ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH 1131 HARBOR BAY PARKWAY ALAMEDA, CA 94502-6577 PHONE (510) 567-8700

PHONE (510) 567-6700 desure/removal plans have been received and found to be acceptable and essentially most the requirements of One copy of the accepted plans must be on the job and released for issuance of any required building permits to available to all contractors and craftemen involved with the ate and local laws. The project proposed travels is new redicated by this Department are to assure compliance w Any changes or alterations of these plans and specification must be submitted to this this Department and to the Pir and Building Inspections Department to dearmine it aus Me and Local Health Laws. Changes to your cleaure pla Volify this Department at least 72 hours prior to the follow changes meet the requientents of State and local laws. und Stonge Test Closure Permit Agg THERE IS A FINANCIAL PENALTY FOR 1131 Harbor Bay Parkway, Suits 250 NOT DETAINING THESE INSPECTIONS: de County Division of Hazardours M Removal of Tank(s) and Piping Alameda, CA 94502-6577 chaure, is dependent on compliance with ACCEPTED bsuance of a) permit to operate, and all applicable laws and regulations Final inspection construction/destruction. "Aquirad inspections: 'BITIONE!

UNDERGROUND STORAGE TANK CLOSURE PLAN *** Complete closure plan according to instructions ***

1	Name of Business Emeryville Semion	- Genter			
	Business Owner or Contact Person (PRINT	r) Dan Steven	son, City of Emanyville		
2.	Site Address 432 Salem Street				
	City, State Emeryville, CA	Zip 94608	Phone (510) 546-3730		
3.	Mailing Address 1333 Park Avc.				
	City, State Emonyville, CA	Zip 94608	Phone (510) 596-4341		
4.	Property Owner Lity of Emorgialle		-		
	Business Name (if applicable) Emtmvil	le sonior con	tr		
	Address 1333 Park Avenue				
	City, State Emergrille, CA	Zip 94608	Phone (510)596-4341		
5.	Generator name under which tank will be manifested City of Emeryville				
	EPA I.D. No. under which tank(s) will be man	nifested C A C D	02844776		

Rev. 09/17/03 RW
N:\LOP-CUPA-TEAMS\CUPA\UST Closure Package

SR0029349

6.	Cont	tractor Baleh Petroleum Contractors & Builders, Inc
	Addı	ress 930 Ames Avenue
		State Milpitas, CA Zip 95035 Phone (408)942-8686
	Lice	nse Type A, B, C-10, Haz 10# 396575
7.		ress P.J. Box 28310
		State San Jose, CA Zip 95159 Phone (408) 894-9062
8.		ne Mitch Majlaghai Title Soil Consultant
	Con	npany Environ
	Pho	ne (408) 894-9062
9.		nber of underground tanks being closed with this plan one
	Len	gth of piping being removed under this plan 201
		al number underground tanks at this facility (**confirmed with owner or operator)
10.	Stat	e Registered Hazardous Waste Transporters/Facilities (See Instructions).
	a)	Product/Residual Sludge/Rinsate Transporter
		Name WM Inc. EPA I.D. No. CAD 983653627
		Hauler License No. 3175 License Exp. Date 4/30/16
		Address 950 kmes Avenue
		City, State Milpitas Zip 95035
	b)	Product/Residual Sludge/Rinsate Disposal Site
		Name Croshy and Overton EPAI.D. No. CAD 028409 019
		Address 1630 W. 17th Street
		City, State Long Banch CA Zip 90813

	c)	Tank and Piping Transporter (NON -	hazardous)	
		Name Balch Petroleum	EPA I.D. No.	NА
		Hauler License No.	License Exp. Da	ate
	d)	Tank and Piping Disposal Site (MM)	- nazardous)	
	-,	Name Sims Metal Managemen		N/A
		Address 1900 Montury Mighwa	U)	
		City, State San Jose		9912
11	Sam	ple Collector		
	Nam	ne Mitch Kajiaghai		
		ipany Envirocom		
	Addr	ress P.O. Box 28310		
	City,	State San Jose, CA	Zip 05159 Phone	(408) 894-9063
12.	Labo	ratory		
	Name	9		
	Comp	pany Curtis and Tompkins		
	Addre	988 2523 5th street		
	City, S	State Borkday, CA	Zip	94710
	State	Certification No. DHS ELAP #2890		
13.	Have	tank(s) or piping leaked in the past? You	es[] No[] Unknown	[K]
	If yes,	describe:		
14.	Descri	ibe method(s) to be used for rendering t	tank(s) inert:	
	Tank	- Will be pressure Washed with cold	water to loosen dudge a	and/or losse scale.
	Rinsate	e will be removed to a 55 gallon draw	using an ait-operated p	UMP. TANK WILL
•	be pre	issure washed again using a solution hole gas meter will be used to make tank. Acceptable readings are 0%	n of cold water and simp	le green. A
l	OWNERS	hole gas meter will be used to mea	sure the LEL at bottom,	middle and HD
(It the Drawn.	n. Tank will be transported to Ba	6 Lil for hydrocarbons e	and 20,8% tor
ev. 09/	17/03 RW	i be destroyed and sent to Si	ws Metals as serao.	WHELE II WILL
N OP.	CUPA.TE	AMS(CLIPA)LIST Closure Deckers		

. . .

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 verity tank inertness. It is the contractor's responsibility to have a functional combustible gas indicator on-site to verity that the tank(s) is inerted.

15. Tank History and Sampling Information ***(See Instructions)***

=	Tank			
Capacity (gallons)	Use History include date last used (estimated)	Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Sample(s)	
1, 500	petire 1995	5011	2 beneath tank, 1 beneath ping, 1 of stockpile (composite)	

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/s	Stockpiled Soil
Stockpiled Soil Volume (estimated)	Sampling Plan
33 tons	I composite sample of speckpile
77.1	
	The second secon

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	[X] unknown
lf yes, explain reas	soning

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

VI IN LIMITED PO KENN HOM?

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
TPH gas TPH diesel TPH motor oil VOC Metals PCBs Semi VOC	EPA 8015 EPA 8015 EPA 8260 B/C EPA 6010 EPA 8782A EPA 8270		In a coordance w/ the 8tate certification and EPA requirements

- 17. Submit Site Health and Safety Plan (See Instructions)
- 18. Submit Worker's Compensation Certificate copy

Name of Insurer

- 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 Alarneda.

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.

CO	NTRACTOR INFORMATION	
	Name of Business Balch Petroloum Contractors & Builders.	Inc.
	Name of Individual Tom Balch	
	Signature Date _	1/19/16
Κl	PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Ch	eck one)
	Name of Business City of Emmyrille	
	Name of Individual Dun Gavenson	
	Signature Date	1-19-16

Subject: Conditions for Approval of Closure Plan

The following items are included in the Conditions of Approval by Item #:

- 14. No liquid is to be introduced into the tank. The tank will not be rinsed or washed while it is in the tank pit. Please remove the tank, place it on bermed plastic sheeting before introducing liquids. Ensure that all liquids are captured within the bermed area and appropriately disposed.
- 16. In addition to the recommended minimum verification analysis (see attached), please add naphthalene by EPA Method 8260 to the analytical. This analysis is needed to ascertain if the site meets the requirements of the Low Threat Closure Policy established by the California State Water Quality Control Board.

Hazardous Waste Tank Closure Certification – This form is attached. Please complete in order to transport the tank to a scrap metal facility.

MINIMUM VERIFICATION ANALYSES FOR UNDERGROUND STORAGE TANK SITES

Alameda County Department of Environmental Health Certified Unified Program Agency (CUPA) and Local Oversight Program (LOP)

1131 Harbor Bay Parkway, Suite 250 Alameda, CA 94502-6577

(510) 567-6700

http://www.acgov.org/aceh/

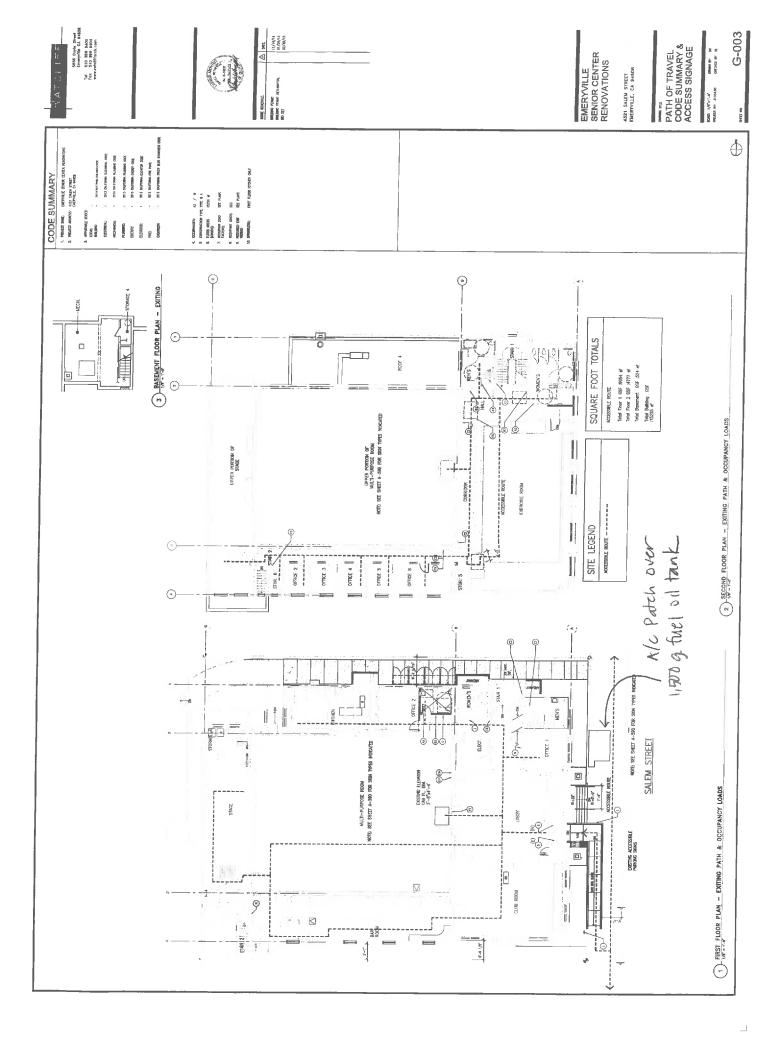
This document describes required laboratory analyses for soil and groundwater samples collected for underground storage tank (UST) sites. These requirements replace those previously described in the Unidocs guidance document entitled, "Recommended Minimum Verification Analyses for Underground Storage Tank Leaks" (UN-078). Analyses may be added or deleted during site characterization and remediation with approval from ACDEH.

		Analytical Method		
Material Stored	Analytes	Soil	Groundwater	
Gasoline Leaded or Unleaded	TPH as gasoline C5-C12	EPA 8260B/C	EPA 8260B/C	
orneaded	BTEX, MTBE, TBA, naphthalene, EDB, EDC, and ethanol ²	EPA 8260B/C	EPA 8260 B/C	
	Lead ³	EPA 6010	No analysis ⁴	
Unknown Fuel	Same analytes as for gasoline	As above	As above	
	TPH as diesel C12-C22	EPA 8015	EPA 8015	
Diesel, Jet Fuel, Kerosene, or Fuel Oil	TPH specific to fuel (e.g. TPH as kerosene)	EPA 8015	EPA 8015	
iterosene, or ruer on	BTEX, MTBE, and naphthalene	EPA 8260B/C	EPA 8260B/C	
Chlorinated Solvents	Volatile Organic Compounds (full scan including BTEX, naphthalene, and chlorinated hydrocarbons)	EPA 8260B/C full scan	EPA 8260B/C full scan	
	TPH as Stoddard Solvent C7-C12	EPA 8015	EPA 8015	
Waste Oil, Used Oil, Unknown Oil, or Bunker	TPH as gasoline C5-C12	EPA 8260B/C	EPA 8260B/C	
Fuel	TPH as diesel C12-C22	EPA 8015	EPA 8015	
	TPH as motor oil C23-C32 ⁵	EPA 8015	No analysis ⁴	
	Volatile Organic Compounds (full scan including BTEX, MTBE, TBA, naphthalene, and chlorinated hydrocarbons)	EPA 8260B/C full scan	EPA 8260B/C full scan	
	Metals: Cd, Cr, Pb, Ni, Zn	EPA 6010	No analysis ⁴	
	PCBs	EPA 8082A	EPA 8082A	
	Semi Volatile Organic Compounds (including PAHs ⁶ , pentachlorophenol, and creosote)	EPA 8270	EPA 8270	

Notes:

- 1. Silica gel cleanup is not to be performed for any of the above analyses.
- 2. Benzene, Toluene, Ethylbenzene, Xylenes (BTEX), Methyl tertiary Butyl Ether (MTBE), Tert Butyl Alcohol (TBA), lead scavengers Ethylene Dibromide (EDB) and Ethylene Dichloride (EDC), and ethanol. Additional fuel oxygenates Tert amyl ether (TAME), di-isopropyl ether (DIPE), and Ethyl t-butyl ether (ETBE) may be added as optional analytes.
- 3. Organic lead may be added as an optional analyte at fuel leak sites where lead is an analyte.
- 4. No groundwater sample for metals or TPH as motor oil is required unless requested by ACEH.
- 5. For USTs that potentially contained oils that are not petroleum-based, analysis for hexane extractable materials using EPA Method 9071B for soil and EPA Method 1664 for water is required.
- 6. Polycyclic aromatic hydrocarbon (PAH) analysis must include naphthalene, acenaphthene, acenaphthylene, anthracene, chrysene, fluorine, fluoranthene, phenanthrene, pyrene, benzo(b)fluoranthene, benzo(a)pyrene, benzo(k)fluoranthene, benzo(a)anthracene, indeno(1,2,3-c,d)pyrene, dibenz(a,b)anthracene, and benzo(g,h,i)perylene.

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UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK OPERATING PERMIT APPLICATION – FACILITY INFORMATION

B	* - · · · · · · · · · · · · · · · · · ·				(One form pe	r facility)
TYPE OF ACTION (Check one item only)	☐ 1. NEW PERMIT ☐ 3. RENEWAL PERMIT	5. CHANGE OF 1 6. TEMPORARY		ire [7. PERMANENT FACILITY CLOSURE 9. TRANSFER PERMIT	44
		IFT//(WIFE	VINEORIMA	HON		
TOTAL NUMBER OF	USTS AT FACILITY	404. FACILITY II				
BUSINESS NAME (See	MOVIVILLE SERVER	(Agency Use interes As) Ltatw	Only)			
BUSINESS SITE ADD	RHSS			193,	CITY	10-
FACILITY TYPE	4321 SAICM ST			403.	Emeryville	70-0
	3. FARM 4. PROCESS	SOR DE 6. OTHE			Is the facility located on Indian Reservation Trust lands? Yes No	Q F 405.
PROPERTY OWNER N	TOTAL TOTAL	PROPERTYO	WOLDS ALVISO	emediation etc. or	the appropriate the same and appropriate and are a paper to be the tribited for the first of the first of the contract of the same and	
and the second s	mergrille			497.	PHONE (50) 596-4341	408.
MAILING ADDRESS			the same of the sa		1(30) 310- 4341	409.
1333 Par	k Avenue					
Emenyvi	le	419.	STATE	411.	2TP CODE 94608	412,
	Experience of the second secon	TANK OPER	1	V 2 V 107		
TANK OPERATOR NAI	ME			421-1.	PRONE	€18-2
City of	Emanyville				(570) 596-4341	
MULTINO VIDINESS	ok Avenue					428-3
CITY		428-4	STATE	428-5	ZIP CODE	428-6
Emerynll	0		CA		94608	
	W	TANK OWNE	R INFORMA	TION		
ANKOWNER NAME	Florensville.			414.	PHONE	415,
MAILING ADDRESS	Emeryville				(510) 596-4341	416,
1333 PAV	K Arenne					410.
Emennill		417.	STATE A	418.	21P CODE 94-608	419.
WNER TYPE:	2 4. LOCAL AGENCY/DISTR	ICT Dis	COUNTY AGENC			430
	7. FEDERAL AGENCY	_	NON-GOVERNME		6. STATE AGENCY	420.
	BOARD OF EQUAL	ZATION UST	STORAGER	DE AC	COUNTAILMER	
Y (TK) HQ 44-					, Fuel Tax Division, if there are questions.	421.
	VAD	ERMIT HOLD		. ** . * * * * * * * * * * * * * * * *		
sue permit and send legal	notifications and mailings to:	7.	FACILITY OWNER	l	4. TANK OPERATOR	423
JPERVISOR OF DIVISI	ON, SECTION, OR OFFICE (Requ				5. FACILITY OPERATOR	486.
	-reg obottom, on orthoda (100g)	HOW I OF I GOIN WEEK	oles Omy)			
	V. Carlotte	IL APPLICAN	T SIGNATUR	10		
ERTIFICATION: I	ertify that the information p		ue, accurate, and		compliance with legal requirements.	
PLICANT SIGNATURE	The se		DATE .	9-16	424. PRONE (510) 591/-4341	425.
PLICANT NAME (print	·	426.	APPLICANT TITL	E		427
Van G	KNUNSON		Public Werk	SOpura	ations and Faulties Manage	1

UST Operating Permit Application – Facility Information Page 1 Instructions (Formerly SWRCB UST Permit Application Form A and UPCF Form hwfwrc-a)

Complete this form for all new permits, permit changes, or facility information changes. This form must be submitted within 30 days of permit or facility information changes, unless your local agency requires approval prior to making the changes. For changes, submit only that form that contains the change.

Submit one UST Operating Permit Application - Facility Information form per facility, regardless of the number of USTs located at the facility. If not already on file with the local agency, the tank owner must submit with this form, a current UST Operating Permit Application - Tank Information form for each UST; a UST Monitoring Plan and a UST Response Plan pursuant to 23 CCR 2632, 2634 and 2641; and, for USTs containing petroleum, a certification of financial responsibility pursuant to 23 CCR 2807.

The following documents, at a minimum, are also required, if applicable (check with your local agency to see if they require submittal or if there are other forms/information needed):

☐ Written agreement between UST Owner and UST Operator per Health and Safety Code §25284(a)(3);

Letter from the Chief Financial Officer (if using State Cleanup Fund, financial test of self-insurance, guarantee, local government financial test, or Local Government Fund as a financial responsibility mechanism).

Please number all pages of your submittal. (Note: Numbering of these instructions matches the data element numbers on the form.)

- TYPE OF ACTION Check the reason this form is being submitted. CHECK ONE ITEM ONLY.
- 404. TOTAL NUMBER OF USTS AT SITE Indicate the number of tanks that will remain on the site after the requested action.
- 1. FACILITY ID NUMBER - This space is for agency use only.
- BUSINESS NAME Enter the complete Business Name. (Same as FACILITY NAME or DBA (Doing Business As)). 3.
- 103. BUSINESS SITE ADDRESS Enter the street address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
- CITY Enter the city or unincorporated area in which the facility is located.
- FACILITY TYPE Indicate the type of facility.
- INDIAN RESERVATION OR TRUST LANDS Check whether the facility is located on an Indian reservation or other trust lands.
- 407. PROPERTY OWNER NAME -

Complete items 407 - 412 for the property owner. Include the area code and any

408. PROPERTY OWNER PHONE extension number.

- 409. PROPERTY OWNER MAILING ADDRESS -
- 410. PROPERTY OWNER CITY -
- 411. PROPERTY OWNER STATE 412. PROPERTY OWNER ZIP CODE –
- 428-1. TANK OPERATOR NAME -

Complete items 428-1 to 428-6 for the UST operator. Include the area code and any extension number.

- 428-2. TANK OPERATOR PHONE -
- 428-3. TANK OPERATOR MAILING ADDRESS
- 428-4, TANK OPERATOR CITY -
- 428-5, TANK OPERATOR STATE -
- 428-6. TANK OPERATOR ZIP CODE -
- 414. TANK OWNER NAME -

Complete items 414 - 419 for the UST owner.

- 415. TANK OWNER PHONE -Include the area code and any extension number.
- 416. TANK OWNER MAILING ADDRESS 417. TANK OWNER CITY 418. TANK OWNER STATE –

- 419. TANK OWNER ZIP CODE -
- 420. TANK OWNER TYPE Check the type of tank ownership.
- BOE NUMBER Enter your State Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products and is required before your permit application will be processed. If you do not have an account number with the BOE, or if you have any questions regarding the fee or exemptions, contact the BOE at (916) 322-9669 or by mail at: Board of Equalization, Fuel Taxes Division, PO Box 942879, Sacramento, CA 94279-0030.

423. PERMIT HOLDER INFORMATION - Indicate the party to whom the UST operating permit is to be issued and legal notifications and mailings should be sent.

406. SUPERVISOR OF DIVISION SECTION OR OFFICE SUPERVISOR - If the facility owner is a public agency, enter the name of the supervisor of the division section or office that operates the UST. This person must have access to the UST records.

APPLICANT SIGNATURE - The application form must be signed, in the space provided, by:

· The UST owner or operator, facility owner or operator, or a duly authorized representative of the owner; or

If the UST(s) is/are owned by a corporation, partnership, or public agency:

1.) A principal executive officer at the level of vice-president or by an authorized representative responsible for the overall operation of the facility where the UST(s) is/are located; or

2.) A general partner or proprietor; or

A principal executive officer, ranking elected official, or authorized representative of a public agency.

DATE - Enter the date the form was signed. 424

- PHONE Enter the phone number of the applicant (i.e., person signing the form). Include the area code and any extension number.
- 426. APPLICANT NAME Print or type the full name of the person signing the form.
- APPLICANT TITLE Enter the title of the person signing the form.

UNIFIED PROGRAM CONSOLIDATED FORM UNDERGROUND STORAGE TANK OPERATING PERMIT APPLICATION - TANK INFORMATION (One form per UST) TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 1. NEW PERMIT 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION 8. UST REMOVAL 6. TEMPORARY UST CLOSURE 7. UST PERMANENT CLOSURE ON SITE DATE UST PERMANENTLY CLOSED: 430a DATE EXISTING UST DISCOVERED 4306 I. FACILITY INFORMATION FACILITY ID # (Agency Use Only) BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) Emervville Senior Center BUSINESS SITE ADDRESS 4321 CIT GALEM STreet EMENTY 1 P. II. TANK DESCRIPTION TANK ID# TANK MANUFACTURER 432 433 TANK CONFIGURATION: THIS TANK IS 434 2 1. A STAND-ALONE TANK UNKNOWN 2. ONE IN A COMPARTMENTED UNIT for each commentance in the v DATE UST SYSTEM INSTALLED TANK CAPACITY IN GALLONS 436 NUMBER OF COMPARTMENTS IN THE UNIT 437 unk 1,500 HILLIANKOUSE AND CONTENTS TANK USE ☐ 1a. MOTOR VEHICLE FUELING I 15. MARINA FUELING 1c. AVIATION FUELING 410 ☐ 3. CHEMICAL PRODUCT STORAGE 4. HAZARDOUS WASTE (Includes Used Oil) 5. EMERGENCY GENERATOR FUEL [HSC \$25281.5(e)] 6. OTHER GENERATOR FUEL 95. UNKNOWN 99. OTHER (Specify): 439e CONTENTS PETROLITAM. 14. REGULAR UNLEADED I Ic. MIDGRADE UNLEADED 16. PREMIUM UNLEADED 440 3. DIESEL 5. JET FUEL 6. AVIATION GAS 8. PETROLEUM BLEND FUEL 🛂 9. OTHER PETROLEUM (Specify): Hrating 440: m NON-PETROLEUM; 7. USED OIL 10. KTHANOL 11. OTHER NON-PETROLEUM (Specify): 440b IV. TANK CONSTRUCTION TYPE OF TANK 1. SINGLE WALL 2. DOUBLE WALL 95. UNKNOWN 6. INTERNAL B 443 PRIMARY CONTADMENT I STEBL 3. FIBERGLASS 6. INTERNAL BLADDER 444 7. STEEL+INTERNAL LINING 95. UNKNOWN 59. OTHER (Specify): 444a SECONDARY CONTAINMENT I. STEEL 3. FIBERGLASS 6. EXTERIOR MEMBRANE LINER 445 7. JACKETED 90. NONE S 95. UNENOWN LIST. OTHER 99. OTHER (Specify): 445a OVERFILL PREVENTION 3. FILL TUBE SHUT-OFF VALVE 452 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFELL PREVENTION EQUIPMENT V. PRODUCT/WASTE PIPING CONSTRUCTION PIPING CONSTRUCTION SI L SINGLE-WATTED 12. DOUBLE-WALLED 99. OTHER SYSTEM TYPE 1. PRESSURE A. 3. CONVENTIONAL SUCTION 2. GRAVITY 4. SAFE SUCTION [23 CCR §2636(a)(3)] 45R PRIMARY CONTAINMENT 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC 464 II 90. NONE 2 95. UNKNOWN 99. OTHER(Specify): 464a SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 8. FLEXIBLE 10. RIGID PLASTIC 4646 90. NONE 🛂 95. UNKNOWN 99. OTHER (Specify): 464c PIPING/TURBINE CONTAINMENT SUMP TYPE . SINGLE WALL 2. DOUBLE WALL 90. NONE 454d AVENU, VAPOR RECOVERY (VR) AND RISER FULL PIPE PIPING CONSTRUCTION VENT PRIMARY CONTAINMENT I. RTREEL 4. FIREROLASS 10. RIGID PLASTIC 90. NONE 1 99. OTHER (Specify) UNY 4544 464c1 VENT SECONDARY CONTAINMENT 1. STEEL 4. FIBERGLASS 10, RIGID PLASTIC 90. NONE 2 99. OTHER (Specify) 464f 464f1 unk VR PRIMARY CONTAINMENT 1. STEET. 1 4 FIBERGLASS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464g1 Whi VR SECONDARY CONTAINMENT 1. 51399. 4. FIBERGLASS 10. RIGID PLASTIC ☐ 90. NONE ☑ 99. OTHER (Specify) MAK 464h1 VENT PIPENG TRANSITION SUMP TYPE 1. STEEL 2. DOUBLE WALL unk 4 90 NONE 464i RIBER PRIMARY CONTAINMENT A FIREBOLARS 10. RIGID PLASTIC 90. NONE 99. OTHER (Specify) 464 unk 464)1 454k RISER SECONDARY CONTARMENT I. STEEL 4. PIBERGLASS 10. RIGID PLASTIC 90, NONE 99. OTHER (Specify) 464k1 FILL COMPONENTS INSTALLED 1. SPILL BUCKET 3. STRIKER PLATE/BOTTOM PROTECTOR 4. CONTAINMENT SUMP 451a-c VIL UNDER DISPENSER CONTAINMENT (UDC) CONSTRUCTION TYPE 1. SINGLE WALL 2. DOUBLE WALL 3. NO DISPENSERS 2 90. NONE 469a CONSTRUCTION MATERIAL 1. STEEL 4. FIBERGLASS 10. RIGID PLASTIC 99. CTHER (Specify) 469b-c VIII. CORROSION PROTECTION STEEL COMPONENT PROTECTION 2. SACRIFICIAL ANODE(S) 4. IMPRESSED CHERENT 6. ISOLATION 442 IX. APPLICANT SIGNATURE CERTIFICATION: I certify that this UST system is compatible with the kazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements. APPLICANT SIGNATURE

DATE

PUBLICANT TITLE PURCHUS and Facilities Manager

APPLICANT NAME (print) DAM STEV-MSON

478

472

UST Operating Permit Application – Tank Information Instructions

(Formerly SWRCB Permit Application Form B and UPCF Form hwfwre-b)

Complete a separate form for each UST for all new permits, permit changes, and any UST system information changes. This form trast be submitted within 30 days of permit or UST system information changes, unless your local agency requires approval prior to making changes. For tanks that are part of a compartmentalized unit, each compartment is considered a separate tank and requires completion of a separate Tank Information form. For a UST permanent closure or removal, complete only TYPE OF ACTION and Sections I, H, III. IV, and IX. (Note: Numbering of these instructions matches the data element numbers on the form.)

- TYPE OF ACTION Check the appropriate box to indicate why this form is being submitted.
- 430a. DATE UST PERMANENTLY CLOSED - For reporting closure only: enter the date the UST was removed or closed on site.
- 430b. DATE EXISTING UST DISCOVERED - Enter the date this UST was discovered. Leave blank if installation date is known.
- FACILITY ID NUMBER This space is for agency use only. 1.
- BUSINESS NAME Enter the complete facility name. 3.
- 103. BUSINESS SITE ADDRESS - Enter the sweet address of the facility, including building number, if applicable. This address must be the physical location of the facility. Post office box numbers are not acceptable.
- 104. CITY - Enter the city or unincorporated area in which the facility is located.
- TANK ID #-Applicant may enter the owner's tank identification number or leave this space blank. The Local Agency will assign the State tank identification 432 number as the unique identifier for the tank.
- 433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
- 434. TANK CONFIGURATION. Check the appropriate box to indicate if the tank is a stand-alone tank or one in a compartmented unit. A separate UST Operating Permit Application - Tank Information form must be submitted for each compartment.
- DATE UST SYSTEM INSTALLED Enter the date the local agency signed-off on installation of the UST system. This is the date of initial tank system 435. installation, and does not include upgrades or retrofits which may have been performed later. If this is for a new installation, leave blank.
- TANK CAPACITY IN GALLONS: Enter the tank capacity. For compartmentalized tanks, enter data for the compartment covered by this tank form only. 436.
- 437. NUMBER OF COMPARTMENTS IN THE UNIT: If the tank is a compartment, enter the total number of compartments in the unit.
- 439. TANK USE - Check the type of tank usage.
- If you checked "Other" specify the type of tank usage in the space provided. 439a.
- TANK CONTENTS Check the specific petroleum or non-petroleum substance stored, 440.
- 440a. If you checked "Other Petroleum" specify the common name of the substance in the space provided [i.e., the name used in the facility's Hazardous Materials Business Plan (HMBP) inventory].
- If you checked "Other" under Non-petroleum, specify the common name of substance in the space provided (i.e., the name used in the HMBP inventory). 440b.
- TYPE OF TANK Check the box that identifies the type of tank.
- TANK PRIMARY CONTAINMENT Check the construction material of the primary containment (i.e., inner tank wall nearest the hazardous substance 444. stored). If the tank material is not listed, check "Other" and specify the material in the space provided.
- If you checked "Other" specify the type of primary containment in the space provided.
- TANK SECONDARY CONTAINMENT Check the construction material of the secondary containment that provides containment external to, and separate from, the primary containment described above. If the tank is a single-wall tank, check "None." If the material is not listed, check "Other" and specify the
- material in the space provided (e.g., HDPE).

 If you checked "Other" specify the type of secondary containment in the space provided. 445a.
- OVERFILL PREVENTION Check the box(es) to describe the type(s) of overfill protection equipment installed. 452
- PIPING SYSTEM TYPE Check the type of product waste piping installed in this tank system. "Safe suction" refers to piping systems meeting all 458. requirements of 23 CCR §2636(a)(3) (also known as "European Suction" systems) (i.e., sloped suction piping systems with no valves or pumps below grade and only one check valve, located below and as close as practical to the suction pump). Title 23, California Code of Regulations is available online at www.cabrers.com.
- PIPING CONSTRUCTION-Indicate if the piping is single-walled or double-walled, or "other". 460.
- PIPING PRIMARY CONTAINMENT Check the material(s) used to construct the primary (i.e., inner) underground product waste piping.
- If you checked "Other" specify the type of primary containment in the space provided. 464a.
- PIPING SECONDARY CONTAINMENT Check the material(s) used to construct the secondary containment system(s) (i.e., secondary piping, treach) provided for the product waste piping. For single-wall piping systems, check "None."
- If you checked "Other" specify the type of secondary containment in the space provided.
- PIPING/TURBINE CONTAINMENT SUMP TYPE Indicate the type of piping/turbine containment sump(s). Check "None" if not present.
- 464e-e1 VENT PRIMARY CONTAINMENT Check the material(s) used to construct the primary (i.e., inner) vent piping. (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
- 464f-ft VENT SECONDÁRY CONTAINMENT Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping,) provided for the vent piping. For single-wall piping systems, check "None." (Note: Address venting of the tank primary containment only.) Specify Other type of containment in the space provided.
- 464g-g1VR PRIMARY CONTAINMENT Check the material(s) used to construct the primary (i.e., inner) vapor recovery piping. For tanks without vapor recovery
- piping (e.g., Diesel tanks), check "None." Specify Other type of containment in the space provided.

 464h-hIVR SECONDARY CONTAINMENT Check the material(s) used to construct the secondary containment system(s) (e.g., secondary piping) provided for the vapor recovery piping. For single-wall piping systems, check "None." Specify Other type of containment in the space provided.
- VENT PIPING TRANSITION SUMP TYPE Indicate type of transition sump(s). Check "None" if not present.
- 464j-j1 RISER PRIMARY CONTAINMENT Check the material(s) used to construct the primary (i.e., inner) piping for all risers (not drop tubes) other than annular space risers (i.e., risers for filling or gauging of the primary tank). Specify Other type of containment in the space provided.
- 464k-kl RISER SECONDARY CONTAINMENT Check the material(s) used to construct secondary containment system(s) (i.e., secondary piping, sumps) provided for the riser piping. For risers without secondary containment, check "None." Specify Other type of containment in the space provided.
- 451a-c. FILL COMPONENTS INSTALLED Check the appropriate boxes to show that spill containment, tank bottom protection, and fill containment sumps (if applicable) are installed.
- UDC CONSTRUCTION TYPE Check the box to describe the type of dispenser containment system(s) (i.e., dispenser sumps or pans). If the system has no dispensers (e.g., standby generator tank system), check "No Dispensers." If the system has a dispenser, but no UDC, check "None".
- UDC CONSTRUCTION MATERIAL Check the box to describe the materials used to construct the UDC.
- If you checked "Other" specify the construction material in the space provided.
- STEEL COMPONENT PROTECTION All systems contain some steel components. Check the appropriate box(es) to describe all corrosion protection methods used. "Isolation" means electrical isolation from soil, backfill, and groundwater. Examples include fiberglass cladding, non-metallic secondary containment systems which isolate steel components from the sub-surface environment, and insulating bushings
- APPLICANT SIGNATURE The same person who signs the UST Operating Permit Application Facility Information Form shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true and accurate, and that the UST system is compatible with the hazardous substance stored.
- DATE Enter the date the form was signed. 470.
- APPLICANT NAME Print or type the name of the person signing the form.
- APPLICANT TITLE Enter the title of the person signing the form.



Balch Petroleum Contractors and Builders, Inc. 930 Ames Avenue
Milpitas, CA 95035

SITE HEALTH & SAFETY PLAN

Emeryville Senior Center 4321 Salem Street Emeryville, CA 94608

Project Manager: Tom Balch

Site Safety Officer: Designated Daily

Workmen's Compensation: State Compensation Insurance Fund #90392242016

A.) Outline of Daily Safety Briefings

• Hardhats will be worn while working around heavy equipment (safety glasses, ear plugs, boots, etc.) will be worn on the job site.

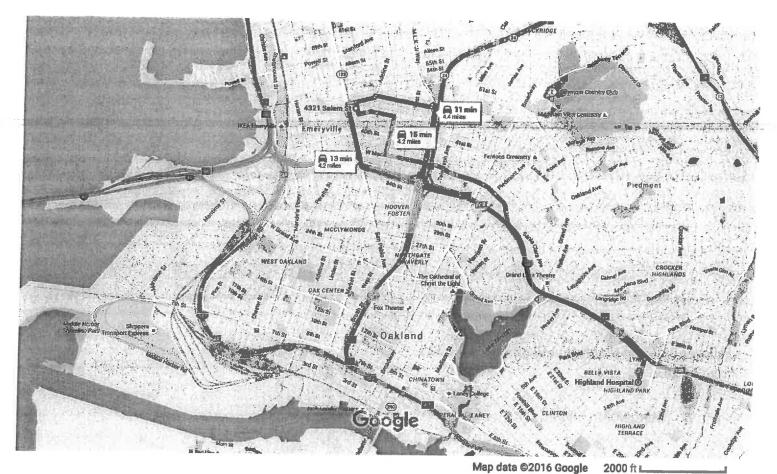
No open flames, cigarettes, etc. will be allowed in the work area.

B.) Excavation Procedures (If applicable):

- Before any excavation work begins, ALL required permits shall be obtained. The estimated location of utility installations such as sewer, telephone, fuel, electric, water lines, or any other underground installations that may reasonably be expected to be encountered during excavation will be outlined. U.S.A. Dig will be called 48 hours
- The slope of the walls of the excavation is determined by soil conditions and depth of excavation.
- Handling excavated materials which cannot be immediately removed from the site should be safely stockpiled away from the edge of the excavation keeping work areas clear of stockpiled material. Employees shall be protected from the excavation or other materials or equipment that could pose a hazard by falling or rolling into an excavation. Protection shall be provided by placing and keeping such materials or equipment at least 2 feet from the edge of the excavation or by use of retaining devices that are sufficient to prevent materials or equipment from falling in.
- Employees shall not work in excavations where there is accumulated water unless adequate precautions have been taken to protect employees.
- Where the competent person finds evidence of a situation that could result in possible cave in, indications of failure of protective systems, hazardous atmospheres, or other hazardous conditions, exposed employees shall be removed from the hazardous area until the necessary precautions have been taken to insure their safety.
- All personnel working on the job site must wear safety gear. Hard hats, safety glasses, ear plugs, work boots, and gloves. Ladders and a safety harness should also be on site.

Google Maps

4321 Salem Street, Emeryville, CA to Highland Drive 4.4 miles, 11 min Hospital



4321 Salem St

Emeryville, CA 94608

Get on I-580 E in Oakland from 46th St

6 min (1.9 mi)

1. Head north on Salem St toward 45th St

292 ft

2. Turn right onto 45th St

0.2 mi

3. Turn left onto Adeline St

102 ft

4. Turn right onto 46th St

0.5 mi

5. Turn left onto M.L.K. Jr Way

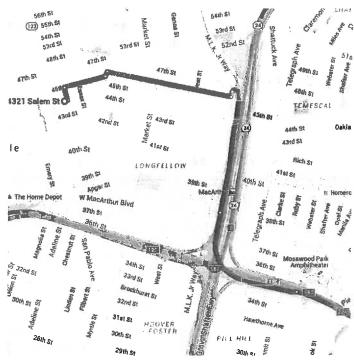
115 ft

6. Slight right onto the ramp to San Francisco/Hayward

0.5 mi

7. Keep left at the fork, to low signs for Interstate 580 E/Hayward and merge onto I-580 E





Follow I-580 E to MacArthur Blvd. Take exit 22 from I-580 E

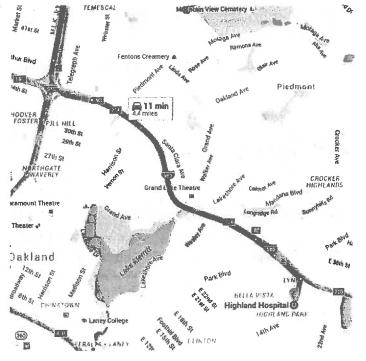
2 min (2.1 mi)

8. Merge onto I-580 E

1.9 mi

9. Take exit 22 toward Park Blvd

0.2 mi



Follow MacArthur Blvd and Stuart St to E 31st St

3 min (0.5 mi)

10. Merge onto MacArthur Blvd

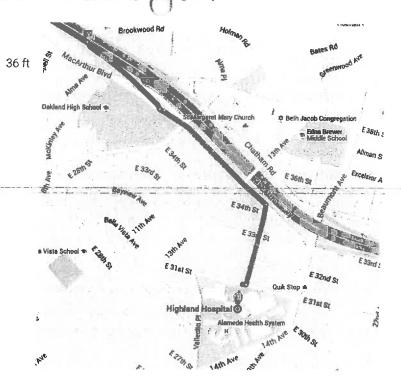
0.3 mi

11. Turn right onto Stuart St

0.2 mi

12. Turn right onto E 31st St

Destination will be on the left



Highland Hospital

1411 East 31st Street, Oakland, CA 94602

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

State Of California CONTRACTORS STATE LICENSE BOARD ACTIVE LICENSE

1396575

Entry CORP

BALCH PETROLEUM CONTRACTORS AND BUILDERS INC

Consideration(s) HAZ A B C10

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Espiration Date 12/31/2016

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KBORN

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

12/30/2015

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). CONTACT PRODUCER License # 0757776 (A/C, No. Ext): (925) 609-6500 Concord, CA - HUB International Insurance Services Inc. 2300 Clayton Rd. FAX (A/C, No): **(925) 609-6**550 Concord, CA 94520 ADDRESS INSURER(S) AFFORDING COVERAGE INSURER A : State Compensation Insurance Fund of California 35076 INSURED INSURER B INSURER C **Balch Petroleum Contractors & Builders** P.O. Box 361230 INSURER D Milpitas, CA 95035 INSURER E : INSURER F : **COVERAGES CERTIFICATE NUMBER: 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. ADDL SUBR POLICY EXP TYPE OF INSURANCE POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ CLAIMS-MADE OCCUR PREMISES (Ea occurrence) MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$ POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED **BODILY INJURY (Per accident)** AUTOS NON-OWNED AUTOS PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY 90392242016 01/01/2016 01/01/2017 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 1,000,000 E.L. EACH ACCIDENT (Mandatory In NH) 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) FOR INFORMATION PURPOSES ONLY **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN FOR INFORMATION PURPOSES ONLY ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

BALCH PETROLEUM CONTRACTORS & BUILDERS, INC.

930 Ames Avenue P.O. Box 361230 Milpitas California 95035

COPY TO: file

Milpitas, California 95035			DATE	1/21/2016	JOB #:	1728	
408.942.	8686 FAX 4	08.942.013	1	ATTENTION RE:	Emeryville Senior	n Hom Center	
					4321 Salem Stree		
TO:	Alameda Co	. Environm	ental Health		Emeryville, CA		
Att:	Kevin Hom						
	1131 Harbo		vay				
	Alameda, C	A 94502					
WE ARE SEN	NDING YOU	Attached	☐ Under separate	cover via		_ the following items	:
	Shop Drawii	ngs	Prints	Plans	Samples	Specifications	
	Copy of Lett	er	Change Order	Other			
COPIES	DATE	NO.			DESCRIPTION		
1	1/20/2016			6 \$1678.00	GR#00293	49	
3	1/19/2016		UST Closure p	lan with attac	nments	<u> </u>	
			<u> </u>				
THESE ARE	TRANSMITTED	as checked b	pelow:				
✓ For appro	oval [Approved a	a submitted	Resubmit	copies for app	roval	
For your t	ıse	Approved	as noted	Submit	copies for distribut	ion	
As Reques	sted	Returned f	or Corrections	Return	corrected prints		
For review	and comment						
For Bids Due			☐ PRINTS F	ETURNED AFTER LO	AN TO US		
REMARKS							
 							
			· · · · · ·				

_____ SIGNED: Kelly Skurla

LETTER OF TRANSMITTAL



January 18, 2016

Kevin Hom Alameda County Department of Environmental Health 1131 Harbor Bay Parkway Alameda, CA 94502-6577

RE: SR# SR0029349; Tank removal at 4321 Salem Street, Emeryville, CA

Dear Kevin,

Enclosed are three copies of the UST Closure Plan for the above site. Form B is completed to the best of our ability. The following is background information given to us from the Client.

"The facility was purchased by the City of Emeryville from Alameda County in 1995. The City does not know when the tank was originally installed (presumably when the building was constructed, but no documentation to support). Nor does the City have any information as to when the tank was last used. The tank was not in use when the City took ownership of the building in 1995."

Please contact us if you need additional information.

Thank you,

Kelly Skurla

Report Run : 2/26/2016

OFFICIAL INSPECTION REPORT

Report #:

0197

Page #:

DEPARTMENT OF ENVIRONMENTAL HEALTH

Facility Name Site Address

: Not Specified

Owner

Owner Address

Owner Phone

: Not known

Facility Phone

: 4124 UST SYSTEM CLOSURE Type of Facility

Not known

Facility ID Record ID

; Not Specified SR0029349 : Not Specified : Not Specified

Inspector Inspector Phone Inspection Start Time : EE0000349 - KEVIN HOM (510) 567-8774 Ext. 38774

License/Permit Number Person in Charge : 2/25/2016 Inspection Date Inspection Number : DAHISMSRV

Inspection Stop Time Total Inspection Time Travel Start Time : 116 - CONSTRUCTION INSPECTION Travel Stop Time

: Not Specified : Not Specified : 90 min. Not Specified

Purpose of Inspection Result

: 00 - NOT APPLICABLE

Not Specified

Re-Inspection Date

Total Score

Not Specified

0.00

Total Travel Time

; 30 min.

Inspection Violations

No violations cited.

Overall Inspection Comments

SR0029349

Onsite to observe the UST closure at Emeryville Senior Center - 4321 Salem Street, Emeryville, CA 94808. The UST to be closed is located in front of the north part of the front of the Veterans Memorial Community Center under what used to be the public right-a-way sidewalk. Tank is estimated to be 1,000 gallons and the top of the tank is 10 feet below the surface with the groundwater line 8.5 ft from the surface. A fill pipe and vent pipe ran from the top of the tank to the surface, but were both grout cemented. The tank itself is also grouted/cemented solid as well. There is a yellow colored PG&E gas line that Baich Petroleum hand dug around, which is about 1 ft south of the south end of the Tank. There appears to be dark oil leaked from the soil as the groundwater recharges.

Closure in Place: ACDEH spoke to Balch Petroleum, Emeryville Fire, and City of Emeryville about closing the tank in place. Due to the circumstances mentioned in my observations above, ACDEH believes that it was unsafe to try to remove the tank. ACDEH gave Balch Petroleum permission to close the tank in place and backfill any soil removed above the tank back into the hole/pit. Balch Petroleum capped the product line that runs towards the building, and placed plastic lining over the UST. An estimated 9 yards of new gravel was poured into the pit and then backfill soil onto the gravel. Backfill was NOT observed by inspector.

Met with Tom Balch of Balch Petroleum and Mazyar Hajiaghai of Envirocom. Scott McMullin of Emeryville Fire, Nancy Humphrey and Daniel Stevenson of City of Emeryville were also present.

3 samples were taken: T1-8 north wall above groundwater line at 8 feet from surface level.

T2-8 Soil Southwest of tank through opening for pipe since south side was unsafe to take samples from, taken right above groundwater line at 8 feet

W-1 Groundwater samples collected after recharging of groundwater northeast corner of tank.

About 1400 gallons of oily water was removed from the pit by vacuum pump truck.

Lein Com or. Hazordous Modernals Specialist

Name: CITY OF EMERYVILLE SENIOR CENTER

Address: 4321 SALEM STREET

EMERYVILLE, CA 94608

Date: 02/25/2016

Photo Taken by: KEVIN HOM



ALAMEDA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT Certified Unified Program Agency (CUPA) 1131 Harbor Bay Parkway, Suite 250 Alameda, CA 94502-6577

(510) 567-6700 FAX (510) 337-9335





DESCRIPTION: FACILITY

Photo # 2 of 25

Name: CITY OF EMERYVILLE SENIOR CENTER

Address: 4321 SALEM STREET

EMERYVILLE, CA 94608 Date: 02/25/2016

Photo Taken by: KEVIN HOM



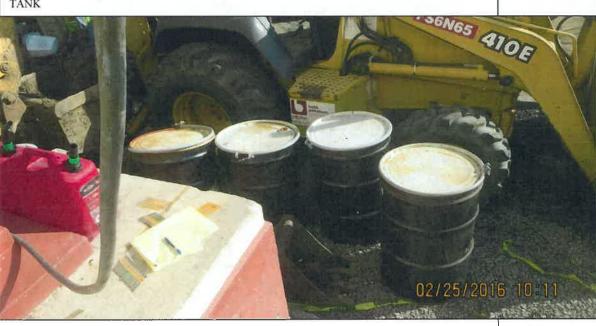
ALAMEDA COUNTY
ENVIRONMENTAL HEALTH DEPARTMENT
Certified Unified Program Agency (CUPA)
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

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DESCRIPTION: TANK HOLE EXCAVATION – VACUUMING OF RESIDUAL SLUDGE FROM TANK

Photo # 3 of 25



DESCRIPTION: 55 GALLON DRUMS OF OIL/WATER MIXTURE

Photo # 4 of 25

Name: CITY OF EMERYVILLE SENIOR CENTER

Address: 4321 SALEM STREET

EMERYVILLE, CA 94608

Date: 02/25/2016

Photo Taken by: KEVIN HOM



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DESCRIPTION: VIEW OF SOUTH END OF TANK, SHORING, GAS UTILITY LINE, AND PRODUCT PIPING

Photo # 5 of 25



DESCRIPTION: PRODUCT PIPING

Photo # 6 of 25

Name: CITY OF EMERYVILLE SENIOR CENTER

Address: 4321 SALEM STREET EMERYVILLE, CA 94608

Date: 02/25/2016

Photo Taken by: KEVIN HOM



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DESCRIPTION: PREPARATION TO COLLECT NORTH WALL SOIL SAMPLE

Photo # 7 of 25



DESCRIPTION: COLLECTING NORTH WALL SOIL SAMPLE 8 FT FROM SURFACE

Photo # 8 of 25

Name: CITY OF EMERYVILLE SENIOR CENTER

Address: 4321 SALEM STREET

EMERYVILLE, CA 94608

Date: 02/25/2016

Photo Taken by: KEVIN HOM



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DESCRIPTION: COLLECTING NORTH WALL SOIL SAMPLE

Photo # 9 of 25



DESCRIPTION: HOLE WHERE NORTH WALL SOIL SAMPLE WAS TAKEN – JUST ABOVE GROUNDWATER LINE.

Photo # 10 of 25

Name: CITY OF EMERYVILLE SENIOR CENTER

Address: 4321 SALEM STREET EMERYVILLE, CA 94608

Date: 02/25/2016

Photo Taken by: KEVIN HOM



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DESCRIPTION: PRODUCT PIPE CAPPED OFF CLOSED.

Photo # 12 of 25

Name: CITY OF EMERYVILLE SENIOR CENTER

Address: 4321 SALEM STREET

EMERYVILLE, CA 94608

Date: 02/25/2016

Photo Taken by: KEVIN HOM



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DESCRIPTION: GROUNDWATER SAMPLE TAKEN AFTER ALLOWING TO RECHARGE. OIL ABSORBENT PADS BEING USED FOR RESIDUAL OIL.

Photo # 13 of 25



DESCRIPTION: GROUNDWATER SAMPLE TAKEN AFTER ALLOWING TO RECHARGE.

Photo # 14 of 25

Name: CITY OF EMERYVILLE SENIOR CENTER

Address: 4321 SALEM STREET

EMERYVILLE, CA 94608

Date: 02/25/2016

Photo Taken by: KEVIN HOM



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(510) 567-6700

(510) 567-6700 FAX (510) 337-9335



DESCRIPTION: GROUNDWATER SAMPLE TAKEN AFTER ALLOWING TO RECHARGE,

Photo # 15 of 25



DESCRIPTION: GROUNDWATER SAMPLE TAKEN AFTER ALLOWING TO RECHARGE.

Photo # 16 of 25

Name: CITY OF EMERYVILLE SENIOR CENTER

Address: 4321 SALEM STREET EMERYVILLE, CA 94608

Date: 02/25/2016

Photo Taken by: KEVIN HOM



ALAMEDA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT Certified Unified Program Agency (CUPA) 1131 Harbor Bay Parkway, Suite 250 Alameda, CA 94502-6577 (510) 567-6700 FAX (510) 337-9335



DESCRIPTION: SENIOR CENTER BUILDING BASEMENT VIEW AROUND WATER HEATER. (EAST SIDE OF BUILDING) NO PIPING

Photo # 17 of 25



DESCRIPTION: SENIOR CENTER BUILDING BASEMENT VIEW AROUND WATER HEATER (EAST SIDE OF BUILDING) NO PIPING

Photo # 18 of 25

Name: CITY OF EMERYVILLE SENIOR CENTER

Address: 4321 SALEM STREET

EMERYVILLE, CA 94608

Date: 02/25/2016

Photo Taken by: KEVIN HOM



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Alameda, CA 94502-6577

(510) 567-6700 FAX (510) 337-9335



DESCRIPTION: SENIOR CENTER BUILDING BASEMENT VIEW WHERE BOILER USED TO BE. APPEARS TO BE CEMENTED PIPE.

Photo # 19 of 25



DESCRIPTION: SENIOR CENTER BUILDING BASEMENT VIEW WHERE BOILER USED TO BE. APPEARS TO BE OPEN PIPE.

Photo # 20 of 25

Name: CITY OF EMERYVILLE SENIOR CENTER

Address: 4321 SALEM STREET EMERYVILLE, CA 94608

Date: 02/25/2016

Photo Taken by: KEVIN HOM



ALAMEDA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT Certified Unified Program Agency (CUPA) 1131 Harbor Bay Parkway, Suite 250 Alameda, CA 94502-6577 (510) 567-6700 FAX (510) 337-9335



DESCRIPTION: SENIOR CENTER BUILDING BASEMENT VIEW WHERE BOILER USED TO BE. OPEN PIPE APPEARS TO LEAD TOWARDS FLOOD SUMP. OBSERVED END OF PIPE

Photo # 21 of 25



DESCRIPTION: VACUUMING OUT OF OIL/WATER MIXTURE INTO TRUCK

Photo # 22 of 25

Name: CITY OF EMERYVILLE SENIOR CENTER

Address: 4321 SALEM STREET EMERYVILLE, CA 94608

Date: 02/25/2016

Photo Taken by: KEVIN HOM



ALAMEDA COUNTY
ENVIRONMENTAL HEALTH DEPARTMENT
Certified Unified Program Agency (CUPA)
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

(510) 567-6700 FAX (510) 337-9335



DESCRIPTION: VENT PIPE REMOVED.

Photo # 23 of 25



DESCRIPTION: LINER PLACED OVER UST CLOSURE PRIOR TO BACKFILL WITH PEA GRAVEL

Photo # 24 of 25

Name: CITY OF EMERYVILLE SENIOR CENTER

Address: 4321 SALEM STREET

EMERYVILLE, CA 94608

Date: 02/25/2016

Photo Taken by: KEVIN HOM



ALAMEDA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT Certified Unified Program Agency (CUPA) 1131 Harbor Bay Parkway, Suite 250 Alameda, CA 94502-6577 (510) 567-6700 FAX (510) 337-9335



DESCRIPTION: LINER PLACED OVER UST CLOSURE PRIOR TO BACKFILL WITH PEAGRAVEL

Photo # 25 of 25

Report Run : 2/26/2016

OFFICIAL INSPECTION REPORT

#:

0197

Page

DEPARTMENT OF ENVIRONMENTAL HEALTH

Facility Name Site Address

Facility Phone

Type of Facility

Person in Charge

Inspection Date

· Not Specified

Owner

Owner Address

Not known

Owner Phone

: Not known

Facility ID

Record ID License/Permit Number

: Not Specified

SR0029349 ; Not Specified

: Not Specified 2/25/2016 : DAHISMSRV

Inspection Number Purpose of Inspection Result

Re-Inspection Date Total Score

: 116 - CONSTRUCTION INSPECTION

4124 UST SYSTEM CLOSURE

9 00 - NOT APPLICABLE

Not Specified 0.00

Inspector

Inspector Phone

Inspection Start Time Inspection Stop Time

Total Inspection Time Travel Start Time

Travel Stop Time Total Travel Time EE0000349 - KEVIN HOM : (510) 567-6774 Ext. 36774 : Not Specified

: Not Specified : 90 min. Not Specified

Not Specified 30 min.

Inspection Violations

No violations cited.

Overall Inspection Comments

SR0029349

Onsite to observe the UST closure at Emeryville Senior Center - 4321 Salem Street, Emeryville, CA 94608. The UST to be closed is located in front of the north part of the front of the Veterans Memorial Community Center under what used to be the public right-a-way sidewalk. Tank is estimated to be 1,000 gallons and the top of the tank is 10 feet below the surface with the groundwater line 8.5 ft from the surface. A fill pipe and vent pipe ran from the top of the tank to the surface, but were both grout cemented. The tank itself is also grouted/cemented solid as well. There is a yellow colored PG&E gas line that Balch Petroleum hand dug around, which is about 1 ft south of the south end of the Tank. There appears to be dark oil leaked from the soil as the groundwater recharges.

Closure In Place: ACDEH spoke to Balch Petroleum, Emeryville Fire, and City of Emeryville about closing the tank in place. Due to the circumstances mentioned in my observations above, ACDEH believes that it was unsafe to try to remove the tank. ACDEH gave Balch Petroleum permission to close the tank in place and backfill any soil removed above the tank back into the hole/pit. Balch Petroleum capped the product line that runs towards the building, and placed plastic lining over the UST. An estimated 9 yards of new gravel was poured into the pit and then backfill soil onto the gravel. Backfill was NOT observed by inspector.

Met with Tom Balch of Balch Petroleum and Mazyar Hajiaghai of Envirocom. Scott McMullin of Emeryville Fire, Nancy Humphrey and Daniel Stevenson of City of Emeryville were also present.

3 samples were taken: T1-8 north wall above groundwater line at 8 feet from surface level.

T2-8 Soil Southwest of tank through opening for pipe since south side was unsafe to take samples from, taken right above groundwater line at 8 feet.

W-1 Groundwater samples collected after recharging of groundwater northeast corner of tank.

About 1400 gallons of oily water was removed from the pit by vacuum pump truck.

Ein Com Hazardous Moderals Specialist



February 1, 2016

Kevin Hom Alameda County Department of Environmental Health 1131 Harbor Bay Parkway Alameda, CA 94502-6577

RE: SR# SR0029349; Tank removal at 4321 Salem Street, Emeryville, CA

Dear Kevin,

Per our earlier phone conversation and your request, I have changed table 16 on the permit application to reflect sampling based on an "unknown oil" since the Client was unable to provide any documentation detailing the contents of the tank. Soil samples will be taken based on the "Minimum Verification Analyses for UST Sites" from ACDEH and the LOP. The updated page is attached for your review.

Please let me know if you need anything else.

Thank you,

Kelly Skurla



Alameda County Department of Environmental Health

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

PAYMENT RECEIPT

Invoice No.: IN0199534

Account No.: AR0349671

RECEIPT #: RP0060612

Print Date: 01/21/2016

Payment Type: CHECK

Invoice Date	Program/ Element,	Description	Digition is recently to program of	Amount
01/21/16	4124	UST SYSTEM CLOSURE	\$	1,678.00
01/21/16	9999	PAYMENT (CREDIT)	\$_	-1,678.00
		INVOICE BALANCE DUE:	\$	0.00

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.

> Alameda County JAN 2 2 REC'D

Environmental Health

Payer's Name: BALCH PETROLEUM CONTRACTOR -CK#7246

Receipt Issued By: OBASA, ROVELYN

Issued Date: 1/21/2016