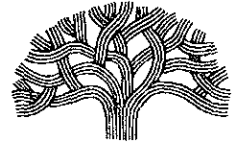




Ro 238

CITY OF OAKLAND



DALZIEL BUILDING • 250 FRANK H. OGAWA PLAZA, SUITE 5301 • OAKLAND, CALIFORNIA 94612-2034

Public Works Agency
Environmental Services

FAX (510) 238-7286
TDD (510) 238-7644

January 24, 2002

JAN 29 2002

Mr. Barney Chan
Alameda County Environmental Health Services
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

#4457

Re: Soil Disposal Receipts ~30cy
2662 Fruitvale Avenue
Oakland, California 94621

Dear Mr. Chan:

Please find the attached soil disposal receipts for the 2662 Fruitvale Avenue Remediation project. These receipts provide proof that soil excavated during this most recent phase of work (including the ORC Treatment Trench and Limited Soil Excavation) has been disposed of appropriately. If you have questions or require additional information, please contact me at (510) 238-6259.

Sincerely,

Joseph A. Cotton, R.G.
CITY OF OAKLAND-Environmental Program Specialist



Morgan Environmental Services, Inc.
 Contractor license #783839
 2433 Poplar St. Oakland, CA 94607
 (510) 267-0134(voice)
 (510) 267-0140(fax)
 (510) 533-2001(emergency/24hr)
 morganenviro@aol.com

Thursday, January 24, 2002

FAX COVER LETTER

DATE 1 24 02

TO JOSEPH COTTON

FAX # _____

TEL # _____

Re _____

MESSAGE ATTACHED PLEASE FIND

DUMP RECEIPTS FOR 2762 FRUIT VALLE

DIRT - AND SUPPORTING PROFILES,

A024157

A023862

A023987

I AM ALSO MAILING THIS TO YOUR
OFFICE.

m
 TOM MORGAN

A024157

**West Contra Costa
Sanitary Landfill**

Office:

P.O. Box 4070, Richmond, CA 94804-0070

Telephone (510) 262-1616

Foot of Parr Boulevard, Richmond • 233-433

TICKET: 150227

DATE: 01/18/2002

TIME: 08:04 - 08:04

CUSTOMER: 9999 / CASH CU

TRAILER:

ORIGIN GROUP: 1 / Richmond

TRUCK: C

TRUCKTYPE: PU / Pick

COMMENT:

LICENSE

TARE:

NET:

WO:

HAULCUST: 0

WASTE	QUANTITY	UNIT	AMOUNT
DT / Diet	10.00	Y	\$ 50.00
Mandatory Fees			\$ 0.00
CASH IN: \$ 60.00 CHANGE			\$ 50.00

Driver:

Weighmaster:

KELVIN DEL CUETO

PROFILE NO. 02-01-004

WEST CONTRA COSTA SANITARY LANDFILL
SPECIAL WASTE DISPOSAL REQUEST INFORMATION FORM

1. GENERATING FACILITY NAME/ADDRESS: CITY OF OAKLAND
2662 Fruitvale Ave. Oakland
2. CONTACT PERSON OR CONSULTANT (if any) Michael Eisenmann
NAME: Chris Acciello TELEPHONE: (510) 267-0134
3. WASTE NAME Seal
4. ANTICIPATED VOLUME 30 cu yd DELIVERY PERIOD one time only
(Per day, week, one-time only)
5. TRANSPORTATION FIRM: Michael Eisenmann
6. TYPE OF TRANSPORT TRUCK: 10 cu yd Semi-trail Double bottom
 Single bottom Drop box Individual Containers
7. METHOD OF PAYMENT: Check Cash Charge Purchase Order
(Charge & PO must have prior WCCSL Accounting Department approval)
Charge Account Name: _____ Purchase Order No. _____
8. Description of Process and Circumstances Producing Waste:
Seal Abandonment

For WCCSL Use Only
WCCSL

Permit Comply

Site/Activity Construction

Material

Permit/Transportation

RFI Yes No

Received by: [Signature]
Date: 1/16/02

City/County/State: SEE RESULTS
630000 0000

ACCEPT REJECT

Authorized by: [Signature]
Date: 1/16/02
For Larry Powell

Received by: 1/16/02

Expiration: 2/16/02

Appointee: _____

WASTE NO. FEES: _____

CODE: _____
Disposal Rate: _____

County/State Permit: _____
Over Rate/Fee: _____

1 of 4

Jan 95

TOTAL P. 02

2 of 4

Jan 95

010621206.wsr.P02

TOTAL P. 02

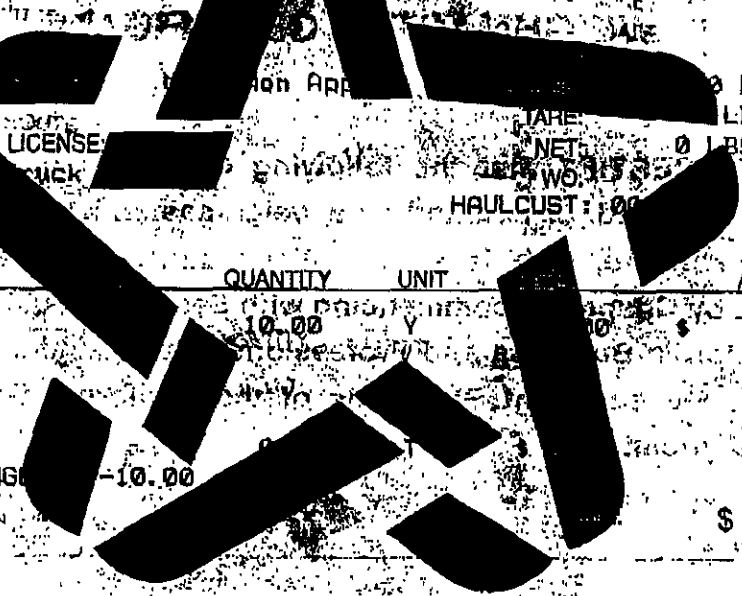
A023862

**West Contra Costa
Sanitary Landfill**

Office: **11**
P.O. Box 4070, Richmond, CA 94804-0070
Telephone (510) 262-1615
Foot of Parr Boulevard, Richmond • 238-433

TICKET: 149711
DATE: 01/17/2002
TIME: 10:01 - 10:01

CUSTOMER: 9999 / CASH CUP
TRAILER:
ORIGIN GROUP: 1 / Richmond
TRUCK: C
TRUCKTYPE: PU / Pick U
COMMENT:



LICENSE:

TARE: LBS

NET: 0 LBS

HAULCUST: 00

WASTE	QUANTITY	UNIT	AMOUNT
DT / Dirt	10.00	Y	\$ 50.00
Mandatory Fees			\$ 0.00
CASH IN: \$ 60.00	CHANGE	-10.00	
I certify that I have not disposed of any liquid or hazardous waste.			\$ 50.00

Driver: _____

Weightmaster:
KELVIN DEL CUETO

PROFILE NO. 02-01-004

WEST CONTRA COSTA SANITARY LANDFILL
SPECIAL WASTE DISPOSAL REQUEST INFORMATION FORM

1. GENERATING FACILITY NAME/ADDRESS: CITY OF OAKLAND
2662 Fruitvale Ave Oakland
2. CONTACT PERSON OR CONSULTANT (if any) Michigan Environmental
NAME: Chris Accinella Telephone: (510) 267-0734
3. WASTE NAME: Seal Non-Haz
4. ANTICIPATED VOLUME 30 cu yd DELIVERY PERIOD: one time only
(per day, week, one-time only)
5. TRANSPORTATION FIRM: Michigan Environmental
6. TYPE OF TRANSPORT TRUCK: 10 CY Semi-trail Double bottom
Single bottom Dump box Individual Containers
7. METHOD OF PAYMENT: Check Cash Credit Purchase Order
(Check & PO must have prior WQCSL Accounting Department approval)
Charge Account Name: _____ Purchase Order No. _____
8. Description of Process and Circumstances Producing Waste:
After Abandonment

For WQCSL Use Only
FORM

Partial Complete

Secured Unsecured

Insufficient Adequately Instructed

NO: Yes No

Received by: [Signature]
Date: 1/16/02

City/County/Region: SEE results
630ppa 2/4/02

ACCEPT REJECT

Authorized By: [Signature]
Date: 1/16/02
For Larry Ford

Installation: 1/16/02
Expiration: 5/16/02
Appointed: _____

DATE AND RESS: _____

CODE: _____
Classified: _____
Country/State: _____
Clear Release: _____

1 of 4

JAN 95

TOTAL P.02

2 of 4

Jan 95

TOTAL P.02

**West Contra Costa
Sanitary Landfill**

A023987

Office:

P.O. Box 4070, Richmond, CA 94804-0070
Telephone (510) 262-1615
Foot of Parr Boulevard, Richmond • 233-4333

TICKET: 149934
DATE: 01/17/2002
TIME: 12:33 - 12:33

CUSTOMER: 9999 / CASH CU
TRAILER:
ORIGIN GROUP: 1 / Richmond
TRUCK: C
TRUCK TYPE: PU / Pick U
COMMENT:

Non App
LBS
LBS
LBS
GRIWELLER
HAULGUST

WASTE	QUANTITY	UNIT	AMOUNT
DT / Dirt	10.00	Y	\$ 50.00
Mandatory Fees			\$ 0.00
CASH IN: \$ 60.00	CHANGE	-10.00	
I certify that I have not disposed of any liquid or hazardous waste.			\$ 50.00

Driver: _____

Weighmaster:
KELVIN DEL CUETO

PROFILE NO. 02-01-004

WEST CONTRA COSTA SANITARY LANDFILL
SPECIAL WASTE DISPOSAL REQUEST INFORMATION FORM

1. GENERATING FACILITY NAME/ADDRESS: CITY OF OAKLAND
2662 Fruitvale Ave Oakland
2. CONTACT PERSON OR CONSULTANT (if any) Miguel Fernandez
Name: Chris Accialetti Telephone: (510) 267-0724
3. WASTE NAME Seal New Hat
4. ANTICIPATED VOLUME 30 cu yd DELIVERY PERIOD one time only
(Per day, week, or time only)
5. TRANSPORTATION FIRM: Miguel Fernandez
6. TYPE OF TRANSPORT TRUCK: 10 CY Semi-trail Double bottom
Single bottom Drop box Individual Containers
7. METHOD OF PAYMENT: Check Cash CNRA Purchase Order
(Charge & PO must have prior WCCFL Accounting Department approval)
Charge Account Name: _____ Purchase Order No. _____
8. Description of Process and Circumstances Producing Waste:
After Abandonment

For WCCFL Use Only
 Rec'd:
 Parcel: Sample:
 Sampling:
 Container:
 Hazardous:
 Receptacle:
 HD: Yes No
 Received by: [Signature]
 Date: 1/16/02
 City/County: see notes
630ppa 2049

ACCEPT REJECT
 Authorized By: [Signature]
 Date: 1/16/02
For Larry Ford

Material: 1/16/02
 Evaluation: 1/16/02
 Appointment: _____
 RATES AND FEES: _____
 CODE: _____
 Disposal Rates: _____
 County/State Fees: _____
 Other Rates/Fees: _____

1 of 4

Jan 16

TOTAL P.02

2 of 4

Jan 16

TOTAL P.02