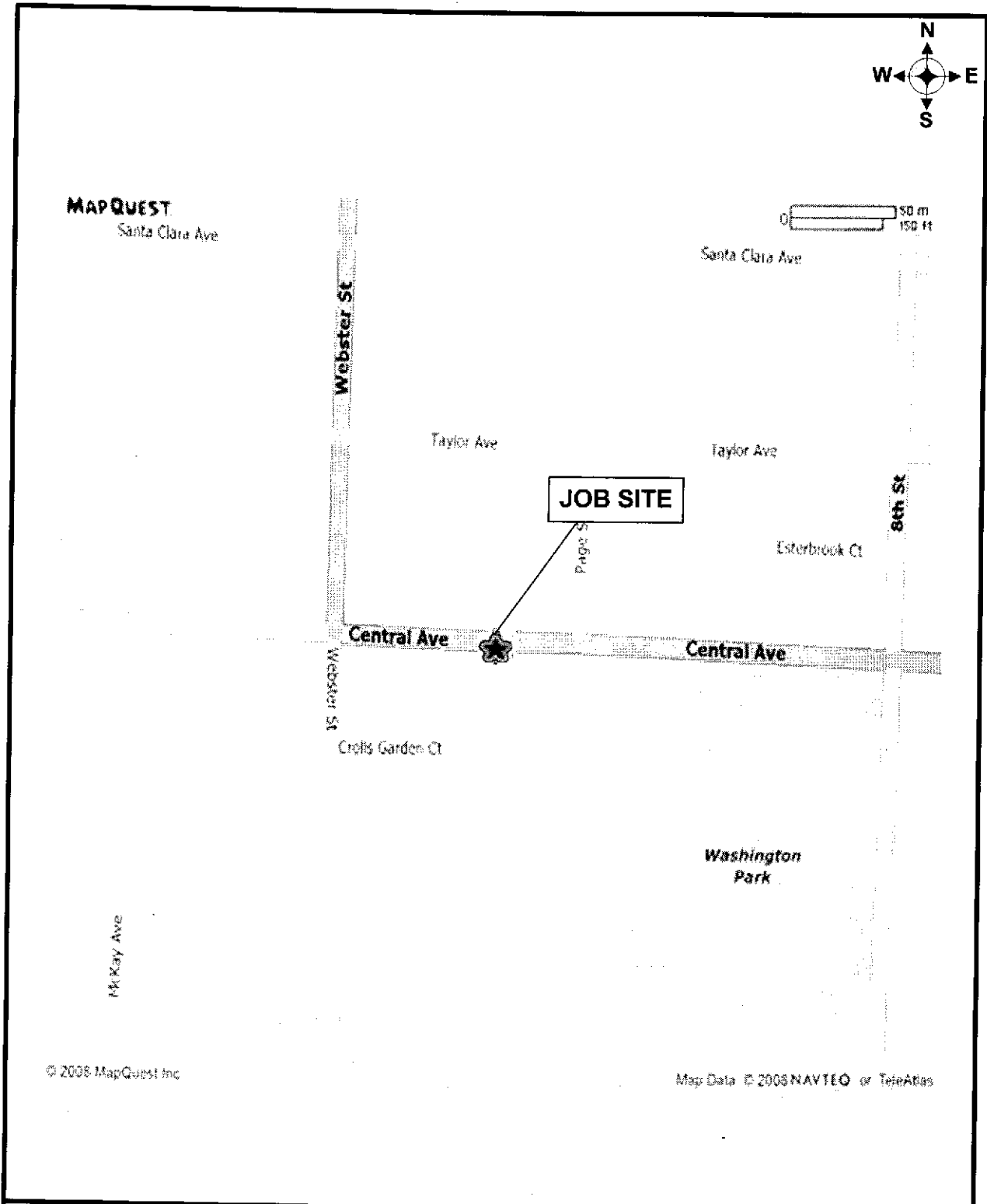
License ID

OSHA Annual Permit

OSHA Approved Training Documents

Job Site Safety (Employees to Sign)





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

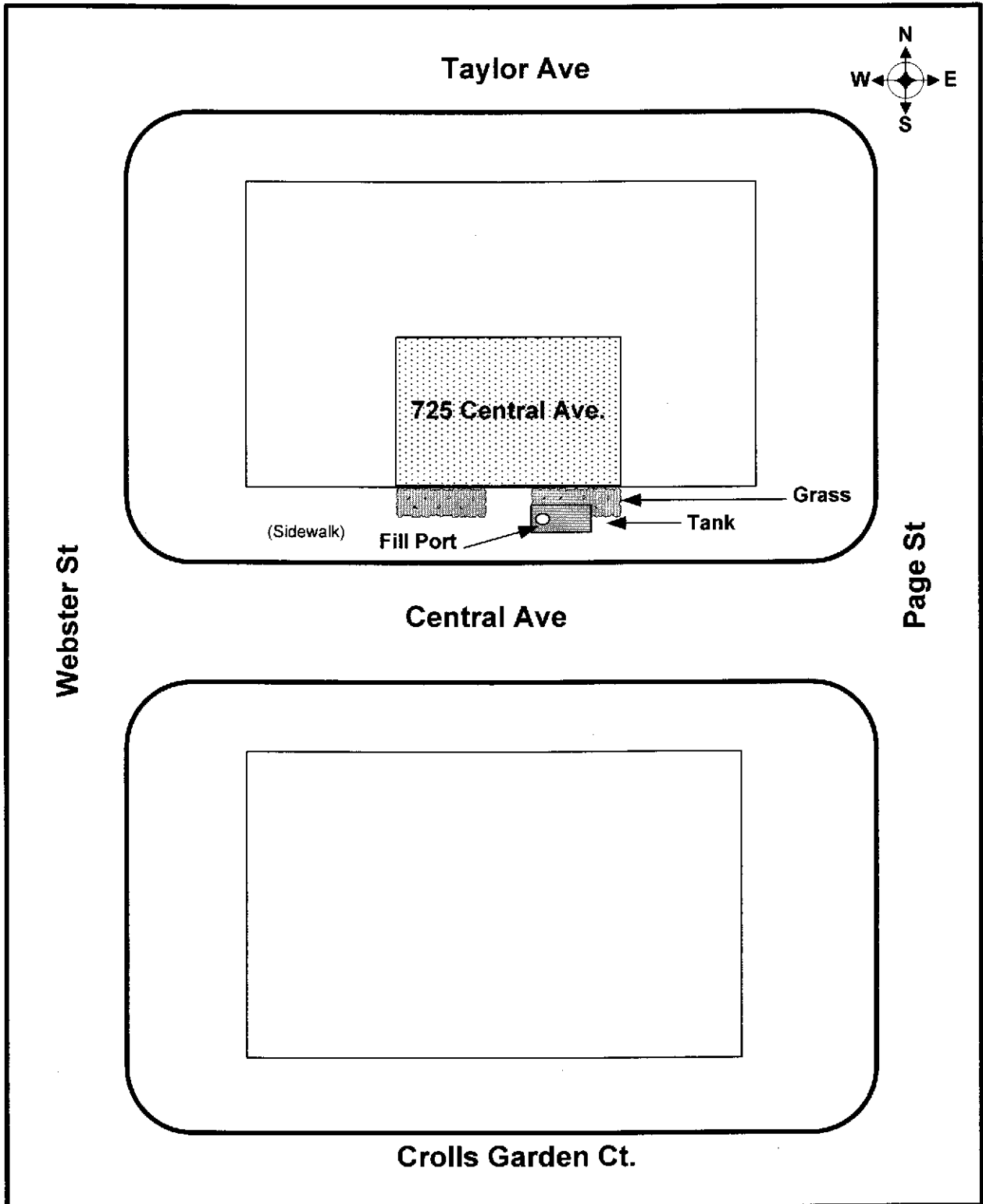
**VICINITY MAP**  
 725 Central Ave.  
 Alameda, CA 94501

GGTR Project No.9029

Drawing By: AS

September 2008

Figure 1



Webster St

Page St

<p><b>GOLDEN GATE TANK REMOVAL, INC.</b>          3730 Mission Street          San Francisco, CA 94110          Ph (415) 512-1555 Fx (415) 512-0964</p>	<p><b>Site Drawing</b>          725 Central Ave          Alameda, CA</p>		
<p>GGTR Project No. 9029</p>	<p>Drawing By: AS</p>	<p>September 2008</p>	<p>Figure 2</p>

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/11/2008

PRODUCER (415) 978-3800 FAX: (415) 978-3825  
Calender-Robinson Company, Inc.  
FB0267063  
300 Montgomery St., Suite 888  
San Francisco CA 94104

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Everest Indemnity Ins.	
INSURER B: Safeco Insurance	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	4000007291-081	1/23/2008	1/23/2009	EACH OCCURRENCE \$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
B	X	AUTOMOBILE LIABILITY	24 CC 223156 01	1/23/2008	1/23/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
		<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$	
		EXCESS/UMBRELLA LIABILITY				<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Contractors Pollution Liability	4000007291-081	1/23/2008	1/23/2009	\$1,000,000 Each Claim \$2,000,000 Aggregate	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS  
 A Professional Liability 4000007291-081 1/23/2008 1/23/2009 \$1,000,000 Each Incident Limit \$2,000,000 Aggregate

\* 10-Day Notice of Cancellation Applies for Non-Payment of Premium.

## CERTIFICATE HOLDER

TO BE DETERMINED AT INSURED'S REQUEST

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

ISSUE DATE: 10-01-2007

 GROUP: 000571  
 POLICY NUMBER: 0007200-2007  
 CERTIFICATE ID: 158  
 CERTIFICATE EXPIRES: 10-01-2008  
 10-01-2007/10-01-2008

 GOLDEN GATE TANK REMOVAL  
 3730 MISSION ST  
 SAN FRANCISCO CA 94110-5820

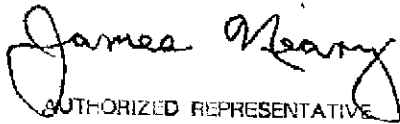
NA

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.


This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.



AUTHORIZED REPRESENTATIVE



PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE:

ENDORSEMENT #1600 - JAMES F. TRACY CEO, CFO - EXCLUDED.

 ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 10-01-2001 IS  
 ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

 GOLDEN GATE TANK REMOVAL, INC  
 3730 MISSION ST  
 SAN FRANCISCO CA 94110

NA



State Of California  
**CONTRACTORS STATE LICENSE BOARD**  
**ACTIVE LICENSE**



License Number **616521**

Entity **CORP**

Business Name **GOLDEN GATE TANK REMOVAL INC**

Classification **A C-8 HAZ**



Expiration Date **02/28/2009**

No: **2008-900016**

**ANNUAL PERMIT**

Permit Issued To

(Insert Contractor/Project Administrator's Name, Address and Telephone No.)

Golden Gate Tank Removal Inc  
 3730 Mission St  
 San Francisco CA 94110-5830

(415) 512-1555

No. \_\_\_\_\_

Date 7/10/2008

Region 1

District 1

Tel. (415) 972-8670

Type of Permit T1-ANNUAL TRENCH/EXCAVATION

Pursuant to Labor Code Sections 8500 and 8502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number		Permit Valid through		
616521		July 10, 2009		
Description of Project	Location Address	City and County	Anticipated Dates	
			Starting	Completion
Various	Statewide		Jul 10, 2008	Jul 10, 2009

**This Permit is issued upon the following conditions:**

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

Received From		Received By	
Tim Hallen		Permit Unit	
<input type="checkbox"/> Cash	Amount	Date	
<input checked="" type="checkbox"/> Check 21250	\$100.00	7/10/08	

Investigated by \_\_\_\_\_

Approved by \_\_\_\_\_

*Robert E. Law*  
 Safety Engineer  
 District Manager/Permit Unit  
 Date 7/9/2008

**VT**  
Safety Training



Cert. #  
1026-07-005-R

**Hazardous Waste Operations  
& Emergency Response  
Compliance Card**

**Gabriel Vargas**

Has successfully completed 8 hours of  
HAZWOPER Recert Training  
in compliance with:  
29CFR1910.120 & CCR 5192

*Victor Tapia*  
Victor Tapia  
10/26/07

**VT**  
Safety Training



Cert. #  
1026-07-015-R

**Hazardous Waste Operations  
& Emergency Response  
Compliance Card**

**Julian Maldonado**

Has successfully completed 8 hours of  
HAZWOPER Recert Training  
in compliance with:  
29CFR1910.120 & CCR 5192

*Victor Tapia*  
Victor Tapia  
10/26/07

**VT**  
Safety Training



Cert. #  
1026-07-001-R

**Hazardous Waste Operations  
& Emergency Response  
Compliance Card**

**Salvador Martinez**

Has successfully completed 8 hours of  
HAZWOPER Recert Training  
in compliance with:  
29CFR1910.120 & CCR 5192

*Victor Tapia*  
Victor Tapia  
10/26/07

**VT**  
Safety Training



Cert. #  
1026-07-018-R

**Hazardous Waste Operations  
& Emergency Response  
Compliance Card**

**Joshua Alexander**

Has successfully completed 8 hours of  
HAZWOPER Recert Training  
in compliance with:  
29CFR1910.120 & CCR 5192

*Victor Tapia*  
Victor Tapia  
10/26/07

**VT**  
Safety Training



Cert. #  
1026-07-009-R

**Hazardous Waste Operations  
& Emergency Response  
Compliance Card**

**Everardo Ochoa**

Has successfully completed 8 hours of  
HAZWOPER Recert Training  
in compliance with:  
29CFR1910.120 & CCR 5192

*Victor Tapia*  
Victor Tapia  
10/26/07

**VT**  
Safety Training



Cert. #  
1026-07-007-R

**Hazardous Waste Operations  
& Emergency Response  
Compliance Card**

**Arturo Miranda**

Has successfully completed 8 hours of  
HAZWOPER Recert Training  
in compliance with:  
29CFR1910.120 & CCR 5192

*Victor Tapia*  
Victor Tapia  
10/26/07

**VT**  
Safety Training



Cert. #  
1026-07-001-R

**Hazardous Waste Operations  
& Emergency Response  
Compliance Card**

**Ernesto Miranda**

Has successfully completed 8 hours  
HAZWOPER Recert Training  
in compliance with:  
29CFR1910.120 & CCR 5192

*Victor Tapia*  
Victor Tapia  
10/26/07

**VT**  
Safety Training



Cert. #  
1210-102-I

**Hazardous Waste Operation  
& Emergency Response  
Compliance Card**

**Julian Rodriguez**

Has successfully completed 40 hours  
of HAZWOPER Training  
in compliance with:  
29CFR1910.120 & CCR 5192

*Victor Tapia*  
Victor Tapia  
12/10/07



**Job Site Safety**

1. I will at all times install and maintain shoring in any excavation in which I am working at. The excavation will not be deeper than five feet without proper shoring.
2. I will at all times while on the job site assure that there is a ladder that will extend three feet out of the excavation on the job site.
3. I will at all times keep and maintain all excavated soil at least two feet from the side of the excavation.
4. I will at all times help in directing traffic whenever a piece of equipment (i.e. Backhoe) is operating in a lane of traffic.
5. I will at all times wear a hard hat, safety glasses, a traffic vest and/or hearing protection when it is required for the work being performed.
6. I will at all times keep a clean and clear work site including tools, equipment, lumber and excavated soil.
7. I will at all times follow all safety rules and guidelines set forth by Golden Gate Tank Removal, Inc.
8. I will at all times assure that a site safety book is on site along with proper permits for the job site.

\_\_\_\_\_  
Employee Name                          Date

\_\_\_\_\_  
Employee Name                          Date

\_\_\_\_\_  
Employee Name                          Date

\_\_\_\_\_  
Employee Name                          Date

\_\_\_\_\_  
Employee Name                          Date



## Hugo, Susan, Env. Health

**From:** Hugo, Susan, Env. Health  
**Sent:** Thursday, September 04, 2008 11:53 AM  
**To:** Weston, Robert, Env. Health  
**Cc:** Garcia-La Grille, Roseanna, Env. Health; Castro-Martiz, Ernestine, Env. Health; Chan, Barney, Env. Health; Rangel, Jose, Env. Health  
**Subject:** RE: Golden Gate Tank Removal, Inc

Rob -

This is unpermitted tank ( one) so the following applies - PE is 4265, fee is \$1520.00; if this is correct - please collect the difference & create the SR.

Thanks, Susan

---

**From:** Rangel, Jose, Env. Health  
**Sent:** Thursday, September 04, 2008 8:49 AM  
**To:** Weston, Robert, Env. Health; Hugo, Susan, Env. Health  
**Cc:** Garcia-La Grille, Roseanna, Env. Health; Castro-Martiz, Ernestine, Env. Health; Chan, Barney, Env. Health  
**Subject:** Golden Gate Tank Removal, Inc

Susan/Robert,

A representative came in yesterday to pay for Health Permit Application for Underground Tank Removal for the following:

725 Central Ave  
Alameda, CA 94501

I was able to talk to Barney Chan and it was decided to use PE 4244 and I collected \$911.00 from GoldenGate Tank Removal. I am sending you a copy of the check, Susan and the client dropped off three copies of the report at the Front Desk.

Will we need a Service request submitted?

Thank you,

Jose A. Rangel  
Alameda County Environmental Health  
Finance-Billing  
510.567.6877  
510.337-1139 fax

**GOLDEN GATE TANK REMOVAL INC.**  
3730 MISSION STREET  
SAN FRANCISCO, CA 94110  
(415) 512-1555

THE MECHANICS BANK  
343 SANSOME ST, STE 850  
SAN FRANCISCO, CA 94104  
(415) 249-0300  
90-203/1211

21508

9/3/2008

PAY TO THE ORDER OF Alameda County Health Department

\$ 911

NINE HUNDRED ELEVEN <sup>00</sup>/<sub>100</sub>

DOLLARS

Alameda County Health Department  
1131 Harbor Bay Parkway #250  
Alameda, CA 94502

*Tim Haller*

(MEMO)

(#9029-725 Central Ave Alameda)P

⑈021508⑈ ⑆12102036⑆ 0410081129⑈

**PAID**  
SEP 03 2008  
BY:

**ATTN: Mr. Robert Weston**  
**Alameda County Environmental Health Services**  
**1131 Harbor Bay Parkway, Room 250**  
**Alameda, CA 94502-6577**  
**510-567-6700**

**Health Permit Application**  
**Underground Tank Removal**

**725 Central Avenue**  
**Alameda, California 94501**

**September 03, 2008**

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

**Project # 9029**

**ATTN: Mr. Robert Weston**  
**Alameda County Environmental Health Services**  
**1131 Harbor Bay Parkway, Room 250**  
**Alameda, CA 94502-6577**  
**510-567-6700**

**Health Permit Application**  
**Underground Tank Removal**

**725 Central Avenue**  
**Alameda, California 94501**

**September 03, 2008**

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

**Project # 9029**

# UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS WASTE HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

Page      of     

## I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 1.  
3. FACILITY ID# 740.

TANK OWNER NAME 741.  
*Fred Kroger*

TANK OWNER ADDRESS 744.  
*P.O. Box 117*

TANK OWNER CITY 742. STATE *CA* 743. ZIP CODE *94563* 744.

## II. TANK CLOSURE INFORMATION

TANK INTERIOR ATMOSPHERE READINGS	Tank ID # (Attach additional copies of this page for more than three tanks)	Concentration of Flammable Vapor			Concentration of Oxygen		
		Top	Center	Bottom	Top	Center	Bottom
		746a.	746b.	746c.	747a.	747b.	747c.
1	<i>9029</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>20.0%</i>	<i>20.0%</i>	<i>20.0%</i>
2							
3							

## III. CERTIFICATION

On examination of the tank, I certify the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), rinseate and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF CERTIFIER 754.

NAME OF CERTIFIER (Print) 755.

TITLE OF CERTIFIER 756.

ADDRESS 757.

CITY 758.

PHONE 759.

DATE 759.

CERTIFICATION TIME

STATUS OR AFFILIATION OF CERTIFYING PERSON 760.

Certifier is a representative of the CUPA, authorized agency, or LIA: 761.

Yes  No

Name of CUPA, authorized agency, or LIA: 762.

N/A

If certifier is other than CUPA / LIA check appropriate box below:

- a. Certified Industrial Hygienist (CIH)
- b. Certified Safety Professional (CSP)
- c. Certified Marine Chemist (CMC)
- d. Registered Environmental Health Specialist (REHS)
- e. Professional Engineer (PE)
- f. Class II Registered Environmental Assessor
- g. Contractors' State License Board licensed contractor (with hazardous substance removal certification)

TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS 763.

(If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.)  Yes  No 764.

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC:

A copy of this certificate shall accompany the tank to the recycling/disposal facility and be provided to the agency overseeing tank closure (i.e. CUPA or other authorized local agency); the owner and/or operator of the tank system; and the tank removal contractor.

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## Department of Toxic Substances Control

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DTSC: HWTS Reports

HWTS EPA ID Profile

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**EPA ID:** CAC002634268 **Name:** FRED KROGER  
**Status:** ACTIVE **Inactive Date:** Contact: FRED KROGER  
**County:** ALAMEDA **SIC:** Record Entered: 2008-09-02  
**Last updated:** 2008-09-02

[Help](#)

	Name	Address	City	State	ZIP	Phone
<b>Location</b>	FRED KROGER	725 CENTRAL AVE	ALAMEDA	CA	94501	
<b>Mailing</b>		PO BOX 117	ORINDA	CA	94563	
<b>Owner</b>	FRED KROGER	PO BOX 117	ORINDA	CA	94563	5109189349
<b>Oper/Contact</b>	FRED KROGER	PO BOX 117	ORINDA	CA	94563	5109189349

Based ONLY upon EPA ID: CAC002634268:

Calif. Manifests?	Out-of-State Manifests?	Transporter Registration?	Toxic Release Inventory Data?	Calsites Data?
NO	NO	NO	NO	NO

End of Report



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# Department of Consumer Affairs Contractors State License Board



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- About CSLB
- CSLB Newsroom
- Board and Committee Meetings
- Disaster Information Center
- CSLB Library
- Frequently Asked Questions
- Online Services
  - Check A License or HIS Registration
  - Filing a Construction Complaint
  - Processing Times
  - Check Application Status
  - Search for a Surety Bond Insurance Company
  - Search for a Workers' Compensation Company
- How to Participate

**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:** 616521 **Extract Date:** 09/10/2008

**Business Information:** GOLDEN GATE TANK REMOVAL INC  
3730 MISSION STREET  
SAN FRANCISCO, CA 94110  
Business Phone Number: (415) 512-1555

**Entity:** Corporation

**Issue Date:** 03/26/1991

**Reissue Date:** 02/27/2001

**Expire Date:** 02/28/2009

**License Status:** This license is current and active. All information below should be reviewed.

**Classifications:**

CLASS	DESCRIPTION
A	GENERAL ENGINEERING CONTRACTOR
C-8	CONCRETE

**Certifications:**

CERT	DESCRIPTION
HAZ	HAZARDOUS SUBSTANCES REMOVAL

**Bonding:** CONTRACTOR'S BOND

This license filed Contractor's Bond number **103464986** in the amount of **\$12,500** with the bonding company **TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA**.  
**Effective Date:** 01/01/2007  
[Contractor's Bonding History](#)

BOND OF QUALIFYING INDIVIDUAL

- The Responsible Managing Officer (RMO) JAMES FRANCIS TRACY certified that he/she owns 10 percent or more of the voting stock/equity of the corporation. A bond of qualifying individual is **not** required.  
**Effective Date:** 02/27/2001

**Workers' Compensation:** This license has workers compensation insurance with the **STATE COMPENSATION INSURANCE FUND**.  
**Policy Number:** 571-0007200  
**Effective Date:** 10/01/1999  
**Expire Date:** 10/01/2008  
[Workers' Compensation History](#)

**Miscellaneous Information:**

DATE	DESCRIPTION
02/27/2001	LICENSE REISSUED TO ANOTHER ENTITY

Personnel listed on this license (current or disassociated) are listed on other licenses.





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## Department of Toxic Substances Control

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DTSC: HWTS Reports

### HWTS EPA ID Profile

**EPA ID:** CAL000317320 **Name:** UNI WASTE INC  
**Status:** ACTIVE **Inactive Date:** **Contact:** ROBERT KELLY  
**County:** AMADOR **SIC:** 562112 **Record Entered:** 2007-03-09 **Last updated:** 2007-10-15

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	Name	Address	City	State	ZIP	Phone
<b>Location</b>	UNI WASTE INC	17100 LAMBERT RD	IONE	CA	95640	
<b>Mailing</b>		PO BOX 760	IONE	CA	95640	
<b>Owner</b>	UNI WASTE INC	PO BOX 760	IONE	CA	95640	2092746536
<b>Oper/Contact</b>	ROBERT KELLY	PO BOX 760	IONE	CA	95640	2092746536

Based ONLY upon EPA ID: CAL000317320:

Calif. Manifests?	Out-of-State Manifests?	Transporter Registration?	Toxic Release Inventory Data?	Calsites Data?
YES	NO	ACTIVE	NO	NO

Calif. Manifest Counts and Total Tonnage					
m = Manifest Count t=Total Tonnage					
Ship Year	Generator	Trans. 1	Trans. 2	TSDF	Alt. TSDF
2003	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	2 (m) 8.42800 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)
2006	0 (m) 0.00000 (t)	1 (m) 0.16680 (t)	1 (m) 0.84280 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)
2007	2 (m) 1.04280 (t)	1,148 (m) 14,188.12535 (t)	1,359 (m) 4,251.59575 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)
2008	2 (m) 4.79550 (t)	747 (m) 9,324.03176 (t)	1,027 (m) 4,896.98455 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)
2025	0 (m) 0.00000 (t)	1 (m) 0.41700 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)

Waste Code By Year Matrix Report					
Calif.	Generator	Trans. 1	Trans. 2	TSDF	Alt. TSDF





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## DTSC: HWTS Reports

### HWTS Facility Search

Selection/Search Criteria:

EPA ID Equals cal000317320 County: all

ID Status: Active or Inactive Sort By: Epa Id  
Street, City, State, and ZIP shown below are physical

### 1 ID's Listed.

EPA ID	Name	Address	City	ZIP	County
CA000317320	REPORTS UNI WASTE INC	17100 LAMBERT RD	IONE	95640	CA MADROR

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**GOLDEN GATE TANK REMOVAL INC.**

3730 MISSION STREET  
SAN FRANCISCO, CA 94110  
(415) 512-1555

THE MECHANICS BANK  
343 SANSOME ST, STE 850  
SAN FRANCISCO, CA 94104  
(415) 249-0300  
90-203/1211

21544

9/9/2008

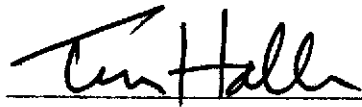
© 2005 INTUIT INC. # 001 1-800-433-8340

PAY TO THE ORDER OF City of Alameda \$ **\*\*609.00**

Six Hundred Nine and 00/100\*\*\*\*\*

DOLLARS

City of Alameda  
Central Permits Office  
2263 Santa Clara Avenue, Room 1  
Alameda, CA 94501



MEMO (#9029-725 Central Ave Alameda)P

⑈021544⑈ ⑆121102036⑆ 041⑈081129⑈

**GOLDEN GATE TANK REMOVAL INC.**

City of Alameda  
Permits

Permit

9/9/2008

21544

609.00

*SP0013822*

Gen1129

(#9029-725 Central Ave Alameda

609.00