

SR0026859

Tougeron, Christopher, Env. Health

From: Detterman, Mark, Env. Health
Sent: Tuesday, February 17, 2015 10:17 AM
To: Tougeron, Christopher, Env. Health
Subject: RE: Alameda County (now CUPA for Oakland) Requests on 1759 Seminary Ave, Oakland - UST Removal
Attachments: Pages from LUFT_Guidance_Manual_Sept2012_Final.pdf

Hi Chris,
Yes, based on the groundwater concentrations alone.

I'm not sure what else you requested, but MTBE is still suggested by the revised LUFT manual (see attached table 16-1). It is also required by the Low Threat Closure Policy, and does not cost a cent more to include on the lab report. CUPA has its own list of required analytical results. I would use that as the basis of your decisions as the LUFT manual comes in after the CUPA process.

Mark Detterman
Senior Hazardous Materials Specialist, PG, CEG
Alameda County Environmental Health
1131 Harbor Bay Parkway
Alameda, CA 94502
Direct: 510.567.6876
Fax: 510.337.9335
Email: mark.detterman@acgov.org

PDF copies of case files can be downloaded at:

<http://www.acgov.org/aceh/lop/ust.htm>

From: Tougeron, Christopher, Env. Health
Sent: Friday, February 13, 2015 6:49 AM
To: Detterman, Mark, Env. Health
Subject: FW: Alameda County (now CUPA for Oakland) Requests on 1759 Seminary Ave, Oakland - UST Removal

Mark,

This email is related to the the previous one I send you regarding the stockpile and if they can place back into the excavation.

I am not familiar with the 2012 luft manual. Would this be a case LOP would open based on the levels?

Thank You

Chris Tougeron
Sr. Hazardous Materials Specialist
Alameda County Department of Environmental Health
1131 Harbor Bay Parkway, Alameda, CA 94502
510-567-6804
christopher.tougeron@acgov.org

From: Brent Wheeler [<mailto:b.wheeler@ggtr.com>]

Sent: Wednesday, February 11, 2015 9:37 AM

To: Tougeron, Christopher, Env. Health

Cc: Tim Hallen; Gina Wee; Annette Chen; Sheryl Skillern

Subject: Re: Alameda County (now CUPA for Oakland) Requests on 1759 Seminary Ave, Oakland - UST Removal

Hi Chris,

Thanks you for your response email below dated 2/10/15. Pursuant to the more recent September 2012 LUFT Guidance Manual (Chapter 16; Table 16-1, 16-2), the suggested analytical testing for USTs containing diesel fuel is TPH-DRO (Diesel Range Organics), BTEX, Naphthalene, and if tank contained other than diesel fuel, MTBE would be added to list. Please confirm that the additionally requested analytes per your email below are required on both the discrete confirmation soil and stockpile composite sample (i.e., if the stockpile is approved for re-use as backfill material), as well as the grab water sample (see below).

Also, an additional grab sample of the water encountered in the bottom of the excavation following UST removal was collected and submitted for lab analysis (Sample ID 9485-W). The sample contained 12,800 ug/L TPH-DRO, non-detectable concentrations of BTEX, and 0.74 ug/L Naphthalene. We are assuming that the water encountered beneath the tank @ 11 feet below grade is groundwater based on similar groundwater depths reported in existing shallow groundwater monitoring wells (9/30/14 data) located at a nearby LUST investigation Site at the south corner of Seminary & Harmon Avenues. It appears that the groundwater may be the only issue here since the discrete samples collected beneath each end of the tank contained non-detect or insignificant concentrations of TPH-DRO, BTEX & Naphthalene. We have again attached the associated lab reports to this email for your review.

Please respond at your earliest convenience.

Thank you,

Brent Wheeler

Golden Gate Environmental, Inc.

Golden Gate Tank Removal, Inc.

1480 Carroll Avenue

San Francisco, CA 94124

Direct Phone: 415-970-9088 (GGE), 415-512-1555 (GGTR)

Cellular Phone: 415-686-8846

Email: wheelerbrent@ymail.com, b. wheeler@ggtr.com

From: Gina Wee <gina.wee@ggtr.com>

To: Brent Wheeler <b.wheeler@ggtr.com>

Cc: Tim Hallen <tim@ggtr.com>

Sent: Tuesday, February 10, 2015 10:38 AM

Subject: Alameda County (now CUPA for Oakland) Requests on 1759 Seminary Ave, Oakland - UST Removal

Brent,

See below. I have Sheryl's email too (think she responded to Alameda), will forward it after.

Thanks.

**NEW OFFICE & MAILING ADDRESS
1480 CARROLL AVE SAN FRANCISCO, CA 94124
PLEASE UPDATE YOUR RECORD.**

Gina Wee 510-472-7878 mobile
Golden Gate Environmental, Inc.
Golden Gate Tank Removal, Inc.
415-512-1555

----- Forwarded Message -----

From: Annette Chen <annettechen@ggtr.com>
To: 'Gina Wee' <gina.wee@ggtr.com>
Sent: Tuesday, February 10, 2015 10:15 AM
Subject: FW: 1759 Seminary Ave, Oakland - UST Removal

Thank you,
Annette Chen
Golden Gate Tank Removal, Inc.
1480 Carroll Avenue
San Francisco, CA 94124
Tel: 415-512-1555

-----Original Message-----

From: Tougeron, Christopher, Env. Health
[mailto:Christopher.Tougeron@acgov.org]
Sent: Tuesday, February 10, 2015 6:57 AM
To: Annette Chen
Cc: 'Skillern, Sheryl'
Subject: RE: 1759 Seminary Ave, Oakland - UST Removal

Annette,

I have reviewed the submitted sample analytical results for the UST removal located at 1759 Seminary Avenue, Oakland. As you know the City of Oakland and Alameda County are in a transition period for the CUPA program. As a result I am not fully aware of the type of UST removal and specific details. I am only reviewing the sample results from under the tank and stock pile. Based on the submitted information it appears that some analysis have not been submitted in the report. I have attached the minimum analytical requirements for UST removals. Without all the required minimum analytical results (based on the prior use of tank system) I am unable to approve placing the stockpile back into the excavation.

At this point there are two options.

- 1) retest the stock pile for the minimum analytical requirements (please contact me and we can discuss the specific requirements)
- 2) properly characterize the stockpile for disposal and fill the excavation with clean fill.

Please let me know which option works for you.

Please let me know if you have any questions.

Thank you

Chris Tougeron
Senior Hazardous Materials Specialist
Alameda County Department of Environmental Health
Ph: 510-567-6804
Fax: 510-337-9335
1131 Harbor Bay Parkway
Alameda, CA 94502

From: Annette Chen [annettechen@ggtr.com]
Sent: Monday, February 09, 2015 3:40 PM
To: 'Skillern, Sheryl'
Cc: Tougeron, Christopher, Env. Health
Subject: RE: 1759 Seminary Ave, Oakland - UST Removal

Hi Sheryl,

I have forwarded the lab report to Chris for review (pending confirmation for backfill). Will send the final report to Chris once the project is done. Thank you.

Thank you,
Annette Chen
Golden Gate Tank Removal, Inc.
1480 Carroll Avenue
San Francisco, CA 94124
Tel: 415-512-1555

From: Skillern, Sheryl [<mailto:SSkillern@oaklandnet.com>]
Sent: Monday, February 9, 2015 3:35 PM
To: Annette Chen
Cc: christopher.tougeron@acgov.org
Subject: RE: 1759 Seminary Ave, Oakland - UST Removal

Annette,
Please send the final report to Chris Tougeron, Department of Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502-6577 Sincerely, Sheryl Skillern Senior Hazardous Materials Inspector City of Oakland Fire Prevention Bureau
250 Frank H Ogawa Plaza, Suite 3341
Oakland, Ca 94612
Tel: 510 238-7253
Fax: 510 238-6739

From: Annette Chen [mailto:annettechen@ggtr.com]
Sent: Thursday, February 05, 2015 12:27 PM
To: christopher.tougeron@acgov.org <mailto:christopher.tougeron@acgov.org>;
Skillern, Sheryl
Subject: 1759 Seminary Ave, Oakland - UST Removal

Hi Chris,

Attached is the lab report for the subject job site for your review. Please confirm if OK to backfill the excavation with the stockpiled soil.

Thank you,
Annette Chen
Golden Gate Tank Removal, Inc.
1480 Carroll Avenue
San Francisco, CA 94124
Tel: 415-512-1555

From: Skillern, Sheryl [mailto:SSkillern@oaklandnet.com]
Sent: Wednesday, February 4, 2015 11:08 AM
To: Annette Chen
Cc: christopher.tougeron@acgov.org <mailto:christopher.tougeron@acgov.org>
Subject: Re: UST Permit Application

All permits for ust removal modification or installations need to be directed to Alameda county. Chris tougeron is your contact. Also alameda county will complete projects which we have started Sheryl Skillern

Sent from my iPhone

> On Feb 4, 2015, at 10:23 AM, "Annette Chen"
> <annettechen@ggtr.com<mailto:annettechen@ggtr.com>> wrote:
>
> Sheryl,
>
> Quick question, now City of Oakland Fire Dept is no longer accept
> Underground Tank Removal permit application? The permit application
> for Environment Health and Fire have to submit it to Alameda County?
>
>
> Thank you,
> Annette Chen
> Golden Gate Tank Removal, Inc.
> 1480 Carroll Avenue
> San Francisco, CA 94124
> Tel: 415-512-1555
>



Oakland Fire Department, Fire Prevention Bureau
250 Frank H. Ogawa Plaza, Ste. 3341
Oakland, CA 94612-2032



(510) 238-3851
TTY (510) 238-6884

Inspection Work Order

Business Name: Golden Gate Tank Removal, Inc./Project **Reason:** Tanks
Address: 1759 SEMINARY AVE **Scheduled:** 2015-01-08 11:30AM
Job (Insp Ref#): 2015-00073 **Assigned To:** Skillern, Sheryl

Comments: 01/08/15 - Mr. Ascension Mora of Golden Gate Tank Removal submitted & paid \$2,660.00 (check # 27945) for the underground tank removal application plan review including 1 underground tank removal inspection fees. - CL.

Invoice # 2015-00068
Invoice Amount 2,660.00

Applicant:
Applicant Ph#:
Contractor:
Contractor Ph#:

Contact Name Ascension Mora
Field Contact # 415-512-1555
Review Type UST
Review Type ~~MODIFY/REPAIR (TI)~~ Removal
Review Type Underground

This permit is being approved on condition that Oakland TAX Business license for 2015 will be provided when available.

*Sheryl Skillern
1/20/15*

REVIEWED AND APPROVED
OAKLAND FIRE DEPARTMENT
BY: *[Signature]*
TITLE: *Senior Hazmat SPC*
DATE: *1/20/15*
ALL INSPECTIONS REQUIRE 48 HOURS NOTICE





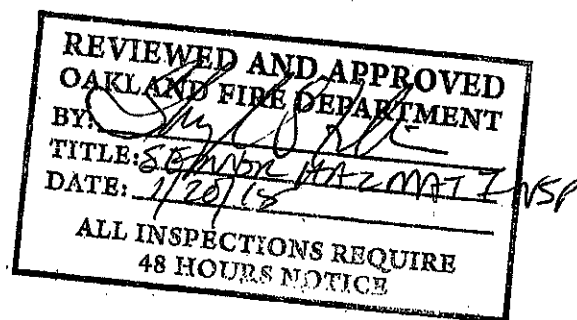
Attention: City of Oakland

Underground Tank Removal Application

**1759 SEMINARY AVENUE
OAKLAND, CA 94612**

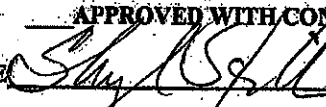

JANUARY 6, 2015

**GOLDEN GATE TANK REMOVAL, INC.
1480 CARROLL AVENUE
SAN FRANCISCO, CALIFORNIA 94124**



PROJECT # 9485

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

FACILITY	Project Contact & Phone # Tim Hallen (415) 512-1555			
	Facility Name 1759 Seminary Avenue			Phone# 415-893-9321
	Address 1759 Seminary Avenue			
	Cross Street Bromley Ave.			
	Owner/Operator 619 S. 33rd LLC			Phone # 415-893-9321
CONTRACTOR	Contractor Name Golden Gate Tank Removal, Inc.			Phone # (415) 512-1555
	Contractor Address 1480 Carroll Ave.		CA License # 616521	Class A-Haz, C-8
	Hazardous Waste Certified: (Qualifying license category <u>A-Haz, C-8</u>) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Workers Comp# 1947693-14
	City of Oakland Business Tax License # 1307584			Permit #
	Does this site have a leaking UST (or did it have a leaking tank system?) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
TANKS	State Tank ID#	Tank Size	Material That Was Stored	Proposed Removal Date
	39- 1 (one)	1500 Gallons	Heating Oil	A.S.A.P.
	39-			
	39-			
	39-			
	39-			
PLAN	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED WITH CONDITION(S) <input type="checkbox"/> DISAPPROVED			
	PLAN REVIEWER'S SIGNATURE 		DATE OF APPROVAL 1/20/15	
<p>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.</p>				
APPLICANT'S SIGNATURE 		TITLE: Project Coordinator DATE: 1/6/2015		

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: 1/6/2015

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) Heating Oil 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 front side of Seminary St./Ave feet of St./Ave.

Site Address: 1759 Seminary Ave., Oakland, CA 94612 Present storage Heating Oil

Owner: 619 S. 33rd LLC Address 930 Redwood Highway, #B Phone 415-893-9321

Mill Valley CA 94941

Applicant: Golden Gate Tank Removal, Inc. Address 1480 Carroll Ave. Phone (415) 512-1555

San Francisco CA 94124

Sidewalk surface to be disturbed X Number of Tanks 1 (one) Capacity 1500 Gallons ea.

Remarks

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. _____
Copies to: Electrical Inspection

Amt. Recv'd _____ Date Issued: _____

Ck# _____ Cash

Receipt# _____

rev:05/98

REVIEWED AND APPROVED
OAKLAND FIRE DEPARTMENT
BY: *[Signature]*

TITLE: *EDITORIAL MAR 2015*
DATE: *1/20/15*

ALL INSPECTIONS REQUIRE
48 HOURS NOTICE

INDICATE THE RESPONSIBLE PARTY TO BE BILLED FOR ADDITIONAL SERVICES 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 619 S. 33rd LLC

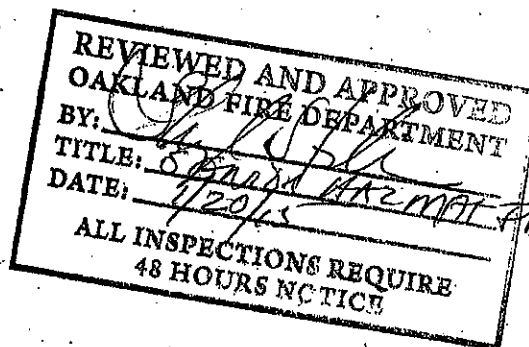
MAILING ADDRESS 930 Redwood Highway, #B Mill Valley CA 94941
STREET CITY, STATE, ZIP

DAY PHONE NUMBER 415-893-9321

area code phone #

SIGNATURE  -agent for the owner

DATE 1/6/2015



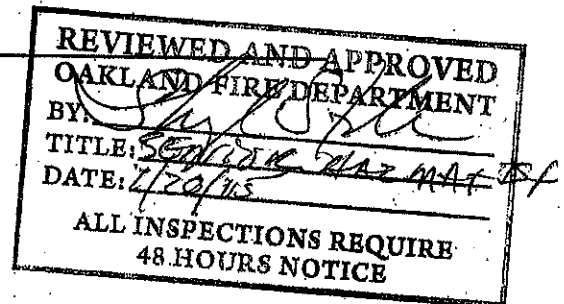
**CITY OF OAKLAND
Fire Department
Fire Prevention Bureau
Hazardous Materials Program
250 Frank H. Ogawa Plaza, Ste. 3341
Oakland, CA 94612-2032**

UNDERGROUND TANK CLOSURE PLAN

(Complete according to instructions)

- 1) Name of Business 1759 Seminary Avenue
Business Owner or Contact Person (PRINT) 619 S. 33rd LLC
- 2) Site Address 1759 Seminary Avenue
City Oakland Zip 94612 Phone 415-893-9321
- 3) Mailing Address 930 Redwood Highway, #B
City Mill Valley Zip 94941 Phone 415-893-9321
- 4) Property Owner 619 S. 33rd LLC
Business Name (if applicable) _____
Address 930 Redwood Highway, #B
City, State Mill Valley CA Zip 94941
- 5) Generator name under which tank will be manifested
619 S. 33rd LLC

EPA ID Under which tank will be manifested CA C-002-798-999



6) Contractor Golden Gate Tank Removal, Inc.
Address 1480 Carroll Ave.
City San Francisco 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 Tim Hallen Title Project Manager
Company Golden Gate Tank Removal, Inc.
Phone (415) 512-1555

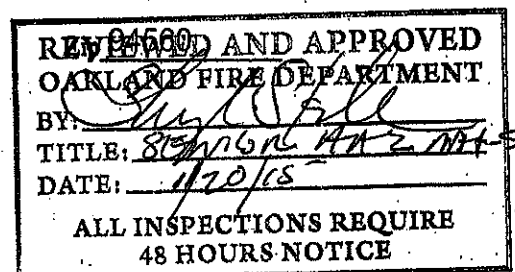
9) Number of underground tanks being closed with this plan 1 (one) (Confirmed with owner operator)

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 NRC Environmental Services EPA I.D. NO. CAR000030114
Hauler License No. 114013 License Exp. Date 3/31/2015
Address 1605 Ferry Point
City Alameda State CA Zip 94501

b) Product/Residual Sludge/Rinsate Disposal Site
Name Evergreen Oil, Inc. EPA ID No. CAD980887418
Address 6880 Smith Ave.
City Newark State CA



c) Tank and Piping Transporter

Name Golden Gate Tank Removal, Inc. (Dispose & Transport as Non Haz) EPA I.D. No. _____

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

Address 1480 Carroll Ave.

City San Francisco State CA Zip 94124

d) Tank and Piping Disposal Site

Name Circosta Scrap Metal EPA I.D. No. CAD983650797

Address 1801 Evans Ave.

City San Francisco State CA Zip 94124

11) Sample Collector

Name Tim Hallen

Company Golden Gate Tank Removal, Inc.

Address 1480 Carroll Ave.

City San Francisco State CA Zip 94124

Phone (415) 512-1555

12) Laboratory

Name Accutest Laboratories

Address 2105 Lundy Ave.

City San Jose State CA Zip 95054

State Certification No. 08258

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

If yes, describe _____

REVIEWED AND APPROVED
OAKLAND FIRE DEPARTMENT
BY: [Signature]
TITLE: Senior Hazmat Insp
DATE: 7/28/18
ALL INSPECTIONS REQUIRE
48 HOURS NOTICE

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

All existing material in tank will be removed. Tank will then be triple rinsed to remove residual material. After triple rinsing, the tank will be purged

of vapors using dry ice at a ratio of 25lbs per 1,000 gallon tank volume. Immediately prior to removal the tank will be tested for LEL and % O2.

The LEL must be within 10% of LEL for material previously contained in tank and oxygen should be not exceed 5%.

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)		
1500	unknown	soil, groundwater if present	<p>Sample will be taken at each end of tank at each end of tank at a depth of 2' into native soil and from stockpile.</p> <ol style="list-style-type: none"> 1. stockpile 2. north/or east end of excavation 3. south/or west end of excavation 4. bottom of tank (max of 15feet)

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

REVIEWED AND APPROVED
 OAKLAND FIRE DEPARTMENT
 BY: *[Signature]*
 TITLE: *Stockpile*
 DATE: *1/25/05*
 ALL INSPECTIONS REQUIRE
 48 HOURS NOTICE

EXCAVATED/STOCKPILED SOIL

Stockpiled Soil volume (estimated) 20 yards	Sampling Plan 4 point composite for every 50 cubic yards or 4 point composite for every 20 cubic yards
---	---

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	8260B	SW846	0.005 ppm
Toluene	8260B	SW846	0.005 ppm
Ethylbenzene	8260B	SW846	0.005 ppm
Xylenes	8260B	SW846	0.010 ppm
TPH	8015B M	SW846	1.0 ppm
Naphthalene	8260B	SW846	

REVIEWED AND APPROVED
OAKLAND FIRE DEPARTMENT
 BY: *[Signature]*
 TITLE: *Senior Haz Mat Resp*
 DATE: *1/20/15*
ALL INSPECTIONS REQUIRE
48 HOURS NOTICE

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.

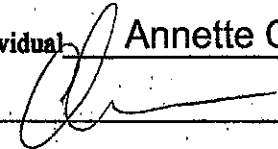
I understand that all work performed during this project will be done in compliance with all applicable OSHA. (Occupational Safety and health Administration) requirements concerning; personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his age 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 Golden Gate Tank Removal, Inc.

Name of Individual Annette Chen - Project Coordinator

Signature  Date 1/6/2015

REVIEWED AND APPROVED
OAKLAND FIRE DEPARTMENT
BY: 
TITLE: SPV. OF HAZ MAT INSP
DATE: 1/20/15
ALL INSPECTIONS REQUIRE
48 HOURS NOTICE

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business 1759 Seminary Avenue

Name of Individual 619 S. 33rd LLC

Signature [Signature] -agent for the owner Date 1/6/2015

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;

7

REVIEWED AND APPROVED
OAKLAND FIRE DEPARTMENT
BY: <u>[Signature]</u>
TITLE: <u>SEMINARY HAZ MAT</u>
DATE: <u>1/20/15</u>
ALL INSPECTIONS REQUIRE
48 HOURS NOTICE

- e) 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;
- l) 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

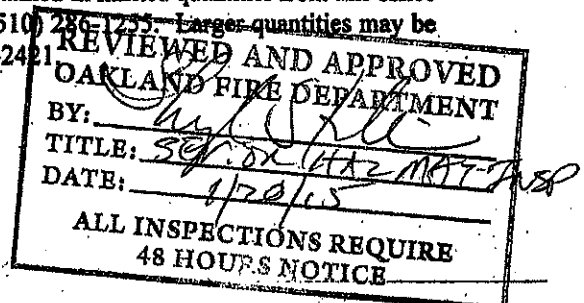
The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- 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.

REVIEWED AND APPROVED
OAKLAND FIRE DEPARTMENT
BY: <i>[Signature]</i>
TITLE: <i>Senior Haz Mat</i>
DATE: <i>1/28/15</i>
ALL INSPECTIONS REQUIRE 48 HOURS NOTICE

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - FACILITY

(one page per site) Page ___ of ___

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

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 FACILITY ID# 1
 1759 Seminary Avenue

NEAREST CROSS STREET 401 Bromley Ave. FACILITY OWNER TYPE 4. LOCAL AGENCY/DISTRICT*
 1. CORPORATION 5. COUNTY AGENCY*
 BUSINESS TYPE 1. GAS STATION 3. FARM 5. COMMERCIAL 2. INDIVIDUAL 6. STATE AGENCY*
 2. DISTRIBUTOR 4. PROCESSOR 6. OTHER 403 3. PARTNERSHIP 7. FEDERAL AGENCY* 402

TOTAL NUMBER OF TANKS REMAINING AT SITE 404 1 (one) Is facility on Indian Reservation or trustlands? 405 Yes No 406
 *If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.) 406

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407 619 S. 33rd LLC PHONE 408 415-893-9321

MAILING OR STREET ADDRESS 409 930 Redwood Highway, #B

CITY 410 Mill Valley STATE 411 CA ZIP CODE 412 94941

PROPERTY OWNER TYPE 1. CORPORATION 2. INDIVIDUAL 4. LOCAL AGENCY / DISTRICT 6. STATE AGENCY
 3. PARTNERSHIP 5. COUNTY AGENCY 7. FEDERAL AGENCY 413

III. TANK OWNER INFORMATION

TANK OWNER NAME 414 Same as #2 PHONE 415

MAILING OR STREET ADDRESS 416

CITY 417 STATE 418 ZIP CODE 419

TANK OWNER TYPE 1. CORPORATION 2. INDIVIDUAL 4. LOCAL AGENCY / DISTRICT 6. STATE AGENCY
 3. PARTNERSHIP 5. COUNTY AGENCY 7. FEDERAL AGENCY 420

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

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

V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(S) 1. SELF-INSURED 4. SURETY BOND 7. STATE FUND 10. LOCAL GOVT MECHANISM
 2. GUARANTEE 5. LETTER OF CREDIT 8. STATE FUND & CFO LETTER 99. OTHER:
 3. INSURANCE 6. EXEMPTION 9. STATE FUND & CD 422

VI. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked. 1. FACILITY 2. PROPERTY OWNER 3. TANK OWNER 423

VII. APPLICANT SIGNATURE

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

SIGNATURE OF APPLICANT DATE 424 1/6/2015 PHONE 425 (415) 512-1555

NAME OF APPLICANT (print) 426 Annette Chen - On Behalf of Owner TITLE OF APPLICANT 427 Project Coordinator

STATE UST FACILITY NUMBER (For local use only) 428 1998 UPGRADE CERTIFICATE NUMBER (For local use only) 429

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - TANK PAGE 1

(two pages per tank)

Page ____ of ____

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

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 1759 Seminary Ave. 3 FACILITY ID: _____ 430

LOCATION WITHIN SITE (Optional) 1759 Seminary Ave., Oakland, CA 94612 431

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

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

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

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

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

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

III. TANK CONSTRUCTION

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

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

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

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

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

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

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

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

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

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

UNIFIED PROGRAM CONSOLIDATED FORM

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			
MANUFACTURER				461	MANUFACTURER				463
<input checked="" type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL	<input type="checkbox"/> 99. OTHER			<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL			
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL	<input type="checkbox"/> Unknown			<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL			
<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS					<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			464	<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 95. UNKNOWN		465	

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

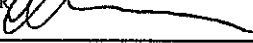
UNDERGROUND PIPING		ABOVEGROUND PIPING	
SINGLE WALL PIPING		SINGLE WALL PIPING	
466		467	
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):	
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND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

VIII. DISPENSER CONTAINMENT

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

IX. OWNER/OPERATOR SIGNATURE

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

SIGNATURE OF OWNER/OPERATOR	DATE	470
	1/6/2015	

NAME OF OWNER/OPRATOR (print)	TITLE OF OWNER/OPERATOR	472
Annette Chen - On Behalf of Owner	Project Coordinator	

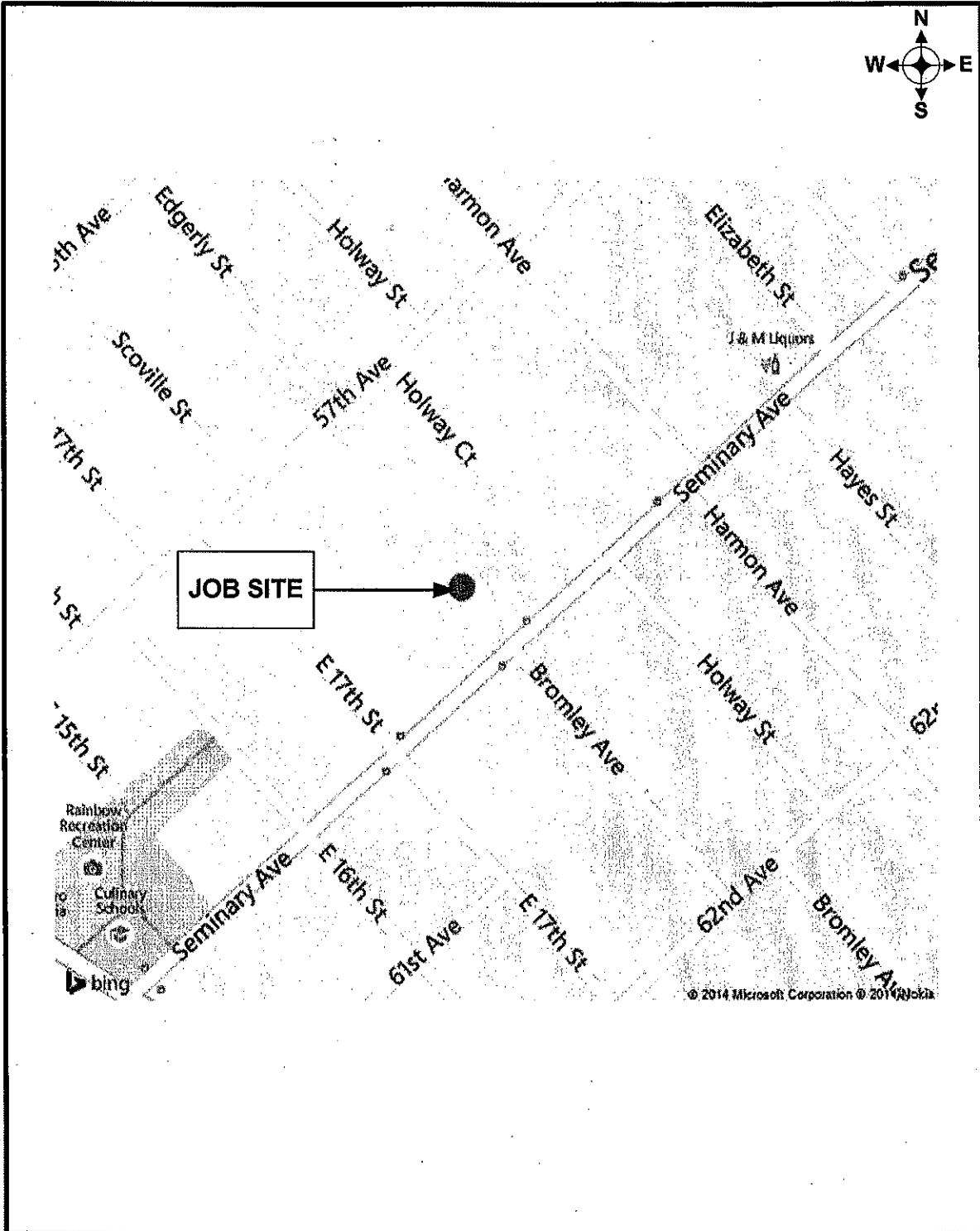
Permit Number (For local use only)	473	Permit Approved (For local use only)	474	Permit Expiration Date (For local use only)	475
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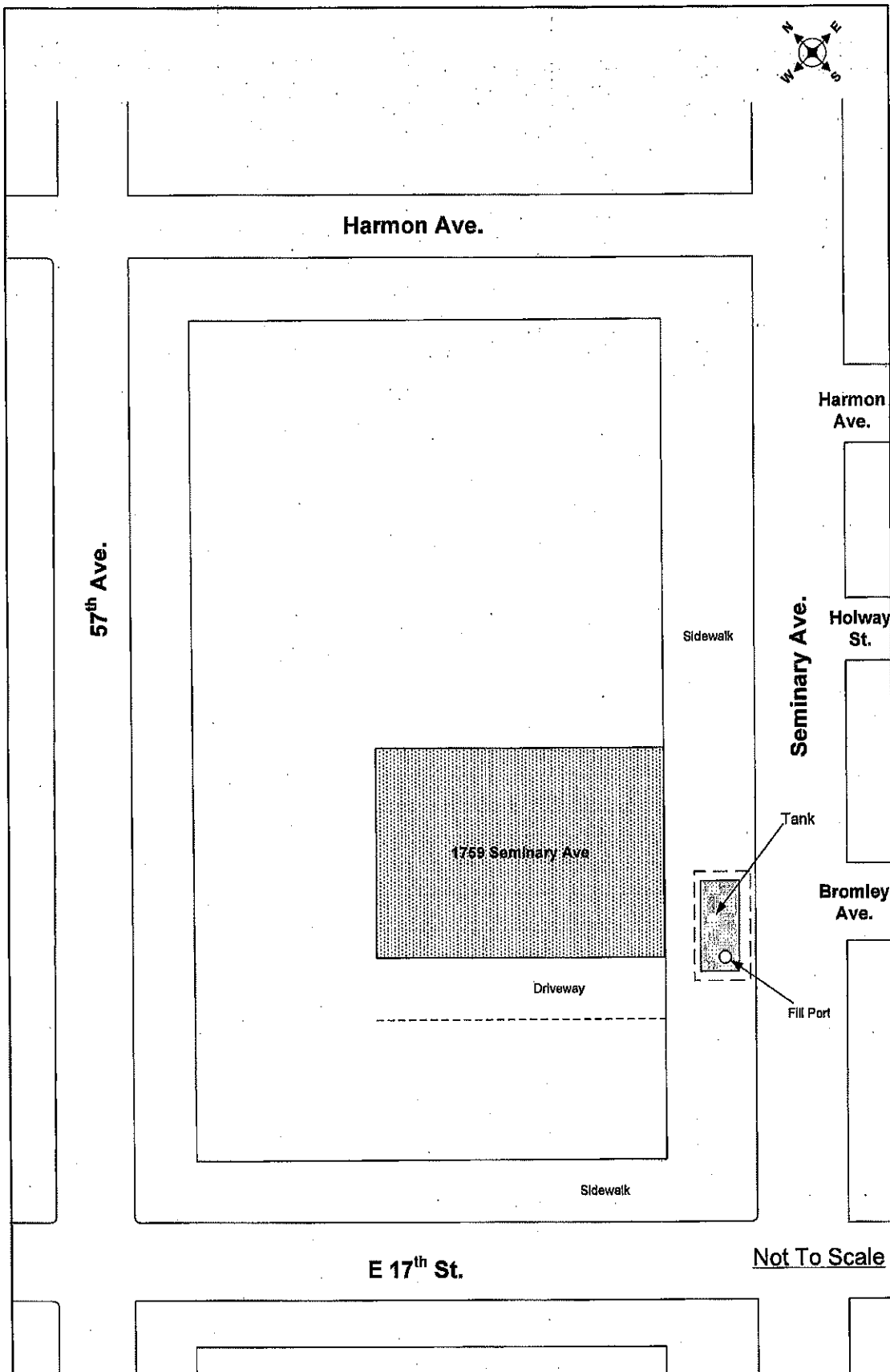
ONSITE CUTTING OF UNDERGROUND TANKS

Various circumstances at underground tank removals may make on-site cutting of tanks necessary or advantageous. Due to the inherent safety, health and environmental hazards, Golden Gate Tank Removal, Inc. has imposed the following conditions on cutting of any tanks that have held hazardous material of waste.

1. The local fire department shall be advised in advance of planned on-site cutting, or of any change from approved plans to include on-site cutting. The cutting of any tank that previously held flammable and/or combustible liquids shall be approved in advance by the local Fire Department inspector.
2. Tanks shall be completely emptied and the contents handled in accordance with all pertinent regulations.
3. To minimize release of the hazardous waste, any tank to be cut in place shall be cleaned thru triple rinse with water to render it non-hazardous. The final Rinsate or interior wipe sample shall not exceed 100 PPM of product verified by laboratory analysis; or the tank shall be evinced as cleaned to bare metal. Rinsate shall be handled in accordance with all pertinent regulations.
4. Any tank that held flammable or combustible liquid shall be inerted prior to cutting. A minimum of 3 pounds of dry ice per 100 gallons of capacity shall be used for a flammable liquid tank. The atmosphere in the tank shall be maintained below 5% of Lower Explosive Limit (LEL) throughout cutting and oxygen level will be monitored and should be 0%.
5. Cutting implements shall be approved for use prior to the cutting of any tank. Tanks that are properly inerted may be cut with saw only with approval from the local Fire Department. Edged tools may be used in the tank if it is properly inerted. Edged tools shall be lubricated with cutting oil or water spray.
6. At least one charged 20BC Fire extinguisher shall be kept on-site, immediately accessible to the workers performing the cutting.
7. Occupational Health and Safety provisions of Title 8, California Code of Regulations, shall be observed, including but not limited to site safety plans, confined space entry, respirators and other personal protection equipment and sanitation.
8. All other pertinent regulations, including but not limited to those of the local departments of Public Health, Fire and Public Works, the Bay Area Air Quality Management District and the Bay Regional Water Quality Control Board, shall be observed.



GOLDEN GATE TANK REMOVAL, INC. 1480 Carroll Avenue San Francisco, CA 94124 Ph (415) 512-1555 Fx (415) 512-0964		VICINITY MAP 1759 Seminary Avenue Oakland, CA 94612	
GGTR Project No.9485	Drawing By: AC	January 2015	Figure 1



<p>GOLDEN GATE TANK REMOVAL, INC. 1480 Carroll Avenue, San Francisco, CA 94124 Ph (415) 512-1555 Fx (415) 512-0964</p>	<p>Site Drawing 1759 Seminary Avenue Oakland, CA 94612</p>		
<p>GGTR Project No. 9485</p>	<p>Drawing By: AC</p>	<p>January 2015</p>	<p>Figure 2</p>