



June 12, 2007

Proposal # 7491B

Ms. Hong Gardner
632 Viarialto St
Oakland, California 94619

**RE: UNDERGROUND STORAGE TANKS LOCATED AT
7600 MACARTHUR BLVD, OAKLAND, CALIFORNIA**

Dear Ms. Gardner:

Thank you for the opportunity to bid on the proper closure permitting, inspecting, sampling and reporting for the removal of two underground petroleum fuel tanks located at 7600 MacArthur Blvd, Oakland, California. I would like to submit this proposal for your consideration.

Golden Gate Tank Removal, Inc. is a Licensed "A" General Engineering Contractor, Licensed Concrete Contractor, Licensed Hazardous Substance Removal and Remedial Actions Contractor. Our California contractor's license number is 616521. Golden Gate Tank Removal, Inc. carries Worker's Compensation Insurance and \$2 million dollars of Liability and Pollution Insurance and Professional Errors and Omission Insurance. Insurance certificates can be provided upon request.

Here is our proposal for your review. Please sign and date one copy and return it to my attention.

If you have any questions please call me at (415) 512-1555

Sincerely,



Tim Hallen

Tim Hallen
Golden Gate Tank Removal, Inc.

Digitally signed by
Tim Hallen
DN: cn=Tim Hallen,
o=Golden Gate Tank
Removal, Inc., c=US
Date: 2007.06.13
09:54:24 -07'00'

**3730 Mission Street - San Francisco, CA 94110 - Tel.: 415.512.1555 Fax: 415.512.0964
General Engineering Contractors License No. 616521**

SCOPE OF WORK

Golden Gate Tank Removal, Inc. will perform the following tasks according to all applicable Federal, State and Local regulations.

1. Prepare and submit an Underground Storage Tank Modification Application to the Oakland Fire Department Bureau of Fire Prevention and schedule for site inspection of the sampling procedures.
2. Prepare a site specific Health and Safety Plan as required by OSHA 29 CFR 1910.120. A copy of this safety plan will be kept on-site and one copy will be submitted to the Oakland Fire Department Bureau of Fire Prevention.
3. Provide safety equipment, traffic cones, high level flags and "ROAD CONSTRUCTION AHEAD" signs, as well as safety personnel to direct vehicle and pedestrian traffic, as needed.
4. Pay for all permits listed in this proposal and schedule all inspections listed in this proposal.
5. Provide a metal safety fence to protect pedestrians from the work area.
6. Locate all underground utilities by hand before excavating or drilling for sample extraction.
7. At the direction of the Oakland Fire Department, we will take a total of three samples from each tank. Two sample extractions two feet below the bottom of the each former tank and one sample from the tank stockpile as required by the Alameda County Department of Public Health observing correct sampling protocol.
8. Provide for state certified laboratory analysis of required samples with a Chain of Custody record.
9. As required by Oakland Fire Department, the sample analysis will be for Total (Extractable) Petroleum Hydrocarbons (TPH), Benzene, Toluene, Xylene & Ethylbenzene (BTX&E).
10. Provide a final report for the Oakland Fire Department in written narrative form to establish that procedures and regulations for Alameda County have been observed during the tank closure process.
11. Provide a final report for the owners of the property in written form that outlines the guidelines, procedures, results, and conclusions of the tank removal activities.

STATE LICENSE BOARD

Contractors are required by law to be licensed and regulated by the Contractor's State License Board. Any questions concerning a contractor may be referred to the Registrar, Contractor's State License Board, 9835 Goethe Road Sacramento, California. Mailing address: P.O. Box 26000, Sacramento, California 95826.

SPECIAL CONDITIONS

Owner is to furnish Golden Gate Tank Removal, Inc. with a one-time California EPA ID Waste Generator Number. This number can be obtained Free by calling (800) 618-6942.

The costs and schedules of this proposal are based on information provided by the owner and the assumption that soil and groundwater contamination has not occurred as a result of an unauthorized release of hydrocarbon products.

ITEMS NOT INCLUDED IN CONTRACT PRICE

Additional charges may be billed in addition to the stated contract price. If any of the following need to be performed, a change order will be submitted for your approval. The price stated in this proposal does not include the following:

- A. Any remedial action, extra sampling, or tax assessment, which may be required by the Federal, State, or Local agencies.
- B. The relocation or repair of any utilities, sewer lines if it becomes necessary.
- C. The replacement of any trees, plants or concrete (other than concrete sidewalk) that may need to be removed during the sampling process.
- D. The removal of residual product, rain, ground water, gasoline, solvent, oil, sludge or chemicals, drill cuttings or other materials generated during the sampling process.

GENERAL CONDITIONS

TERMINATION

Either party upon five (5) days written notice may terminate this agreement. In the event of termination, Golden Gate Tank Removal, Inc. shall be paid for services performed prior to the termination notice date. This proposal may be withdrawn if not accepted within 30 days.

DISPUTES & COLLECTIONS

If a dispute arises relating to the performance of the services or failure to remit any payment in the time otherwise agreed in this contract shall constitute default of contract. In the event of default, Golden Gate Tank Removal, Inc. shall be entitled to receive its costs in pursuing collections, including interest and reasonable attorneys' fees. Should it become necessary for either party to this contract to obtain its enforcement or interpretation in a court of law, then the prevailing party in court shall be entitled, in addition to any other relief it receives, to its costs and reasonable attorneys' fees.

COMPENSATION

The cost of the above-described work at 7600 MacArthur Blvd, Oakland, shall be in the amount of:

<u>Tank Sampling and Reporting (Two Tanks)</u>	
Task	Amount
Mobilization and Project Management	\$730.00
Permits and Site Reconnaissance	\$1,200.00
Field Drilling and Sample Collection	\$1,800.00
Laboratory Analysis	\$3,600.00
Site Characterization and Modeling	\$700.00
Final Report and Recommendations	\$1,400.00
Office Support and Overhead	\$550.00
TOTAL (TWO TANKS)	\$9,980.00

\$4,500.00 is due upon start of project.

\$4,000.00 is due upon completion of the fieldwork but before the report is submitted. Additional payments are due 10 days after receipt of invoice. A service charge of 1½% per month is charged on all delinquent accounts. The final report will be submitted to the owner and regulatory agencies upon receipt of final payment.


6/19/07
Date:

Tim Hallen
Acceptance

HONG GARDNER
Print Name & Title

(510) 776-2304
Phone

June 12, 2007
Date:

 **Tim Hallen**
Validity unknown
Digitally signed by Tim Hallen
DN: cn=Tim Hallen, o=Golden Gate Tank Removal, Inc., c=US
Date: 2007.06.13 09:54:38 -0700
Tim Hallen
Golden Gate Tank Removal, Inc.

CITY OF OAKLAND
FIRE PREVENTION BUREAU
250 Frank Ogawa Plaza, Ste. 3341
OAKLAND, CALIFORNIA 94612-2032
(510) 238-3851

APPLICATION for PERMIT to INSTALL, REMOVE or REPAIR TANKS
In the CITY OF OAKLAND

Request Submittal Date: June 7, 2007

PLEASE CIRCLE APPROPRIATE ACTIONS: Application is hereby made for permit to:

(a) Remove (b) Install (c) Repair (d) Modify (e) Abandon/Close in Place **A**

(a) Gasoline (b) Fuel oil (c) Diesel (d) _____ tank(s) and excavate, commencing:

(a) four feet inside the curb line*; (b) inside the property line; (c) aboveground; (d) underground tank(s)
*inside curb line, please attach copy of sidewalk/excavation permit from PLANNING AND BUILDING

on the East side of MacArthur Blvd. St./Ave. 0 feet of 76th Ave. St./Ave.

Site Address: 7600 MacArthur Blvd. Present storage Unknown

Owner: Hong Gardner Address: 632 Viarialto St. Phone (510) 776-2304

Applicant: _____ CA 94619

BY [Signature] Phone _____

Sidewalk surface to be disturbed _____ Number of Tanks 2 (two) Capacity 1000 Gallons ea.

Remarks _____

Signature [Signature]

PLEASE ATTACH/SUBMIT: (All applicants must have a City Business License Permit)

- (2) Copies of Closure Plans for underground tank removal(s)
- (2) Sets of plans and (1) copy of specifications for above ground tank removal
- (2) Sets of plans and (2) sets of application packets for underground tank installation/modifications
- (2) Sets of plans for aboveground tank installation and specifications
- copy or prepare to show Planning and Building approval for aboveground tank removal and tank repair

NOTE: FOR TANK INSTALLATION PLEASE SUBMIT THIS APPLICATION FORM ALONG WITH A APPLICATION FOR PERMIT TO OPERATE, MAINTAIN OR STORE

FOR OFFICE USE ONLY

Permit No. _____ Amt. Recv'd _____ Date Issued: _____
Copies to: Electrical Inspection Ck# _____ Cash _____
Receipt# _____ Recv'd by: _____ Tk _____

**City of Oakland, Fire Department, Office of Emergency Services
Hazardous Materials Program
APPLICATION FOR UNDERGROUND TANK REMOVAL**

FACILITY	Project Contact & Phone # Joshua Alexander			
	Facility Name 7600 MacArthur Blvd.		Phone# n/a	
	Address			
	Cross Street 76th Ave.			
	Owner/Operator Hong Gardner		Phone # (510) 776-2304	
	Contractor Name ?			
CONTRACTOR	Contractor Address		CA License # 616521	
	Hazardous Waste Certified: (Qualifying license category <u>A-Haz</u>) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Class A-Haz, C-8	
	City of Oakland Business Tax License # 1307584		Workers Comp# 571-00-7200	
	Does this site have a leaking UST (or did it have a leaking tank system?) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	State Tank ID#		Tank Size	Material That Was Stored
	39- 2 (two)		1000 Gallons	Unknown
TANKS	39-			
	39-			
	39-			
	39-			
	39-			
	39-			
PLAN	<p align="center"> <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED WITH CONDITION(S) <input type="checkbox"/> DISAPPROVED </p>			
	PLAN REVIEWER'S SIGNATURE		DATE OF APPROVAL	

APPLICANT MUST PERFORM ALL WORK IN ACCORDANCE WITH CITY OF OAKLAND ORDINANCES, STATE LAWS, AND RULES AND REGULATIONS OF THE CITY OF OAKLAND FIRE SERVICES AGENCY. OWNER OR LICENSED AGENT'S SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL NOT EMPLOY ANY PERSON IN SUCH A MANNER AS TO BECOME SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA. CONTRACTOR'S HIRING OR SUBCONTRACTING SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL EMPLOY PERSONS SUBJECT TO WORKER'S COMPENSATION LAWS OF CALIFORNIA.

APPLICANT'S SIGNATURE *Joshua Alexander* TITLE: Project Coordinator DATE: June 7, 2007



Attention: City of Oakland

Underground Tank Removal Application

**7600 MacArthur Blvd.
Oakland, CA 94605**

June 7, 2007

**GOLDEN GATE TANK REMOVAL, INC.
3730 MISSION STREET
SAN FRANCISCO, CALIFORNIA 94110**

PROJECT # 8894

**CITY OF OAKLAND
Fire Department
Fire Prevention Bureau
Hazardous Materials Program
250 Frank H. Ogawa Plaza, Ste. 3341
Oakland, CA 94612-2032**

UNDERGROUND TANK CLOSURE PLAN
(Complete according to instructions)

- 1) Name of Business 7600 MacArthur Blvd.
Business Owner or Contact Person (PRINT) Hong Gardner
- 2) Site Address 7600 MacArthur Blvd.
City Oakland Zip CA Phone n/a
- 3) Mailing Address 632 Viarialto St.
City Oakland Zip CA Phone (510) 776-2304
- 4) Property Owner Hong Gardner
Business Name (if applicable) _____
Address 632 Viarialto St.
City, State Oakland CA Zip 94619
- 5) Generator name under which tank will be manifested
Hong Gardner
- EPA ID Under which tank will be manifested CAC-002-612-534

6) Contractor Golden Gate Tank Removal
Address 3730 MISSION St, San Francisco
City SF, CA Phone (415) 512-1555
License Type A-Haz, C-8 IDS 616521

Effective January 1, 1992, Business and Professional Code Section 7058.7 require contractors to also hold Hazardous Waste certification issued by the State Contractor License Board

7) Consultant (if applicable) n/a
Address _____
City, State _____ Phone _____

8) Main Contact Person for Investigation (if applicable)

Name Joshua Alexander Title Project Manager
Company GSTR
Phone (415) 512-1555

9) Number of underground tanks being closed with this plan 2 (two) (Confirmed with owner operator)

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 Cement Concrete - Casey Campbell EPA I.D. NO. _____
Hauler License No. _____ License Exp. Date n/a
Address 600 S 4th St.
City Richmond State _____ Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Cement Concrete - Casey Campbell EPA ID No. _____
Address 600 S 4th St.
City Richmond State _____ Zip 94801

INDICATE THE RESPONSIBLE PARTY TO BE BILLED FOR ADDITIONAL FSA/OES STAFF TIME EXPENDED BEYOND THE HOURS COVERED BY THE INITIAL DEPOSIT AMOUNT. THE PARTY MUST ACKNOWLEDGE THIS RESPONSIBILITY FOR THE ADDITIONAL BILLING BY SIGNATURE AND DATE BELOW.

NAME Hong Gardner

MAILING ADDRESS 632 Viarialto St. Oakland CA 94619
STREET CITY, STATE, ZIP

DAY PHONE NUMBER (510) 776-2304
area code phone #

SIGNATURE  -agent for the owner

DATE June 7, 2007

c) Tank and Piping Transporter

Name Sebastian (As per the owner) EPA I.D. No. _____

c) Hauler License No. _____ License Exp. Date _____

Address 600 S. 4th St.

City Richmond State _____ Zip 94801

d) Tank and Piping Disposal Site

Name Sims / Hugo Neli (see attachment) EPA I.D. No. _____

Address 600 S. 4th St.

City Richmond State _____ Zip 94801

11) Sample Collector

Name Torrent Labratory (See Attachment)

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

12) Laboratory

Name Same as above (See Attachment)

Address _____

City _____ State _____ Zip _____

State Certification No. _____

13) Have tanks or pipes leaked in the past Yes No Unknown

If yes, describe _____

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

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

The Bay Area Air Quality Management District, 415/771-6000 must also be contacted for tank removal permit. The use of a combustible gas indicator to verify tank inertness is required. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert. Note: you may be required to recalibrate the combustible gas indicator on site, to show that it is working properly.

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)		
1000	unknown	soil, groundwater if present	TBD

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

Stockpiled Soil volume (estimated)	Sampling Plan
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Stockpiled soil must be placed on beamed 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 no be returned to the excavation without prior approval from Fire Services Agency, Office of Emergency Services. This means that the contractor, consultant, or responsible party must communicate with the Hazardous Materials Inspector **IN ADVANCE** of backfilling operations.

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

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

See attached Table 2.

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
Benzene	8021B	SW8020F	0.005 ppm
Toluene	8021B	SW8020F	0.005 ppm
Ethylbenzene	8021B	SW8020F	0.005 ppm
Xylenes	8021B	SW8020F	0.010 ppm
MTBE	8015M/8021B	SW8020F	0.005 ppm
TPH-D	8015M	CATFH	1.0 ppm

18. Submit Workers Compensation Certificate copy

Name of Insurer State Compensation Insurance Fund

19. Submit Plot Plan ***** (Be Instructions) *****

20. Enclose Permit fee (See Instructions)

21. Report any 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)

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 proved above, may be needed in order to obtain approval from the Hazardous Materials 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 City of Oakland.

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

CONTRACTOR INFORMATION

Name of Business _____

Name of Individual Helan Mervase - Project Coordinator

Signature [Handwritten Signature] Date June 7, 2007

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business 7600 MacArthur Blvd.

Name of Individual Hong Gardner

Signature _____ -agent for the owner Date June 7, 2007

General Instructions

- Three (3) copies of this plan plus attachments and permit must be submitted to this Department.
- Any cutting into tanks requires Fire Services Agency approval.
- One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- State of California Permit Application Forms A and B are to submit to this office One Form A per site, one Form B for each removed tank.

Line Item Specific Instructions

2. SITE ADDRESS

Address at which closure is taking place.

5. EPA I.D. NO. - under which the tanks will be manifested

EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781

6. CONTRACTOR

Prime contractor for the project.

10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES

- a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
- c) Tanks must be hauled as hazardous waste.
- d) This is the place where tanks will be taken for cleaning.

15) TANK HISTORY AND SAMPLING INFORMATION

Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the trig} water mark, etc.

16) CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS

See attached Table 2.

17) SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer.
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;

- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;

SITE HEALTH AND SAFETY PLAN

- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions;
 - e) Description of the work habit changes triggered by the above action levels or physical conditions;
 - f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
 - h) Confined space entry procedures-(if applicable);
 - g) Decontamination procedures;
 - l) Measures to be taken to secure the site, excavation and stockpiled soils during and after work hour (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guard, etc.);
 - j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital near the site;
 - k) Documentation that all site workers have received the appropriate ASIA approved training and participate medical surveillance per 29 CFR 1910.120;
- 1) A page for employees to sign acknowledging that they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989; Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19) PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers water lines utilities;
- h) Existing wells; drinking monitoring, etc;
- l) Depth to ground water; and
- j) All existing tank(s) and piping in addition to the tank(s) being removed.

20) PERMIT FEE

A check payable to the City of Oakland for the amount indicated must accompany the plans.

- 21) Blank unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Regional Water Quality Control Board (510) 286-1255. Larger quantities may be directly from the State Water Resources Control Board at (916) 739-2421.

22) TANK CLOSURE REPORT

The Tank Closure reports: General description of the closure activities, indicate;

- a) Description of tank, fittings and piping conditions. Size and former contents; note any corrosion, pitting, holes;
- b) Description of the excavation itself. Include tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential pathways the depth to any observed ground water, locations of stained or odor-bearing oil, and descriptions of any observed free product or sheen;
- c) Detailed description of sampling methods., i.e. - backhoe bucket, drive sampler, bailer, bottles (s), sleeves;
- d) Description of any remedial measures conducted at the time of tank removal;
- e) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations include a copy of the plot plan prepared for the Tank Closure-plan under item #19;
- f) Chain of custody records;
- g) Copies of signed laboratory reports;
- h) Copies of TSDf to Generator Manifests for all hazardous wastes hauled offsite (sludge, Rinsate, tanks and piping, contaminated soil, etc), and
- i) Documentation of the disposal of/and volume and final destination all non-manifested contaminated soil disposed offsite.

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - FACILITY

(one page per site) Page ____ of ____

TYPE OF ACTION (Check one item only)	<input type="checkbox"/> 1. NEW SITE PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION specify change local use only _____	<input type="checkbox"/> 7. PERMANENTLY CLOSED SITE	<input checked="" type="checkbox"/> 8. TANK REMOVED
	<input type="checkbox"/> 4. AMENDED PERMIT		<input type="checkbox"/> 6. TEMPORARY SITE CLOSURE		400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3			FACILITY ID#										1
7600 MacArthur Blvd.													
NEAREST CROSS STREET 76th Ave.			FACILITY OWNER TYPE			<input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT*							
			<input type="checkbox"/> 1. CORPORATION			<input type="checkbox"/> 5. COUNTY AGENCY*							
BUSINESS TYPE			<input checked="" type="checkbox"/> 2. INDIVIDUAL			<input type="checkbox"/> 6. STATE AGENCY*							
<input type="checkbox"/> 1. GAS STATION			<input type="checkbox"/> 3. FARM			<input type="checkbox"/> 7. FEDERAL AGENCY*						402	
<input type="checkbox"/> 2. DISTRIBUTOR			<input type="checkbox"/> 4. PROCESSOR										
<input checked="" type="checkbox"/> 6. OTHER													
TOTAL NUMBER OF TANKS REMAINING AT SITE 2 (two)			Is facility on Indian Reservation or trustlands? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			*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	
404			405										

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME Hong Gardner			PHONE (510) 776-2304		
MAILING OR STREET ADDRESS 632 Viarialto St.					
CITY Oakland		STATE CA		ZIP CODE 94619	
PROPERTY OWNER TYPE					
<input type="checkbox"/> 1. CORPORATION		<input checked="" type="checkbox"/> 2. INDIVIDUAL		<input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT	
<input type="checkbox"/> 3. PARTNERSHIP		<input type="checkbox"/> 5. COUNTY AGENCY		<input type="checkbox"/> 6. STATE AGENCY	
				<input type="checkbox"/> 7. FEDERAL AGENCY	

III. TANK OWNER INFORMATION

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

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44-	Call (916) 322-9669 if questions arise					421
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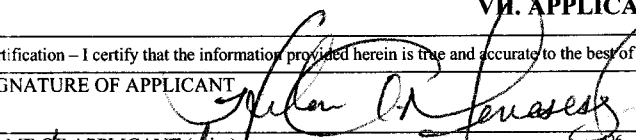
V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(S)					
<input checked="" 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			

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 checked="" type="checkbox"/> 3. TANK OWNER	423
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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 June 7, 2007	PHONE (415) 512-1555
NAME OF APPLICANT (print) Helen A. Jensen		TITLE OF APPLICANT Project Coordinator	
STATE UST FACILITY NUMBER (For local use only)		1998 UPGRADE CERTIFICATE NUMBER (For local use only)	
428		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) _____ 8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) FACILITY ID: _____
7600 MacArthur Blvd. _____

LOCATION WITHIN SITE (Optional) _____
7600 MacArthur Blvd. 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 # 432 TANK MANUFACTURER 433 COMPARTMENTALIZED TANK Yes No 434
Unknown **Unknown** If "Yes", complete one page for each compartment.

DATE INSTALLED (YEAR/MO) 435 TANK CAPACITY IN GALLONS 436 NUMBER OF COMPARTMENTS 437
Unknown **100 Gallons** **One**

ADDITIONAL DESCRIPTION (For local use only) _____ 438

II. TANK CONTENTS

TANK USE 439 <input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 95. UNKNOWN	PETROLEUM TYPE 440 <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION FUEL <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input checked="" type="checkbox"/> 99. OTHER	
	COMMON NAME (from Hazardous Materials Inventory page) 441 gasoline	CAS# (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK 1. SINGLE WALL 3. SINGLE WALL WITH 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443
 (Check one item only) EXTERIOR MEMBRANE LINER 95. UNKNOWN
 2. DOUBLE WALL 4. SIGNLE WALL IN VAULT 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 8. FRP COMPTIBLE W/100% METHANOL 99. OTHER
 REINFORCED PLASTIC (FRP)

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 8. FRP COMPTIBLE W/100% METHANOL 99. OTHER
 REINFORCED PLASTIC (FRP) 10. COATED STEEL

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

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

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

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 <input type="checkbox"/> 1 VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 5 MANUAL TANK GAUGING (MTG) <input type="checkbox"/> 2 AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 6 VADOSE ZONE <input type="checkbox"/> 3 CONTINUOUS ATG <input type="checkbox"/> 7 GROUNDWATER <input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION <input type="checkbox"/> 8 TANK TESTING (SIR) BIENNIAL TANK TESTING <input type="checkbox"/> 99 OTHER	IF DOUBLE WALL TANK OR TANK WITH BLADDER 454 (Check one item only) <input type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY) <input type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3 MANUAL MONITORING
--	--

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
Unknown **Unknown** 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 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			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER		463
MANUFACTURER				461	MANUFACTURER			463
<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL	<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"/> 2. STAINLESS STEEL			<input type="checkbox"/> 7. GALVANIZED STEEL			
<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 99. Other	<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"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 4. FIBERGLASS			<input type="checkbox"/> 9. CATHODIC PROTECTION			
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION	<input type="checkbox"/> 5. STEEL W/COATING		464	<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.)

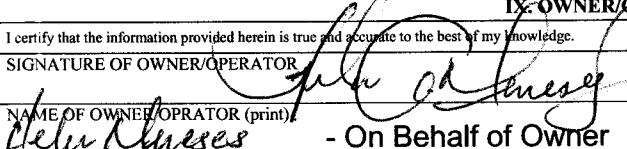
UNDERGROUND PIPING	ABOVEGROUND PIPING
SINGLE WALL PIPING 466	SINGLE WALL PIPING 467
<p>PRESSURIZED PIPING (Check all that apply):</p> <p><input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL 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 VALVES 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>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>
SECONDARILY CONTAINED PIPING	SECONDARILY CONTAINED PIPING
<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>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

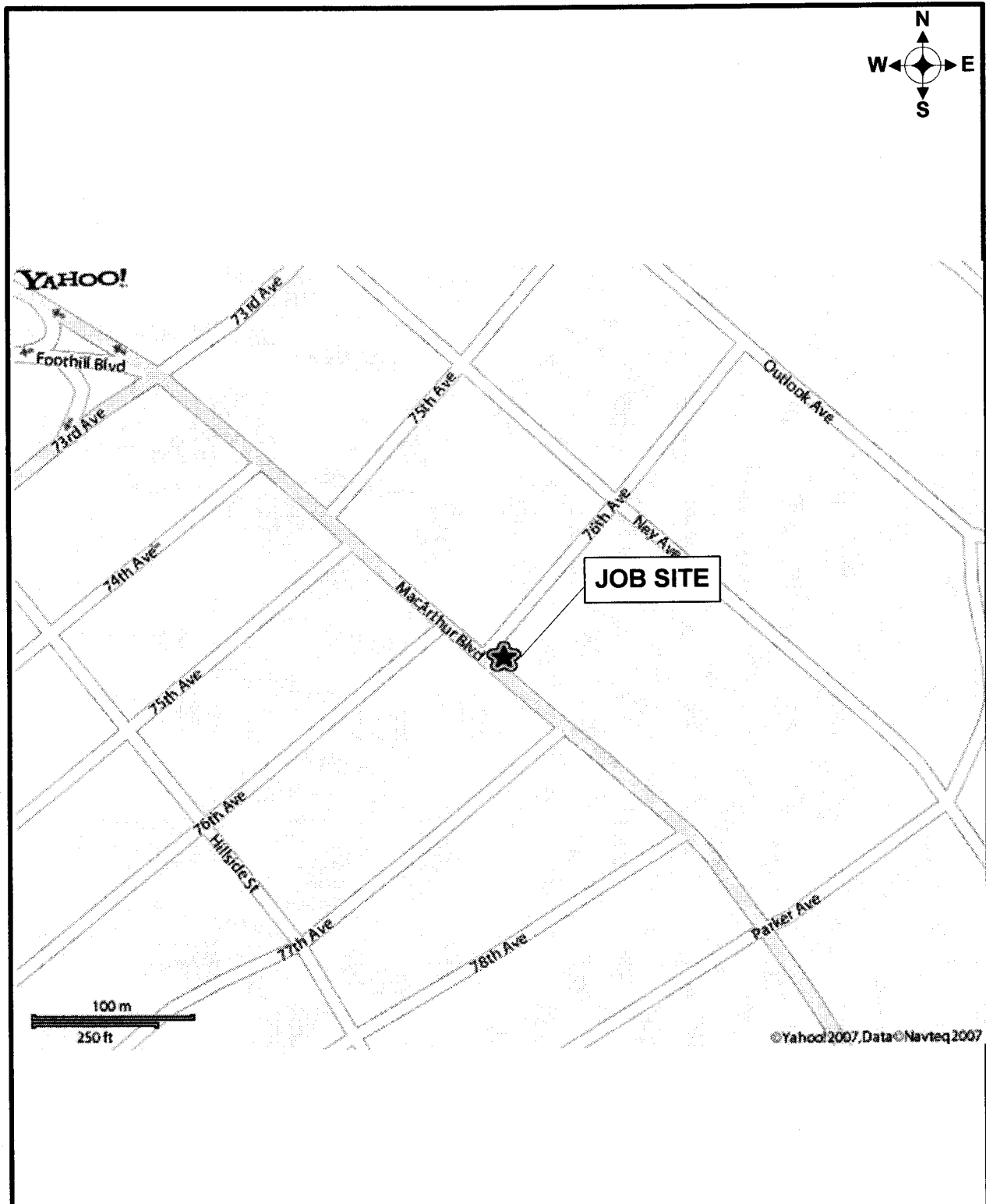
DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED 468	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
	<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
	June 7, 2007
NAME OF OWNER/OPERATOR (print)	TITLE OF OWNER/OPERATOR
Helen Kneses - 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



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

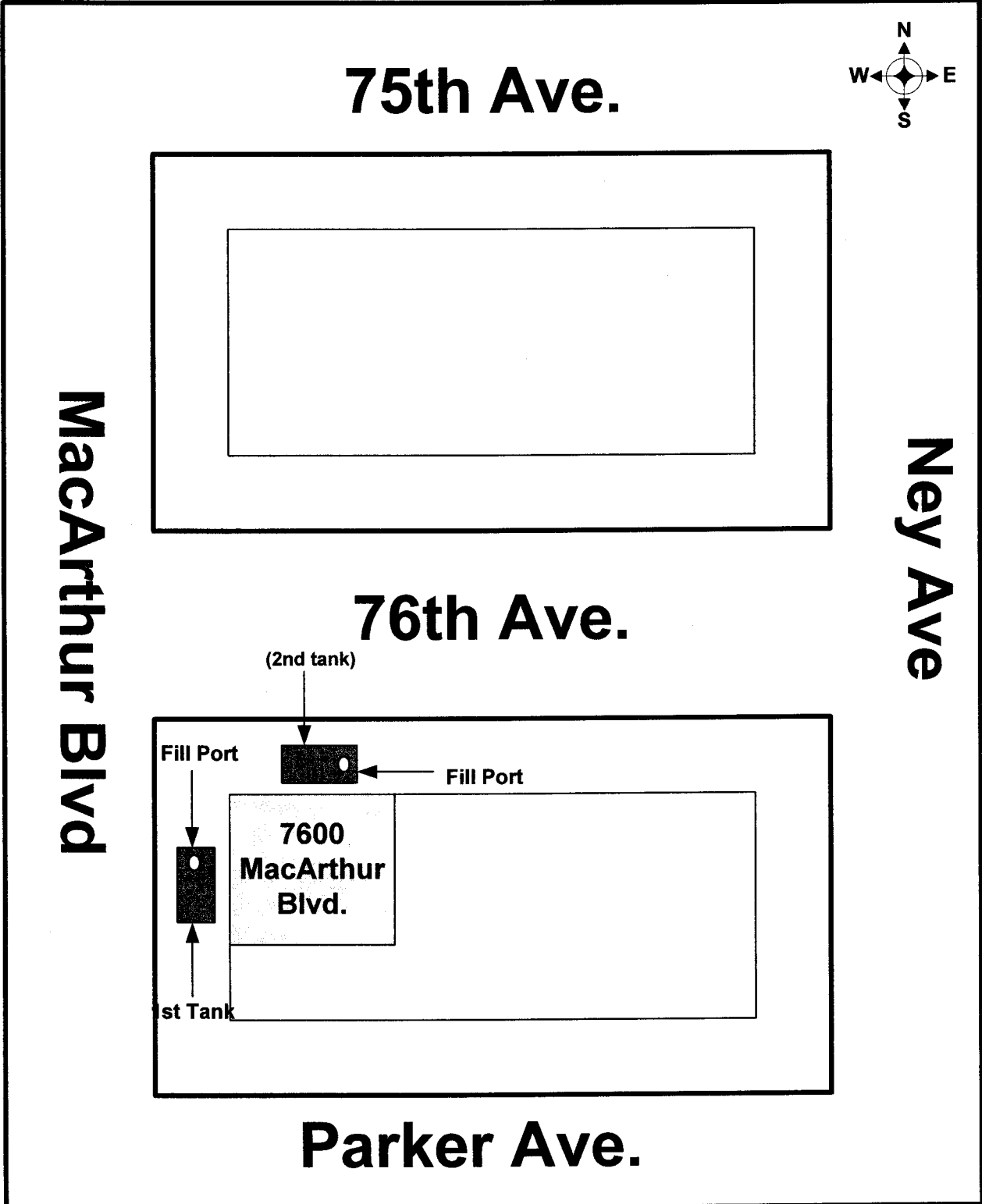
VICINITY MAP
 7600 MacArthur Blvd.
 Oakland, Ca 94605

GGTR Project No. 8894

Drawing By: HM

June 2007

Figure 1



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

Site Drawing
 7600 MacArthur Blvd.
 Oakland, CA 94605

GGTR Project No. 8894

Drawing By: HM

June 2007

Figure 2



**SITE SAFETY PLAN
UNDERGROUND TANK REMOVAL**

**7600 MACARTHUR BLVD.
OAKLAND, CALIFORNIA 94605**

June 7, 2007

**GOLDEN GATE TANK REMOVAL, INC.
3730 MISSION STREET
SAN FRANCISCO, CALIFORNIA 94110**

PROJECT # 8894

SITE HAZARD INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE SITE

Owners Name: Hong Gardner
Site Address: 7600 MacArthur Blvd.
Oakland, CA 94605
Directions to Site: Cross Street 76th Ave..

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: 415/559-0499
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 _____

SITE HAZARD INFORMATION

Monitoring Equipment On Site

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

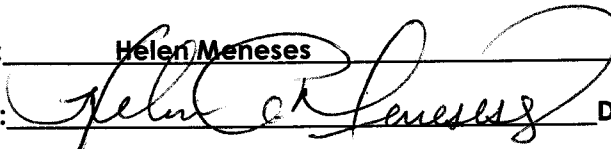
Site Control Measures Normal Pedestrian, Orange Cones, Traffic Signs

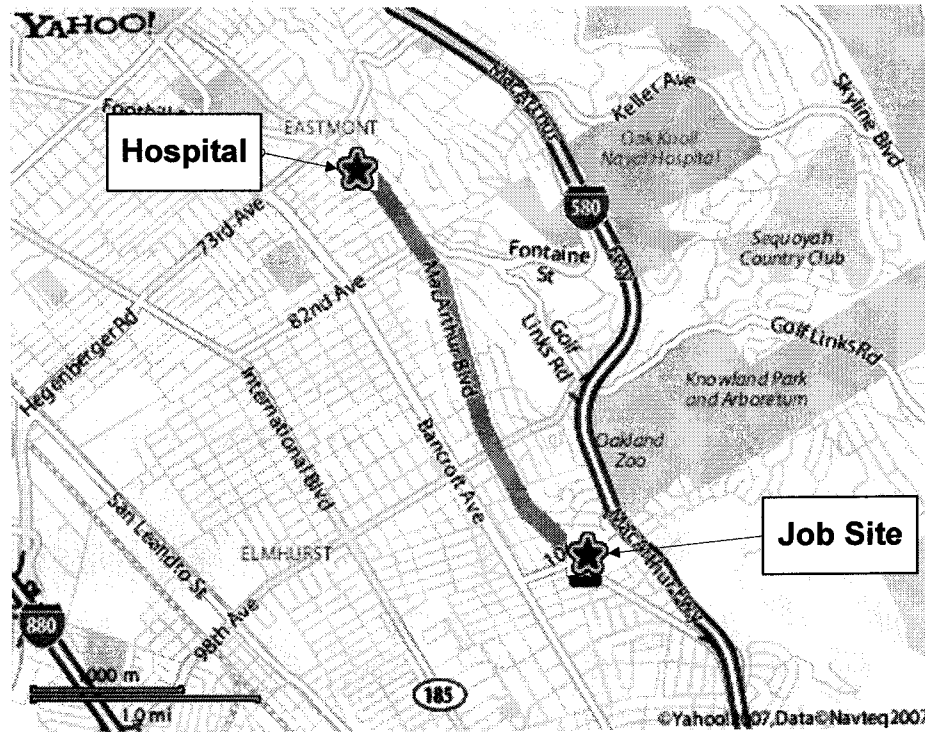
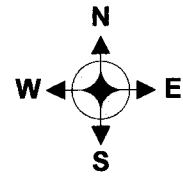
Decontamination Procedures Warm Water Soap

Hospital/Clinic Lifelong Medical Care Phone 510-615-4870
Hospital Address 10700 MacArthur Blvd., Oakland, Ca
Paramedic 911 Fire Dept. 911 Police Dept. 911

Emergency/Contingency Plans & Procedures See Safety Procedures

Site Hazard Information Provided By: Helen Meneses Phone: 415-512-1555

Signature:  Date: 6/7/07



Distance: 2 miles

Approximate Travel Time: 6 mins

Directions

1. Start at 7600 MACARTHUR BLVD., OAKLAND going toward 77TH AVE - go 2.0mi
2. Arrive at 10700 MACARTHUR BLVD., OAKLAND on the right

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

HOSPITAL MAP
Lifelong Medical Care
10700 MacArthur Blvd.
Oakland, CA 94605
(510) 615-4870

GGTR Project No. 8894

Drawing By: HM

June 2007

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 passes 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 lfl 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.

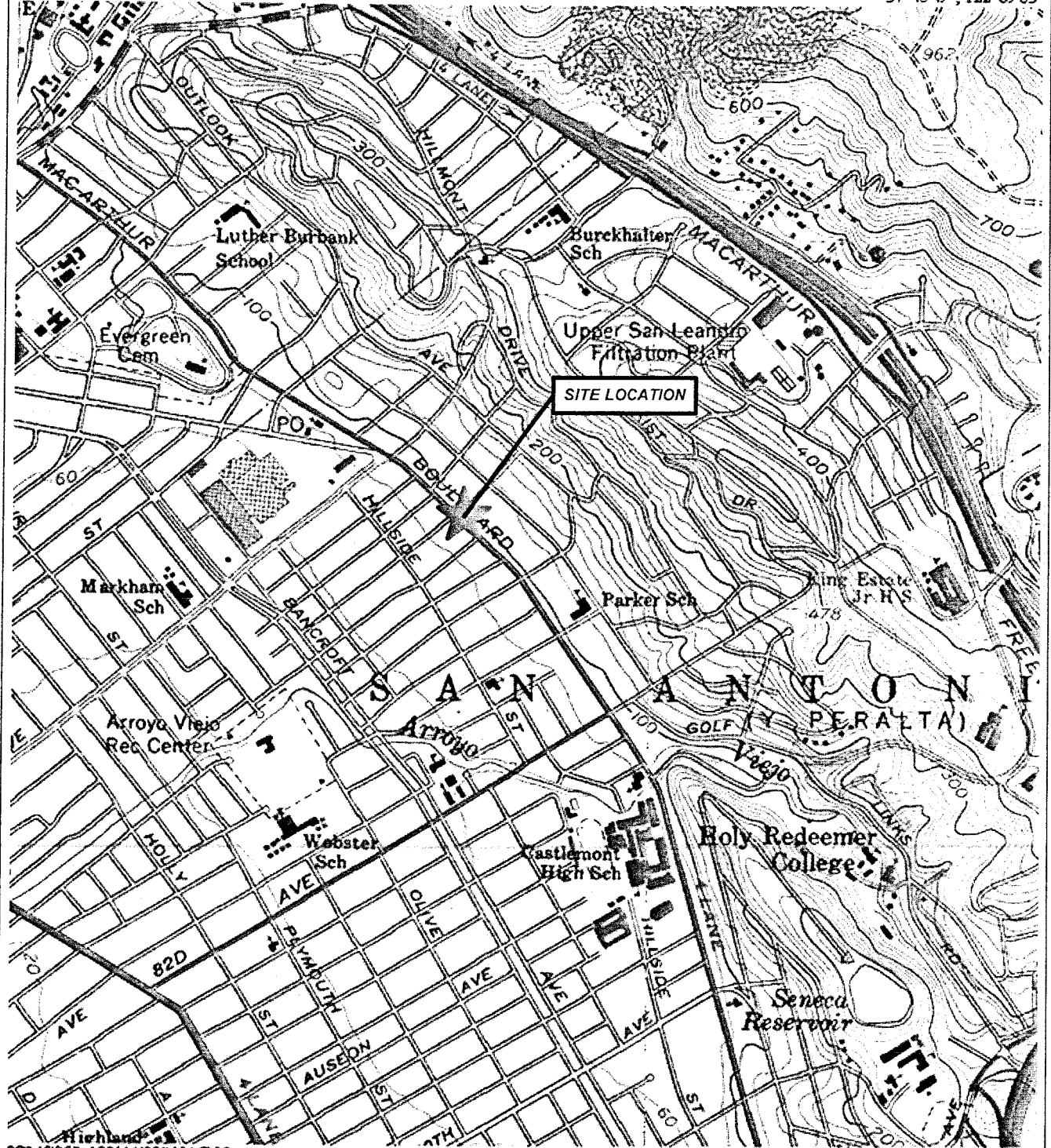
Prepared By:



Helen Meneses
Golden Gate Tank Removal, Inc.

37°46'49", 122°11'02"

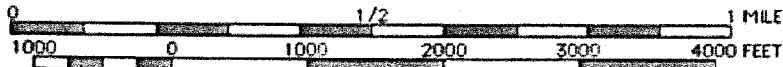
37°46'49", 122°09'03"



37°45'05", 122°11'02" NAD83

37°45'05", 122°09'03"

TN
MN
15%



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GOLDEN GATE TANK REMOVAL

3730 Mission Street
San Francisco, CA 94110
Ph (415) 512-1555 Fx (415) 512-0964

SITE LOCATION MAP

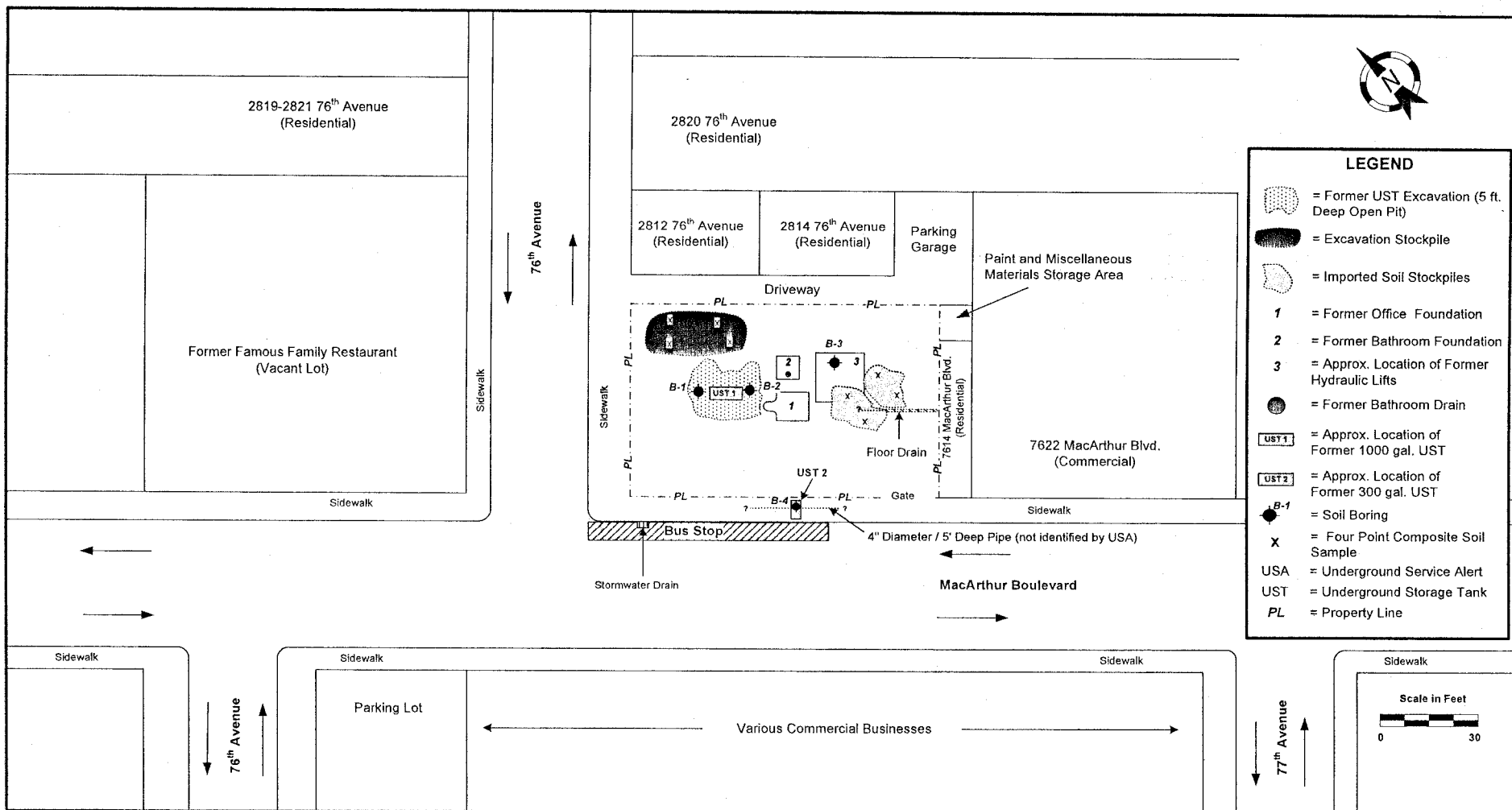
7600 MacArthur Boulevard
Oakland, California 94605

GGTR Project No. 8894

Fn: 8894.psc.F1

Figure By: ed/08.07

Figure 1



LEGEND

- = Former UST Excavation (5 ft. Deep Open Pit)
- = Excavation Stockpile
- = Imported Soil Stockpiles
- 1** = Former Office Foundation
- 2** = Former Bathroom Foundation
- 3** = Approx. Location of Former Hydraulic Lifts
- = Former Bathroom Drain
- UST 1** = Approx. Location of Former 1000 gal. UST
- UST 2** = Approx. Location of Former 300 gal. UST
- B-1** = Soil Boring
- X** = Four Point Composite Soil Sample
- USA** = Underground Service Alert
- UST** = Underground Storage Tank
- PL** = Property Line



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

SITE PLAN AND SOIL SAMPLE LOCATIONS
 7600 MacArthur Boulevard
 Oakland, CA 94605

GGTR Project No. 8894

Fn: 8894.psc.F2.Site Plan

Figure by ed.10/07

Figure 2