

Weston, Robert, Env. Health

From: Jack Cook [jcparcba@pacbell.net]
Sent: Wednesday, August 22, 2012 1:36 PM
To: Weston, Robert, Env. Health; Chan, Barney, Env. Health
Cc: Freitag, Rod, GSA-Technical Services Department; 'Jonathan Speir'; brandburfield@psiusa.com
Subject: RE: ECHOJ-Vault Liquid removal

Rob,

Thank you for the note and I will call Barney now and give him my information and I will make sure that things go according to plan as we have suggested and spoken about. I am thinking possibly Monday morning to get the bottoms exposed if all goes well.

Jack Cook-PM
PARC Services, Inc.
Cell (925) 577-6446
O (925) 371-4610
H (925) 684-4413.

From: Weston, Robert, Env. Health [<mailto:robert.weston@acgov.org>]
Sent: Wednesday, August 22, 2012 11:08 AM
To: 'Jack Cook'; Chan, Barney, Env. Health
Cc: Freitag, Rod, GSA-Technical Services Department; 'Jonathan Speir'; brandburfield@psiusa.com
Subject: RE: ECHOJ-Vault Liquid removal
Importance: High

Jack,
After reviewing the state of the tank removal project this morning I am providing you with my colleague, Barney Chan's, contact information. I will be out of the office starting August 27 to September 4. Please contact Barney at 510 567-6765 or email to schedule the tank removal activities 48 hours prior to removal/sampling.

As we discussed on-site this morning, the proper containment of residuals from the tanks during demolition is of the utmost importance. Site management of the residuals will need to be managed with your constant over site.

I will be available all this week if need to discuss any issues.

Sincerely,

Robert Weston
Sr. Hazardous Materials Specialist
ICC 5238670-UI
Alameda County Department of Environmental Health
510 567-6781

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From: Jack Cook [<mailto:jcparcba@pacbell.net>]
Sent: Tuesday, August 21, 2012 11:01 AM
To: Weston, Robert, Env. Health

Cc: Freitag, Rod, GSA-Technical Services Department; 'Jonathan Speir'; brandburfield@psiusa.com
Subject: ECHOJ-Vault Liquid removal

Rob,

PARC Services, Inc. is having Evergreen Environmental onsite tomorrow at 8am to remove product from Vaults and will start the removal of the concrete the following day by removing the lids to each and see what product if any remains as solids in the vaults for removal to plastic near the vaults for analiticals to be run for profiling into Altamont landfill.

Once the concrete is removed and segregated as stained versus non stained, after a pressure washing and reinstate removal, the vaults bottoms will be checked as well as the sidewalls for confirmation testing prior to backfill from clean soils onsite.

Contaminated soils will be segregated for testing and offhaul.

Jack Cook-PM
PARC Services, Inc.

Weston, Robert, Env. Health

From: Jack Cook [jcparcba@pacbell.net]
Sent: Friday, August 17, 2012 10:13 AM
To: Weston, Robert, Env. Health
Cc: Freitag, Rod, GSA-Technical Services Department
Subject: FW: WAC 2011
Attachments: ALRRF WAC_revised 2011.docx

Rob,

The tanks as you know are still intact and once product is removed then we will breakup and segregate piles of concrete for clean and stained we will then have PSI composite the stained concrete for disposal at Altamont Landfill per Peggy Friddle's requirements and dispose of there for material within her acceptance levels. If there are other issues or high hits on something then we will need to take to a class 1 potentially and will modify the permit to include this facility, which will be Clean Harbors or US Ecology.

I hope this meets with your approval and please feel free call me at (925) 371-4610 if you have any questions or comments

On another note I had talked with the Fire Department and they are OK with the project without a permit, since they are being removed in place.

Respectfully,

Jack Cook-PM
PARC Services, Inc.

From: Friddle, Peggy [<mailto:pfriddle@wm.com>]
Sent: Friday, August 17, 2012 9:37 AM
To: jcparcba@pacbell.net
Subject: WAC 2011

Good talking with you.

Peggy Francione Friddle
Technical Services Representative
Waste Management California TSC
Phone 925-455-7301 Fax 866-209-2889
pfriddle@wm.com

Visit wmsolutions.com to expedite the profiling of your next job!
Our renewable energy projects create enough energy to power nearly 1 million homes.

Waste Management recycles enough paper every year to save 41 million trees. Please recycle any printed emails.

Weston, Robert, Env. Health

From: Freitag, Rod, GSA-Technical Services Department
Sent: Tuesday, August 14, 2012 10:06 AM
To: Weston, Robert, Env. Health
Subject: RE: Concrete Vaults at ECHOJ

Rob,

We were able to work things out with PARC Services. They should be submitting a tank closure application to you sometime this week. Thanks.

From: Weston, Robert, Env. Health
Sent: Wednesday, August 08, 2012 3:14 PM
To: Freitag, Rod, GSA-Technical Services Department
Subject: RE: Concrete Vaults at ECHOJ

I will have to research that issue, it has been some time ago. I will get back to ASAP.

Robert Weston
Sr. Hazardous Materials Specialist
ICC 5238670-UI
Alameda County Department of Environmental Health
510 567-6781

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From: Freitag, Rod, GSA-Technical Services Department
Sent: Wednesday, August 08, 2012 12:47 PM
To: Weston, Robert, Env. Health
Subject: RE: Concrete Vaults at ECHOJ

Rob,

Do you know who the contractor was on the Camp Parks job? I may need to bid this thing.

From: Weston, Robert, Env. Health
Sent: Monday, August 06, 2012 1:40 PM
To: Freitag, Rod, GSA-Technical Services Department
Cc: Roe, Dilan, Env. Health
Subject: RE: Concrete Vaults at ECHOJ

We can turn it around in a couple days if the information is provided.

Robert Weston
Sr. Hazardous Materials Specialist
ICC 5238670-UI
Alameda County Department of Environmental Health
510 567-6781

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From: Freitag, Rod, GSA-Technical Services Department
Sent: Monday, August 06, 2012 1:37 PM
To: Weston, Robert, Env. Health
Subject: RE: Concrete Vaults at ECHOJ

Thanks. I'll have my contractor submit the UST removal permit application.

From: Weston, Robert, Env. Health
Sent: Monday, August 06, 2012 8:55 AM
To: Freitag, Rod, GSA-Technical Services Department
Subject: RE: Concrete Vaults at ECHOJ

They are just like the Camp Parks tanks, wooden form marks, similar sizes, shallow burial depth.

Robert Weston
Sr. Hazardous Materials Specialist
ICC 5238670-UI
Alameda County Department of Environmental Health
510 567-6781

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From: Freitag, Rod, GSA-Technical Services Department
Sent: Monday, August 06, 2012 8:39 AM
To: Weston, Robert, Env. Health
Subject: FW: Concrete Vaults at ECHOJ

Rob,

I went out to the site on Friday to take a look at things again. It does make more sense if the vaults were used for heating oil storage. Do these concrete vaults look pretty much like the concrete heating oil tanks you encountered at Camp Parks?

From: Freitag, Rod, GSA-Technical Services Department
Sent: Wednesday, August 01, 2012 12:17 PM
To: Weston, Robert, Env. Health
Subject: Concrete Vaults at ECHOJ

Hi Rob,

Following up on our conversation this morning, I've attached a couple more pictures showing the vaults and the piping running under the soil berm. According to PSI, our consultant, each tank has a 3' x 3' opening in the middle and a 3" pipe opening at each end. A couple of the pipes running under the berm contain oil and the others just water. The vaults contain oily water which PARC, the contractor, tells me Evergreen is going to haul off as non-hazardous oily water. Analytical from a sample PSI collected is attached; Evergreen supposedly collected its own sample.

My experience at the Santa Rita Property is that the heating oil (Bunker C) tanks used by the military were steel mounted on concrete hold down pads. I've never encountered concrete heating oil tanks out there before. This,

- combined with the fact that the oil piping didn't appear to be connected to the vaults leads me to believe that the piping was connected to equipment mounted on the vaults and that, if a storage tank is present, it's located at the other end of the oil piping under the berm.

The game plan is to pump out the vaults and break them up in-place. Whether the concrete is recycled or taken to Altamont or Vasco depends on what we find. After the vaults are gone, we'll remove any oil impacted soil and collected samples from the excavation. If the sample results look good, we'll backfill the excavation with soil from the berm. After that, the plan is to chase the oil piping into the berm to see what's at the other end.

Let me know if we really need to permit removal of the vaults. If we don't let me know how you want to be involved. As I mentioned before, some oil impacted soil was encountered when we unearthed these things and I expect you'll at least want to be there for sampling of the excavation.

Thanks.

Rod Freitag, Environmental Program Manager

Alameda County General Services Agency, TSD
1401 Lakeside Drive, Rm. 1115, Oakland, CA 94612
Ph (510) 208-9522 | Fax (510) 208-9530 | QIC 26023



Please consider the environment before printing this email.



Brand Burfield, PG
Project Geologist

PSI
4703 Tidewater Avenue
Suite B
Oakland, CA 94601
510/434-9200 #19
Fax 510/434-7676
Email brand.burfield@psiusa.com

PARC SERVICES, INC
Environmental Solutions That Work!

253 Rickenbacker Circle
Suite B
Livermore, CA 94551

Office (925) 371-4610
Fax (925) 606-8704
Cell (925) 577-6446
jcparcba@pacbell.net

Lic #801810 DOSH #819

Jack Cook

Estimator / Project Manager

Asbestos & Lead Removal
Hazardous Materials
& Waste Disposal
Emergency Spill Response
Indoor Air Quality
Soil & Water Remediation
Mold Remediation

ALAMEDA COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 HARBOR BAY PARKWAY
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:

AUG 17 2012

UNDERGROUND STORAGE TANK CLOSURE PLAN

***** Complete closure plan according to instructions *****

- Name of Business COUNTY OF ALAMEDA
Business Owner or Contact Person (PRINT) ROD FREITAS
- Site Address GLEASON DR AT HACIENDA DR.
City, State DUBLIN, CA Zip _____ Phone (510) 208-9522
- Mailing Address 1401 LAKESIDE DR.
City, State OAKLAND, CA Zip 94612 Phone (510) 208-9522
- Property Owner COUNTY OF ALAMEDA
Business Name (if applicable) _____
Address 1401 LAKESIDE DR.
City, State OAKLAND, CA Zip 94612 Phone (510) 208-9522
- Generator name under which tank will be manifested
COUNTY OF ALAMEDA GSA
EPA I.D. No. under which tank(s) will be manifested C A C 0 0 2 6 9 2 4 7 8

7/13/2012

SR0021117

6. Contractor PARC SERVICES, INC
 Address 253 RICKENBACKER CIRCLE, SUITE B
 City, State LIVERMORE, CA Zip 94551 Phone (925)371-4610
 License Type A, B, C21, ASB & HAZ ID# 801810
7. Consultant (if applicable) PROFESSIONAL SERVICE INDUSTRIES (PSI)
 Address 4703 TIDEWATER AVE., STE B
 City, State OAKLAND, CA Zip 94601 Phone (510)434-9200
8. Main Contact Person for Investigation (if applicable)
 Name Brend Burfield Title PG-Project Geologist
 Company Professional Service Industries
 Phone (510)434-9200
9. Number of underground tanks being closed with this plan 2
 Length of piping being removed under this plan ~ 40'
 Total number underground tanks at this facility (**confirmed with owner or operator) 2
10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).
- a) Product/Residual Sludge/Rinsate Transporter
 Name Evergreen Environment ^{CAD} EPA I.D. No. 982241262
 Hauler License No. 134817 License Exp. Date 6/30/13
 Address 6880 Smith Ave.
 City, State Newark, Ca. Zip 94560
- b) Product/Residual Sludge/Rinsate Disposal Site
 Name Evergreen Environment ^{CAD} EPA I.D. No. 980887418
 Address 6880 Smith Ave.
 City, State Newark, Ca. Zip 94560

cl. 2 concrete by Arroyo Trucking - NON/HAZ -

c) Tank and Piping Transporter
Name Evergreen Oil Co. CAD EPAT.D. No. 982241262
Hauler License No. 134817 License Exp. Date 6/30/13

d) Tank and Piping Disposal Site
Name Altamont Landfill CAD 981382732 EPA I.D. No. 982241262
Address 10840 Altamont Pass Rd
City, State Livermore, Ca. Zip 94551

11. Sample Collector
Name Brian Burfield, PG
Company PSI - Professional Service Industries, Inc.
Address 4703 TIDEWATER AVE., STE B
City, State OAKLAND, CA Zip 94601 Phone (510)434-9200

12. Laboratory
Name SUNSTAR LABORATORIES, INC.
Company " " "
Address 25712 COMMERCENTRE DRIVE
City, State LAKE FOREST, CA Zip 92630
State Certification No. 2250

13. Have tank(s) or piping leaked in the past? Yes [] No [] Unknown [X]
If yes, describe: _____

14. Describe method(s) to be used for rendering tank(s) inert:
1. Remove Product
2. Check LEL limits for bunker C
3. Dry Ice as necessary
4. Break concrete tops, and remove
(NOTE: Already excavated & open)

Before tank(s) 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 Sample(s)
Capacity (gallons)	Use History include date last used (estimated)		
5,000	HEATING OIL 1950s	SOIL	1 AT EACH END OF TANK ~1' BELOW BOTTOM OF TANK
5,000	HEATING OIL 1950s	SOIL	1 AT EACH END OF TANK ~1' BELOW BOTTOM OF TANK

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (estimated) ~ 100 CY	Sampling Plan ONE 4 POINT COMPOSITE PER 50 CY TESTED FOR ANALYTES LISTED IN #76.

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting. ✓

Will the excavated soil be returned to the excavation immediately after tank removal? yes no unknown

If yes, explain reasoning _____

If unknown at this point in time, please be aware that **excavated soil may not be returned to the excavation without prior approval from this office.** This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling activities.

16. Chemical methods and associated detection limits to be used for analyzing sample(s):

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

See Table 2, Recommended Minimum Verification Analyses for Underground Tank Leaks.

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPHD		8015 M	10 mg/kg
BTEX		8260	5 ug/kg
EDB & EDC		8260	5 ug/kg
MTBE, TAME, ETBE, DIPE, TBA and E5UH		8260	5 ug/kg

17. Submit Site Health and Safety Plan (See Instructions)
18. Submit Worker's Compensation Certificate copy
Name of Insurer SEE ATTACHED
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 (URL) form.
22. **Submit a closure report to this office within 60 days of the tank removal. The closure report must contain all information listed in item 22 of the instructions.**
23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one-B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner).

I declare that to the best of my knowledge and belief that the statements and information provided above are correct and true.

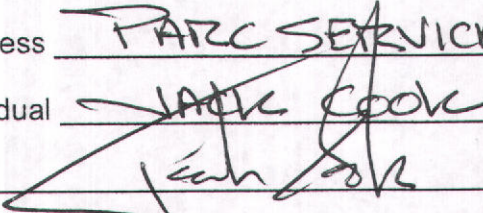
I understand that information, in addition to that provided above, may be needed in order to obtain approval from the Environmental Protection Division and that no work is to begin on this project until this plan has been approved.

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 PARC SERVICES INC.
Name of Individual JACK COOK
Signature  Date 8/13/12

PROPERTY OWNER OR [] MOST RECENT TANK OPERATOR (Check one)

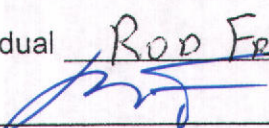
Name of Business COUNTY OF ALAMEDA
Name of Individual ROD FREITAG (510) 208-9522
Signature  Date 8/16/12

TABLE #2
REVISED 21 NOVEMBER 2003

**RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS**

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u> (SW-846 METHOD)	<u>WATER ANALYSIS</u> (Water/Waste Water Method)
Gasoline (Leaded and Unleaded)	TPHG 8015M or 8260	TPHG 8015M or 524.2/624 (8260)
	BTEX 8260	BTEX 524.2/624 (8260)
	EDB and EDC 8260	EDB and EDC 524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water	
	TOTAL LEAD AA	TOTAL LEAD AA
	--Optional--	
Organic Lead DHS-LUFT	Organic Lead DHS-LUFT	
Unknown Fuel	TPHG 8015M or 8260	TPHG 8015M or 524.2/624 (8260)
	TPHD 8015M or 8260	TPHD 8015M or 524.2/624 (8260)
	BTEX 8260	BTEX 524.2/624 (8260)
	EDB and EDC 8260	EDB and EDC 524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water	
	TOTAL LEAD AA	TOTAL LEAD AA
--Optional--		
Organic Lead DHS-LUFT	Organic Lead DHS-LUFT	
Diesel, Jet Fuel, Kerosene, and Fuel/Heating Oil	TPHD 8015M or 8260	TPHD 8015M or 524.2/624 (8260)
	BTEX 8260	BTEX 524.2/624 (8260)
	EDB and EDC 8260	EDB and EDC 524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water	
Chlorinated Solvents	CL HC 8260	CL HC 524.2/624 (8260)
	BTEX 8260 or 8021	BTEX 524.2/624 (8260) or 502.2/602 (8021)
	1,4-Dioxane 8270M	1,4-Dioxane 8270M
Non-chlorinated Solvents	TPHD 8015M or 8260	TPHD 8015M or 524.2/624 (8260)
	BTEX 8260 or 8021	BTEX 524.2/624 (8260) or 502.2/602 (8021)
Waste, Used, or Unknown Oil	TPHG 8015M or 8260	TPHG 8015M or 524.2/624 (8260)
	TPHD 8015M or 8260	TPHD 8015M or 524.2/624 (8260)
	O&G 9070	O&G 418.1
	BTEX 8260	BTEX 524.2/624 (8260)
	CL HC 8260	CL HC 524.2/624 (8260)
	1,4-Dioxane 8270M	1,4-Dioxane 8270M
	EDB and EDC 8260	EDB and EDC 524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, TBA, and EtOH by 8260 for soil and 524.2/624 (8260) for water	
	METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil 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:

- 8021 replaces old methods 8020 and 8010
- 8260 replaces old method 8240
- 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).

**UNIFIED PROGRAM CONSOLIDATED FORM
 UNDERGROUND STORAGE TANK
 OPERATING PERMIT APPLICATION – FACILITY INFORMATION**
 (One form per facility)

TYPE OF ACTION <i>(Check one item only)</i>	<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 5. CHANGE OF INFORMATION	<input type="checkbox"/> 7. PERMANENT FACILITY CLOSURE	400
	<input type="checkbox"/> 3. RENEWAL PERMIT	<input type="checkbox"/> 6. TEMPORARY FACILITY CLOSURE	<input type="checkbox"/> 9. TRANSFER PERMIT	

I. FACILITY INFORMATION

TOTAL NUMBER OF USTs AT FACILITY 2	<small>404</small>	FACILITY ID # <i>(Agency Use Only)</i>	1.
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BUSINESS NAME *(Same as Facility Name or DBA – Doing Business As)* 3
County of Alameda

BUSINESS SITE ADDRESS Gleason Dr. at Hacienda Dr.	<small>103</small>	CITY Dublin	<small>104</small>
---	--------------------	-----------------------	--------------------

FACILITY TYPE	<input type="checkbox"/> 1. MOTOR VEHICLE FUELING <input type="checkbox"/> 2. FUEL DISTRIBUTION <input type="checkbox"/> 3. FARM <input type="checkbox"/> 4. PROCESSOR <input checked="" type="checkbox"/> 6. OTHER	<small>403</small>	Is the facility located on Indian Reservation or Trust lands? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	<small>405</small>
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II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME County of Alameda	<small>407</small>	PHONE (510) 208-9525	<small>408</small>
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MAILING ADDRESS 409
1401 Lakeside Dr. (Attn: GSA-Technical Services Dept.)

CITY Oakland	<small>410</small>	STATE CA	<small>411</small>	ZIP CODE 94612	<small>412</small>
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III. TANK OPERATOR INFORMATION

TANK OPERATOR NAME County of Alameda	<small>428-1</small>	PHONE (510) 208-9525	<small>428-2</small>
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MAILING ADDRESS 428-3
1401 Lakeside Dr. (Attn: GSA-Technical Services Dept.)

CITY Oakland	<small>428-4</small>	STATE CA	<small>428-5</small>	ZIP CODE 94612	<small>428-6</small>
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IV. TANK OWNER INFORMATION

TANK OWNER NAME County of Alameda	<small>414</small>	PHONE (510) 208-9525	<small>415</small>
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MAILING ADDRESS 416
1401 Lakeside Dr. (Attn: GSA-Technical Services Dept.)

CITY Oakland	<small>417</small>	STATE CA	<small>418</small>	ZIP CODE 94612	<small>419</small>
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OWNER TYPE:

<input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT	<input checked="" type="checkbox"/> 5. COUNTY AGENCY	<input type="checkbox"/> 6. STATE AGENCY	<small>420</small>
<input type="checkbox"/> 7. FEDERAL AGENCY	<input type="checkbox"/> 8. NON-GOVERNMENT		

V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44-	0	0	0	3	2	4	Call the State Board of Equalization, Fuel Tax Division, if there are questions.	<small>421</small>
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VI. PERMIT HOLDER INFORMATION

Issue permit and send legal notifications and mailings to:

<input checked="" type="checkbox"/> 1. PROPERTY OWNER	<input type="checkbox"/> 4. TANK OPERATOR	<small>423</small>
<input type="checkbox"/> 3. TANK OWNER	<input type="checkbox"/> 5. FACILITY OPERATOR	

SUPERVISOR OF DIVISION, SECTION, OR OFFICE *(Required for Public Agencies Only)* 406
Rod Freitag, Environmental Program Manager, GSA-Technical Services

VII. APPLICANT SIGNATURE

CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE 	DATE 8/6/12	<small>424</small>	PHONE (510) 208-9522	<small>425</small>
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APPLICANT NAME (print) Rod Freitag	<small>426</small>	APPLICANT TITLE Environmental Program Manager	<small>427</small>
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**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
OPERATING PERMIT APPLICATION – TANK INFORMATION** (One form per UST)

TYPE OF ACTION (Check one item only. For a UST closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430.	
<input type="checkbox"/> 1. NEW PERMIT	<input type="checkbox"/> 3. RENEWAL PERMIT
<input type="checkbox"/> 6. TEMPORARY UST CLOSURE	<input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE
<input type="checkbox"/> 5. CHANGE OF INFORMATION	<input checked="" type="checkbox"/> 8. UST REMOVAL
DATE UST PERMANENTLY CLOSED: 430a.	DATE EXISTING UST DISCOVERED: July 16, 2012 430b.

I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) 1.	
BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3.	
County of Alameda	
BUSINESS SITE ADDRESS 103. CITY 104.	
Gleason Dr. at Hacienda Dr.	Dublin

II. TANK DESCRIPTION

TANK ID # 432.	TANK MANUFACTURER 433.	TANK CONFIGURATION: THIS TANK IS 434.
1	U.S. Military	<input checked="" type="checkbox"/> 1. A STAND-ALONE TANK Complete one page for each compartment in the unit.
DATE UST SYSTEM INSTALLED 435.	TANK CAPACITY IN GALLONS 436.	NUMBER OF COMPARTMENTS IN THE UNIT 437.
1940s	5,000	1

III. TANK USE AND CONTENTS

TANK USE	<input type="checkbox"/> 1a. MOTOR VEHICLE FUELING	<input type="checkbox"/> 1b. MARINA FUELING	<input type="checkbox"/> 1c. AVIATION FUELING 439
	<input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE	<input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil)	<input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL (HSC §25281.5(c)) 439a.
	<input type="checkbox"/> 6. OTHER GENERATOR FUEL	<input type="checkbox"/> 95. UNKNOWN	<input checked="" type="checkbox"/> 99. OTHER (Specify): Boiler fuel
CONTENTS	PETROLEUM: <input type="checkbox"/> 1a. REGULAR UNLEADED	<input type="checkbox"/> 1c. MIDGRADE UNLEADED	<input type="checkbox"/> 1b. PREMIUM UNLEADED 440.
	<input type="checkbox"/> 3. DIESEL	<input type="checkbox"/> 5. JET FUEL	<input type="checkbox"/> 6. AVIATION GAS
	<input type="checkbox"/> 8. PETROLEUM BLEND FUEL	<input checked="" type="checkbox"/> 9. OTHER PETROLEUM (Specify): Bunker C Heating Oil 440a.	
	NON-PETROLEUM: <input type="checkbox"/> 7. USED OIL	<input type="checkbox"/> 10. ETHANOL	
	<input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):		440b.

IV. TANK CONSTRUCTION

TYPE OF TANK	<input checked="" type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN 443.
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. INTERNAL BLADDER 444.
	<input type="checkbox"/> 7. STEEL + INTERNAL LINING	<input type="checkbox"/> 95. UNKNOWN	<input checked="" type="checkbox"/> 99. OTHER (Specify): Concrete 444a.
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 3. FIBERGLASS	<input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER <input type="checkbox"/> 7. JACKETED 445.
	<input checked="" type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify): 445a.
OVERFILL PREVENTION	<input type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS	<input type="checkbox"/> 2. BALL FLOAT	<input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE 452.
	<input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT		

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER 460.
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. GRAVITY	<input type="checkbox"/> 3. CONVENTIONAL SUCTION <input type="checkbox"/> 4. SAFE SUCTION (23 CCR §2636(a)(3)) 458.
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC 464.
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify): 464a.
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC 464b.
	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER (Specify): 464c.
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 90. NONE 464d.

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify): 464e.
					464e.l.
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify): 464f.
					464f.l.
VR PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify): 464g.
					464g.l.
VR SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify): 464h.
					464h.l.
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 90. NONE		464i.
RISER PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify): 464j.
					464j.l.
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 90. NONE	<input type="checkbox"/> 99. OTHER (Specify): 464k.
					464k.l.
FILL COMPONENTS INSTALLED	<input type="checkbox"/> 1. SPILL BUCKET	<input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR	<input type="checkbox"/> 4. CONTAINMENT SUMP		451a-c.

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 3. NO DISPENSERS	<input type="checkbox"/> 90. NONE 469a.
CONSTRUCTION MATERIAL	<input type="checkbox"/> 1. STEEL	<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 10. RIGID PLASTIC	<input type="checkbox"/> 99. OTHER (Specify) 469b.
				469c.

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S)	<input type="checkbox"/> 4. IMPRESSED CURRENT	<input type="checkbox"/> 6. ISOLATION 448.
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IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements. 470.	
APPLICANT SIGNATURE	DATE 8/6/12 470.
APPLICANT NAME (print) Rod Freitag 471.	APPLICANT TITLE Environmental Program Manager 472.

**UNIFIED PROGRAM CONSOLIDATED FORM
UNDERGROUND STORAGE TANK
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 6. TEMPORARY UST CLOSURE 7. UST PERMANENT CLOSURE ON SITE 8. UST REMOVAL

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I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) 1.

BUSINESS NAME (Same as Facility Name or DBA – Doing Business As) 3.
 County of Alameda

BUSINESS SITE ADDRESS 103. CITY 104.
 Gleason Dr. at Hacienda Dr. Dublin

II. TANK DESCRIPTION

TANK ID # 432. TANK MANUFACTURER 433. TANK CONFIGURATION: THIS TANK IS 434.
 2 U.S. Military 1. A STAND-ALONE TANK Complete one page for each
 2. ONE IN A COMPARTMENTED UNIT compartment in the unit.

DATE UST SYSTEM INSTALLED 435. TANK CAPACITY IN GALLONS 436. NUMBER OF COMPARTMENTS IN THE UNIT 437.
 1940s 5,000 1

III. TANK USE AND CONTENTS

TANK USE 1a. MOTOR VEHICLE FUEL 1b. MARINA FUELING 1c. AVIATION FUELING 439.
 3. CHEMICAL PRODUCT STORAGE 4. HAZARDOUS WASTE (Includes Used Oil) 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]
 6. OTHER GENERATOR FUEL 95. UNKNOWN 99. OTHER (Specify): Boiler fuel 439a.

CONTENTS PETROLEUM: 1a. REGULAR UNLEADED 1c. MIDGRADE UNLEADED 1b. PREMIUM UNLEADED 440.
 3. DIESEL 5. JET FUEL 6. AVIATION GAS
 8. PETROLEUM BLEND FUEL 9. OTHER PETROLEUM (Specify): Bunker C Heating Oil 440a.

NON-PETROLEUM: 7. USED OIL 10. ETHANOL 440b.
 11. OTHER NON-PETROLEUM (Specify): 440b.

IV. TANK CONSTRUCTION

TYPE OF TANK 1. SINGLE WALL 2. DOUBLE WALL 95. UNKNOWN 443.

PRIMARY CONTAINMENT 1. STEEL 3. FIBERGLASS 6. INTERNAL BLADDER 444.
 7. STEEL – INTERNAL LINING 95. UNKNOWN 99. OTHER (Specify): Concrete 444a.

SECONDARY CONTAINMENT 1. STEEL 3. FIBERGLASS 6. EXTERIOR MEMBRANE LINER 7. JACKETED 445.
 90. NONE 95. UNKNOWN 99. OTHER (Specify): 445a.

OVERFILL PREVENTION 1. AUDIBLE & VISUAL ALARMS 2. BALL FLOAT 3. FILL TUBE SHUT-OFF VALVE 452.
 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

V. PRODUCT / WASTE PIPING CONSTRUCTION

PIPING CONSTRUCTION 1. SINGLE WALL 2. DOUBLE WALL 99. OTHER 460.

SYSTEM TYPE 1. PRESSURE 2. GRAVITY 3. CONVENTIONAL SUCTION 4. SAFE SUCTION [23 CCR §2636(a)(3)] 458.

PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC 464.
 90. NONE 95. UNKNOWN 99. OTHER (Specify): 464a.

SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC 464b.
 90. NONE 95. UNKNOWN 99. OTHER (Specify): 464c.

PIPING/TURBINE CONTAINMENT SUMP TYPE 1. SINGLE WALL 2. DOUBLE WALL 90. NONE 464d.

VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION

VENT PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): 464c.
464e.

VENT SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): 464f.
464f.

VR PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): 464g.
464g.

VR SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): 464h.
464h.

VENT PIPING TRANSITION SUMP TYPE 1. SINGLE WALL 2. DOUBLE WALL 90. NONE 464i.

RISER PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): 464j.
464j.

RISER SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify): 464k.
464k.

FILL COMPONENTS INSTALLED 1. SPILL BUCKET 3. STRIKER PLATE/BOTTOM PROTECTOR 4. CONTAINMENT SUMP 451a-c.

VII. UNDER DISPENSER CONTAINMENT (UDC)

CONSTRUCTION TYPE 1. SINGLE WALL 2. DOUBLE WALL 3. NO DISPENSERS 90. NONE 469a.

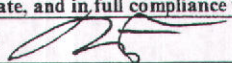
CONSTRUCTION MATERIAL 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. OTHER (Specify) 469b.
469c.

VIII. CORROSION PROTECTION

STEEL COMPONENT PROTECTION 2. SACRIFICIAL ANODE(S) 4. IMPRESSED CURRENT 6. ISOLATION 448.

IX. APPLICANT SIGNATURE

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE  DATE 8/6/12 470.

APPLICANT NAME (print) Rod Freitag 471. APPLICANT TITLE Environmental Program Manager 472.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/29/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LIC #124221 1-866-829-4368 UCW Insurance Agency, Inc. PO Box 2090 Gilbert, AZ 85299-2090 Melanie C. Tyson	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Melanie Tyson</td> </tr> <tr> <td>PHONE (A/C No. Ext): (866) 829-4368</td> <td>FAX (A/C No): (866) 829-4369</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: m.tyson@ucwinsurance.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td style="width: 75%;">INSURER A: Nautilus Insurance Company</td> <td style="width: 25%;">NAIC # 17370</td> </tr> <tr> <td>INSURER B: Great Divide Ins. Co.</td> <td>25224</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Melanie Tyson		PHONE (A/C No. Ext): (866) 829-4368	FAX (A/C No): (866) 829-4369	E-MAIL ADDRESS: m.tyson@ucwinsurance.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Nautilus Insurance Company	NAIC # 17370	INSURER B: Great Divide Ins. Co.	25224	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME: Melanie Tyson																					
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INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED PARC Services, Inc. 253 Rickenbacker Circle, Suite B Livermore, CA 94551																					

COVERAGES **CERTIFICATE NUMBER: 24811206** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractors Pollution <input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			ECPO1523893-11	01/01/12	01/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	AUTOMOBILE LIABILITY <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 <input checked="" type="checkbox"/> MCS-90			BAP1525310-11	01/01/12	01/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$			FFX1523895-11	01/01/12	01/01/13	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCA1525311-11	01/01/12	01/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Proof of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <div style="text-align: right;"><i>Melanie C Tyson</i></div>
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State Of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number

801810

Entity **CORP**

Business Name

PARC SERVICES INC

Classification(s)

A B C-2 C21 C33 ASB HAZ



Expiration Date

12/31/2013

www.cslb.ca.gov

PARC Services, Inc

Environmental Solutions

253 Rickenbacker Circle, Suite B., Livermore, CA 94551
Phone (925) 371-4610 Fax (925) 606-8704

Asbestos Abatement • Lead Paint Removal • Demolition • Hazardous Waste Disposal
24 Hour Emergency Spill Response • Soil Remediation • Mold Decontamination • Lab Packing

CA Lic. #801810 Hauler Registration #136517 EPA #CAR000164749 DOSH Registration #819

Alameda County GSA
1400 Lakeside Dr.. Rm 1115
Oakland, Ca.

Attn.: Rod Freitag-PM
Ref.: East County Courthouse Hazardous Materials Abatement and Demolition
Subj.: Emergency Contact List

Mr.Freitag,

Please see attached list of emergency contact numbers in order of contact notification:

1. Jack Cook-PM Cell (925) 577-6446 Home (925) 684-4413
2. Dan Ringhand-VP Cell (925) 577-1930
3. John Godkin-Pres. Cell (925) 577-1931
4. Joe Koser-Supt. Cell (925) 395-7489
5. Dave Rege-OE Cell (510) 599-9076

Respectfully,



Jack Cook

Estimator/Proj. Mngr.-Demolition/Earthwork
PARC Services, Inc
253 Rickenbacker circle, suite B
Livermore, CA 94551
Phone 925-371-4610
Fax 925-606-8704
Cell 925-577-6446
Email: jcparcba@pacbell.net

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1400 Lakeside Dr.. Rm 1115
Oakland, Ca.

8-16-12

Attn.: Rod Freitag-PM
Ref.: East County Courthouse Hazardous Materials Abatement and Demolition
Subj.: **Tank Closure Report**

Mr.Freitag,

General Description

PARC Services, Inc. has discovered two below grade concrete vaults with some bunker C fuel and water contamination in them from an old Boiler House at the former Camp Parks Facility dating back to the 1940's.

The two tanks are 8 feet by 8 feet by 20 feet long and are presently excavated to determine the size and have openings in them showing product within each of them with very low VOC's.

The Tanks are in good condition with the bottoms appearing to be solid and the pipe fittings were from the top, which are now removed.

There appears to be some product in tank one that is floating near the top and the other bugholes show an oily sheen of mostly water with some dirt that has found it's way into the middle of each tank..

The old lines coming from the tank appear to have leaked in some cases and have caused small amounts of potential hydrocarbon contaminated soils in the vicinity of the tanks; however the vaults/tanks appear to be holding the level of liquids at a constant level.

The tanks are approximately 5,000 gal. each.

Scope of Work

The permits will be pulled from Alameda County Health Care Services Agency and the verbal OK was given from Alameda County Fire District that the removal will not require a Fire Department permit due to being demolished in place.

The scope of the work for this project is to remove the contents of the tanks by Evergreen Oil Company in 5,000gal VAC trucks as non hazardous waste and PARC Services, Inc. to remove any other residual solids/soil by excavator and bucket from the top down after

breaking the tops for access, once the liquids and some solids are gone. The concrete vaults will be demolished and removed by excavator and concrete breaker and segregated for proper disposal.

The resulting excavation will be tested for confirmation per protocol and backfilled with clean soil.

Excavate tank overburden and stockpile for reuse or offhaul pending waste characterization. Analysis will consist of a four point composite soil sample from the stockpile; Sample will be tested by a state certified laboratory for analysis.

The groundwater in this area is approximately forty feet below ground surface

Safety

The excavation will be sloped to conform to OSHA standards prior to any personnel being allowed in the excavation area.

The tanks will be fenced accordingly with orange snow fencing and has a solid perimeter fencing outside on the property lines. Signage will be in place for no trespassing, hard hat area and caution.

Use PID to detect any potential vapors in the tanks and LEL levels for bunker C.

Transport and dispose of liquids in the tanks to a permitted TSDf utilizing a California Uniform Non Hazardous Waste Manifest signed by Alameda County GSA. Grounding of trucks and hose will be performed prior to removal.

Personnel will be 40 hr. Haz. Wopper certified and in level C. Tyvek, gloves, hard hats, safety glasses, and safety shoes at a minimum will be worn during UST removal activities. During backfill activities Level "D" PPE shall be worn including hard hats, safety glasses, and safety shoes. No shorts will be allowed in the work area. Eating, drinking, and use of tobacco products will occur only in designated area. PARC Services, Inc. will establish and maintain a control zone surrounding the work area. All personnel will thoroughly wash their hands both prior to and following all breaks, meal periods, and lavatory periods.

PARC Services, Inc. will utilize field investigation and monitoring techniques which may include instrumentation as well as visual observations to evaluate site conditions with regard to further possible upgrades and PPE protection levels.

Submitted by,


Jack Cook

Estimator/Proj. Mngr.-Demolition/Earthwork
PARC Services, Inc
253 Rickenbacker circle, suite B
Livermore, CA 94551
Phone 925-371-4610
Fax 925-606-8704
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Alameda County GSA
1400 Lakeside Dr.. Rm 1115
Oakland, Ca.

8-16-12

Attn.: Rod Freitag-PM
Ref.: East County Courthouse Hazardous Materials Abatement and Demolition
Subj.: SIGNATURE SHEET

Mr.Freitag,

I certify by my signature below that I have read fully and understand, and will comply with
the requirements and directives outlined in this Site Safety Plan:

Submitted by:



Jack Cook

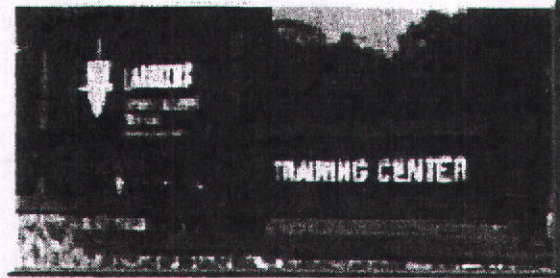
Estimator/Proj. Mngr.-Demolition/Earthwork
PARC Services, Inc
253 Rickenbacker circle, suite B
Livermore, CA 94551
Phone 925-371-4610
Fax 925-606-8704
Cell 925-577-6446

Laborers' Training and Retraining
Trust Fund for Northern California

* * * - * * - 9292



Juan M Cortes
92920612



1001 Westside Drive San Ramon, CA 94583
Phone: (925) 828-2513 Fax: (925) 828-6142

Laborers' Training and Retraining Trust Fund for Northern California
Asbestos Worker Re-Certification : Spanish

Juan M Cortes

Certificate Number: 92920612

THIS CERTIFICATE INDICATES SUCCESSFUL COMPLETION OF TRAINING
MANDATED BY THE EPA FOR AHERA WORKER RE-CERTIFICATION IN
ASBESTOS UNDER (TSCA) ACT TITLE II **Provider: CA-012-12**

Start Date: 6/12/2012

Completion Date: 6/12/2012

Expiration Date: 6/12/2013

LTC 06269

A handwritten signature in black ink, appearing to read "Nathan Whitton".

Nathan Whitton, Asbestos Training Director

Date: 6/12/2012

State of California Department of Public Health

Lead-Related
Construction
Certificate

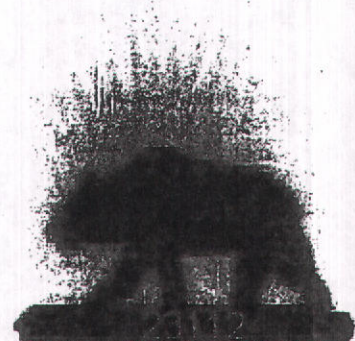
Certificate
Type

Expiration
Date



Worker

01/18/2013



Juan M. Cortes

ID: 23394

Conditions of Certification

This individual meets the requirements of the State of California, Department of Public Health (CDPH), to perform lead-related construction. CDPH may suspend or revoke certification for:

1. any false statement in the application (for certification);
2. violations of relevant local, state or federal statutes or regulations;
3. misrepresentation, failure to disclose relevant facts, fraud, or issuance by mistake; or
4. failure to comply with any relevant regulation or order of the Department.

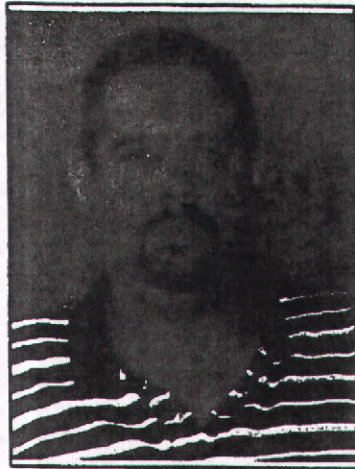
This certificate was issued by the Department of Public Health as authorized by 17 CCR 35001 et seq., and is non-transferable.

To verify authenticity call
(800) 597-LEAD or
510-620-5600



0480699

**Laborers' Training and Retraining
Trust Fund for Northern California**



Juan M Cortes
92920112

**Certification of Worker on
Hazardous Waste Operations**

Juan M Cortes

Certificate Number: 92920112

Date Completed: 1/27/2012 Renewal Date: 1/27/2013

Training Director: Jerome Williams

Successful completion of training as
required by OSHA 29 CFR 1910.120

Concentra Occupational Med Ctrs-CA

Service Date: 06/04/2012

2987 Merced Street San Leandro, CA 94577
Phone: (510) 351-3553 Fax: (510) 351-3585

Medical Surveillance - Asbestos

Patient: Cortes, Juan M.
SSN: XXX-XX-9292
DOB: 01/18/1977
Gender: M
Marital Status: M
Address: 9434 Bancroft Ave
OAKLAND, CA 94603
Home Phone: (707) 293-4488
Work Phone: (707) 293-4488 Ext.:

Job Title: _____
Employer: Laborers Trust Fund
Address: 220 Campus Ln
Suisun City, CA 945341497
Job Contact: Ruben Barba
Role: Primary Contact
Phone: (510) 569-4761 Ext.:
Fax: (510) 569-4763
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 06/04/2012 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- Review of the employer's description of this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- Review of information from previous medical examinations if available.
- A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

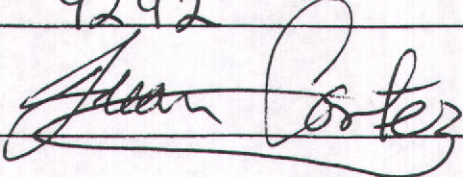
Comments or limitations (if any): _____

J. J. [Signature]
Provider Signature

6/4/12
Date

PARC SERVICES, INC

RESPIRATOR FIT TEST FORM

Employee being tested:	Juan M. Cortes
Social Security number:	9292
Employee's signature:	
Type of test:	<input type="checkbox"/> Quantitative <input checked="" type="checkbox"/> Qualitative
Type of respirator:	<input checked="" type="checkbox"/> 1/2 face negative pressure <input type="checkbox"/> Full face negative pressure <input checked="" type="checkbox"/> Full face PARR (in negative pressure mode) <input type="checkbox"/> Full Face positive Pressure supplied Air (in negative pressure mode) <input type="checkbox"/> other (list) _____
Brand of respirator:	<input checked="" type="checkbox"/> North <input type="checkbox"/> Survive Air <input type="checkbox"/> Racal <input type="checkbox"/> other (list) _____
Model number:	7700
Size of respirator:	<input type="checkbox"/> small <input type="checkbox"/> medium <input checked="" type="checkbox"/> large <input type="checkbox"/> NA (1 size only)
Result of test:	<input checked="" type="checkbox"/> pass <input type="checkbox"/> fail

- I understand why respiratory protection is needed and where and when it should be used.
- I know how to use this respirator properly and how to clean and inspect it.
- I understand the limitations and restrictions of the respirators that I will be using.
- I understand that a good face seal cannot be achieved with obstruction such as facial hair or glasses.
- I understand that contact lenses when worn with a full face PAPP can damage your eyes.

Employee to initial that they have read and understood the above JC

Tested By: <u>WILFRIDO M. Luna</u>	Date tested: <u>05/07/12</u>	Time: <u>10:45AM</u>
Signed: <u>WILFRIDO Luna</u>	Location: <u>Livermore whsc</u>	

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White - Office Copy

Canary - 30 Year File

Pink - Employee Copy

THE NATIONAL ENVIRONMENTAL TRAINERS

David H Rege

has satisfactorily passed an exam and completed an 8-hour annual refresher training course entitled

Hazardous Waste Operations and Emergency Response

meeting the requirements identified in Title 29 CFR 1910.120.

This course has been awarded 1.34 Industrial Hygiene CM Points by the American Board of Industrial Hygiene-Approval Number 13334. This course is also eligible for .66 Continuance of Certification (COC) points from the Board of Certified Safety Professionals



June 04, 2011

Course Number 1001, Awarded 8 PDH's
Florida Board of Professional Engineers
CEU Provider Number 0004284

www.nationalenvironmentaltrainers.com

Signature of Instructor

Clay A. Bednarz, MS, RPIH

Generator's Waste Profile Worksheet



Evergreen Oil, Inc.
6880 Smith Ave.
Newark, CA 94560-4224
Phone - (510)795-4400
EPA ID# CAD980887418

Fax - (510)796-2559

Evergreen Use Only

Approval #: _____
Approval Date: _____
Process: _____

A. Generator & Customer Information

Generator Name: _____ Generator EPA ID#: _____
 Generator Code: (assigned by Evergreen) _____ Phone #: _____
 Address: _____ Fax #: _____
 City: _____ State: _____ Zip Code: _____
 Technical Contact Name: _____
 Customer Name: _____
 Customer Code: (assigned by Evergreen) _____ Phone #: _____
 Address: _____ Fax #: _____
 City: _____ State: _____ Zip Code: _____

B. Waste Description

Waste Name: _____ Oily Water _____
 Process Generating Waste: _____ Various, including Cleaning, General Maintenance _____
 Waste Source: Unused Product or Chemical Spill Cleanup Planned Site Remediation
Check all that apply Waste By-Product from Process Lab Pack Other _____

C. Physical Characteristics

Color: _____ Cloudy / Dark _____ Odor: _____ None / Mild _____
 Physical State @ 70 F: _____ Flash Point: < 73 degrees F pH: <2.0 Specific Gravity: _____
 Liquid Solid If liquid,: Single-Layer 73-140 degrees F 2.1-6.0 < 1.0
 Sludge Bi-Layer 141-200 degrees F 6.1-8.0 1.0
 Gas Multi-Layer > 200 degrees F 8.1-12.4 > 1.0
 N/A >12.5 N/A
 Viscosity: Low (e.g. water) BTU/lb: < 5,000
If liquid, Medium (e.g. motor oil) 5,000-10,000
 High (e.g. molasses) > 10,000

Do any of the following characteristics apply:

Explosive-	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Loose-Packed Material-	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Shock Sensitive-	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Bio-Hazardous-	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Pyrophoric-	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Radioactive-	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Polymerizable-	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Asbestos containing-	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Reactive Sulfide-	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Volatile Organic Compounds > 500 ppm-	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Reactive Cyanide-	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Halogenated Organic Compounds >1,000 ppm-	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

D. Chemical Composition

Must add up to at least 100%. Include inert materials and/or type of debris if applicable

Chemical Constituent	Range	Unit	Chemical Constituent	Range	Unit
Water	50 - 99	%			
Petroleum Hydrocarbons	1 - 50	%			
Solids (Dirt, Rust, Sludge)	0 - 30	%			



IN0141194

Alameda County

AUG 20 2012

Alameda County Department of Environmental Health

Environmental Health

1131 Harbor Bay Parkway - Alameda, CA 94502 - (510) 567-6858
Website: www.acgov.org/aceh

PAYMENT RECEIPT

Invoice No.: IN0141194
Account No.: AR0335688

RECEIPT #: RP0004004
Print Date: 08/20/2012
Payment Type: CREDIT CARD

Facility Name:
Facility Address:
Owner Name:

Invoice Date	Program/Element	Description	Amount
08/17/12	4266	PLAN CHECK - UST 2 - REMOVAL/UNPERMITTED	\$ 1,581.00
08/20/12	9965	PAYMENT--CREDIT CARD (CREDIT)	\$ -634.00
08/16/12	9999	PAYMENT (CREDIT)	\$ -947.00
INVOICE BALANCE DUE:			\$ <u>0.00</u>

Your health permit is issued only after your fees are paid in full.

To insure an available fund balance, a 14-calendar-day hold will be placed on all checks prior to issuing a permit.

Health permit fees are non-refundable and are non-transferrable to new owners or new locations. In addition, there will be no proration of health permit fees.

SR⁹⁰ 21117

Payer's Name: RECEIPT #877861

Receipt Issued By: CASTRO-MARTZ, ERNESTINE

Issued Date: 08/16/2012

PARC SERVICES, INC. GENERAL ACCOUNT

114

Vendor No: ZZZZ /Name: ALAMEDA COUNTY

11452

Invoice	Reference	Inv Date	Inv Amt	Amt Paid	Discount	Net Amt
PERMIT		08/15/12	947.00	947.00	0.00	947.00

(Acct: 10000-101)

Check Date = 08/15/12

Total = ****947.00

114!

PARC SERVICES, INC.
GENERAL ACCOUNT
P.O. BOX 2617
LIVERMORE, CA 94551
925-371-4610

WESTAMERICA BANK
FRESNO WEST SHAW OFFICE 1-800-848-1088
2150 WEST SHAW AVENUE
FRESNO, CA 93711
90-4021-1211

11452

***Nine Hundred Forty-Seven & No/100 Dollars

DATE: 08/15/12 AMOUNT: ****947.00

PAY TO THE ORDER OF
ALAMEDA COUNTY
ENVIRONMENTAL & HEALTH

Daniel H. Ringhand
AUTHORIZED SIGNATURE

[REDACTED MICR LINE]

\$634

ENVIRONMENTAL HEALTH
 FINANCE
 2012 AUG 16 PM 3:35